



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
02553ZZ	Destruction of Atrial Septum, Percutaneous Approach
02563ZZ	Destruction of Right Atrium, Percutaneous Approach
02573ZK	Destruction of Left Atrial Appendage, Percutaneous Approach
02573ZZ	Destruction of Left Atrium, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
02593ZZ	Destruction of Chordae Tendineae, Percutaneous Approach
025F3ZZ	Destruction of Aortic Valve, Percutaneous Approach
025G3ZZ	Destruction of Mitral Valve, Percutaneous Approach
025H3ZZ	Destruction of Pulmonary Valve, Percutaneous Approach
025J3ZZ	Destruction of Tricuspid Valve, Percutaneous Approach
025K3ZZ	Destruction of Right Ventricle, Percutaneous Approach
025L3ZZ	Destruction of Left Ventricle, Percutaneous Approach
025M3ZZ	Destruction of Ventricular Septum, Percutaneous Approach
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02703T6	Dilation of Coronary Artery, One Site, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02703TZ	Dilation of Coronary Artery, One Site with Radioactive Intraluminal Device, Percutaneous Approach
02703Z6	Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Approach
02703ZZ	Dilation of Coronary Artery, One Site, Percutaneous Approach
027044Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02704D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02704DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Endoscopic Approach
02704T6	Dilation of Coronary Artery, One Site, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02704TZ	Dilation of Coronary Artery, One Site with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02704Z6	Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Endoscopic Approach
02704ZZ	Dilation of Coronary Artery, One Site, Percutaneous Endoscopic Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
02713T6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02713TZ	Dilation of Coronary Artery, Two Sites with Radioactive Intraluminal Device, Percutaneous Approach
02713Z6	Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Approach
027144Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02714D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02714DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02714T6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02714TZ	Dilation of Coronary Artery, Two Sites with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02714Z6	Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Endoscopic Approach
02714ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Endoscopic Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02723T6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02723TZ	Dilation of Coronary Artery, Three Sites with Radioactive Intraluminal Device, Percutaneous Approach
02723Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Approach
027244Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02724D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02724DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02724T6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02724TZ	Dilation of Coronary Artery, Three Sites with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02724Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
02724ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Endoscopic Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02733T6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02733TZ	Dilation of Coronary Artery, Four or More Sites with Radioactive Intraluminal Device, Percutaneous Approach
02733Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach
027344Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02734D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02734DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02734T6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02734TZ	Dilation of Coronary Artery, Four or More Sites with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02734Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Endoscopic Approach
02734ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Endoscopic Approach
027P04Z	Dilation of Pulmonary Trunk with Drug-eluting Intraluminal Device, Open Approach
027P0DZ	Dilation of Pulmonary Trunk with Intraluminal Device, Open Approach
027P0ZZ	Dilation of Pulmonary Trunk, Open Approach
027P3DZ	Dilation of Pulmonary Trunk with Intraluminal Device, Percutaneous Approach
027P3ZZ	Dilation of Pulmonary Trunk, Percutaneous Approach
027Q04Z	Dilation of Right Pulmonary Artery with Drug-eluting Intraluminal Device, Open Approach
027Q0DZ	Dilation of Right Pulmonary Artery with Intraluminal Device, Open Approach
027Q0ZZ	Dilation of Right Pulmonary Artery, Open Approach
027Q34Z	Dilation of Right Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027Q3DZ	Dilation of Right Pulmonary Artery with Intraluminal Device, Percutaneous Approach
027Q3ZZ	Dilation of Right Pulmonary Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
027R04Z	Dilation of Left Pulmonary Artery with Drug-eluting Intraluminal Device, Open Approach
027R0DZ	Dilation of Left Pulmonary Artery with Intraluminal Device, Open Approach
027R0ZZ	Dilation of Left Pulmonary Artery, Open Approach
027R34Z	Dilation of Left Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027R3DZ	Dilation of Left Pulmonary Artery with Intraluminal Device, Percutaneous Approach
027R3ZZ	Dilation of Left Pulmonary Artery, Percutaneous Approach
027S04Z	Dilation of Right Pulmonary Vein with Drug-eluting Intraluminal Device, Open Approach
027S0DZ	Dilation of Right Pulmonary Vein with Intraluminal Device, Open Approach
027S0ZZ	Dilation of Right Pulmonary Vein, Open Approach
027S34Z	Dilation of Right Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach
027S3DZ	Dilation of Right Pulmonary Vein with Intraluminal Device, Percutaneous Approach
027S3ZZ	Dilation of Right Pulmonary Vein, Percutaneous Approach
027T04Z	Dilation of Left Pulmonary Vein with Drug-eluting Intraluminal Device, Open Approach
027T0DZ	Dilation of Left Pulmonary Vein with Intraluminal Device, Open Approach
027T0ZZ	Dilation of Left Pulmonary Vein, Open Approach
027T34Z	Dilation of Left Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach
027T3DZ	Dilation of Left Pulmonary Vein with Intraluminal Device, Percutaneous Approach
027T3ZZ	Dilation of Left Pulmonary Vein, Percutaneous Approach
027V04Z	Dilation of Superior Vena Cava with Drug-eluting Intraluminal Device, Open Approach
027V0DZ	Dilation of Superior Vena Cava with Intraluminal Device, Open Approach
027V0ZZ	Dilation of Superior Vena Cava, Open Approach
027V34Z	Dilation of Superior Vena Cava with Drug-eluting Intraluminal Device, Percutaneous Approach
027V3DZ	Dilation of Superior Vena Cava with Intraluminal Device, Percutaneous Approach
027V3ZZ	Dilation of Superior Vena Cava, Percutaneous Approach
027W04Z	Dilation of Thoracic Aorta with Drug-eluting Intraluminal Device, Open Approach
027W0DZ	Dilation of Thoracic Aorta with Intraluminal Device, Open Approach
027W0ZZ	Dilation of Thoracic Aorta, Open Approach
027W34Z	Dilation of Thoracic Aorta with Drug-eluting Intraluminal Device, Percutaneous Approach
027W3DZ	Dilation of Thoracic Aorta with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
027W3ZZ	Dilation of Thoracic Aorta, Percutaneous Approach
02B53ZZ	Excision of Atrial Septum, Percutaneous Approach
02B63ZZ	Excision of Right Atrium, Percutaneous Approach
02B73ZK	Excision of Left Atrial Appendage, Percutaneous Approach
02B73ZZ	Excision of Left Atrium, Percutaneous Approach
02B83ZZ	Excision of Conduction Mechanism, Percutaneous Approach
02B93ZZ	Excision of Chordae Tendineae, Percutaneous Approach
02BF3ZZ	Excision of Aortic Valve, Percutaneous Approach
02BG3ZZ	Excision of Mitral Valve, Percutaneous Approach
02BH3ZZ	Excision of Pulmonary Valve, Percutaneous Approach
02BJ3ZZ	Excision of Tricuspid Valve, Percutaneous Approach
02BK3ZZ	Excision of Right Ventricle, Percutaneous Approach
02BL3ZZ	Excision of Left Ventricle, Percutaneous Approach
02BM3ZZ	Excision of Ventricular Septum, Percutaneous Approach
02BP0ZX	Excision of Pulmonary Trunk, Open Approach, Diagnostic
02BP3ZX	Excision of Pulmonary Trunk, Percutaneous Approach, Diagnostic
02BQ0ZX	Excision of Right Pulmonary Artery, Open Approach, Diagnostic
02BQ3ZX	Excision of Right Pulmonary Artery, Percutaneous Approach, Diagnostic
02BR0ZX	Excision of Left Pulmonary Artery, Open Approach, Diagnostic
02BR3ZX	Excision of Left Pulmonary Artery, Percutaneous Approach, Diagnostic
02BS0ZX	Excision of Right Pulmonary Vein, Open Approach, Diagnostic
02BS3ZX	Excision of Right Pulmonary Vein, Percutaneous Approach, Diagnostic
02BT0ZX	Excision of Left Pulmonary Vein, Open Approach, Diagnostic
02BT3ZX	Excision of Left Pulmonary Vein, Percutaneous Approach, Diagnostic
02BV0ZX	Excision of Superior Vena Cava, Open Approach, Diagnostic
02BV3ZX	Excision of Superior Vena Cava, Percutaneous Approach, Diagnostic
02BW0ZX	Excision of Thoracic Aorta, Open Approach, Diagnostic
02BW3ZX	Excision of Thoracic Aorta, Percutaneous Approach, Diagnostic
02H60KZ	Insertion of Defibrillator Lead into Right Atrium, Open Approach
02HK0KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02HK3MZ	Insertion of Cardiac Lead into Right Ventricle, Percutaneous Approach
02HP03Z	Insertion of Infusion Device into Pulmonary Trunk, Open Approach
02HP33Z	Insertion of Infusion Device into Pulmonary Trunk, Percutaneous Approach
02HQ03Z	Insertion of Infusion Device into Right Pulmonary Artery, Open Approach
02HQ33Z	Insertion of Infusion Device into Right Pulmonary Artery, Percutaneous Approach
02HR03Z	Insertion of Infusion Device into Left Pulmonary Artery, Open Approach
02HR33Z	Insertion of Infusion Device into Left Pulmonary Artery, Percutaneous Approach
02HS03Z	Insertion of Infusion Device into Right Pulmonary Vein, Open Approach
02HS33Z	Insertion of Infusion Device into Right Pulmonary Vein, Percutaneous Approach
02HT03Z	Insertion of Infusion Device into Left Pulmonary Vein, Open Approach
02HT33Z	Insertion of Infusion Device into Left Pulmonary Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
02HV03Z	Insertion of Infusion Device into Superior Vena Cava, Open Approach
02HV33Z	Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach
02HW03Z	Insertion of Infusion Device into Thoracic Aorta, Open Approach
02HW33Z	Insertion of Infusion Device into Thoracic Aorta, Percutaneous Approach
02JA3ZZ	Inspection of Heart, Percutaneous Approach
02JY3ZZ	Inspection of Great Vessel, Percutaneous Approach
02K80ZZ	Map Conduction Mechanism, Open Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
02K84ZZ	Map Conduction Mechanism, Percutaneous Endoscopic Approach
02NP0ZZ	Release Pulmonary Trunk, Open Approach
02NQ0ZZ	Release Right Pulmonary Artery, Open Approach
02NR0ZZ	Release Left Pulmonary Artery, Open Approach
02NS0ZZ	Release Right Pulmonary Vein, Open Approach
02NT0ZZ	Release Left Pulmonary Vein, Open Approach
02NV0ZZ	Release Superior Vena Cava, Open Approach
02NW0ZZ	Release Thoracic Aorta, Open Approach
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
02QP0ZZ	Repair Pulmonary Trunk, Open Approach
02QQ0ZZ	Repair Right Pulmonary Artery, Open Approach
02QR0ZZ	Repair Left Pulmonary Artery, Open Approach
02QS0ZZ	Repair Right Pulmonary Vein, Open Approach
02QT0ZZ	Repair Left Pulmonary Vein, Open Approach
02QV0ZZ	Repair Superior Vena Cava, Open Approach
02QW0ZZ	Repair Thoracic Aorta, Open Approach
031209D	Bypass Innominate Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03120AD	Bypass Innominate Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03120AF	Bypass Innominate Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03120JD	Bypass Innominate Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03120JF	Bypass Innominate Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03120KD	Bypass Innominate Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03120KF	Bypass Innominate Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03120ZD	Bypass Innominate Artery to Upper Arm Vein, Open Approach
03120ZF	Bypass Innominate Artery to Lower Arm Vein, Open Approach
031309D	Bypass Right Subclavian Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03130AD	Bypass Right Subclavian Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03130AF	Bypass Right Subclavian Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03130JD	Bypass Right Subclavian Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03130JF	Bypass Right Subclavian Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03130KD	Bypass Right Subclavian Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03130KF	Bypass Right Subclavian Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03130ZD	Bypass Right Subclavian Artery to Upper Arm Vein, Open Approach
03130ZF	Bypass Right Subclavian Artery to Lower Arm Vein, Open Approach
031409D	Bypass Left Subclavian Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03140AD	Bypass Left Subclavian Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03140AF	Bypass Left Subclavian Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03140JD	Bypass Left Subclavian Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03140JF	Bypass Left Subclavian Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03140KD	Bypass Left Subclavian Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03140KF	Bypass Left Subclavian Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03140ZD	Bypass Left Subclavian Artery to Upper Arm Vein, Open Approach
03140ZF	Bypass Left Subclavian Artery to Lower Arm Vein, Open Approach
031509D	Bypass Right Axillary Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03150AD	Bypass Right Axillary Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03150AF	Bypass Right Axillary Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03150JD	Bypass Right Axillary Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03150JF	Bypass Right Axillary Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03150KD	Bypass Right Axillary Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03150KF	Bypass Right Axillary Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03150ZD	Bypass Right Axillary Artery to Upper Arm Vein, Open Approach
03150ZF	Bypass Right Axillary Artery to Lower Arm Vein, Open Approach
031609D	Bypass Left Axillary Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
03160AD	Bypass Left Axillary Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03160AF	Bypass Left Axillary Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03160JD	Bypass Left Axillary Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03160JF	Bypass Left Axillary Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03160KD	Bypass Left Axillary Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03160KF	Bypass Left Axillary Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03160ZD	Bypass Left Axillary Artery to Upper Arm Vein, Open Approach
03160ZF	Bypass Left Axillary Artery to Lower Arm Vein, Open Approach
031709D	Bypass Right Brachial Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03170AD	Bypass Right Brachial Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03170AF	Bypass Right Brachial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03170JD	Bypass Right Brachial Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03170JF	Bypass Right Brachial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03170KD	Bypass Right Brachial Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03170KF	Bypass Right Brachial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03170ZD	Bypass Right Brachial Artery to Upper Arm Vein, Open Approach
03170ZF	Bypass Right Brachial Artery to Lower Arm Vein, Open Approach
031809D	Bypass Left Brachial Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach
03180AD	Bypass Left Brachial Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach
03180AF	Bypass Left Brachial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03180JD	Bypass Left Brachial Artery to Upper Arm Vein with Synthetic Substitute, Open Approach
03180JF	Bypass Left Brachial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03180KD	Bypass Left Brachial Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach
03180KF	Bypass Left Brachial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03180ZD	Bypass Left Brachial Artery to Upper Arm Vein, Open Approach
03180ZF	Bypass Left Brachial Artery to Lower Arm Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03190AF	Bypass Right Ulnar Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
03190JF	Bypass Right Ulnar Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
03190KF	Bypass Right Ulnar Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
03190ZF	Bypass Right Ulnar Artery to Lower Arm Vein, Open Approach
031A09F	Bypass Left Ulnar Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach
031A0AF	Bypass Left Ulnar Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
031A0JF	Bypass Left Ulnar Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
031A0KF	Bypass Left Ulnar Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
031A0ZF	Bypass Left Ulnar Artery to Lower Arm Vein, Open Approach
031B09F	Bypass Right Radial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach
031B0AF	Bypass Right Radial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
031B0JF	Bypass Right Radial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
031B0KF	Bypass Right Radial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
031B0ZF	Bypass Right Radial Artery to Lower Arm Vein, Open Approach
031C09F	Bypass Left Radial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach
031C0AF	Bypass Left Radial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach
031C0JF	Bypass Left Radial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach
031C0KF	Bypass Left Radial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach
031C0ZF	Bypass Left Radial Artery to Lower Arm Vein, Open Approach
037004Z	Dilation of Right Internal Mammary Artery with Drug-eluting Intraluminal Device, Open Approach
03700DZ	Dilation of Right Internal Mammary Artery with Intraluminal Device, Open Approach
03700ZZ	Dilation of Right Internal Mammary Artery, Open Approach
037034Z	Dilation of Right Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03703DZ	Dilation of Right Internal Mammary Artery with Intraluminal Device, Percutaneous Approach
03703ZZ	Dilation of Right Internal Mammary Artery, Percutaneous Approach
037104Z	Dilation of Left Internal Mammary Artery with Drug-eluting Intraluminal Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03710DZ	Dilation of Left Internal Mammary Artery with Intraluminal Device, Open Approach
03710ZZ	Dilation of Left Internal Mammary Artery, Open Approach
037134Z	Dilation of Left Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03713DZ	Dilation of Left Internal Mammary Artery with Intraluminal Device, Percutaneous Approach
03713ZZ	Dilation of Left Internal Mammary Artery, Percutaneous Approach
037204Z	Dilation of Innominate Artery with Drug-eluting Intraluminal Device, Open Approach
03720DZ	Dilation of Innominate Artery with Intraluminal Device, Open Approach
03720ZZ	Dilation of Innominate Artery, Open Approach
037234Z	Dilation of Innominate Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03723DZ	Dilation of Innominate Artery with Intraluminal Device, Percutaneous Approach
03723ZZ	Dilation of Innominate Artery, Percutaneous Approach
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach
03730ZZ	Dilation of Right Subclavian Artery, Open Approach
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach
03740ZZ	Dilation of Left Subclavian Artery, Open Approach
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach
03750ZZ	Dilation of Right Axillary Artery, Open Approach
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach
03760ZZ	Dilation of Left Axillary Artery, Open Approach
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach
037704Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Open Approach
03770DZ	Dilation of Right Brachial Artery with Intraluminal Device, Open Approach
03770ZZ	Dilation of Right Brachial Artery, Open Approach
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
037804Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Open Approach
03780DZ	Dilation of Left Brachial Artery with Intraluminal Device, Open Approach
03780ZZ	Dilation of Left Brachial Artery, Open Approach
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
037904Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach
03790DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Open Approach
03790ZZ	Dilation of Right Ulnar Artery, Open Approach
037934Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
03793DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Approach
03793ZZ	Dilation of Right Ulnar Artery, Percutaneous Approach
037A04Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach
037A0DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Open Approach
037A0ZZ	Dilation of Left Ulnar Artery, Open Approach
037A34Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037A3DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Approach
037A3ZZ	Dilation of Left Ulnar Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
037B04Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Open Approach
037B0DZ	Dilation of Right Radial Artery with Intraluminal Device, Open Approach
037B0ZZ	Dilation of Right Radial Artery, Open Approach
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037C04Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Open Approach
037C0DZ	Dilation of Left Radial Artery with Intraluminal Device, Open Approach
037C0ZZ	Dilation of Left Radial Artery, Open Approach
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach
037D04Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Open Approach
037D0DZ	Dilation of Right Hand Artery with Intraluminal Device, Open Approach
037D0ZZ	Dilation of Right Hand Artery, Open Approach
037D34Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037D3DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Approach
037D3ZZ	Dilation of Right Hand Artery, Percutaneous Approach
037F04Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Open Approach
037F0DZ	Dilation of Left Hand Artery with Intraluminal Device, Open Approach
037F0ZZ	Dilation of Left Hand Artery, Open Approach
037F34Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037F3DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Approach
037F3ZZ	Dilation of Left Hand Artery, Percutaneous Approach
037G04Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Open Approach
037G0DZ	Dilation of Intracranial Artery with Intraluminal Device, Open Approach
037G0ZZ	Dilation of Intracranial Artery, Open Approach
037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach
037G3ZZ	Dilation of Intracranial Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
037H04Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037H0DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Open Approach
037H0ZZ	Dilation of Right Common Carotid Artery, Open Approach
037H34Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037H3ZZ	Dilation of Right Common Carotid Artery, Percutaneous Approach
037J04Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037J0DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Open Approach
037J0ZZ	Dilation of Left Common Carotid Artery, Open Approach
037J34Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037J3ZZ	Dilation of Left Common Carotid Artery, Percutaneous Approach
037K04Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037K0DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Open Approach
037K0ZZ	Dilation of Right Internal Carotid Artery, Open Approach
037K34Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
037K3ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Approach
037L04Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037L0DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Open Approach
037L0ZZ	Dilation of Left Internal Carotid Artery, Open Approach
037L34Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
037L3ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Approach
037M04Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037M0DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Open Approach
037M0ZZ	Dilation of Right External Carotid Artery, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
037M34Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach
037M3ZZ	Dilation of Right External Carotid Artery, Percutaneous Approach
037N04Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Open Approach
037N0DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Open Approach
037N0ZZ	Dilation of Left External Carotid Artery, Open Approach
037N34Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach
037N3ZZ	Dilation of Left External Carotid Artery, Percutaneous Approach
037P04Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Open Approach
037P0DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Open Approach
037P0ZZ	Dilation of Right Vertebral Artery, Open Approach
037P34Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037P3DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach
037P3ZZ	Dilation of Right Vertebral Artery, Percutaneous Approach
037Q04Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Open Approach
037Q0DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Open Approach
037Q0ZZ	Dilation of Left Vertebral Artery, Open Approach
037Q34Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037Q3DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach
037Q3ZZ	Dilation of Left Vertebral Artery, Percutaneous Approach
037R04Z	Dilation of Face Artery with Drug-eluting Intraluminal Device, Open Approach
037R0DZ	Dilation of Face Artery with Intraluminal Device, Open Approach
037R0ZZ	Dilation of Face Artery, Open Approach
037R34Z	Dilation of Face Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037R3DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Approach
037R3ZZ	Dilation of Face Artery, Percutaneous Approach
037S04Z	Dilation of Right Temporal Artery with Drug-eluting Intraluminal Device, Open Approach
037S0DZ	Dilation of Right Temporal Artery with Intraluminal Device, Open Approach
037S0ZZ	Dilation of Right Temporal Artery, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
037S34Z	Dilation of Right Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037S3DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Approach
037S3ZZ	Dilation of Right Temporal Artery, Percutaneous Approach
037T04Z	Dilation of Left Temporal Artery with Drug-eluting Intraluminal Device, Open Approach
037T0DZ	Dilation of Left Temporal Artery with Intraluminal Device, Open Approach
037T0ZZ	Dilation of Left Temporal Artery, Open Approach
037T34Z	Dilation of Left Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037T3DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Approach
037T3ZZ	Dilation of Left Temporal Artery, Percutaneous Approach
037U04Z	Dilation of Right Thyroid Artery with Drug-eluting Intraluminal Device, Open Approach
037U0DZ	Dilation of Right Thyroid Artery with Intraluminal Device, Open Approach
037U0ZZ	Dilation of Right Thyroid Artery, Open Approach
037U34Z	Dilation of Right Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037U3DZ	Dilation of Right Thyroid Artery with Intraluminal Device, Percutaneous Approach
037U3ZZ	Dilation of Right Thyroid Artery, Percutaneous Approach
037V04Z	Dilation of Left Thyroid Artery with Drug-eluting Intraluminal Device, Open Approach
037V0DZ	Dilation of Left Thyroid Artery with Intraluminal Device, Open Approach
037V0ZZ	Dilation of Left Thyroid Artery, Open Approach
037V34Z	Dilation of Left Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037V3DZ	Dilation of Left Thyroid Artery with Intraluminal Device, Percutaneous Approach
037V3ZZ	Dilation of Left Thyroid Artery, Percutaneous Approach
037Y04Z	Dilation of Upper Artery with Drug-eluting Intraluminal Device, Open Approach
037Y0DZ	Dilation of Upper Artery with Intraluminal Device, Open Approach
037Y0ZZ	Dilation of Upper Artery, Open Approach
037Y34Z	Dilation of Upper Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037Y3DZ	Dilation of Upper Artery with Intraluminal Device, Percutaneous Approach
037Y3ZZ	Dilation of Upper Artery, Percutaneous Approach
03900ZX	Drainage of Right Internal Mammary Artery, Open Approach, Diagnostic
039030Z	Drainage of Right Internal Mammary Artery with Drainage Device, Percutaneous Approach
03903ZX	Drainage of Right Internal Mammary Artery, Percutaneous Approach, Diagnostic
03903ZZ	Drainage of Right Internal Mammary Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03910ZX	Drainage of Left Internal Mammary Artery, Open Approach, Diagnostic
039130Z	Drainage of Left Internal Mammary Artery with Drainage Device, Percutaneous Approach
03913ZX	Drainage of Left Internal Mammary Artery, Percutaneous Approach, Diagnostic
03913ZZ	Drainage of Left Internal Mammary Artery, Percutaneous Approach
03920ZX	Drainage of Innominate Artery, Open Approach, Diagnostic
039230Z	Drainage of Innominate Artery with Drainage Device, Percutaneous Approach
03923ZX	Drainage of Innominate Artery, Percutaneous Approach, Diagnostic
03923ZZ	Drainage of Innominate Artery, Percutaneous Approach
03930ZX	Drainage of Right Subclavian Artery, Open Approach, Diagnostic
039330Z	Drainage of Right Subclavian Artery with Drainage Device, Percutaneous Approach
03933ZX	Drainage of Right Subclavian Artery, Percutaneous Approach, Diagnostic
03933ZZ	Drainage of Right Subclavian Artery, Percutaneous Approach
03940ZX	Drainage of Left Subclavian Artery, Open Approach, Diagnostic
039430Z	Drainage of Left Subclavian Artery with Drainage Device, Percutaneous Approach
03943ZX	Drainage of Left Subclavian Artery, Percutaneous Approach, Diagnostic
03943ZZ	Drainage of Left Subclavian Artery, Percutaneous Approach
03950ZX	Drainage of Right Axillary Artery, Open Approach, Diagnostic
039530Z	Drainage of Right Axillary Artery with Drainage Device, Percutaneous Approach
03953ZX	Drainage of Right Axillary Artery, Percutaneous Approach, Diagnostic
03953ZZ	Drainage of Right Axillary Artery, Percutaneous Approach
03960ZX	Drainage of Left Axillary Artery, Open Approach, Diagnostic
039630Z	Drainage of Left Axillary Artery with Drainage Device, Percutaneous Approach
03963ZX	Drainage of Left Axillary Artery, Percutaneous Approach, Diagnostic
03963ZZ	Drainage of Left Axillary Artery, Percutaneous Approach
03970ZX	Drainage of Right Brachial Artery, Open Approach, Diagnostic
039730Z	Drainage of Right Brachial Artery with Drainage Device, Percutaneous Approach
03973ZX	Drainage of Right Brachial Artery, Percutaneous Approach, Diagnostic
03973ZZ	Drainage of Right Brachial Artery, Percutaneous Approach
03980ZX	Drainage of Left Brachial Artery, Open Approach, Diagnostic
039830Z	Drainage of Left Brachial Artery with Drainage Device, Percutaneous Approach
03983ZX	Drainage of Left Brachial Artery, Percutaneous Approach, Diagnostic
03983ZZ	Drainage of Left Brachial Artery, Percutaneous Approach
03990ZX	Drainage of Right Ulnar Artery, Open Approach, Diagnostic
039930Z	Drainage of Right Ulnar Artery with Drainage Device, Percutaneous Approach
03993ZX	Drainage of Right Ulnar Artery, Percutaneous Approach, Diagnostic
03993ZZ	Drainage of Right Ulnar Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
039A0ZX	Drainage of Left Ulnar Artery, Open Approach, Diagnostic
039A30Z	Drainage of Left Ulnar Artery with Drainage Device, Percutaneous Approach
039A3ZX	Drainage of Left Ulnar Artery, Percutaneous Approach, Diagnostic
039A3ZZ	Drainage of Left Ulnar Artery, Percutaneous Approach
039B0ZX	Drainage of Right Radial Artery, Open Approach, Diagnostic
039B30Z	Drainage of Right Radial Artery with Drainage Device, Percutaneous Approach
039B3ZX	Drainage of Right Radial Artery, Percutaneous Approach, Diagnostic
039B3ZZ	Drainage of Right Radial Artery, Percutaneous Approach
039C0ZX	Drainage of Left Radial Artery, Open Approach, Diagnostic
039C30Z	Drainage of Left Radial Artery with Drainage Device, Percutaneous Approach
039C3ZX	Drainage of Left Radial Artery, Percutaneous Approach, Diagnostic
039C3ZZ	Drainage of Left Radial Artery, Percutaneous Approach
039D0ZX	Drainage of Right Hand Artery, Open Approach, Diagnostic
039D30Z	Drainage of Right Hand Artery with Drainage Device, Percutaneous Approach
039D3ZX	Drainage of Right Hand Artery, Percutaneous Approach, Diagnostic
039D3ZZ	Drainage of Right Hand Artery, Percutaneous Approach
039F0ZX	Drainage of Left Hand Artery, Open Approach, Diagnostic
039F30Z	Drainage of Left Hand Artery with Drainage Device, Percutaneous Approach
039F3ZX	Drainage of Left Hand Artery, Percutaneous Approach, Diagnostic
039F3ZZ	Drainage of Left Hand Artery, Percutaneous Approach
039G0ZX	Drainage of Intracranial Artery, Open Approach, Diagnostic
039G30Z	Drainage of Intracranial Artery with Drainage Device, Percutaneous Approach
039G3ZX	Drainage of Intracranial Artery, Percutaneous Approach, Diagnostic
039G3ZZ	Drainage of Intracranial Artery, Percutaneous Approach
039H0ZX	Drainage of Right Common Carotid Artery, Open Approach, Diagnostic
039H30Z	Drainage of Right Common Carotid Artery with Drainage Device, Percutaneous Approach
039H3ZX	Drainage of Right Common Carotid Artery, Percutaneous Approach, Diagnostic
039H3ZZ	Drainage of Right Common Carotid Artery, Percutaneous Approach
039J0ZX	Drainage of Left Common Carotid Artery, Open Approach, Diagnostic
039J30Z	Drainage of Left Common Carotid Artery with Drainage Device, Percutaneous Approach
039J3ZX	Drainage of Left Common Carotid Artery, Percutaneous Approach, Diagnostic
039J3ZZ	Drainage of Left Common Carotid Artery, Percutaneous Approach
039K0ZX	Drainage of Right Internal Carotid Artery, Open Approach, Diagnostic
039K30Z	Drainage of Right Internal Carotid Artery with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
039K3ZX	Drainage of Right Internal Carotid Artery, Percutaneous Approach, Diagnostic
039K3ZZ	Drainage of Right Internal Carotid Artery, Percutaneous Approach
039L0ZX	Drainage of Left Internal Carotid Artery, Open Approach, Diagnostic
039L30Z	Drainage of Left Internal Carotid Artery with Drainage Device, Percutaneous Approach
039L3ZX	Drainage of Left Internal Carotid Artery, Percutaneous Approach, Diagnostic
039L3ZZ	Drainage of Left Internal Carotid Artery, Percutaneous Approach
039M0ZX	Drainage of Right External Carotid Artery, Open Approach, Diagnostic
039M30Z	Drainage of Right External Carotid Artery with Drainage Device, Percutaneous Approach
039M3ZX	Drainage of Right External Carotid Artery, Percutaneous Approach, Diagnostic
039M3ZZ	Drainage of Right External Carotid Artery, Percutaneous Approach
039N0ZX	Drainage of Left External Carotid Artery, Open Approach, Diagnostic
039N30Z	Drainage of Left External Carotid Artery with Drainage Device, Percutaneous Approach
039N3ZX	Drainage of Left External Carotid Artery, Percutaneous Approach, Diagnostic
039N3ZZ	Drainage of Left External Carotid Artery, Percutaneous Approach
039P0ZX	Drainage of Right Vertebral Artery, Open Approach, Diagnostic
039P30Z	Drainage of Right Vertebral Artery with Drainage Device, Percutaneous Approach
039P3ZX	Drainage of Right Vertebral Artery, Percutaneous Approach, Diagnostic
039P3ZZ	Drainage of Right Vertebral Artery, Percutaneous Approach
039Q0ZX	Drainage of Left Vertebral Artery, Open Approach, Diagnostic
039Q30Z	Drainage of Left Vertebral Artery with Drainage Device, Percutaneous Approach
039Q3ZX	Drainage of Left Vertebral Artery, Percutaneous Approach, Diagnostic
039Q3ZZ	Drainage of Left Vertebral Artery, Percutaneous Approach
039R0ZX	Drainage of Face Artery, Open Approach, Diagnostic
039R30Z	Drainage of Face Artery with Drainage Device, Percutaneous Approach
039R3ZX	Drainage of Face Artery, Percutaneous Approach, Diagnostic
039R3ZZ	Drainage of Face Artery, Percutaneous Approach
039S0ZX	Drainage of Right Temporal Artery, Open Approach, Diagnostic
039S30Z	Drainage of Right Temporal Artery with Drainage Device, Percutaneous Approach
039S3ZX	Drainage of Right Temporal Artery, Percutaneous Approach, Diagnostic
039S3ZZ	Drainage of Right Temporal Artery, Percutaneous Approach
039T0ZX	Drainage of Left Temporal Artery, Open Approach, Diagnostic
039T30Z	Drainage of Left Temporal Artery with Drainage Device, Percutaneous Approach
039T3ZX	Drainage of Left Temporal Artery, Percutaneous Approach, Diagnostic
039T3ZZ	Drainage of Left Temporal Artery, Percutaneous Approach
039U0ZX	Drainage of Right Thyroid Artery, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
039U30Z	Drainage of Right Thyroid Artery with Drainage Device, Percutaneous Approach
039U3ZX	Drainage of Right Thyroid Artery, Percutaneous Approach, Diagnostic
039U3ZZ	Drainage of Right Thyroid Artery, Percutaneous Approach
039V0ZX	Drainage of Left Thyroid Artery, Open Approach, Diagnostic
039V30Z	Drainage of Left Thyroid Artery with Drainage Device, Percutaneous Approach
039V3ZX	Drainage of Left Thyroid Artery, Percutaneous Approach, Diagnostic
039V3ZZ	Drainage of Left Thyroid Artery, Percutaneous Approach
039Y0ZX	Drainage of Upper Artery, Open Approach, Diagnostic
039Y30Z	Drainage of Upper Artery with Drainage Device, Percutaneous Approach
039Y3ZX	Drainage of Upper Artery, Percutaneous Approach, Diagnostic
039Y3ZZ	Drainage of Upper Artery, Percutaneous Approach
03B00ZX	Excision of Right Internal Mammary Artery, Open Approach, Diagnostic
03B03ZX	Excision of Right Internal Mammary Artery, Percutaneous Approach, Diagnostic
03B10ZX	Excision of Left Internal Mammary Artery, Open Approach, Diagnostic
03B13ZX	Excision of Left Internal Mammary Artery, Percutaneous Approach, Diagnostic
03B20ZX	Excision of Innominate Artery, Open Approach, Diagnostic
03B23ZX	Excision of Innominate Artery, Percutaneous Approach, Diagnostic
03B30ZX	Excision of Right Subclavian Artery, Open Approach, Diagnostic
03B33ZX	Excision of Right Subclavian Artery, Percutaneous Approach, Diagnostic
03B40ZX	Excision of Left Subclavian Artery, Open Approach, Diagnostic
03B43ZX	Excision of Left Subclavian Artery, Percutaneous Approach, Diagnostic
03B50ZX	Excision of Right Axillary Artery, Open Approach, Diagnostic
03B50ZZ	Excision of Right Axillary Artery, Open Approach
03B53ZX	Excision of Right Axillary Artery, Percutaneous Approach, Diagnostic
03B53ZZ	Excision of Right Axillary Artery, Percutaneous Approach
03B54ZZ	Excision of Right Axillary Artery, Percutaneous Endoscopic Approach
03B60ZX	Excision of Left Axillary Artery, Open Approach, Diagnostic
03B60ZZ	Excision of Left Axillary Artery, Open Approach
03B63ZX	Excision of Left Axillary Artery, Percutaneous Approach, Diagnostic
03B63ZZ	Excision of Left Axillary Artery, Percutaneous Approach
03B64ZZ	Excision of Left Axillary Artery, Percutaneous Endoscopic Approach
03B70ZX	Excision of Right Brachial Artery, Open Approach, Diagnostic
03B70ZZ	Excision of Right Brachial Artery, Open Approach
03B73ZX	Excision of Right Brachial Artery, Percutaneous Approach, Diagnostic
03B73ZZ	Excision of Right Brachial Artery, Percutaneous Approach
03B74ZZ	Excision of Right Brachial Artery, Percutaneous Endoscopic Approach
03B80ZX	Excision of Left Brachial Artery, Open Approach, Diagnostic
03B80ZZ	Excision of Left Brachial Artery, Open Approach
03B83ZX	Excision of Left Brachial Artery, Percutaneous Approach, Diagnostic
03B83ZZ	Excision of Left Brachial Artery, Percutaneous Approach
03B84ZZ	Excision of Left Brachial Artery, Percutaneous Endoscopic Approach
03B90ZX	Excision of Right Ulnar Artery, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03B90ZZ	Excision of Right Ulnar Artery, Open Approach
03B93ZX	Excision of Right Ulnar Artery, Percutaneous Approach, Diagnostic
03B93ZZ	Excision of Right Ulnar Artery, Percutaneous Approach
03B94ZZ	Excision of Right Ulnar Artery, Percutaneous Endoscopic Approach
03BA0ZX	Excision of Left Ulnar Artery, Open Approach, Diagnostic
03BA0ZZ	Excision of Left Ulnar Artery, Open Approach
03BA3ZX	Excision of Left Ulnar Artery, Percutaneous Approach, Diagnostic
03BA3ZZ	Excision of Left Ulnar Artery, Percutaneous Approach
03BA4ZZ	Excision of Left Ulnar Artery, Percutaneous Endoscopic Approach
03BB0ZX	Excision of Right Radial Artery, Open Approach, Diagnostic
03BB0ZZ	Excision of Right Radial Artery, Open Approach
03BB3ZX	Excision of Right Radial Artery, Percutaneous Approach, Diagnostic
03BB3ZZ	Excision of Right Radial Artery, Percutaneous Approach
03BB4ZZ	Excision of Right Radial Artery, Percutaneous Endoscopic Approach
03BC0ZX	Excision of Left Radial Artery, Open Approach, Diagnostic
03BC0ZZ	Excision of Left Radial Artery, Open Approach
03BC3ZX	Excision of Left Radial Artery, Percutaneous Approach, Diagnostic
03BC3ZZ	Excision of Left Radial Artery, Percutaneous Approach
03BC4ZZ	Excision of Left Radial Artery, Percutaneous Endoscopic Approach
03BD0ZX	Excision of Right Hand Artery, Open Approach, Diagnostic
03BD0ZZ	Excision of Right Hand Artery, Open Approach
03BD3ZX	Excision of Right Hand Artery, Percutaneous Approach, Diagnostic
03BD3ZZ	Excision of Right Hand Artery, Percutaneous Approach
03BD4ZZ	Excision of Right Hand Artery, Percutaneous Endoscopic Approach
03BF0ZX	Excision of Left Hand Artery, Open Approach, Diagnostic
03BF0ZZ	Excision of Left Hand Artery, Open Approach
03BF3ZX	Excision of Left Hand Artery, Percutaneous Approach, Diagnostic
03BF3ZZ	Excision of Left Hand Artery, Percutaneous Approach
03BF4ZZ	Excision of Left Hand Artery, Percutaneous Endoscopic Approach
03BG0ZX	Excision of Intracranial Artery, Open Approach, Diagnostic
03BG3ZX	Excision of Intracranial Artery, Percutaneous Approach, Diagnostic
03BH0ZX	Excision of Right Common Carotid Artery, Open Approach, Diagnostic
03BH3ZX	Excision of Right Common Carotid Artery, Percutaneous Approach, Diagnostic
03BJ0ZX	Excision of Left Common Carotid Artery, Open Approach, Diagnostic
03BJ3ZX	Excision of Left Common Carotid Artery, Percutaneous Approach, Diagnostic
03BK0ZX	Excision of Right Internal Carotid Artery, Open Approach, Diagnostic
03BK3ZX	Excision of Right Internal Carotid Artery, Percutaneous Approach, Diagnostic
03BL0ZX	Excision of Left Internal Carotid Artery, Open Approach, Diagnostic
03BL3ZX	Excision of Left Internal Carotid Artery, Percutaneous Approach, Diagnostic
03BM0ZX	Excision of Right External Carotid Artery, Open Approach, Diagnostic
03BM3ZX	Excision of Right External Carotid Artery, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
03BN0ZX	Excision of Left External Carotid Artery, Open Approach, Diagnostic
03BN3ZX	Excision of Left External Carotid Artery, Percutaneous Approach, Diagnostic
03BP0ZX	Excision of Right Vertebral Artery, Open Approach, Diagnostic
03BP3ZX	Excision of Right Vertebral Artery, Percutaneous Approach, Diagnostic
03BQ0ZX	Excision of Left Vertebral Artery, Open Approach, Diagnostic
03BQ3ZX	Excision of Left Vertebral Artery, Percutaneous Approach, Diagnostic
03BR0ZX	Excision of Face Artery, Open Approach, Diagnostic
03BR3ZX	Excision of Face Artery, Percutaneous Approach, Diagnostic
03BS0ZX	Excision of Right Temporal Artery, Open Approach, Diagnostic
03BS3ZX	Excision of Right Temporal Artery, Percutaneous Approach, Diagnostic
03BT0ZX	Excision of Left Temporal Artery, Open Approach, Diagnostic
03BT3ZX	Excision of Left Temporal Artery, Percutaneous Approach, Diagnostic
03BU0ZX	Excision of Right Thyroid Artery, Open Approach, Diagnostic
03BU3ZX	Excision of Right Thyroid Artery, Percutaneous Approach, Diagnostic
03BV0ZX	Excision of Left Thyroid Artery, Open Approach, Diagnostic
03BV3ZX	Excision of Left Thyroid Artery, Percutaneous Approach, Diagnostic
03BY0ZX	Excision of Upper Artery, Open Approach, Diagnostic
03BY0ZZ	Excision of Upper Artery, Open Approach
03BY3ZX	Excision of Upper Artery, Percutaneous Approach, Diagnostic
03BY3ZZ	Excision of Upper Artery, Percutaneous Approach
03BY4ZZ	Excision of Upper Artery, Percutaneous Endoscopic Approach
03H003Z	Insertion of Infusion Device into Right Internal Mammary Artery, Open Approach
03H00DZ	Insertion of Intraluminal Device into Right Internal Mammary Artery, Open Approach
03H033Z	Insertion of Infusion Device into Right Internal Mammary Artery, Percutaneous Approach
03H03DZ	Insertion of Intraluminal Device into Right Internal Mammary Artery, Percutaneous Approach
03H103Z	Insertion of Infusion Device into Left Internal Mammary Artery, Open Approach
03H10DZ	Insertion of Intraluminal Device into Left Internal Mammary Artery, Open Approach
03H133Z	Insertion of Infusion Device into Left Internal Mammary Artery, Percutaneous Approach
03H13DZ	Insertion of Intraluminal Device into Left Internal Mammary Artery, Percutaneous Approach
03H203Z	Insertion of Infusion Device into Innominate Artery, Open Approach
03H20DZ	Insertion of Intraluminal Device into Innominate Artery, Open Approach
03H233Z	Insertion of Infusion Device into Innominate Artery, Percutaneous Approach
03H23DZ	Insertion of Intraluminal Device into Innominate Artery, Percutaneous Approach
03H303Z	Insertion of Infusion Device into Right Subclavian Artery, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03H30DZ	Insertion of Intraluminal Device into Right Subclavian Artery, Open Approach
03H333Z	Insertion of Infusion Device into Right Subclavian Artery, Percutaneous Approach
03H33DZ	Insertion of Intraluminal Device into Right Subclavian Artery, Percutaneous Approach
03H403Z	Insertion of Infusion Device into Left Subclavian Artery, Open Approach
03H40DZ	Insertion of Intraluminal Device into Left Subclavian Artery, Open Approach
03H433Z	Insertion of Infusion Device into Left Subclavian Artery, Percutaneous Approach
03H43DZ	Insertion of Intraluminal Device into Left Subclavian Artery, Percutaneous Approach
03H503Z	Insertion of Infusion Device into Right Axillary Artery, Open Approach
03H50DZ	Insertion of Intraluminal Device into Right Axillary Artery, Open Approach
03H533Z	Insertion of Infusion Device into Right Axillary Artery, Percutaneous Approach
03H53DZ	Insertion of Intraluminal Device into Right Axillary Artery, Percutaneous Approach
03H603Z	Insertion of Infusion Device into Left Axillary Artery, Open Approach
03H60DZ	Insertion of Intraluminal Device into Left Axillary Artery, Open Approach
03H633Z	Insertion of Infusion Device into Left Axillary Artery, Percutaneous Approach
03H63DZ	Insertion of Intraluminal Device into Left Axillary Artery, Percutaneous Approach
03H703Z	Insertion of Infusion Device into Right Brachial Artery, Open Approach
03H70DZ	Insertion of Intraluminal Device into Right Brachial Artery, Open Approach
03H733Z	Insertion of Infusion Device into Right Brachial Artery, Percutaneous Approach
03H73DZ	Insertion of Intraluminal Device into Right Brachial Artery, Percutaneous Approach
03H803Z	Insertion of Infusion Device into Left Brachial Artery, Open Approach
03H80DZ	Insertion of Intraluminal Device into Left Brachial Artery, Open Approach
03H833Z	Insertion of Infusion Device into Left Brachial Artery, Percutaneous Approach
03H83DZ	Insertion of Intraluminal Device into Left Brachial Artery, Percutaneous Approach
03H903Z	Insertion of Infusion Device into Right Ulnar Artery, Open Approach
03H90DZ	Insertion of Intraluminal Device into Right Ulnar Artery, Open Approach
03H933Z	Insertion of Infusion Device into Right Ulnar Artery, Percutaneous Approach
03H93DZ	Insertion of Intraluminal Device into Right Ulnar Artery, Percutaneous Approach
03HA03Z	Insertion of Infusion Device into Left Ulnar Artery, Open Approach
03HA0DZ	Insertion of Intraluminal Device into Left Ulnar Artery, Open Approach
03HA33Z	Insertion of Infusion Device into Left Ulnar Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03HA3DZ	Insertion of Intraluminal Device into Left Ulnar Artery, Percutaneous Approach
03HB03Z	Insertion of Infusion Device into Right Radial Artery, Open Approach
03HB0DZ	Insertion of Intraluminal Device into Right Radial Artery, Open Approach
03HB33Z	Insertion of Infusion Device into Right Radial Artery, Percutaneous Approach
03HB3DZ	Insertion of Intraluminal Device into Right Radial Artery, Percutaneous Approach
03HC03Z	Insertion of Infusion Device into Left Radial Artery, Open Approach
03HC0DZ	Insertion of Intraluminal Device into Left Radial Artery, Open Approach
03HC33Z	Insertion of Infusion Device into Left Radial Artery, Percutaneous Approach
03HC3DZ	Insertion of Intraluminal Device into Left Radial Artery, Percutaneous Approach
03HD03Z	Insertion of Infusion Device into Right Hand Artery, Open Approach
03HD0DZ	Insertion of Intraluminal Device into Right Hand Artery, Open Approach
03HD33Z	Insertion of Infusion Device into Right Hand Artery, Percutaneous Approach
03HD3DZ	Insertion of Intraluminal Device into Right Hand Artery, Percutaneous Approach
03HF03Z	Insertion of Infusion Device into Left Hand Artery, Open Approach
03HF0DZ	Insertion of Intraluminal Device into Left Hand Artery, Open Approach
03HF33Z	Insertion of Infusion Device into Left Hand Artery, Percutaneous Approach
03HF3DZ	Insertion of Intraluminal Device into Left Hand Artery, Percutaneous Approach
03HG03Z	Insertion of Infusion Device into Intracranial Artery, Open Approach
03HG0DZ	Insertion of Intraluminal Device into Intracranial Artery, Open Approach
03HG33Z	Insertion of Infusion Device into Intracranial Artery, Percutaneous Approach
03HG3DZ	Insertion of Intraluminal Device into Intracranial Artery, Percutaneous Approach
03HH03Z	Insertion of Infusion Device into Right Common Carotid Artery, Open Approach
03HH0DZ	Insertion of Intraluminal Device into Right Common Carotid Artery, Open Approach
03HH33Z	Insertion of Infusion Device into Right Common Carotid Artery, Percutaneous Approach
03HH3DZ	Insertion of Intraluminal Device into Right Common Carotid Artery, Percutaneous Approach
03HJ03Z	Insertion of Infusion Device into Left Common Carotid Artery, Open Approach
03HJ0DZ	Insertion of Intraluminal Device into Left Common Carotid Artery, Open Approach
03HJ33Z	Insertion of Infusion Device into Left Common Carotid Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03HJ3DZ	Insertion of Intraluminal Device into Left Common Carotid Artery, Percutaneous Approach
03HK03Z	Insertion of Infusion Device into Right Internal Carotid Artery, Open Approach
03HK0DZ	Insertion of Intraluminal Device into Right Internal Carotid Artery, Open Approach
03HK33Z	Insertion of Infusion Device into Right Internal Carotid Artery, Percutaneous Approach
03HK3DZ	Insertion of Intraluminal Device into Right Internal Carotid Artery, Percutaneous Approach
03HL03Z	Insertion of Infusion Device into Left Internal Carotid Artery, Open Approach
03HL0DZ	Insertion of Intraluminal Device into Left Internal Carotid Artery, Open Approach
03HL33Z	Insertion of Infusion Device into Left Internal Carotid Artery, Percutaneous Approach
03HL3DZ	Insertion of Intraluminal Device into Left Internal Carotid Artery, Percutaneous Approach
03HM03Z	Insertion of Infusion Device into Right External Carotid Artery, Open Approach
03HM0DZ	Insertion of Intraluminal Device into Right External Carotid Artery, Open Approach
03HM33Z	Insertion of Infusion Device into Right External Carotid Artery, Percutaneous Approach
03HM3DZ	Insertion of Intraluminal Device into Right External Carotid Artery, Percutaneous Approach
03HN03Z	Insertion of Infusion Device into Left External Carotid Artery, Open Approach
03HN0DZ	Insertion of Intraluminal Device into Left External Carotid Artery, Open Approach
03HN33Z	Insertion of Infusion Device into Left External Carotid Artery, Percutaneous Approach
03HN3DZ	Insertion of Intraluminal Device into Left External Carotid Artery, Percutaneous Approach
03HP03Z	Insertion of Infusion Device into Right Vertebral Artery, Open Approach
03HP0DZ	Insertion of Intraluminal Device into Right Vertebral Artery, Open Approach
03HP33Z	Insertion of Infusion Device into Right Vertebral Artery, Percutaneous Approach
03HP3DZ	Insertion of Intraluminal Device into Right Vertebral Artery, Percutaneous Approach
03HQ03Z	Insertion of Infusion Device into Left Vertebral Artery, Open Approach
03HQ0DZ	Insertion of Intraluminal Device into Left Vertebral Artery, Open Approach
03HQ33Z	Insertion of Infusion Device into Left Vertebral Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03HQ3DZ	Insertion of Intraluminal Device into Left Vertebral Artery, Percutaneous Approach
03HR03Z	Insertion of Infusion Device into Face Artery, Open Approach
03HR0DZ	Insertion of Intraluminal Device into Face Artery, Open Approach
03HR33Z	Insertion of Infusion Device into Face Artery, Percutaneous Approach
03HR3DZ	Insertion of Intraluminal Device into Face Artery, Percutaneous Approach
03HS03Z	Insertion of Infusion Device into Right Temporal Artery, Open Approach
03HS0DZ	Insertion of Intraluminal Device into Right Temporal Artery, Open Approach
03HS33Z	Insertion of Infusion Device into Right Temporal Artery, Percutaneous Approach
03HS3DZ	Insertion of Intraluminal Device into Right Temporal Artery, Percutaneous Approach
03HT03Z	Insertion of Infusion Device into Left Temporal Artery, Open Approach
03HT0DZ	Insertion of Intraluminal Device into Left Temporal Artery, Open Approach
03HT33Z	Insertion of Infusion Device into Left Temporal Artery, Percutaneous Approach
03HT3DZ	Insertion of Intraluminal Device into Left Temporal Artery, Percutaneous Approach
03HU03Z	Insertion of Infusion Device into Right Thyroid Artery, Open Approach
03HU0DZ	Insertion of Intraluminal Device into Right Thyroid Artery, Open Approach
03HU33Z	Insertion of Infusion Device into Right Thyroid Artery, Percutaneous Approach
03HU3DZ	Insertion of Intraluminal Device into Right Thyroid Artery, Percutaneous Approach
03HV03Z	Insertion of Infusion Device into Left Thyroid Artery, Open Approach
03HV0DZ	Insertion of Intraluminal Device into Left Thyroid Artery, Open Approach
03HV33Z	Insertion of Infusion Device into Left Thyroid Artery, Percutaneous Approach
03HV3DZ	Insertion of Intraluminal Device into Left Thyroid Artery, Percutaneous Approach
03HY03Z	Insertion of Infusion Device into Upper Artery, Open Approach
03HY0DZ	Insertion of Intraluminal Device into Upper Artery, Open Approach
03HY33Z	Insertion of Infusion Device into Upper Artery, Percutaneous Approach
03HY3DZ	Insertion of Intraluminal Device into Upper Artery, Percutaneous Approach
03JY0ZZ	Inspection of Upper Artery, Open Approach
03JY3ZZ	Inspection of Upper Artery, Percutaneous Approach
03JY4ZZ	Inspection of Upper Artery, Percutaneous Endoscopic Approach
03L50CZ	Occlusion of Right Axillary Artery with Extraluminal Device, Open Approach
03L50DZ	Occlusion of Right Axillary Artery with Intraluminal Device, Open Approach
03L50ZZ	Occlusion of Right Axillary Artery, Open Approach
03L53CZ	Occlusion of Right Axillary Artery with Extraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
03L53DZ	Occlusion of Right Axillary Artery with Intraluminal Device, Percutaneous Approach
03L53ZZ	Occlusion of Right Axillary Artery, Percutaneous Approach
03L60CZ	Occlusion of Left Axillary Artery with Extraluminal Device, Open Approach
03L60DZ	Occlusion of Left Axillary Artery with Intraluminal Device, Open Approach
03L60ZZ	Occlusion of Left Axillary Artery, Open Approach
03L63CZ	Occlusion of Left Axillary Artery with Extraluminal Device, Percutaneous Approach
03L63DZ	Occlusion of Left Axillary Artery with Intraluminal Device, Percutaneous Approach
03L63ZZ	Occlusion of Left Axillary Artery, Percutaneous Approach
03L70CZ	Occlusion of Right Brachial Artery with Extraluminal Device, Open Approach
03L70DZ	Occlusion of Right Brachial Artery with Intraluminal Device, Open Approach
03L70ZZ	Occlusion of Right Brachial Artery, Open Approach
03L73CZ	Occlusion of Right Brachial Artery with Extraluminal Device, Percutaneous Approach
03L73DZ	Occlusion of Right Brachial Artery with Intraluminal Device, Percutaneous Approach
03L73ZZ	Occlusion of Right Brachial Artery, Percutaneous Approach
03L80CZ	Occlusion of Left Brachial Artery with Extraluminal Device, Open Approach
03L80DZ	Occlusion of Left Brachial Artery with Intraluminal Device, Open Approach
03L80ZZ	Occlusion of Left Brachial Artery, Open Approach
03L83CZ	Occlusion of Left Brachial Artery with Extraluminal Device, Percutaneous Approach
03L83DZ	Occlusion of Left Brachial Artery with Intraluminal Device, Percutaneous Approach
03L83ZZ	Occlusion of Left Brachial Artery, Percutaneous Approach
03L90CZ	Occlusion of Right Ulnar Artery with Extraluminal Device, Open Approach
03L90DZ	Occlusion of Right Ulnar Artery with Intraluminal Device, Open Approach
03L90ZZ	Occlusion of Right Ulnar Artery, Open Approach
03L93CZ	Occlusion of Right Ulnar Artery with Extraluminal Device, Percutaneous Approach
03L93DZ	Occlusion of Right Ulnar Artery with Intraluminal Device, Percutaneous Approach
03L93ZZ	Occlusion of Right Ulnar Artery, Percutaneous Approach
03LA0CZ	Occlusion of Left Ulnar Artery with Extraluminal Device, Open Approach
03LA0DZ	Occlusion of Left Ulnar Artery with Intraluminal Device, Open Approach
03LA0ZZ	Occlusion of Left Ulnar Artery, Open Approach
03LA3CZ	Occlusion of Left Ulnar Artery with Extraluminal Device, Percutaneous Approach
03LA3DZ	Occlusion of Left Ulnar Artery with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03LA3ZZ	Occlusion of Left Ulnar Artery, Percutaneous Approach
03LB0CZ	Occlusion of Right Radial Artery with Extraluminal Device, Open Approach
03LB0DZ	Occlusion of Right Radial Artery with Intraluminal Device, Open Approach
03LB0ZZ	Occlusion of Right Radial Artery, Open Approach
03LB3CZ	Occlusion of Right Radial Artery with Extraluminal Device, Percutaneous Approach
03LB3DZ	Occlusion of Right Radial Artery with Intraluminal Device, Percutaneous Approach
03LB3ZZ	Occlusion of Right Radial Artery, Percutaneous Approach
03LC0CZ	Occlusion of Left Radial Artery with Extraluminal Device, Open Approach
03LC0DZ	Occlusion of Left Radial Artery with Intraluminal Device, Open Approach
03LC0ZZ	Occlusion of Left Radial Artery, Open Approach
03LC3CZ	Occlusion of Left Radial Artery with Extraluminal Device, Percutaneous Approach
03LC3DZ	Occlusion of Left Radial Artery with Intraluminal Device, Percutaneous Approach
03LC3ZZ	Occlusion of Left Radial Artery, Percutaneous Approach
03LD0CZ	Occlusion of Right Hand Artery with Extraluminal Device, Open Approach
03LD0DZ	Occlusion of Right Hand Artery with Intraluminal Device, Open Approach
03LD0ZZ	Occlusion of Right Hand Artery, Open Approach
03LD3CZ	Occlusion of Right Hand Artery with Extraluminal Device, Percutaneous Approach
03LD3DZ	Occlusion of Right Hand Artery with Intraluminal Device, Percutaneous Approach
03LD3ZZ	Occlusion of Right Hand Artery, Percutaneous Approach
03LF0CZ	Occlusion of Left Hand Artery with Extraluminal Device, Open Approach
03LF0DZ	Occlusion of Left Hand Artery with Intraluminal Device, Open Approach
03LF0ZZ	Occlusion of Left Hand Artery, Open Approach
03LF3CZ	Occlusion of Left Hand Artery with Extraluminal Device, Percutaneous Approach
03LF3DZ	Occlusion of Left Hand Artery with Intraluminal Device, Percutaneous Approach
03LF3ZZ	Occlusion of Left Hand Artery, Percutaneous Approach
03LH0CZ	Occlusion of Right Common Carotid Artery with Extraluminal Device, Open Approach
03LH0ZZ	Occlusion of Right Common Carotid Artery, Open Approach
03LH3CZ	Occlusion of Right Common Carotid Artery with Extraluminal Device, Percutaneous Approach
03LH3ZZ	Occlusion of Right Common Carotid Artery, Percutaneous Approach
03LJ0CZ	Occlusion of Left Common Carotid Artery with Extraluminal Device, Open Approach
03LJ0ZZ	Occlusion of Left Common Carotid Artery, Open Approach
03LJ3CZ	Occlusion of Left Common Carotid Artery with Extraluminal Device, Percutaneous Approach
03LJ3ZZ	Occlusion of Left Common Carotid Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
03LK0CZ	Occlusion of Right Internal Carotid Artery with Extraluminal Device, Open Approach
03LK0ZZ	Occlusion of Right Internal Carotid Artery, Open Approach
03LK3CZ	Occlusion of Right Internal Carotid Artery with Extraluminal Device, Percutaneous Approach
03LK3ZZ	Occlusion of Right Internal Carotid Artery, Percutaneous Approach
03LL0CZ	Occlusion of Left Internal Carotid Artery with Extraluminal Device, Open Approach
03LL0ZZ	Occlusion of Left Internal Carotid Artery, Open Approach
03LL3CZ	Occlusion of Left Internal Carotid Artery with Extraluminal Device, Percutaneous Approach
03LL3ZZ	Occlusion of Left Internal Carotid Artery, Percutaneous Approach
03LM0CZ	Occlusion of Right External Carotid Artery with Extraluminal Device, Open Approach
03LM0ZZ	Occlusion of Right External Carotid Artery, Open Approach
03LM3CZ	Occlusion of Right External Carotid Artery with Extraluminal Device, Percutaneous Approach
03LM3ZZ	Occlusion of Right External Carotid Artery, Percutaneous Approach
03LN0CZ	Occlusion of Left External Carotid Artery with Extraluminal Device, Open Approach
03LN0ZZ	Occlusion of Left External Carotid Artery, Open Approach
03LN3CZ	Occlusion of Left External Carotid Artery with Extraluminal Device, Percutaneous Approach
03LN3ZZ	Occlusion of Left External Carotid Artery, Percutaneous Approach
03LP0CZ	Occlusion of Right Vertebral Artery with Extraluminal Device, Open Approach
03LP0ZZ	Occlusion of Right Vertebral Artery, Open Approach
03LP3CZ	Occlusion of Right Vertebral Artery with Extraluminal Device, Percutaneous Approach
03LP3ZZ	Occlusion of Right Vertebral Artery, Percutaneous Approach
03LQ0CZ	Occlusion of Left Vertebral Artery with Extraluminal Device, Open Approach
03LQ0ZZ	Occlusion of Left Vertebral Artery, Open Approach
03LQ3CZ	Occlusion of Left Vertebral Artery with Extraluminal Device, Percutaneous Approach
03LQ3ZZ	Occlusion of Left Vertebral Artery, Percutaneous Approach
03LR0CZ	Occlusion of Face Artery with Extraluminal Device, Open Approach
03LR0ZZ	Occlusion of Face Artery, Open Approach
03LR3CZ	Occlusion of Face Artery with Extraluminal Device, Percutaneous Approach
03LR3ZZ	Occlusion of Face Artery, Percutaneous Approach
03LS0CZ	Occlusion of Right Temporal Artery with Extraluminal Device, Open Approach
03LS0ZZ	Occlusion of Right Temporal Artery, Open Approach
03LS3CZ	Occlusion of Right Temporal Artery with Extraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03LS3ZZ	Occlusion of Right Temporal Artery, Percutaneous Approach
03LT0CZ	Occlusion of Left Temporal Artery with Extraluminal Device, Open Approach
03LT0ZZ	Occlusion of Left Temporal Artery, Open Approach
03LT3CZ	Occlusion of Left Temporal Artery with Extraluminal Device, Percutaneous Approach
03LT3ZZ	Occlusion of Left Temporal Artery, Percutaneous Approach
03LU0CZ	Occlusion of Right Thyroid Artery with Extraluminal Device, Open Approach
03LU0DZ	Occlusion of Right Thyroid Artery with Intraluminal Device, Open Approach
03LU0ZZ	Occlusion of Right Thyroid Artery, Open Approach
03LU3CZ	Occlusion of Right Thyroid Artery with Extraluminal Device, Percutaneous Approach
03LU3DZ	Occlusion of Right Thyroid Artery with Intraluminal Device, Percutaneous Approach
03LU3ZZ	Occlusion of Right Thyroid Artery, Percutaneous Approach
03LU4ZZ	Occlusion of Right Thyroid Artery, Percutaneous Endoscopic Approach
03LV0CZ	Occlusion of Left Thyroid Artery with Extraluminal Device, Open Approach
03LV0DZ	Occlusion of Left Thyroid Artery with Intraluminal Device, Open Approach
03LV0ZZ	Occlusion of Left Thyroid Artery, Open Approach
03LV3CZ	Occlusion of Left Thyroid Artery with Extraluminal Device, Percutaneous Approach
03LV3DZ	Occlusion of Left Thyroid Artery with Intraluminal Device, Percutaneous Approach
03LV3ZZ	Occlusion of Left Thyroid Artery, Percutaneous Approach
03LV4ZZ	Occlusion of Left Thyroid Artery, Percutaneous Endoscopic Approach
03LY3CZ	Occlusion of Upper Artery with Extraluminal Device, Percutaneous Approach
03LY3DZ	Occlusion of Upper Artery with Intraluminal Device, Percutaneous Approach
03LY3ZZ	Occlusion of Upper Artery, Percutaneous Approach
03N00ZZ	Release Right Internal Mammary Artery, Open Approach
03N10ZZ	Release Left Internal Mammary Artery, Open Approach
03N20ZZ	Release Innominate Artery, Open Approach
03N30ZZ	Release Right Subclavian Artery, Open Approach
03N40ZZ	Release Left Subclavian Artery, Open Approach
03N50ZZ	Release Right Axillary Artery, Open Approach
03N60ZZ	Release Left Axillary Artery, Open Approach
03N70ZZ	Release Right Brachial Artery, Open Approach
03N80ZZ	Release Left Brachial Artery, Open Approach
03N90ZZ	Release Right Ulnar Artery, Open Approach
03NA0ZZ	Release Left Ulnar Artery, Open Approach
03NB0ZZ	Release Right Radial Artery, Open Approach
03NC0ZZ	Release Left Radial Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03ND0ZZ	Release Right Hand Artery, Open Approach
03NF0ZZ	Release Left Hand Artery, Open Approach
03NG0ZZ	Release Intracranial Artery, Open Approach
03NH0ZZ	Release Right Common Carotid Artery, Open Approach
03NJ0ZZ	Release Left Common Carotid Artery, Open Approach
03NK0ZZ	Release Right Internal Carotid Artery, Open Approach
03NL0ZZ	Release Left Internal Carotid Artery, Open Approach
03NM0ZZ	Release Right External Carotid Artery, Open Approach
03NN0ZZ	Release Left External Carotid Artery, Open Approach
03NP0ZZ	Release Right Vertebral Artery, Open Approach
03NQ0ZZ	Release Left Vertebral Artery, Open Approach
03NR0ZZ	Release Face Artery, Open Approach
03NS0ZZ	Release Right Temporal Artery, Open Approach
03NT0ZZ	Release Left Temporal Artery, Open Approach
03NU0ZZ	Release Right Thyroid Artery, Open Approach
03NV0ZZ	Release Left Thyroid Artery, Open Approach
03NY0ZZ	Release Upper Artery, Open Approach
03PY07Z	Removal of Autologous Tissue Substitute from Upper Artery, Open Approach
03PY0JZ	Removal of Synthetic Substitute from Upper Artery, Open Approach
03PY0KZ	Removal of Nonautologous Tissue Substitute from Upper Artery, Open Approach
03Q00ZZ	Repair Right Internal Mammary Artery, Open Approach
03Q10ZZ	Repair Left Internal Mammary Artery, Open Approach
03Q13ZZ	Repair Left Internal Mammary Artery, Percutaneous Approach
03Q20ZZ	Repair Innominate Artery, Open Approach
03Q30ZZ	Repair Right Subclavian Artery, Open Approach
03Q40ZZ	Repair Left Subclavian Artery, Open Approach
03Q50ZZ	Repair Right Axillary Artery, Open Approach
03Q60ZZ	Repair Left Axillary Artery, Open Approach
03Q70ZZ	Repair Right Brachial Artery, Open Approach
03Q80ZZ	Repair Left Brachial Artery, Open Approach
03Q90ZZ	Repair Right Ulnar Artery, Open Approach
03QA0ZZ	Repair Left Ulnar Artery, Open Approach
03QB0ZZ	Repair Right Radial Artery, Open Approach
03QC0ZZ	Repair Left Radial Artery, Open Approach
03QD0ZZ	Repair Right Hand Artery, Open Approach
03QF0ZZ	Repair Left Hand Artery, Open Approach
03QG0ZZ	Repair Intracranial Artery, Open Approach
03QH0ZZ	Repair Right Common Carotid Artery, Open Approach
03QJ0ZZ	Repair Left Common Carotid Artery, Open Approach
03QK0ZZ	Repair Right Internal Carotid Artery, Open Approach
03QL0ZZ	Repair Left Internal Carotid Artery, Open Approach
03QM0ZZ	Repair Right External Carotid Artery, Open Approach
03QN0ZZ	Repair Left External Carotid Artery, Open Approach
03QP0ZZ	Repair Right Vertebral Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
03QQ0ZZ	Repair Left Vertebral Artery, Open Approach
03QR0ZZ	Repair Face Artery, Open Approach
03QS0ZZ	Repair Right Temporal Artery, Open Approach
03QT0ZZ	Repair Left Temporal Artery, Open Approach
03QU0ZZ	Repair Right Thyroid Artery, Open Approach
03QV0ZZ	Repair Left Thyroid Artery, Open Approach
03QY0ZZ	Repair Upper Artery, Open Approach
03WY0JZ	Revision of Synthetic Substitute in Upper Artery, Open Approach
047004Z	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, Open Approach
04700DZ	Dilation of Abdominal Aorta with Intraluminal Device, Open Approach
04700ZZ	Dilation of Abdominal Aorta, Open Approach
047034Z	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, Percutaneous Approach
04703DZ	Dilation of Abdominal Aorta with Intraluminal Device, Percutaneous Approach
04703ZZ	Dilation of Abdominal Aorta, Percutaneous Approach
047104Z	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, Open Approach
04710DZ	Dilation of Celiac Artery with Intraluminal Device, Open Approach
04710ZZ	Dilation of Celiac Artery, Open Approach
047134Z	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04713DZ	Dilation of Celiac Artery with Intraluminal Device, Percutaneous Approach
04713ZZ	Dilation of Celiac Artery, Percutaneous Approach
047204Z	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, Open Approach
04720DZ	Dilation of Gastric Artery with Intraluminal Device, Open Approach
04720ZZ	Dilation of Gastric Artery, Open Approach
047234Z	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04723DZ	Dilation of Gastric Artery with Intraluminal Device, Percutaneous Approach
04723ZZ	Dilation of Gastric Artery, Percutaneous Approach
047304Z	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, Open Approach
04730DZ	Dilation of Hepatic Artery with Intraluminal Device, Open Approach
04730ZZ	Dilation of Hepatic Artery, Open Approach
047334Z	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04733DZ	Dilation of Hepatic Artery with Intraluminal Device, Percutaneous Approach
04733ZZ	Dilation of Hepatic Artery, Percutaneous Approach
047404Z	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, Open Approach
04740DZ	Dilation of Splenic Artery with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04740ZZ	Dilation of Splenic Artery, Open Approach
047434Z	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04743DZ	Dilation of Splenic Artery with Intraluminal Device, Percutaneous Approach
04743ZZ	Dilation of Splenic Artery, Percutaneous Approach
047504Z	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, Open Approach
04750DZ	Dilation of Superior Mesenteric Artery with Intraluminal Device, Open Approach
04750ZZ	Dilation of Superior Mesenteric Artery, Open Approach
047534Z	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04753DZ	Dilation of Superior Mesenteric Artery with Intraluminal Device, Percutaneous Approach
04753ZZ	Dilation of Superior Mesenteric Artery, Percutaneous Approach
047604Z	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, Open Approach
04760DZ	Dilation of Right Colic Artery with Intraluminal Device, Open Approach
04760ZZ	Dilation of Right Colic Artery, Open Approach
047634Z	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04763DZ	Dilation of Right Colic Artery with Intraluminal Device, Percutaneous Approach
04763ZZ	Dilation of Right Colic Artery, Percutaneous Approach
047704Z	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, Open Approach
04770DZ	Dilation of Left Colic Artery with Intraluminal Device, Open Approach
04770ZZ	Dilation of Left Colic Artery, Open Approach
047734Z	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04773DZ	Dilation of Left Colic Artery with Intraluminal Device, Percutaneous Approach
04773ZZ	Dilation of Left Colic Artery, Percutaneous Approach
047804Z	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, Open Approach
04780DZ	Dilation of Middle Colic Artery with Intraluminal Device, Open Approach
04780ZZ	Dilation of Middle Colic Artery, Open Approach
047834Z	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04783DZ	Dilation of Middle Colic Artery with Intraluminal Device, Percutaneous Approach
04783ZZ	Dilation of Middle Colic Artery, Percutaneous Approach
047904Z	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, Open Approach
04790DZ	Dilation of Right Renal Artery with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04790ZZ	Dilation of Right Renal Artery, Open Approach
047934Z	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
04793DZ	Dilation of Right Renal Artery with Intraluminal Device, Percutaneous Approach
04793ZZ	Dilation of Right Renal Artery, Percutaneous Approach
047A04Z	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, Open Approach
047A0DZ	Dilation of Left Renal Artery with Intraluminal Device, Open Approach
047A0ZZ	Dilation of Left Renal Artery, Open Approach
047A34Z	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047A3DZ	Dilation of Left Renal Artery with Intraluminal Device, Percutaneous Approach
047A3ZZ	Dilation of Left Renal Artery, Percutaneous Approach
047B04Z	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, Open Approach
047B0DZ	Dilation of Inferior Mesenteric Artery with Intraluminal Device, Open Approach
047B0ZZ	Dilation of Inferior Mesenteric Artery, Open Approach
047B34Z	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047B3DZ	Dilation of Inferior Mesenteric Artery with Intraluminal Device, Percutaneous Approach
047B3ZZ	Dilation of Inferior Mesenteric Artery, Percutaneous Approach
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach
047K0ZZ	Dilation of Right Femoral Artery, Open Approach
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach
047L0ZZ	Dilation of Left Femoral Artery, Open Approach
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
047V0ZZ	Dilation of Right Foot Artery, Open Approach
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach
047W0ZZ	Dilation of Left Foot Artery, Open Approach
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach
047Y04Z	Dilation of Lower Artery with Drug-eluting Intraluminal Device, Open Approach
047Y0DZ	Dilation of Lower Artery with Intraluminal Device, Open Approach
047Y0ZZ	Dilation of Lower Artery, Open Approach
047Y34Z	Dilation of Lower Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047Y3DZ	Dilation of Lower Artery with Intraluminal Device, Percutaneous Approach
047Y3ZZ	Dilation of Lower Artery, Percutaneous Approach
04900ZX	Drainage of Abdominal Aorta, Open Approach, Diagnostic
049030Z	Drainage of Abdominal Aorta with Drainage Device, Percutaneous Approach
04903ZX	Drainage of Abdominal Aorta, Percutaneous Approach, Diagnostic
04903ZZ	Drainage of Abdominal Aorta, Percutaneous Approach
04910ZX	Drainage of Celiac Artery, Open Approach, Diagnostic
049130Z	Drainage of Celiac Artery with Drainage Device, Percutaneous Approach
04913ZX	Drainage of Celiac Artery, Percutaneous Approach, Diagnostic
04913ZZ	Drainage of Celiac Artery, Percutaneous Approach
04920ZX	Drainage of Gastric Artery, Open Approach, Diagnostic
049230Z	Drainage of Gastric Artery with Drainage Device, Percutaneous Approach
04923ZX	Drainage of Gastric Artery, Percutaneous Approach, Diagnostic
04923ZZ	Drainage of Gastric Artery, Percutaneous Approach
04930ZX	Drainage of Hepatic Artery, Open Approach, Diagnostic
049330Z	Drainage of Hepatic Artery with Drainage Device, Percutaneous Approach
04933ZX	Drainage of Hepatic Artery, Percutaneous Approach, Diagnostic
04933ZZ	Drainage of Hepatic Artery, Percutaneous Approach
04940ZX	Drainage of Splenic Artery, Open Approach, Diagnostic
049430Z	Drainage of Splenic Artery with Drainage Device, Percutaneous Approach
04943ZX	Drainage of Splenic Artery, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04943ZZ	Drainage of Splenic Artery, Percutaneous Approach
04950ZX	Drainage of Superior Mesenteric Artery, Open Approach, Diagnostic
049530Z	Drainage of Superior Mesenteric Artery with Drainage Device, Percutaneous Approach
04953ZX	Drainage of Superior Mesenteric Artery, Percutaneous Approach, Diagnostic
04953ZZ	Drainage of Superior Mesenteric Artery, Percutaneous Approach
04960ZX	Drainage of Right Colic Artery, Open Approach, Diagnostic
049630Z	Drainage of Right Colic Artery with Drainage Device, Percutaneous Approach
04963ZX	Drainage of Right Colic Artery, Percutaneous Approach, Diagnostic
04963ZZ	Drainage of Right Colic Artery, Percutaneous Approach
04970ZX	Drainage of Left Colic Artery, Open Approach, Diagnostic
049730Z	Drainage of Left Colic Artery with Drainage Device, Percutaneous Approach
04973ZX	Drainage of Left Colic Artery, Percutaneous Approach, Diagnostic
04973ZZ	Drainage of Left Colic Artery, Percutaneous Approach
04980ZX	Drainage of Middle Colic Artery, Open Approach, Diagnostic
049830Z	Drainage of Middle Colic Artery with Drainage Device, Percutaneous Approach
04983ZX	Drainage of Middle Colic Artery, Percutaneous Approach, Diagnostic
04983ZZ	Drainage of Middle Colic Artery, Percutaneous Approach
04990ZX	Drainage of Right Renal Artery, Open Approach, Diagnostic
049930Z	Drainage of Right Renal Artery with Drainage Device, Percutaneous Approach
04993ZX	Drainage of Right Renal Artery, Percutaneous Approach, Diagnostic
04993ZZ	Drainage of Right Renal Artery, Percutaneous Approach
049A0ZX	Drainage of Left Renal Artery, Open Approach, Diagnostic
049A30Z	Drainage of Left Renal Artery with Drainage Device, Percutaneous Approach
049A3ZX	Drainage of Left Renal Artery, Percutaneous Approach, Diagnostic
049A3ZZ	Drainage of Left Renal Artery, Percutaneous Approach
049B0ZX	Drainage of Inferior Mesenteric Artery, Open Approach, Diagnostic
049B30Z	Drainage of Inferior Mesenteric Artery with Drainage Device, Percutaneous Approach
049B3ZX	Drainage of Inferior Mesenteric Artery, Percutaneous Approach, Diagnostic
049B3ZZ	Drainage of Inferior Mesenteric Artery, Percutaneous Approach
049C0ZX	Drainage of Right Common Iliac Artery, Open Approach, Diagnostic
049C30Z	Drainage of Right Common Iliac Artery with Drainage Device, Percutaneous Approach
049C3ZX	Drainage of Right Common Iliac Artery, Percutaneous Approach, Diagnostic
049C3ZZ	Drainage of Right Common Iliac Artery, Percutaneous Approach
049D0ZX	Drainage of Left Common Iliac Artery, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
049D30Z	Drainage of Left Common Iliac Artery with Drainage Device, Percutaneous Approach
049D3ZX	Drainage of Left Common Iliac Artery, Percutaneous Approach, Diagnostic
049D3ZZ	Drainage of Left Common Iliac Artery, Percutaneous Approach
049E0ZX	Drainage of Right Internal Iliac Artery, Open Approach, Diagnostic
049E30Z	Drainage of Right Internal Iliac Artery with Drainage Device, Percutaneous Approach
049E3ZX	Drainage of Right Internal Iliac Artery, Percutaneous Approach, Diagnostic
049E3ZZ	Drainage of Right Internal Iliac Artery, Percutaneous Approach
049F0ZX	Drainage of Left Internal Iliac Artery, Open Approach, Diagnostic
049F30Z	Drainage of Left Internal Iliac Artery with Drainage Device, Percutaneous Approach
049F3ZX	Drainage of Left Internal Iliac Artery, Percutaneous Approach, Diagnostic
049F3ZZ	Drainage of Left Internal Iliac Artery, Percutaneous Approach
049H0ZX	Drainage of Right External Iliac Artery, Open Approach, Diagnostic
049H30Z	Drainage of Right External Iliac Artery with Drainage Device, Percutaneous Approach
049H3ZX	Drainage of Right External Iliac Artery, Percutaneous Approach, Diagnostic
049H3ZZ	Drainage of Right External Iliac Artery, Percutaneous Approach
049J0ZX	Drainage of Left External Iliac Artery, Open Approach, Diagnostic
049J30Z	Drainage of Left External Iliac Artery with Drainage Device, Percutaneous Approach
049J3ZX	Drainage of Left External Iliac Artery, Percutaneous Approach, Diagnostic
049J3ZZ	Drainage of Left External Iliac Artery, Percutaneous Approach
049K0ZX	Drainage of Right Femoral Artery, Open Approach, Diagnostic
049K30Z	Drainage of Right Femoral Artery with Drainage Device, Percutaneous Approach
049K3ZX	Drainage of Right Femoral Artery, Percutaneous Approach, Diagnostic
049K3ZZ	Drainage of Right Femoral Artery, Percutaneous Approach
049L0ZX	Drainage of Left Femoral Artery, Open Approach, Diagnostic
049L30Z	Drainage of Left Femoral Artery with Drainage Device, Percutaneous Approach
049L3ZX	Drainage of Left Femoral Artery, Percutaneous Approach, Diagnostic
049L3ZZ	Drainage of Left Femoral Artery, Percutaneous Approach
049M0ZX	Drainage of Right Popliteal Artery, Open Approach, Diagnostic
049M30Z	Drainage of Right Popliteal Artery with Drainage Device, Percutaneous Approach
049M3ZX	Drainage of Right Popliteal Artery, Percutaneous Approach, Diagnostic
049M3ZZ	Drainage of Right Popliteal Artery, Percutaneous Approach
049N0ZX	Drainage of Left Popliteal Artery, Open Approach, Diagnostic
049N30Z	Drainage of Left Popliteal Artery with Drainage Device, Percutaneous Approach
049N3ZX	Drainage of Left Popliteal Artery, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
049N3ZZ	Drainage of Left Popliteal Artery, Percutaneous Approach
049P0ZX	Drainage of Right Anterior Tibial Artery, Open Approach, Diagnostic
049P30Z	Drainage of Right Anterior Tibial Artery with Drainage Device, Percutaneous Approach
049P3ZX	Drainage of Right Anterior Tibial Artery, Percutaneous Approach, Diagnostic
049P3ZZ	Drainage of Right Anterior Tibial Artery, Percutaneous Approach
049Q0ZX	Drainage of Left Anterior Tibial Artery, Open Approach, Diagnostic
049Q30Z	Drainage of Left Anterior Tibial Artery with Drainage Device, Percutaneous Approach
049Q3ZX	Drainage of Left Anterior Tibial Artery, Percutaneous Approach, Diagnostic
049Q3ZZ	Drainage of Left Anterior Tibial Artery, Percutaneous Approach
049R0ZX	Drainage of Right Posterior Tibial Artery, Open Approach, Diagnostic
049R30Z	Drainage of Right Posterior Tibial Artery with Drainage Device, Percutaneous Approach
049R3ZX	Drainage of Right Posterior Tibial Artery, Percutaneous Approach, Diagnostic
049R3ZZ	Drainage of Right Posterior Tibial Artery, Percutaneous Approach
049S0ZX	Drainage of Left Posterior Tibial Artery, Open Approach, Diagnostic
049S30Z	Drainage of Left Posterior Tibial Artery with Drainage Device, Percutaneous Approach
049S3ZX	Drainage of Left Posterior Tibial Artery, Percutaneous Approach, Diagnostic
049S3ZZ	Drainage of Left Posterior Tibial Artery, Percutaneous Approach
049T0ZX	Drainage of Right Peroneal Artery, Open Approach, Diagnostic
049T30Z	Drainage of Right Peroneal Artery with Drainage Device, Percutaneous Approach
049T3ZX	Drainage of Right Peroneal Artery, Percutaneous Approach, Diagnostic
049T3ZZ	Drainage of Right Peroneal Artery, Percutaneous Approach
049U0ZX	Drainage of Left Peroneal Artery, Open Approach, Diagnostic
049U30Z	Drainage of Left Peroneal Artery with Drainage Device, Percutaneous Approach
049U3ZX	Drainage of Left Peroneal Artery, Percutaneous Approach, Diagnostic
049U3ZZ	Drainage of Left Peroneal Artery, Percutaneous Approach
049V0ZX	Drainage of Right Foot Artery, Open Approach, Diagnostic
049V30Z	Drainage of Right Foot Artery with Drainage Device, Percutaneous Approach
049V3ZX	Drainage of Right Foot Artery, Percutaneous Approach, Diagnostic
049V3ZZ	Drainage of Right Foot Artery, Percutaneous Approach
049W0ZX	Drainage of Left Foot Artery, Open Approach, Diagnostic
049W30Z	Drainage of Left Foot Artery with Drainage Device, Percutaneous Approach
049W3ZX	Drainage of Left Foot Artery, Percutaneous Approach, Diagnostic
049W3ZZ	Drainage of Left Foot Artery, Percutaneous Approach
049Y0ZX	Drainage of Lower Artery, Open Approach, Diagnostic
049Y30Z	Drainage of Lower Artery with Drainage Device, Percutaneous Approach
049Y3ZX	Drainage of Lower Artery, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
049Y3ZZ	Drainage of Lower Artery, Percutaneous Approach
04B00ZX	Excision of Abdominal Aorta, Open Approach, Diagnostic
04B03ZX	Excision of Abdominal Aorta, Percutaneous Approach, Diagnostic
04B10ZX	Excision of Celiac Artery, Open Approach, Diagnostic
04B13ZX	Excision of Celiac Artery, Percutaneous Approach, Diagnostic
04B20ZX	Excision of Gastric Artery, Open Approach, Diagnostic
04B23ZX	Excision of Gastric Artery, Percutaneous Approach, Diagnostic
04B30ZX	Excision of Hepatic Artery, Open Approach, Diagnostic
04B33ZX	Excision of Hepatic Artery, Percutaneous Approach, Diagnostic
04B40ZX	Excision of Splenic Artery, Open Approach, Diagnostic
04B43ZX	Excision of Splenic Artery, Percutaneous Approach, Diagnostic
04B50ZX	Excision of Superior Mesenteric Artery, Open Approach, Diagnostic
04B53ZX	Excision of Superior Mesenteric Artery, Percutaneous Approach, Diagnostic
04B60ZX	Excision of Right Colic Artery, Open Approach, Diagnostic
04B63ZX	Excision of Right Colic Artery, Percutaneous Approach, Diagnostic
04B70ZX	Excision of Left Colic Artery, Open Approach, Diagnostic
04B73ZX	Excision of Left Colic Artery, Percutaneous Approach, Diagnostic
04B80ZX	Excision of Middle Colic Artery, Open Approach, Diagnostic
04B83ZX	Excision of Middle Colic Artery, Percutaneous Approach, Diagnostic
04B90ZX	Excision of Right Renal Artery, Open Approach, Diagnostic
04B93ZX	Excision of Right Renal Artery, Percutaneous Approach, Diagnostic
04BA0ZX	Excision of Left Renal Artery, Open Approach, Diagnostic
04BA3ZX	Excision of Left Renal Artery, Percutaneous Approach, Diagnostic
04BB0ZX	Excision of Inferior Mesenteric Artery, Open Approach, Diagnostic
04BB3ZX	Excision of Inferior Mesenteric Artery, Percutaneous Approach, Diagnostic
04BC0ZX	Excision of Right Common Iliac Artery, Open Approach, Diagnostic
04BC3ZX	Excision of Right Common Iliac Artery, Percutaneous Approach, Diagnostic
04BD0ZX	Excision of Left Common Iliac Artery, Open Approach, Diagnostic
04BD3ZX	Excision of Left Common Iliac Artery, Percutaneous Approach, Diagnostic
04BE0ZX	Excision of Right Internal Iliac Artery, Open Approach, Diagnostic
04BE3ZX	Excision of Right Internal Iliac Artery, Percutaneous Approach, Diagnostic
04BF0ZX	Excision of Left Internal Iliac Artery, Open Approach, Diagnostic
04BF3ZX	Excision of Left Internal Iliac Artery, Percutaneous Approach, Diagnostic
04BH0ZX	Excision of Right External Iliac Artery, Open Approach, Diagnostic
04BH3ZX	Excision of Right External Iliac Artery, Percutaneous Approach, Diagnostic
04BJ0ZX	Excision of Left External Iliac Artery, Open Approach, Diagnostic
04BJ3ZX	Excision of Left External Iliac Artery, Percutaneous Approach, Diagnostic
04BK0ZX	Excision of Right Femoral Artery, Open Approach, Diagnostic
04BK3ZX	Excision of Right Femoral Artery, Percutaneous Approach, Diagnostic
04BL0ZX	Excision of Left Femoral Artery, Open Approach, Diagnostic
04BL3ZX	Excision of Left Femoral Artery, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04BM0ZX	Excision of Right Popliteal Artery, Open Approach, Diagnostic
04BM3ZX	Excision of Right Popliteal Artery, Percutaneous Approach, Diagnostic
04BN0ZX	Excision of Left Popliteal Artery, Open Approach, Diagnostic
04BN3ZX	Excision of Left Popliteal Artery, Percutaneous Approach, Diagnostic
04BP0ZX	Excision of Right Anterior Tibial Artery, Open Approach, Diagnostic
04BP3ZX	Excision of Right Anterior Tibial Artery, Percutaneous Approach, Diagnostic
04BQ0ZX	Excision of Left Anterior Tibial Artery, Open Approach, Diagnostic
04BQ3ZX	Excision of Left Anterior Tibial Artery, Percutaneous Approach, Diagnostic
04BR0ZX	Excision of Right Posterior Tibial Artery, Open Approach, Diagnostic
04BR3ZX	Excision of Right Posterior Tibial Artery, Percutaneous Approach, Diagnostic
04BS0ZX	Excision of Left Posterior Tibial Artery, Open Approach, Diagnostic
04BS3ZX	Excision of Left Posterior Tibial Artery, Percutaneous Approach, Diagnostic
04BT0ZX	Excision of Right Peroneal Artery, Open Approach, Diagnostic
04BT3ZX	Excision of Right Peroneal Artery, Percutaneous Approach, Diagnostic
04BU0ZX	Excision of Left Peroneal Artery, Open Approach, Diagnostic
04BU3ZX	Excision of Left Peroneal Artery, Percutaneous Approach, Diagnostic
04BV0ZX	Excision of Right Foot Artery, Open Approach, Diagnostic
04BV3ZX	Excision of Right Foot Artery, Percutaneous Approach, Diagnostic
04BW0ZX	Excision of Left Foot Artery, Open Approach, Diagnostic
04BW3ZX	Excision of Left Foot Artery, Percutaneous Approach, Diagnostic
04BY0ZX	Excision of Lower Artery, Open Approach, Diagnostic
04BY0ZZ	Excision of Lower Artery, Open Approach
04BY3ZX	Excision of Lower Artery, Percutaneous Approach, Diagnostic
04BY3ZZ	Excision of Lower Artery, Percutaneous Approach
04BY4ZZ	Excision of Lower Artery, Percutaneous Endoscopic Approach
04H003Z	Insertion of Infusion Device into Abdominal Aorta, Open Approach
04H00DZ	Insertion of Intraluminal Device into Abdominal Aorta, Open Approach
04H033Z	Insertion of Infusion Device into Abdominal Aorta, Percutaneous Approach
04H03DZ	Insertion of Intraluminal Device into Abdominal Aorta, Percutaneous Approach
04H103Z	Insertion of Infusion Device into Celiac Artery, Open Approach
04H10DZ	Insertion of Intraluminal Device into Celiac Artery, Open Approach
04H133Z	Insertion of Infusion Device into Celiac Artery, Percutaneous Approach
04H13DZ	Insertion of Intraluminal Device into Celiac Artery, Percutaneous Approach
04H203Z	Insertion of Infusion Device into Gastric Artery, Open Approach
04H20DZ	Insertion of Intraluminal Device into Gastric Artery, Open Approach
04H233Z	Insertion of Infusion Device into Gastric Artery, Percutaneous Approach
04H23DZ	Insertion of Intraluminal Device into Gastric Artery, Percutaneous Approach
04H303Z	Insertion of Infusion Device into Hepatic Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
04H30DZ	Insertion of Intraluminal Device into Hepatic Artery, Open Approach
04H333Z	Insertion of Infusion Device into Hepatic Artery, Percutaneous Approach
04H33DZ	Insertion of Intraluminal Device into Hepatic Artery, Percutaneous Approach
04H403Z	Insertion of Infusion Device into Splenic Artery, Open Approach
04H40DZ	Insertion of Intraluminal Device into Splenic Artery, Open Approach
04H433Z	Insertion of Infusion Device into Splenic Artery, Percutaneous Approach
04H43DZ	Insertion of Intraluminal Device into Splenic Artery, Percutaneous Approach
04H503Z	Insertion of Infusion Device into Superior Mesenteric Artery, Open Approach
04H50DZ	Insertion of Intraluminal Device into Superior Mesenteric Artery, Open Approach
04H533Z	Insertion of Infusion Device into Superior Mesenteric Artery, Percutaneous Approach
04H53DZ	Insertion of Intraluminal Device into Superior Mesenteric Artery, Percutaneous Approach
04H603Z	Insertion of Infusion Device into Right Colic Artery, Open Approach
04H60DZ	Insertion of Intraluminal Device into Right Colic Artery, Open Approach
04H633Z	Insertion of Infusion Device into Right Colic Artery, Percutaneous Approach
04H63DZ	Insertion of Intraluminal Device into Right Colic Artery, Percutaneous Approach
04H703Z	Insertion of Infusion Device into Left Colic Artery, Open Approach
04H70DZ	Insertion of Intraluminal Device into Left Colic Artery, Open Approach
04H733Z	Insertion of Infusion Device into Left Colic Artery, Percutaneous Approach
04H73DZ	Insertion of Intraluminal Device into Left Colic Artery, Percutaneous Approach
04H803Z	Insertion of Infusion Device into Middle Colic Artery, Open Approach
04H80DZ	Insertion of Intraluminal Device into Middle Colic Artery, Open Approach
04H833Z	Insertion of Infusion Device into Middle Colic Artery, Percutaneous Approach
04H83DZ	Insertion of Intraluminal Device into Middle Colic Artery, Percutaneous Approach
04H903Z	Insertion of Infusion Device into Right Renal Artery, Open Approach
04H90DZ	Insertion of Intraluminal Device into Right Renal Artery, Open Approach
04H933Z	Insertion of Infusion Device into Right Renal Artery, Percutaneous Approach
04H93DZ	Insertion of Intraluminal Device into Right Renal Artery, Percutaneous Approach
04HA03Z	Insertion of Infusion Device into Left Renal Artery, Open Approach
04HA0DZ	Insertion of Intraluminal Device into Left Renal Artery, Open Approach
04HA33Z	Insertion of Infusion Device into Left Renal Artery, Percutaneous Approach
04HA3DZ	Insertion of Intraluminal Device into Left Renal Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04HB03Z	Insertion of Infusion Device into Inferior Mesenteric Artery, Open Approach
04HB0DZ	Insertion of Intraluminal Device into Inferior Mesenteric Artery, Open Approach
04HB33Z	Insertion of Infusion Device into Inferior Mesenteric Artery, Percutaneous Approach
04HB3DZ	Insertion of Intraluminal Device into Inferior Mesenteric Artery, Percutaneous Approach
04HC03Z	Insertion of Infusion Device into Right Common Iliac Artery, Open Approach
04HC0DZ	Insertion of Intraluminal Device into Right Common Iliac Artery, Open Approach
04HC33Z	Insertion of Infusion Device into Right Common Iliac Artery, Percutaneous Approach
04HC3DZ	Insertion of Intraluminal Device into Right Common Iliac Artery, Percutaneous Approach
04HD03Z	Insertion of Infusion Device into Left Common Iliac Artery, Open Approach
04HD0DZ	Insertion of Intraluminal Device into Left Common Iliac Artery, Open Approach
04HD33Z	Insertion of Infusion Device into Left Common Iliac Artery, Percutaneous Approach
04HD3DZ	Insertion of Intraluminal Device into Left Common Iliac Artery, Percutaneous Approach
04HE03Z	Insertion of Infusion Device into Right Internal Iliac Artery, Open Approach
04HE0DZ	Insertion of Intraluminal Device into Right Internal Iliac Artery, Open Approach
04HE33Z	Insertion of Infusion Device into Right Internal Iliac Artery, Percutaneous Approach
04HE3DZ	Insertion of Intraluminal Device into Right Internal Iliac Artery, Percutaneous Approach
04HF03Z	Insertion of Infusion Device into Left Internal Iliac Artery, Open Approach
04HF0DZ	Insertion of Intraluminal Device into Left Internal Iliac Artery, Open Approach
04HF33Z	Insertion of Infusion Device into Left Internal Iliac Artery, Percutaneous Approach
04HF3DZ	Insertion of Intraluminal Device into Left Internal Iliac Artery, Percutaneous Approach
04HH03Z	Insertion of Infusion Device into Right External Iliac Artery, Open Approach
04HH0DZ	Insertion of Intraluminal Device into Right External Iliac Artery, Open Approach
04HH33Z	Insertion of Infusion Device into Right External Iliac Artery, Percutaneous Approach
04HH3DZ	Insertion of Intraluminal Device into Right External Iliac Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04HJ03Z	Insertion of Infusion Device into Left External Iliac Artery, Open Approach
04HJ0DZ	Insertion of Intraluminal Device into Left External Iliac Artery, Open Approach
04HJ33Z	Insertion of Infusion Device into Left External Iliac Artery, Percutaneous Approach
04HJ3DZ	Insertion of Intraluminal Device into Left External Iliac Artery, Percutaneous Approach
04HK03Z	Insertion of Infusion Device into Right Femoral Artery, Open Approach
04HK0DZ	Insertion of Intraluminal Device into Right Femoral Artery, Open Approach
04HK33Z	Insertion of Infusion Device into Right Femoral Artery, Percutaneous Approach
04HK3DZ	Insertion of Intraluminal Device into Right Femoral Artery, Percutaneous Approach
04HL03Z	Insertion of Infusion Device into Left Femoral Artery, Open Approach
04HL0DZ	Insertion of Intraluminal Device into Left Femoral Artery, Open Approach
04HL33Z	Insertion of Infusion Device into Left Femoral Artery, Percutaneous Approach
04HL3DZ	Insertion of Intraluminal Device into Left Femoral Artery, Percutaneous Approach
04HM03Z	Insertion of Infusion Device into Right Popliteal Artery, Open Approach
04HM0DZ	Insertion of Intraluminal Device into Right Popliteal Artery, Open Approach
04HM33Z	Insertion of Infusion Device into Right Popliteal Artery, Percutaneous Approach
04HM3DZ	Insertion of Intraluminal Device into Right Popliteal Artery, Percutaneous Approach
04HN03Z	Insertion of Infusion Device into Left Popliteal Artery, Open Approach
04HN0DZ	Insertion of Intraluminal Device into Left Popliteal Artery, Open Approach
04HN33Z	Insertion of Infusion Device into Left Popliteal Artery, Percutaneous Approach
04HN3DZ	Insertion of Intraluminal Device into Left Popliteal Artery, Percutaneous Approach
04HP03Z	Insertion of Infusion Device into Right Anterior Tibial Artery, Open Approach
04HP0DZ	Insertion of Intraluminal Device into Right Anterior Tibial Artery, Open Approach
04HP33Z	Insertion of Infusion Device into Right Anterior Tibial Artery, Percutaneous Approach
04HP3DZ	Insertion of Intraluminal Device into Right Anterior Tibial Artery, Percutaneous Approach
04HQ03Z	Insertion of Infusion Device into Left Anterior Tibial Artery, Open Approach
04HQ0DZ	Insertion of Intraluminal Device into Left Anterior Tibial Artery, Open Approach
04HQ33Z	Insertion of Infusion Device into Left Anterior Tibial Artery, Percutaneous Approach
04HQ3DZ	Insertion of Intraluminal Device into Left Anterior Tibial Artery, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04HR03Z	Insertion of Infusion Device into Right Posterior Tibial Artery, Open Approach
04HR0DZ	Insertion of Intraluminal Device into Right Posterior Tibial Artery, Open Approach
04HR33Z	Insertion of Infusion Device into Right Posterior Tibial Artery, Percutaneous Approach
04HR3DZ	Insertion of Intraluminal Device into Right Posterior Tibial Artery, Percutaneous Approach
04HS03Z	Insertion of Infusion Device into Left Posterior Tibial Artery, Open Approach
04HS0DZ	Insertion of Intraluminal Device into Left Posterior Tibial Artery, Open Approach
04HS33Z	Insertion of Infusion Device into Left Posterior Tibial Artery, Percutaneous Approach
04HS3DZ	Insertion of Intraluminal Device into Left Posterior Tibial Artery, Percutaneous Approach
04HT03Z	Insertion of Infusion Device into Right Peroneal Artery, Open Approach
04HT0DZ	Insertion of Intraluminal Device into Right Peroneal Artery, Open Approach
04HT33Z	Insertion of Infusion Device into Right Peroneal Artery, Percutaneous Approach
04HT3DZ	Insertion of Intraluminal Device into Right Peroneal Artery, Percutaneous Approach
04HU03Z	Insertion of Infusion Device into Left Peroneal Artery, Open Approach
04HU0DZ	Insertion of Intraluminal Device into Left Peroneal Artery, Open Approach
04HU33Z	Insertion of Infusion Device into Left Peroneal Artery, Percutaneous Approach
04HU3DZ	Insertion of Intraluminal Device into Left Peroneal Artery, Percutaneous Approach
04HV03Z	Insertion of Infusion Device into Right Foot Artery, Open Approach
04HV0DZ	Insertion of Intraluminal Device into Right Foot Artery, Open Approach
04HV33Z	Insertion of Infusion Device into Right Foot Artery, Percutaneous Approach
04HV3DZ	Insertion of Intraluminal Device into Right Foot Artery, Percutaneous Approach
04HW03Z	Insertion of Infusion Device into Left Foot Artery, Open Approach
04HW0DZ	Insertion of Intraluminal Device into Left Foot Artery, Open Approach
04HW33Z	Insertion of Infusion Device into Left Foot Artery, Percutaneous Approach
04HW3DZ	Insertion of Intraluminal Device into Left Foot Artery, Percutaneous Approach
04HY03Z	Insertion of Infusion Device into Lower Artery, Open Approach
04HY0DZ	Insertion of Intraluminal Device into Lower Artery, Open Approach
04HY33Z	Insertion of Infusion Device into Lower Artery, Percutaneous Approach
04HY3DZ	Insertion of Intraluminal Device into Lower Artery, Percutaneous Approach
04JY0ZZ	Inspection of Lower Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
04JY3ZZ	Inspection of Lower Artery, Percutaneous Approach
04JY4ZZ	Inspection of Lower Artery, Percutaneous Endoscopic Approach
04LK0CZ	Occlusion of Right Femoral Artery with Extraluminal Device, Open Approach
04LK0DZ	Occlusion of Right Femoral Artery with Intraluminal Device, Open Approach
04LK0ZZ	Occlusion of Right Femoral Artery, Open Approach
04LL0CZ	Occlusion of Left Femoral Artery with Extraluminal Device, Open Approach
04LL0DZ	Occlusion of Left Femoral Artery with Intraluminal Device, Open Approach
04LL0ZZ	Occlusion of Left Femoral Artery, Open Approach
04LM0CZ	Occlusion of Right Popliteal Artery with Extraluminal Device, Open Approach
04LM0DZ	Occlusion of Right Popliteal Artery with Intraluminal Device, Open Approach
04LM0ZZ	Occlusion of Right Popliteal Artery, Open Approach
04LN0CZ	Occlusion of Left Popliteal Artery with Extraluminal Device, Open Approach
04LN0DZ	Occlusion of Left Popliteal Artery with Intraluminal Device, Open Approach
04LN0ZZ	Occlusion of Left Popliteal Artery, Open Approach
04LP0CZ	Occlusion of Right Anterior Tibial Artery with Extraluminal Device, Open Approach
04LP0DZ	Occlusion of Right Anterior Tibial Artery with Intraluminal Device, Open Approach
04LP0ZZ	Occlusion of Right Anterior Tibial Artery, Open Approach
04LQ0CZ	Occlusion of Left Anterior Tibial Artery with Extraluminal Device, Open Approach
04LQ0DZ	Occlusion of Left Anterior Tibial Artery with Intraluminal Device, Open Approach
04LQ0ZZ	Occlusion of Left Anterior Tibial Artery, Open Approach
04LR0CZ	Occlusion of Right Posterior Tibial Artery with Extraluminal Device, Open Approach
04LR0DZ	Occlusion of Right Posterior Tibial Artery with Intraluminal Device, Open Approach
04LR0ZZ	Occlusion of Right Posterior Tibial Artery, Open Approach
04LS0CZ	Occlusion of Left Posterior Tibial Artery with Extraluminal Device, Open Approach
04LS0DZ	Occlusion of Left Posterior Tibial Artery with Intraluminal Device, Open Approach
04LS0ZZ	Occlusion of Left Posterior Tibial Artery, Open Approach
04LT0CZ	Occlusion of Right Peroneal Artery with Extraluminal Device, Open Approach
04LT0DZ	Occlusion of Right Peroneal Artery with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04LT0ZZ	Occlusion of Right Peroneal Artery, Open Approach
04LU0CZ	Occlusion of Left Peroneal Artery with Extraluminal Device, Open Approach
04LU0DZ	Occlusion of Left Peroneal Artery with Intraluminal Device, Open Approach
04LU0ZZ	Occlusion of Left Peroneal Artery, Open Approach
04LV0CZ	Occlusion of Right Foot Artery with Extraluminal Device, Open Approach
04LV0DZ	Occlusion of Right Foot Artery with Intraluminal Device, Open Approach
04LV0ZZ	Occlusion of Right Foot Artery, Open Approach
04LW0CZ	Occlusion of Left Foot Artery with Extraluminal Device, Open Approach
04LW0DZ	Occlusion of Left Foot Artery with Intraluminal Device, Open Approach
04LW0ZZ	Occlusion of Left Foot Artery, Open Approach
04LY3CZ	Occlusion of Lower Artery with Extraluminal Device, Percutaneous Approach
04LY3DZ	Occlusion of Lower Artery with Intraluminal Device, Percutaneous Approach
04LY3ZZ	Occlusion of Lower Artery, Percutaneous Approach
04N00ZZ	Release Abdominal Aorta, Open Approach
04N10ZZ	Release Celiac Artery, Open Approach
04N20ZZ	Release Gastric Artery, Open Approach
04N30ZZ	Release Hepatic Artery, Open Approach
04N40ZZ	Release Splenic Artery, Open Approach
04N50ZZ	Release Superior Mesenteric Artery, Open Approach
04N60ZZ	Release Right Colic Artery, Open Approach
04N70ZZ	Release Left Colic Artery, Open Approach
04N80ZZ	Release Middle Colic Artery, Open Approach
04N90ZZ	Release Right Renal Artery, Open Approach
04NA0ZZ	Release Left Renal Artery, Open Approach
04NB0ZZ	Release Inferior Mesenteric Artery, Open Approach
04NC0ZZ	Release Right Common Iliac Artery, Open Approach
04ND0ZZ	Release Left Common Iliac Artery, Open Approach
04NE0ZZ	Release Right Internal Iliac Artery, Open Approach
04NF0ZZ	Release Left Internal Iliac Artery, Open Approach
04NH0ZZ	Release Right External Iliac Artery, Open Approach
04NJ0ZZ	Release Left External Iliac Artery, Open Approach
04NK0ZZ	Release Right Femoral Artery, Open Approach
04NL0ZZ	Release Left Femoral Artery, Open Approach
04NM0ZZ	Release Right Popliteal Artery, Open Approach
04NN0ZZ	Release Left Popliteal Artery, Open Approach
04NP0ZZ	Release Right Anterior Tibial Artery, Open Approach
04NQ0ZZ	Release Left Anterior Tibial Artery, Open Approach
04NR0ZZ	Release Right Posterior Tibial Artery, Open Approach
04NS0ZZ	Release Left Posterior Tibial Artery, Open Approach
04NT0ZZ	Release Right Peroneal Artery, Open Approach
04NU0ZZ	Release Left Peroneal Artery, Open Approach
04NV0ZZ	Release Right Foot Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
04NW0ZZ	Release Left Foot Artery, Open Approach
04NY0ZZ	Release Lower Artery, Open Approach
04Q00ZZ	Repair Abdominal Aorta, Open Approach
04Q10ZZ	Repair Celiac Artery, Open Approach
04Q20ZZ	Repair Gastric Artery, Open Approach
04Q30ZZ	Repair Hepatic Artery, Open Approach
04Q40ZZ	Repair Splenic Artery, Open Approach
04Q50ZZ	Repair Superior Mesenteric Artery, Open Approach
04Q60ZZ	Repair Right Colic Artery, Open Approach
04Q70ZZ	Repair Left Colic Artery, Open Approach
04Q80ZZ	Repair Middle Colic Artery, Open Approach
04Q90ZZ	Repair Right Renal Artery, Open Approach
04QA0ZZ	Repair Left Renal Artery, Open Approach
04QB0ZZ	Repair Inferior Mesenteric Artery, Open Approach
04QC0ZZ	Repair Right Common Iliac Artery, Open Approach
04QD0ZZ	Repair Left Common Iliac Artery, Open Approach
04QE0ZZ	Repair Right Internal Iliac Artery, Open Approach
04QF0ZZ	Repair Left Internal Iliac Artery, Open Approach
04QH0ZZ	Repair Right External Iliac Artery, Open Approach
04QJ0ZZ	Repair Left External Iliac Artery, Open Approach
04QK0ZZ	Repair Right Femoral Artery, Open Approach
04QL0ZZ	Repair Left Femoral Artery, Open Approach
04QM0ZZ	Repair Right Popliteal Artery, Open Approach
04QN0ZZ	Repair Left Popliteal Artery, Open Approach
04QP0ZZ	Repair Right Anterior Tibial Artery, Open Approach
04QQ0ZZ	Repair Left Anterior Tibial Artery, Open Approach
04QR0ZZ	Repair Right Posterior Tibial Artery, Open Approach
04QS0ZZ	Repair Left Posterior Tibial Artery, Open Approach
04QT0ZZ	Repair Right Peroneal Artery, Open Approach
04QU0ZZ	Repair Left Peroneal Artery, Open Approach
04QV0ZZ	Repair Right Foot Artery, Open Approach
04QW0ZZ	Repair Left Foot Artery, Open Approach
04QY0ZZ	Repair Lower Artery, Open Approach
05700DZ	Dilation of Azygos Vein with Intraluminal Device, Open Approach
05700ZZ	Dilation of Azygos Vein, Open Approach
05703DZ	Dilation of Azygos Vein with Intraluminal Device, Percutaneous Approach
05703ZZ	Dilation of Azygos Vein, Percutaneous Approach
05710DZ	Dilation of Hemiazygos Vein with Intraluminal Device, Open Approach
05710ZZ	Dilation of Hemiazygos Vein, Open Approach
05713DZ	Dilation of Hemiazygos Vein with Intraluminal Device, Percutaneous Approach
05713ZZ	Dilation of Hemiazygos Vein, Percutaneous Approach
05730DZ	Dilation of Right Innominate Vein with Intraluminal Device, Open Approach
05730ZZ	Dilation of Right Innominate Vein, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
05733DZ	Dilation of Right Innominate Vein with Intraluminal Device, Percutaneous Approach
05733ZZ	Dilation of Right Innominate Vein, Percutaneous Approach
05740DZ	Dilation of Left Innominate Vein with Intraluminal Device, Open Approach
05740ZZ	Dilation of Left Innominate Vein, Open Approach
05743DZ	Dilation of Left Innominate Vein with Intraluminal Device, Percutaneous Approach
05743ZZ	Dilation of Left Innominate Vein, Percutaneous Approach
05750DZ	Dilation of Right Subclavian Vein with Intraluminal Device, Open Approach
05750ZZ	Dilation of Right Subclavian Vein, Open Approach
05753DZ	Dilation of Right Subclavian Vein with Intraluminal Device, Percutaneous Approach
05753ZZ	Dilation of Right Subclavian Vein, Percutaneous Approach
05760DZ	Dilation of Left Subclavian Vein with Intraluminal Device, Open Approach
05760ZZ	Dilation of Left Subclavian Vein, Open Approach
05763DZ	Dilation of Left Subclavian Vein with Intraluminal Device, Percutaneous Approach
05763ZZ	Dilation of Left Subclavian Vein, Percutaneous Approach
05770DZ	Dilation of Right Axillary Vein with Intraluminal Device, Open Approach
05770ZZ	Dilation of Right Axillary Vein, Open Approach
05773DZ	Dilation of Right Axillary Vein with Intraluminal Device, Percutaneous Approach
05773ZZ	Dilation of Right Axillary Vein, Percutaneous Approach
05780DZ	Dilation of Left Axillary Vein with Intraluminal Device, Open Approach
05780ZZ	Dilation of Left Axillary Vein, Open Approach
05783DZ	Dilation of Left Axillary Vein with Intraluminal Device, Percutaneous Approach
05783ZZ	Dilation of Left Axillary Vein, Percutaneous Approach
05790DZ	Dilation of Right Brachial Vein with Intraluminal Device, Open Approach
05790ZZ	Dilation of Right Brachial Vein, Open Approach
05793DZ	Dilation of Right Brachial Vein with Intraluminal Device, Percutaneous Approach
05793ZZ	Dilation of Right Brachial Vein, Percutaneous Approach
057A0DZ	Dilation of Left Brachial Vein with Intraluminal Device, Open Approach
057A0ZZ	Dilation of Left Brachial Vein, Open Approach
057A3DZ	Dilation of Left Brachial Vein with Intraluminal Device, Percutaneous Approach
057A3ZZ	Dilation of Left Brachial Vein, Percutaneous Approach
057B0DZ	Dilation of Right Basilic Vein with Intraluminal Device, Open Approach
057B0ZZ	Dilation of Right Basilic Vein, Open Approach
057B3DZ	Dilation of Right Basilic Vein with Intraluminal Device, Percutaneous Approach
057B3ZZ	Dilation of Right Basilic Vein, Percutaneous Approach
057C0DZ	Dilation of Left Basilic Vein with Intraluminal Device, Open Approach
057C0ZZ	Dilation of Left Basilic Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
057C3DZ	Dilation of Left Basilic Vein with Intraluminal Device, Percutaneous Approach
057C3ZZ	Dilation of Left Basilic Vein, Percutaneous Approach
057D0DZ	Dilation of Right Cephalic Vein with Intraluminal Device, Open Approach
057D0ZZ	Dilation of Right Cephalic Vein, Open Approach
057D3DZ	Dilation of Right Cephalic Vein with Intraluminal Device, Percutaneous Approach
057D3ZZ	Dilation of Right Cephalic Vein, Percutaneous Approach
057F0DZ	Dilation of Left Cephalic Vein with Intraluminal Device, Open Approach
057F0ZZ	Dilation of Left Cephalic Vein, Open Approach
057F3DZ	Dilation of Left Cephalic Vein with Intraluminal Device, Percutaneous Approach
057F3ZZ	Dilation of Left Cephalic Vein, Percutaneous Approach
057G0DZ	Dilation of Right Hand Vein with Intraluminal Device, Open Approach
057G0ZZ	Dilation of Right Hand Vein, Open Approach
057G3DZ	Dilation of Right Hand Vein with Intraluminal Device, Percutaneous Approach
057G3ZZ	Dilation of Right Hand Vein, Percutaneous Approach
057H0DZ	Dilation of Left Hand Vein with Intraluminal Device, Open Approach
057H0ZZ	Dilation of Left Hand Vein, Open Approach
057H3DZ	Dilation of Left Hand Vein with Intraluminal Device, Percutaneous Approach
057H3ZZ	Dilation of Left Hand Vein, Percutaneous Approach
057L0DZ	Dilation of Intracranial Vein with Intraluminal Device, Open Approach
057L0ZZ	Dilation of Intracranial Vein, Open Approach
057L3DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Approach
057L3ZZ	Dilation of Intracranial Vein, Percutaneous Approach
057M0DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Open Approach
057M0ZZ	Dilation of Right Internal Jugular Vein, Open Approach
057M3DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Approach
057M3ZZ	Dilation of Right Internal Jugular Vein, Percutaneous Approach
057N0DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Open Approach
057N0ZZ	Dilation of Left Internal Jugular Vein, Open Approach
057N3DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Approach
057N3ZZ	Dilation of Left Internal Jugular Vein, Percutaneous Approach
057P0DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Open Approach
057P0ZZ	Dilation of Right External Jugular Vein, Open Approach
057P3DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Approach
057P3ZZ	Dilation of Right External Jugular Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
057Q0DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Open Approach
057Q0ZZ	Dilation of Left External Jugular Vein, Open Approach
057Q3DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Approach
057Q3ZZ	Dilation of Left External Jugular Vein, Percutaneous Approach
057R0DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Open Approach
057R0ZZ	Dilation of Right Vertebral Vein, Open Approach
057R3DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Approach
057R3ZZ	Dilation of Right Vertebral Vein, Percutaneous Approach
057S0DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Open Approach
057S0ZZ	Dilation of Left Vertebral Vein, Open Approach
057S3DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Approach
057S3ZZ	Dilation of Left Vertebral Vein, Percutaneous Approach
057T0DZ	Dilation of Right Face Vein with Intraluminal Device, Open Approach
057T0ZZ	Dilation of Right Face Vein, Open Approach
057T3DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Approach
057T3ZZ	Dilation of Right Face Vein, Percutaneous Approach
057V0DZ	Dilation of Left Face Vein with Intraluminal Device, Open Approach
057V0ZZ	Dilation of Left Face Vein, Open Approach
057V3DZ	Dilation of Left Face Vein with Intraluminal Device, Percutaneous Approach
057V3ZZ	Dilation of Left Face Vein, Percutaneous Approach
057V4ZZ	Dilation of Left Face Vein, Percutaneous Endoscopic Approach
057Y0DZ	Dilation of Upper Vein with Intraluminal Device, Open Approach
057Y0ZZ	Dilation of Upper Vein, Open Approach
057Y3DZ	Dilation of Upper Vein with Intraluminal Device, Percutaneous Approach
057Y3ZZ	Dilation of Upper Vein, Percutaneous Approach
057Y4ZZ	Dilation of Upper Vein, Percutaneous Endoscopic Approach
05900ZX	Drainage of Azygos Vein, Open Approach, Diagnostic
059030Z	Drainage of Azygos Vein with Drainage Device, Percutaneous Approach
05903ZX	Drainage of Azygos Vein, Percutaneous Approach, Diagnostic
05903ZZ	Drainage of Azygos Vein, Percutaneous Approach
05910ZX	Drainage of Hemiazygos Vein, Open Approach, Diagnostic
059130Z	Drainage of Hemiazygos Vein with Drainage Device, Percutaneous Approach
05913ZX	Drainage of Hemiazygos Vein, Percutaneous Approach, Diagnostic
05913ZZ	Drainage of Hemiazygos Vein, Percutaneous Approach
05930ZX	Drainage of Right Innominate Vein, Open Approach, Diagnostic
059330Z	Drainage of Right Innominate Vein with Drainage Device, Percutaneous Approach
05933ZX	Drainage of Right Innominate Vein, Percutaneous Approach, Diagnostic
05933ZZ	Drainage of Right Innominate Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05940ZX	Drainage of Left Innominate Vein, Open Approach, Diagnostic
059430Z	Drainage of Left Innominate Vein with Drainage Device, Percutaneous Approach
05943ZX	Drainage of Left Innominate Vein, Percutaneous Approach, Diagnostic
05943ZZ	Drainage of Left Innominate Vein, Percutaneous Approach
05950ZX	Drainage of Right Subclavian Vein, Open Approach, Diagnostic
059530Z	Drainage of Right Subclavian Vein with Drainage Device, Percutaneous Approach
05953ZX	Drainage of Right Subclavian Vein, Percutaneous Approach, Diagnostic
05953ZZ	Drainage of Right Subclavian Vein, Percutaneous Approach
05960ZX	Drainage of Left Subclavian Vein, Open Approach, Diagnostic
059630Z	Drainage of Left Subclavian Vein with Drainage Device, Percutaneous Approach
05963ZX	Drainage of Left Subclavian Vein, Percutaneous Approach, Diagnostic
05963ZZ	Drainage of Left Subclavian Vein, Percutaneous Approach
05970ZX	Drainage of Right Axillary Vein, Open Approach, Diagnostic
059730Z	Drainage of Right Axillary Vein with Drainage Device, Percutaneous Approach
05973ZX	Drainage of Right Axillary Vein, Percutaneous Approach, Diagnostic
05973ZZ	Drainage of Right Axillary Vein, Percutaneous Approach
05980ZX	Drainage of Left Axillary Vein, Open Approach, Diagnostic
059830Z	Drainage of Left Axillary Vein with Drainage Device, Percutaneous Approach
05983ZX	Drainage of Left Axillary Vein, Percutaneous Approach, Diagnostic
05983ZZ	Drainage of Left Axillary Vein, Percutaneous Approach
05990ZX	Drainage of Right Brachial Vein, Open Approach, Diagnostic
059930Z	Drainage of Right Brachial Vein with Drainage Device, Percutaneous Approach
05993ZX	Drainage of Right Brachial Vein, Percutaneous Approach, Diagnostic
05993ZZ	Drainage of Right Brachial Vein, Percutaneous Approach
059A0ZX	Drainage of Left Brachial Vein, Open Approach, Diagnostic
059A30Z	Drainage of Left Brachial Vein with Drainage Device, Percutaneous Approach
059A3ZX	Drainage of Left Brachial Vein, Percutaneous Approach, Diagnostic
059A3ZZ	Drainage of Left Brachial Vein, Percutaneous Approach
059B0ZX	Drainage of Right Basilic Vein, Open Approach, Diagnostic
059B30Z	Drainage of Right Basilic Vein with Drainage Device, Percutaneous Approach
059B3ZX	Drainage of Right Basilic Vein, Percutaneous Approach, Diagnostic
059B3ZZ	Drainage of Right Basilic Vein, Percutaneous Approach
059C0ZX	Drainage of Left Basilic Vein, Open Approach, Diagnostic
059C30Z	Drainage of Left Basilic Vein with Drainage Device, Percutaneous Approach
059C3ZX	Drainage of Left Basilic Vein, Percutaneous Approach, Diagnostic
059C3ZZ	Drainage of Left Basilic Vein, Percutaneous Approach
059D0ZX	Drainage of Right Cephalic Vein, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
059D30Z	Drainage of Right Cephalic Vein with Drainage Device, Percutaneous Approach
059D3ZX	Drainage of Right Cephalic Vein, Percutaneous Approach, Diagnostic
059D3ZZ	Drainage of Right Cephalic Vein, Percutaneous Approach
059F0ZX	Drainage of Left Cephalic Vein, Open Approach, Diagnostic
059F30Z	Drainage of Left Cephalic Vein with Drainage Device, Percutaneous Approach
059F3ZX	Drainage of Left Cephalic Vein, Percutaneous Approach, Diagnostic
059F3ZZ	Drainage of Left Cephalic Vein, Percutaneous Approach
059G0ZX	Drainage of Right Hand Vein, Open Approach, Diagnostic
059G30Z	Drainage of Right Hand Vein with Drainage Device, Percutaneous Approach
059G3ZX	Drainage of Right Hand Vein, Percutaneous Approach, Diagnostic
059G3ZZ	Drainage of Right Hand Vein, Percutaneous Approach
059H0ZX	Drainage of Left Hand Vein, Open Approach, Diagnostic
059H30Z	Drainage of Left Hand Vein with Drainage Device, Percutaneous Approach
059H3ZX	Drainage of Left Hand Vein, Percutaneous Approach, Diagnostic
059H3ZZ	Drainage of Left Hand Vein, Percutaneous Approach
059L0ZX	Drainage of Intracranial Vein, Open Approach, Diagnostic
059L30Z	Drainage of Intracranial Vein with Drainage Device, Percutaneous Approach
059L3ZX	Drainage of Intracranial Vein, Percutaneous Approach, Diagnostic
059L3ZZ	Drainage of Intracranial Vein, Percutaneous Approach
059M0ZX	Drainage of Right Internal Jugular Vein, Open Approach, Diagnostic
059M30Z	Drainage of Right Internal Jugular Vein with Drainage Device, Percutaneous Approach
059M3ZX	Drainage of Right Internal Jugular Vein, Percutaneous Approach, Diagnostic
059M3ZZ	Drainage of Right Internal Jugular Vein, Percutaneous Approach
059N0ZX	Drainage of Left Internal Jugular Vein, Open Approach, Diagnostic
059N30Z	Drainage of Left Internal Jugular Vein with Drainage Device, Percutaneous Approach
059N3ZX	Drainage of Left Internal Jugular Vein, Percutaneous Approach, Diagnostic
059N3ZZ	Drainage of Left Internal Jugular Vein, Percutaneous Approach
059P0ZX	Drainage of Right External Jugular Vein, Open Approach, Diagnostic
059P30Z	Drainage of Right External Jugular Vein with Drainage Device, Percutaneous Approach
059P3ZX	Drainage of Right External Jugular Vein, Percutaneous Approach, Diagnostic
059P3ZZ	Drainage of Right External Jugular Vein, Percutaneous Approach
059Q0ZX	Drainage of Left External Jugular Vein, Open Approach, Diagnostic
059Q30Z	Drainage of Left External Jugular Vein with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
059Q3ZX	Drainage of Left External Jugular Vein, Percutaneous Approach, Diagnostic
059Q3ZZ	Drainage of Left External Jugular Vein, Percutaneous Approach
059R0ZX	Drainage of Right Vertebral Vein, Open Approach, Diagnostic
059R30Z	Drainage of Right Vertebral Vein with Drainage Device, Percutaneous Approach
059R3ZX	Drainage of Right Vertebral Vein, Percutaneous Approach, Diagnostic
059R3ZZ	Drainage of Right Vertebral Vein, Percutaneous Approach
059S0ZX	Drainage of Left Vertebral Vein, Open Approach, Diagnostic
059S30Z	Drainage of Left Vertebral Vein with Drainage Device, Percutaneous Approach
059S3ZX	Drainage of Left Vertebral Vein, Percutaneous Approach, Diagnostic
059S3ZZ	Drainage of Left Vertebral Vein, Percutaneous Approach
059T0ZX	Drainage of Right Face Vein, Open Approach, Diagnostic
059T30Z	Drainage of Right Face Vein with Drainage Device, Percutaneous Approach
059T3ZX	Drainage of Right Face Vein, Percutaneous Approach, Diagnostic
059T3ZZ	Drainage of Right Face Vein, Percutaneous Approach
059V0ZX	Drainage of Left Face Vein, Open Approach, Diagnostic
059V30Z	Drainage of Left Face Vein with Drainage Device, Percutaneous Approach
059V3ZX	Drainage of Left Face Vein, Percutaneous Approach, Diagnostic
059V3ZZ	Drainage of Left Face Vein, Percutaneous Approach
059Y0ZX	Drainage of Upper Vein, Open Approach, Diagnostic
059Y30Z	Drainage of Upper Vein with Drainage Device, Percutaneous Approach
059Y3ZX	Drainage of Upper Vein, Percutaneous Approach, Diagnostic
059Y3ZZ	Drainage of Upper Vein, Percutaneous Approach
05B00ZX	Excision of Azygos Vein, Open Approach, Diagnostic
05B03ZX	Excision of Azygos Vein, Percutaneous Approach, Diagnostic
05B10ZX	Excision of Hemiazygos Vein, Open Approach, Diagnostic
05B13ZX	Excision of Hemiazygos Vein, Percutaneous Approach, Diagnostic
05B30ZX	Excision of Right Innominate Vein, Open Approach, Diagnostic
05B33ZX	Excision of Right Innominate Vein, Percutaneous Approach, Diagnostic
05B40ZX	Excision of Left Innominate Vein, Open Approach, Diagnostic
05B43ZX	Excision of Left Innominate Vein, Percutaneous Approach, Diagnostic
05B50ZX	Excision of Right Subclavian Vein, Open Approach, Diagnostic
05B53ZX	Excision of Right Subclavian Vein, Percutaneous Approach, Diagnostic
05B60ZX	Excision of Left Subclavian Vein, Open Approach, Diagnostic
05B63ZX	Excision of Left Subclavian Vein, Percutaneous Approach, Diagnostic
05B70ZX	Excision of Right Axillary Vein, Open Approach, Diagnostic
05B70ZZ	Excision of Right Axillary Vein, Open Approach
05B73ZX	Excision of Right Axillary Vein, Percutaneous Approach, Diagnostic
05B73ZZ	Excision of Right Axillary Vein, Percutaneous Approach
05B74ZZ	Excision of Right Axillary Vein, Percutaneous Endoscopic Approach
05B80ZX	Excision of Left Axillary Vein, Open Approach, Diagnostic
05B80ZZ	Excision of Left Axillary Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05B83ZX	Excision of Left Axillary Vein, Percutaneous Approach, Diagnostic
05B83ZZ	Excision of Left Axillary Vein, Percutaneous Approach
05B84ZZ	Excision of Left Axillary Vein, Percutaneous Endoscopic Approach
05B90ZX	Excision of Right Brachial Vein, Open Approach, Diagnostic
05B90ZZ	Excision of Right Brachial Vein, Open Approach
05B93ZX	Excision of Right Brachial Vein, Percutaneous Approach, Diagnostic
05B93ZZ	Excision of Right Brachial Vein, Percutaneous Approach
05B94ZZ	Excision of Right Brachial Vein, Percutaneous Endoscopic Approach
05BA0ZX	Excision of Left Brachial Vein, Open Approach, Diagnostic
05BA0ZZ	Excision of Left Brachial Vein, Open Approach
05BA3ZX	Excision of Left Brachial Vein, Percutaneous Approach, Diagnostic
05BA3ZZ	Excision of Left Brachial Vein, Percutaneous Approach
05BA4ZZ	Excision of Left Brachial Vein, Percutaneous Endoscopic Approach
05BB0ZX	Excision of Right Basilic Vein, Open Approach, Diagnostic
05BB0ZZ	Excision of Right Basilic Vein, Open Approach
05BB3ZX	Excision of Right Basilic Vein, Percutaneous Approach, Diagnostic
05BB3ZZ	Excision of Right Basilic Vein, Percutaneous Approach
05BB4ZZ	Excision of Right Basilic Vein, Percutaneous Endoscopic Approach
05BC0ZX	Excision of Left Basilic Vein, Open Approach, Diagnostic
05BC0ZZ	Excision of Left Basilic Vein, Open Approach
05BC3ZX	Excision of Left Basilic Vein, Percutaneous Approach, Diagnostic
05BC3ZZ	Excision of Left Basilic Vein, Percutaneous Approach
05BC4ZZ	Excision of Left Basilic Vein, Percutaneous Endoscopic Approach
05BD0ZX	Excision of Right Cephalic Vein, Open Approach, Diagnostic
05BD0ZZ	Excision of Right Cephalic Vein, Open Approach
05BD3ZX	Excision of Right Cephalic Vein, Percutaneous Approach, Diagnostic
05BD3ZZ	Excision of Right Cephalic Vein, Percutaneous Approach
05BD4ZZ	Excision of Right Cephalic Vein, Percutaneous Endoscopic Approach
05BF0ZX	Excision of Left Cephalic Vein, Open Approach, Diagnostic
05BF0ZZ	Excision of Left Cephalic Vein, Open Approach
05BF3ZX	Excision of Left Cephalic Vein, Percutaneous Approach, Diagnostic
05BF3ZZ	Excision of Left Cephalic Vein, Percutaneous Approach
05BF4ZZ	Excision of Left Cephalic Vein, Percutaneous Endoscopic Approach
05BG0ZX	Excision of Right Hand Vein, Open Approach, Diagnostic
05BG0ZZ	Excision of Right Hand Vein, Open Approach
05BG3ZX	Excision of Right Hand Vein, Percutaneous Approach, Diagnostic
05BG3ZZ	Excision of Right Hand Vein, Percutaneous Approach
05BG4ZZ	Excision of Right Hand Vein, Percutaneous Endoscopic Approach
05BH0ZX	Excision of Left Hand Vein, Open Approach, Diagnostic
05BH0ZZ	Excision of Left Hand Vein, Open Approach
05BH3ZX	Excision of Left Hand Vein, Percutaneous Approach, Diagnostic
05BH3ZZ	Excision of Left Hand Vein, Percutaneous Approach
05BH4ZZ	Excision of Left Hand Vein, Percutaneous Endoscopic Approach
05BL0ZX	Excision of Intracranial Vein, Open Approach, Diagnostic
05BL3ZX	Excision of Intracranial Vein, Percutaneous Approach, Diagnostic
05BM0ZX	Excision of Right Internal Jugular Vein, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05BM3ZX	Excision of Right Internal Jugular Vein, Percutaneous Approach, Diagnostic
05BN0ZX	Excision of Left Internal Jugular Vein, Open Approach, Diagnostic
05BN3ZX	Excision of Left Internal Jugular Vein, Percutaneous Approach, Diagnostic
05BP0ZX	Excision of Right External Jugular Vein, Open Approach, Diagnostic
05BP3ZX	Excision of Right External Jugular Vein, Percutaneous Approach, Diagnostic
05BQ0ZX	Excision of Left External Jugular Vein, Open Approach, Diagnostic
05BQ3ZX	Excision of Left External Jugular Vein, Percutaneous Approach, Diagnostic
05BR0ZX	Excision of Right Vertebral Vein, Open Approach, Diagnostic
05BR3ZX	Excision of Right Vertebral Vein, Percutaneous Approach, Diagnostic
05BS0ZX	Excision of Left Vertebral Vein, Open Approach, Diagnostic
05BS3ZX	Excision of Left Vertebral Vein, Percutaneous Approach, Diagnostic
05BT0ZX	Excision of Right Face Vein, Open Approach, Diagnostic
05BT3ZX	Excision of Right Face Vein, Percutaneous Approach, Diagnostic
05BV0ZX	Excision of Left Face Vein, Open Approach, Diagnostic
05BV3ZX	Excision of Left Face Vein, Percutaneous Approach, Diagnostic
05BY0ZX	Excision of Upper Vein, Open Approach, Diagnostic
05BY0ZZ	Excision of Upper Vein, Open Approach
05BY3ZX	Excision of Upper Vein, Percutaneous Approach, Diagnostic
05BY3ZZ	Excision of Upper Vein, Percutaneous Approach
05BY4ZZ	Excision of Upper Vein, Percutaneous Endoscopic Approach
05CT4ZZ	Extirpation of Matter from Right Face Vein, Percutaneous Endoscopic Approach
05D90ZZ	Extraction of Right Brachial Vein, Open Approach
05D93ZZ	Extraction of Right Brachial Vein, Percutaneous Approach
05DA0ZZ	Extraction of Left Brachial Vein, Open Approach
05DA3ZZ	Extraction of Left Brachial Vein, Percutaneous Approach
05DB0ZZ	Extraction of Right Basilic Vein, Open Approach
05DB3ZZ	Extraction of Right Basilic Vein, Percutaneous Approach
05DC0ZZ	Extraction of Left Basilic Vein, Open Approach
05DC3ZZ	Extraction of Left Basilic Vein, Percutaneous Approach
05DD0ZZ	Extraction of Right Cephalic Vein, Open Approach
05DD3ZZ	Extraction of Right Cephalic Vein, Percutaneous Approach
05DF0ZZ	Extraction of Left Cephalic Vein, Open Approach
05DF3ZZ	Extraction of Left Cephalic Vein, Percutaneous Approach
05DG0ZZ	Extraction of Right Hand Vein, Open Approach
05DG3ZZ	Extraction of Right Hand Vein, Percutaneous Approach
05DH0ZZ	Extraction of Left Hand Vein, Open Approach
05DH3ZZ	Extraction of Left Hand Vein, Percutaneous Approach
05H003Z	Insertion of Infusion Device into Azygos Vein, Open Approach
05H00DZ	Insertion of Intraluminal Device into Azygos Vein, Open Approach
05H033Z	Insertion of Infusion Device into Azygos Vein, Percutaneous Approach
05H03DZ	Insertion of Intraluminal Device into Azygos Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05H103Z	Insertion of Infusion Device into Hemiazygos Vein, Open Approach
05H10DZ	Insertion of Intraluminal Device into Hemiazygos Vein, Open Approach
05H133Z	Insertion of Infusion Device into Hemiazygos Vein, Percutaneous Approach
05H13DZ	Insertion of Intraluminal Device into Hemiazygos Vein, Percutaneous Approach
05H303Z	Insertion of Infusion Device into Right Innominate Vein, Open Approach
05H30DZ	Insertion of Intraluminal Device into Right Innominate Vein, Open Approach
05H333Z	Insertion of Infusion Device into Right Innominate Vein, Percutaneous Approach
05H33DZ	Insertion of Intraluminal Device into Right Innominate Vein, Percutaneous Approach
05H403Z	Insertion of Infusion Device into Left Innominate Vein, Open Approach
05H40DZ	Insertion of Intraluminal Device into Left Innominate Vein, Open Approach
05H433Z	Insertion of Infusion Device into Left Innominate Vein, Percutaneous Approach
05H43DZ	Insertion of Intraluminal Device into Left Innominate Vein, Percutaneous Approach
05H503Z	Insertion of Infusion Device into Right Subclavian Vein, Open Approach
05H50DZ	Insertion of Intraluminal Device into Right Subclavian Vein, Open Approach
05H533Z	Insertion of Infusion Device into Right Subclavian Vein, Percutaneous Approach
05H53DZ	Insertion of Intraluminal Device into Right Subclavian Vein, Percutaneous Approach
05H603Z	Insertion of Infusion Device into Left Subclavian Vein, Open Approach
05H60DZ	Insertion of Intraluminal Device into Left Subclavian Vein, Open Approach
05H633Z	Insertion of Infusion Device into Left Subclavian Vein, Percutaneous Approach
05H63DZ	Insertion of Intraluminal Device into Left Subclavian Vein, Percutaneous Approach
05H703Z	Insertion of Infusion Device into Right Axillary Vein, Open Approach
05H70DZ	Insertion of Intraluminal Device into Right Axillary Vein, Open Approach
05H733Z	Insertion of Infusion Device into Right Axillary Vein, Percutaneous Approach
05H73DZ	Insertion of Intraluminal Device into Right Axillary Vein, Percutaneous Approach
05H803Z	Insertion of Infusion Device into Left Axillary Vein, Open Approach
05H80DZ	Insertion of Intraluminal Device into Left Axillary Vein, Open Approach
05H833Z	Insertion of Infusion Device into Left Axillary Vein, Percutaneous Approach
05H83DZ	Insertion of Intraluminal Device into Left Axillary Vein, Percutaneous Approach
05H903Z	Insertion of Infusion Device into Right Brachial Vein, Open Approach
05H90DZ	Insertion of Intraluminal Device into Right Brachial Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05H933Z	Insertion of Infusion Device into Right Brachial Vein, Percutaneous Approach
05H93DZ	Insertion of Intraluminal Device into Right Brachial Vein, Percutaneous Approach
05HA03Z	Insertion of Infusion Device into Left Brachial Vein, Open Approach
05HA0DZ	Insertion of Intraluminal Device into Left Brachial Vein, Open Approach
05HA33Z	Insertion of Infusion Device into Left Brachial Vein, Percutaneous Approach
05HA3DZ	Insertion of Intraluminal Device into Left Brachial Vein, Percutaneous Approach
05HB03Z	Insertion of Infusion Device into Right Basilic Vein, Open Approach
05HB0DZ	Insertion of Intraluminal Device into Right Basilic Vein, Open Approach
05HB33Z	Insertion of Infusion Device into Right Basilic Vein, Percutaneous Approach
05HB3DZ	Insertion of Intraluminal Device into Right Basilic Vein, Percutaneous Approach
05HC03Z	Insertion of Infusion Device into Left Basilic Vein, Open Approach
05HC0DZ	Insertion of Intraluminal Device into Left Basilic Vein, Open Approach
05HC33Z	Insertion of Infusion Device into Left Basilic Vein, Percutaneous Approach
05HC3DZ	Insertion of Intraluminal Device into Left Basilic Vein, Percutaneous Approach
05HD03Z	Insertion of Infusion Device into Right Cephalic Vein, Open Approach
05HD0DZ	Insertion of Intraluminal Device into Right Cephalic Vein, Open Approach
05HD33Z	Insertion of Infusion Device into Right Cephalic Vein, Percutaneous Approach
05HD3DZ	Insertion of Intraluminal Device into Right Cephalic Vein, Percutaneous Approach
05HF03Z	Insertion of Infusion Device into Left Cephalic Vein, Open Approach
05HF0DZ	Insertion of Intraluminal Device into Left Cephalic Vein, Open Approach
05HF33Z	Insertion of Infusion Device into Left Cephalic Vein, Percutaneous Approach
05HF3DZ	Insertion of Intraluminal Device into Left Cephalic Vein, Percutaneous Approach
05HG03Z	Insertion of Infusion Device into Right Hand Vein, Open Approach
05HG0DZ	Insertion of Intraluminal Device into Right Hand Vein, Open Approach
05HG33Z	Insertion of Infusion Device into Right Hand Vein, Percutaneous Approach
05HG3DZ	Insertion of Intraluminal Device into Right Hand Vein, Percutaneous Approach
05HH03Z	Insertion of Infusion Device into Left Hand Vein, Open Approach
05HH0DZ	Insertion of Intraluminal Device into Left Hand Vein, Open Approach
05HH33Z	Insertion of Infusion Device into Left Hand Vein, Percutaneous Approach
05HH3DZ	Insertion of Intraluminal Device into Left Hand Vein, Percutaneous Approach
05HL03Z	Insertion of Infusion Device into Intracranial Vein, Open Approach
05HL0DZ	Insertion of Intraluminal Device into Intracranial Vein, Open Approach
05HL33Z	Insertion of Infusion Device into Intracranial Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05HL3DZ	Insertion of Intraluminal Device into Intracranial Vein, Percutaneous Approach
05HM03Z	Insertion of Infusion Device into Right Internal Jugular Vein, Open Approach
05HM0DZ	Insertion of Intraluminal Device into Right Internal Jugular Vein, Open Approach
05HM33Z	Insertion of Infusion Device into Right Internal Jugular Vein, Percutaneous Approach
05HM3DZ	Insertion of Intraluminal Device into Right Internal Jugular Vein, Percutaneous Approach
05HN03Z	Insertion of Infusion Device into Left Internal Jugular Vein, Open Approach
05HN0DZ	Insertion of Intraluminal Device into Left Internal Jugular Vein, Open Approach
05HN33Z	Insertion of Infusion Device into Left Internal Jugular Vein, Percutaneous Approach
05HN3DZ	Insertion of Intraluminal Device into Left Internal Jugular Vein, Percutaneous Approach
05HP03Z	Insertion of Infusion Device into Right External Jugular Vein, Open Approach
05HP0DZ	Insertion of Intraluminal Device into Right External Jugular Vein, Open Approach
05HP33Z	Insertion of Infusion Device into Right External Jugular Vein, Percutaneous Approach
05HP3DZ	Insertion of Intraluminal Device into Right External Jugular Vein, Percutaneous Approach
05HQ03Z	Insertion of Infusion Device into Left External Jugular Vein, Open Approach
05HQ0DZ	Insertion of Intraluminal Device into Left External Jugular Vein, Open Approach
05HQ33Z	Insertion of Infusion Device into Left External Jugular Vein, Percutaneous Approach
05HQ3DZ	Insertion of Intraluminal Device into Left External Jugular Vein, Percutaneous Approach
05HR03Z	Insertion of Infusion Device into Right Vertebral Vein, Open Approach
05HR0DZ	Insertion of Intraluminal Device into Right Vertebral Vein, Open Approach
05HR33Z	Insertion of Infusion Device into Right Vertebral Vein, Percutaneous Approach
05HR3DZ	Insertion of Intraluminal Device into Right Vertebral Vein, Percutaneous Approach
05HS03Z	Insertion of Infusion Device into Left Vertebral Vein, Open Approach
05HS0DZ	Insertion of Intraluminal Device into Left Vertebral Vein, Open Approach
05HS33Z	Insertion of Infusion Device into Left Vertebral Vein, Percutaneous Approach
05HS3DZ	Insertion of Intraluminal Device into Left Vertebral Vein, Percutaneous Approach
05HT03Z	Insertion of Infusion Device into Right Face Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
05HT0DZ	Insertion of Intraluminal Device into Right Face Vein, Open Approach
05HT33Z	Insertion of Infusion Device into Right Face Vein, Percutaneous Approach
05HT3DZ	Insertion of Intraluminal Device into Right Face Vein, Percutaneous Approach
05HV03Z	Insertion of Infusion Device into Left Face Vein, Open Approach
05HV0DZ	Insertion of Intraluminal Device into Left Face Vein, Open Approach
05HV33Z	Insertion of Infusion Device into Left Face Vein, Percutaneous Approach
05HV3DZ	Insertion of Intraluminal Device into Left Face Vein, Percutaneous Approach
05HY03Z	Insertion of Infusion Device into Upper Vein, Open Approach
05HY0DZ	Insertion of Intraluminal Device into Upper Vein, Open Approach
05HY33Z	Insertion of Infusion Device into Upper Vein, Percutaneous Approach
05HY3DZ	Insertion of Intraluminal Device into Upper Vein, Percutaneous Approach
05JY0ZZ	Inspection of Upper Vein, Open Approach
05JY3ZZ	Inspection of Upper Vein, Percutaneous Approach
05JY4ZZ	Inspection of Upper Vein, Percutaneous Endoscopic Approach
05L70CZ	Occlusion of Right Axillary Vein with Extraluminal Device, Open Approach
05L70DZ	Occlusion of Right Axillary Vein with Intraluminal Device, Open Approach
05L70ZZ	Occlusion of Right Axillary Vein, Open Approach
05L73CZ	Occlusion of Right Axillary Vein with Extraluminal Device, Percutaneous Approach
05L73DZ	Occlusion of Right Axillary Vein with Intraluminal Device, Percutaneous Approach
05L73ZZ	Occlusion of Right Axillary Vein, Percutaneous Approach
05L80CZ	Occlusion of Left Axillary Vein with Extraluminal Device, Open Approach
05L80DZ	Occlusion of Left Axillary Vein with Intraluminal Device, Open Approach
05L80ZZ	Occlusion of Left Axillary Vein, Open Approach
05L83CZ	Occlusion of Left Axillary Vein with Extraluminal Device, Percutaneous Approach
05L83DZ	Occlusion of Left Axillary Vein with Intraluminal Device, Percutaneous Approach
05L83ZZ	Occlusion of Left Axillary Vein, Percutaneous Approach
05L90CZ	Occlusion of Right Brachial Vein with Extraluminal Device, Open Approach
05L90DZ	Occlusion of Right Brachial Vein with Intraluminal Device, Open Approach
05L90ZZ	Occlusion of Right Brachial Vein, Open Approach
05L93CZ	Occlusion of Right Brachial Vein with Extraluminal Device, Percutaneous Approach
05L93DZ	Occlusion of Right Brachial Vein with Intraluminal Device, Percutaneous Approach
05L93ZZ	Occlusion of Right Brachial Vein, Percutaneous Approach
05LA0CZ	Occlusion of Left Brachial Vein with Extraluminal Device, Open Approach
05LA0DZ	Occlusion of Left Brachial Vein with Intraluminal Device, Open Approach
05LA0ZZ	Occlusion of Left Brachial Vein, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05LA3CZ	Occlusion of Left Brachial Vein with Extraluminal Device, Percutaneous Approach
05LA3DZ	Occlusion of Left Brachial Vein with Intraluminal Device, Percutaneous Approach
05LA3ZZ	Occlusion of Left Brachial Vein, Percutaneous Approach
05LB0CZ	Occlusion of Right Basilic Vein with Extraluminal Device, Open Approach
05LB0DZ	Occlusion of Right Basilic Vein with Intraluminal Device, Open Approach
05LB0ZZ	Occlusion of Right Basilic Vein, Open Approach
05LB3CZ	Occlusion of Right Basilic Vein with Extraluminal Device, Percutaneous Approach
05LB3DZ	Occlusion of Right Basilic Vein with Intraluminal Device, Percutaneous Approach
05LB3ZZ	Occlusion of Right Basilic Vein, Percutaneous Approach
05LC0CZ	Occlusion of Left Basilic Vein with Extraluminal Device, Open Approach
05LC0DZ	Occlusion of Left Basilic Vein with Intraluminal Device, Open Approach
05LC0ZZ	Occlusion of Left Basilic Vein, Open Approach
05LC3CZ	Occlusion of Left Basilic Vein with Extraluminal Device, Percutaneous Approach
05LC3DZ	Occlusion of Left Basilic Vein with Intraluminal Device, Percutaneous Approach
05LC3ZZ	Occlusion of Left Basilic Vein, Percutaneous Approach
05LD0CZ	Occlusion of Right Cephalic Vein with Extraluminal Device, Open Approach
05LD0DZ	Occlusion of Right Cephalic Vein with Intraluminal Device, Open Approach
05LD0ZZ	Occlusion of Right Cephalic Vein, Open Approach
05LD3CZ	Occlusion of Right Cephalic Vein with Extraluminal Device, Percutaneous Approach
05LD3DZ	Occlusion of Right Cephalic Vein with Intraluminal Device, Percutaneous Approach
05LD3ZZ	Occlusion of Right Cephalic Vein, Percutaneous Approach
05LF0CZ	Occlusion of Left Cephalic Vein with Extraluminal Device, Open Approach
05LF0DZ	Occlusion of Left Cephalic Vein with Intraluminal Device, Open Approach
05LF0ZZ	Occlusion of Left Cephalic Vein, Open Approach
05LF3CZ	Occlusion of Left Cephalic Vein with Extraluminal Device, Percutaneous Approach
05LF3DZ	Occlusion of Left Cephalic Vein with Intraluminal Device, Percutaneous Approach
05LF3ZZ	Occlusion of Left Cephalic Vein, Percutaneous Approach
05LG0CZ	Occlusion of Right Hand Vein with Extraluminal Device, Open Approach
05LG0DZ	Occlusion of Right Hand Vein with Intraluminal Device, Open Approach
05LG0ZZ	Occlusion of Right Hand Vein, Open Approach
05LG3CZ	Occlusion of Right Hand Vein with Extraluminal Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05LG3DZ	Occlusion of Right Hand Vein with Intraluminal Device, Percutaneous Approach
05LG3ZZ	Occlusion of Right Hand Vein, Percutaneous Approach
05LH0CZ	Occlusion of Left Hand Vein with Extraluminal Device, Open Approach
05LH0DZ	Occlusion of Left Hand Vein with Intraluminal Device, Open Approach
05LH0ZZ	Occlusion of Left Hand Vein, Open Approach
05LH3CZ	Occlusion of Left Hand Vein with Extraluminal Device, Percutaneous Approach
05LH3DZ	Occlusion of Left Hand Vein with Intraluminal Device, Percutaneous Approach
05LH3ZZ	Occlusion of Left Hand Vein, Percutaneous Approach
05LM0CZ	Occlusion of Right Internal Jugular Vein with Extraluminal Device, Open Approach
05LM0DZ	Occlusion of Right Internal Jugular Vein with Intraluminal Device, Open Approach
05LM0ZZ	Occlusion of Right Internal Jugular Vein, Open Approach
05LM3CZ	Occlusion of Right Internal Jugular Vein with Extraluminal Device, Percutaneous Approach
05LM3DZ	Occlusion of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Approach
05LM3ZZ	Occlusion of Right Internal Jugular Vein, Percutaneous Approach
05LN0CZ	Occlusion of Left Internal Jugular Vein with Extraluminal Device, Open Approach
05LN0DZ	Occlusion of Left Internal Jugular Vein with Intraluminal Device, Open Approach
05LN0ZZ	Occlusion of Left Internal Jugular Vein, Open Approach
05LN3CZ	Occlusion of Left Internal Jugular Vein with Extraluminal Device, Percutaneous Approach
05LN3DZ	Occlusion of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Approach
05LN3ZZ	Occlusion of Left Internal Jugular Vein, Percutaneous Approach
05LP0CZ	Occlusion of Right External Jugular Vein with Extraluminal Device, Open Approach
05LP0DZ	Occlusion of Right External Jugular Vein with Intraluminal Device, Open Approach
05LP0ZZ	Occlusion of Right External Jugular Vein, Open Approach
05LP3CZ	Occlusion of Right External Jugular Vein with Extraluminal Device, Percutaneous Approach
05LP3DZ	Occlusion of Right External Jugular Vein with Intraluminal Device, Percutaneous Approach
05LP3ZZ	Occlusion of Right External Jugular Vein, Percutaneous Approach
05LQ0CZ	Occlusion of Left External Jugular Vein with Extraluminal Device, Open Approach
05LQ0DZ	Occlusion of Left External Jugular Vein with Intraluminal Device, Open Approach
05LQ0ZZ	Occlusion of Left External Jugular Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05LQ3CZ	Occlusion of Left External Jugular Vein with Extraluminal Device, Percutaneous Approach
05LQ3DZ	Occlusion of Left External Jugular Vein with Intraluminal Device, Percutaneous Approach
05LQ3ZZ	Occlusion of Left External Jugular Vein, Percutaneous Approach
05LR0CZ	Occlusion of Right Vertebral Vein with Extraluminal Device, Open Approach
05LR0DZ	Occlusion of Right Vertebral Vein with Intraluminal Device, Open Approach
05LR0ZZ	Occlusion of Right Vertebral Vein, Open Approach
05LR3CZ	Occlusion of Right Vertebral Vein with Extraluminal Device, Percutaneous Approach
05LR3DZ	Occlusion of Right Vertebral Vein with Intraluminal Device, Percutaneous Approach
05LR3ZZ	Occlusion of Right Vertebral Vein, Percutaneous Approach
05LS0CZ	Occlusion of Left Vertebral Vein with Extraluminal Device, Open Approach
05LS0DZ	Occlusion of Left Vertebral Vein with Intraluminal Device, Open Approach
05LS0ZZ	Occlusion of Left Vertebral Vein, Open Approach
05LS3CZ	Occlusion of Left Vertebral Vein with Extraluminal Device, Percutaneous Approach
05LS3DZ	Occlusion of Left Vertebral Vein with Intraluminal Device, Percutaneous Approach
05LS3ZZ	Occlusion of Left Vertebral Vein, Percutaneous Approach
05LT0CZ	Occlusion of Right Face Vein with Extraluminal Device, Open Approach
05LT0DZ	Occlusion of Right Face Vein with Intraluminal Device, Open Approach
05LT0ZZ	Occlusion of Right Face Vein, Open Approach
05LT3CZ	Occlusion of Right Face Vein with Extraluminal Device, Percutaneous Approach
05LT3DZ	Occlusion of Right Face Vein with Intraluminal Device, Percutaneous Approach
05LT3ZZ	Occlusion of Right Face Vein, Percutaneous Approach
05LV0CZ	Occlusion of Left Face Vein with Extraluminal Device, Open Approach
05LV0DZ	Occlusion of Left Face Vein with Intraluminal Device, Open Approach
05LV0ZZ	Occlusion of Left Face Vein, Open Approach
05LV3CZ	Occlusion of Left Face Vein with Extraluminal Device, Percutaneous Approach
05LV3DZ	Occlusion of Left Face Vein with Intraluminal Device, Percutaneous Approach
05LV3ZZ	Occlusion of Left Face Vein, Percutaneous Approach
05LY3CZ	Occlusion of Upper Vein with Extraluminal Device, Percutaneous Approach
05LY3DZ	Occlusion of Upper Vein with Intraluminal Device, Percutaneous Approach
05LY3ZZ	Occlusion of Upper Vein, Percutaneous Approach
05N00ZZ	Release Azygos Vein, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05N10ZZ	Release Hemiazygos Vein, Open Approach
05N30ZZ	Release Right Innominate Vein, Open Approach
05N40ZZ	Release Left Innominate Vein, Open Approach
05N50ZZ	Release Right Subclavian Vein, Open Approach
05N60ZZ	Release Left Subclavian Vein, Open Approach
05N70ZZ	Release Right Axillary Vein, Open Approach
05N80ZZ	Release Left Axillary Vein, Open Approach
05N90ZZ	Release Right Brachial Vein, Open Approach
05NA0ZZ	Release Left Brachial Vein, Open Approach
05NB0ZZ	Release Right Basilic Vein, Open Approach
05NC0ZZ	Release Left Basilic Vein, Open Approach
05ND0ZZ	Release Right Cephalic Vein, Open Approach
05NF0ZZ	Release Left Cephalic Vein, Open Approach
05NG0ZZ	Release Right Hand Vein, Open Approach
05NH0ZZ	Release Left Hand Vein, Open Approach
05NL0ZZ	Release Intracranial Vein, Open Approach
05NM0ZZ	Release Right Internal Jugular Vein, Open Approach
05NN0ZZ	Release Left Internal Jugular Vein, Open Approach
05NP0ZZ	Release Right External Jugular Vein, Open Approach
05NQ0ZZ	Release Left External Jugular Vein, Open Approach
05NR0ZZ	Release Right Vertebral Vein, Open Approach
05NS0ZZ	Release Left Vertebral Vein, Open Approach
05NT0ZZ	Release Right Face Vein, Open Approach
05NV0ZZ	Release Left Face Vein, Open Approach
05NY0ZZ	Release Upper Vein, Open Approach
05Q00ZZ	Repair Azygos Vein, Open Approach
05Q10ZZ	Repair Hemiazygos Vein, Open Approach
05Q30ZZ	Repair Right Innominate Vein, Open Approach
05Q40ZZ	Repair Left Innominate Vein, Open Approach
05Q50ZZ	Repair Right Subclavian Vein, Open Approach
05Q60ZZ	Repair Left Subclavian Vein, Open Approach
05Q70ZZ	Repair Right Axillary Vein, Open Approach
05Q80ZZ	Repair Left Axillary Vein, Open Approach
05Q90ZZ	Repair Right Brachial Vein, Open Approach
05QA0ZZ	Repair Left Brachial Vein, Open Approach
05QB0ZZ	Repair Right Basilic Vein, Open Approach
05QC0ZZ	Repair Left Basilic Vein, Open Approach
05QD0ZZ	Repair Right Cephalic Vein, Open Approach
05QF0ZZ	Repair Left Cephalic Vein, Open Approach
05QG0ZZ	Repair Right Hand Vein, Open Approach
05QH0ZZ	Repair Left Hand Vein, Open Approach
05QL0ZZ	Repair Intracranial Vein, Open Approach
05QM0ZZ	Repair Right Internal Jugular Vein, Open Approach
05QN0ZZ	Repair Left Internal Jugular Vein, Open Approach
05QP0ZZ	Repair Right External Jugular Vein, Open Approach
05QQ0ZZ	Repair Left External Jugular Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
05QR0ZZ	Repair Right Vertebral Vein, Open Approach
05QS0ZZ	Repair Left Vertebral Vein, Open Approach
05QT0ZZ	Repair Right Face Vein, Open Approach
05QV0ZZ	Repair Left Face Vein, Open Approach
05QY0ZZ	Repair Upper Vein, Open Approach
06700DZ	Dilation of Inferior Vena Cava with Intraluminal Device, Open Approach
06700ZZ	Dilation of Inferior Vena Cava, Open Approach
06703DZ	Dilation of Inferior Vena Cava with Intraluminal Device, Percutaneous Approach
06703ZZ	Dilation of Inferior Vena Cava, Percutaneous Approach
06710DZ	Dilation of Splenic Vein with Intraluminal Device, Open Approach
06710ZZ	Dilation of Splenic Vein, Open Approach
06713DZ	Dilation of Splenic Vein with Intraluminal Device, Percutaneous Approach
06713ZZ	Dilation of Splenic Vein, Percutaneous Approach
06720DZ	Dilation of Gastric Vein with Intraluminal Device, Open Approach
06720ZZ	Dilation of Gastric Vein, Open Approach
06723DZ	Dilation of Gastric Vein with Intraluminal Device, Percutaneous Approach
06723ZZ	Dilation of Gastric Vein, Percutaneous Approach
06730DZ	Dilation of Esophageal Vein with Intraluminal Device, Open Approach
06730ZZ	Dilation of Esophageal Vein, Open Approach
06733DZ	Dilation of Esophageal Vein with Intraluminal Device, Percutaneous Approach
06733ZZ	Dilation of Esophageal Vein, Percutaneous Approach
06740DZ	Dilation of Hepatic Vein with Intraluminal Device, Open Approach
06740ZZ	Dilation of Hepatic Vein, Open Approach
06743DZ	Dilation of Hepatic Vein with Intraluminal Device, Percutaneous Approach
06743ZZ	Dilation of Hepatic Vein, Percutaneous Approach
06750DZ	Dilation of Superior Mesenteric Vein with Intraluminal Device, Open Approach
06750ZZ	Dilation of Superior Mesenteric Vein, Open Approach
06753DZ	Dilation of Superior Mesenteric Vein with Intraluminal Device, Percutaneous Approach
06753ZZ	Dilation of Superior Mesenteric Vein, Percutaneous Approach
06760DZ	Dilation of Inferior Mesenteric Vein with Intraluminal Device, Open Approach
06760ZZ	Dilation of Inferior Mesenteric Vein, Open Approach
06763DZ	Dilation of Inferior Mesenteric Vein with Intraluminal Device, Percutaneous Approach
06763ZZ	Dilation of Inferior Mesenteric Vein, Percutaneous Approach
06770DZ	Dilation of Colic Vein with Intraluminal Device, Open Approach
06770ZZ	Dilation of Colic Vein, Open Approach
06773DZ	Dilation of Colic Vein with Intraluminal Device, Percutaneous Approach
06773ZZ	Dilation of Colic Vein, Percutaneous Approach
06780DZ	Dilation of Portal Vein with Intraluminal Device, Open Approach
06780ZZ	Dilation of Portal Vein, Open Approach
06783DZ	Dilation of Portal Vein with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
06783ZZ	Dilation of Portal Vein, Percutaneous Approach
06790DZ	Dilation of Right Renal Vein with Intraluminal Device, Open Approach
06790ZZ	Dilation of Right Renal Vein, Open Approach
06793DZ	Dilation of Right Renal Vein with Intraluminal Device, Percutaneous Approach
06793ZZ	Dilation of Right Renal Vein, Percutaneous Approach
067B0DZ	Dilation of Left Renal Vein with Intraluminal Device, Open Approach
067B0ZZ	Dilation of Left Renal Vein, Open Approach
067B3DZ	Dilation of Left Renal Vein with Intraluminal Device, Percutaneous Approach
067B3ZZ	Dilation of Left Renal Vein, Percutaneous Approach
067C0DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Open Approach
067C0ZZ	Dilation of Right Common Iliac Vein, Open Approach
067C3DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067C3ZZ	Dilation of Right Common Iliac Vein, Percutaneous Approach
067D0DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Open Approach
067D0ZZ	Dilation of Left Common Iliac Vein, Open Approach
067D3DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067D3ZZ	Dilation of Left Common Iliac Vein, Percutaneous Approach
067F0DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Open Approach
067F0ZZ	Dilation of Right External Iliac Vein, Open Approach
067F3DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach
067F3ZZ	Dilation of Right External Iliac Vein, Percutaneous Approach
067G0DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Open Approach
067G0ZZ	Dilation of Left External Iliac Vein, Open Approach
067G3DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach
067G3ZZ	Dilation of Left External Iliac Vein, Percutaneous Approach
067H0DZ	Dilation of Right Hypogastric Vein with Intraluminal Device, Open Approach
067H0ZZ	Dilation of Right Hypogastric Vein, Open Approach
067H3DZ	Dilation of Right Hypogastric Vein with Intraluminal Device, Percutaneous Approach
067H3ZZ	Dilation of Right Hypogastric Vein, Percutaneous Approach
067J0DZ	Dilation of Left Hypogastric Vein with Intraluminal Device, Open Approach
067J0ZZ	Dilation of Left Hypogastric Vein, Open Approach
067J3DZ	Dilation of Left Hypogastric Vein with Intraluminal Device, Percutaneous Approach
067J3ZZ	Dilation of Left Hypogastric Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
067M0DZ	Dilation of Right Femoral Vein with Intraluminal Device, Open Approach
067M0ZZ	Dilation of Right Femoral Vein, Open Approach
067M3DZ	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach
067M3ZZ	Dilation of Right Femoral Vein, Percutaneous Approach
067N0DZ	Dilation of Left Femoral Vein with Intraluminal Device, Open Approach
067N0ZZ	Dilation of Left Femoral Vein, Open Approach
067N3DZ	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach
067N3ZZ	Dilation of Left Femoral Vein, Percutaneous Approach
067P0DZ	Dilation of Right Greater Saphenous Vein with Intraluminal Device, Open Approach
067P0ZZ	Dilation of Right Greater Saphenous Vein, Open Approach
067P3DZ	Dilation of Right Greater Saphenous Vein with Intraluminal Device, Percutaneous Approach
067P3ZZ	Dilation of Right Greater Saphenous Vein, Percutaneous Approach
067Q0DZ	Dilation of Left Greater Saphenous Vein with Intraluminal Device, Open Approach
067Q0ZZ	Dilation of Left Greater Saphenous Vein, Open Approach
067Q3DZ	Dilation of Left Greater Saphenous Vein with Intraluminal Device, Percutaneous Approach
067Q3ZZ	Dilation of Left Greater Saphenous Vein, Percutaneous Approach
067T0DZ	Dilation of Right Foot Vein with Intraluminal Device, Open Approach
067T0ZZ	Dilation of Right Foot Vein, Open Approach
067T3DZ	Dilation of Right Foot Vein with Intraluminal Device, Percutaneous Approach
067T3ZZ	Dilation of Right Foot Vein, Percutaneous Approach
067V0DZ	Dilation of Left Foot Vein with Intraluminal Device, Open Approach
067V0ZZ	Dilation of Left Foot Vein, Open Approach
067V3DZ	Dilation of Left Foot Vein with Intraluminal Device, Percutaneous Approach
067V3ZZ	Dilation of Left Foot Vein, Percutaneous Approach
067Y0DZ	Dilation of Lower Vein with Intraluminal Device, Open Approach
067Y0ZZ	Dilation of Lower Vein, Open Approach
067Y3DZ	Dilation of Lower Vein with Intraluminal Device, Percutaneous Approach
067Y3ZZ	Dilation of Lower Vein, Percutaneous Approach
06900ZX	Drainage of Inferior Vena Cava, Open Approach, Diagnostic
069030Z	Drainage of Inferior Vena Cava with Drainage Device, Percutaneous Approach
06903ZX	Drainage of Inferior Vena Cava, Percutaneous Approach, Diagnostic
06903ZZ	Drainage of Inferior Vena Cava, Percutaneous Approach
06910ZX	Drainage of Splenic Vein, Open Approach, Diagnostic
069130Z	Drainage of Splenic Vein with Drainage Device, Percutaneous Approach
06913ZX	Drainage of Splenic Vein, Percutaneous Approach, Diagnostic
06913ZZ	Drainage of Splenic Vein, Percutaneous Approach
06920ZX	Drainage of Gastric Vein, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
069230Z	Drainage of Gastric Vein with Drainage Device, Percutaneous Approach
06923ZX	Drainage of Gastric Vein, Percutaneous Approach, Diagnostic
06923ZZ	Drainage of Gastric Vein, Percutaneous Approach
06933ZX	Drainage of Esophageal Vein, Percutaneous Approach, Diagnostic
06940ZX	Drainage of Hepatic Vein, Open Approach, Diagnostic
06940ZZ	Drainage of Hepatic Vein, Open Approach
069430Z	Drainage of Hepatic Vein with Drainage Device, Percutaneous Approach
06943ZX	Drainage of Hepatic Vein, Percutaneous Approach, Diagnostic
06943ZZ	Drainage of Hepatic Vein, Percutaneous Approach
06950ZX	Drainage of Superior Mesenteric Vein, Open Approach, Diagnostic
069530Z	Drainage of Superior Mesenteric Vein with Drainage Device, Percutaneous Approach
06953ZX	Drainage of Superior Mesenteric Vein, Percutaneous Approach, Diagnostic
06953ZZ	Drainage of Superior Mesenteric Vein, Percutaneous Approach
06960ZX	Drainage of Inferior Mesenteric Vein, Open Approach, Diagnostic
069630Z	Drainage of Inferior Mesenteric Vein with Drainage Device, Percutaneous Approach
06963ZX	Drainage of Inferior Mesenteric Vein, Percutaneous Approach, Diagnostic
06963ZZ	Drainage of Inferior Mesenteric Vein, Percutaneous Approach
06970ZX	Drainage of Colic Vein, Open Approach, Diagnostic
069730Z	Drainage of Colic Vein with Drainage Device, Percutaneous Approach
06973ZX	Drainage of Colic Vein, Percutaneous Approach, Diagnostic
06973ZZ	Drainage of Colic Vein, Percutaneous Approach
06980ZX	Drainage of Portal Vein, Open Approach, Diagnostic
069830Z	Drainage of Portal Vein with Drainage Device, Percutaneous Approach
06983ZX	Drainage of Portal Vein, Percutaneous Approach, Diagnostic
06983ZZ	Drainage of Portal Vein, Percutaneous Approach
06990ZX	Drainage of Right Renal Vein, Open Approach, Diagnostic
069930Z	Drainage of Right Renal Vein with Drainage Device, Percutaneous Approach
06993ZX	Drainage of Right Renal Vein, Percutaneous Approach, Diagnostic
06993ZZ	Drainage of Right Renal Vein, Percutaneous Approach
069B0ZX	Drainage of Left Renal Vein, Open Approach, Diagnostic
069B30Z	Drainage of Left Renal Vein with Drainage Device, Percutaneous Approach
069B3ZX	Drainage of Left Renal Vein, Percutaneous Approach, Diagnostic
069B3ZZ	Drainage of Left Renal Vein, Percutaneous Approach
069C0ZX	Drainage of Right Common Iliac Vein, Open Approach, Diagnostic
069C30Z	Drainage of Right Common Iliac Vein with Drainage Device, Percutaneous Approach
069C3ZX	Drainage of Right Common Iliac Vein, Percutaneous Approach, Diagnostic
069C3ZZ	Drainage of Right Common Iliac Vein, Percutaneous Approach
069D0ZX	Drainage of Left Common Iliac Vein, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
069D30Z	Drainage of Left Common Iliac Vein with Drainage Device, Percutaneous Approach
069D3ZX	Drainage of Left Common Iliac Vein, Percutaneous Approach, Diagnostic
069D3ZZ	Drainage of Left Common Iliac Vein, Percutaneous Approach
069F0ZX	Drainage of Right External Iliac Vein, Open Approach, Diagnostic
069F30Z	Drainage of Right External Iliac Vein with Drainage Device, Percutaneous Approach
069F3ZX	Drainage of Right External Iliac Vein, Percutaneous Approach, Diagnostic
069F3ZZ	Drainage of Right External Iliac Vein, Percutaneous Approach
069G0ZX	Drainage of Left External Iliac Vein, Open Approach, Diagnostic
069G30Z	Drainage of Left External Iliac Vein with Drainage Device, Percutaneous Approach
069G3ZX	Drainage of Left External Iliac Vein, Percutaneous Approach, Diagnostic
069G3ZZ	Drainage of Left External Iliac Vein, Percutaneous Approach
069H0ZX	Drainage of Right Hypogastric Vein, Open Approach, Diagnostic
069H30Z	Drainage of Right Hypogastric Vein with Drainage Device, Percutaneous Approach
069H3ZX	Drainage of Right Hypogastric Vein, Percutaneous Approach, Diagnostic
069H3ZZ	Drainage of Right Hypogastric Vein, Percutaneous Approach
069J0ZX	Drainage of Left Hypogastric Vein, Open Approach, Diagnostic
069J30Z	Drainage of Left Hypogastric Vein with Drainage Device, Percutaneous Approach
069J3ZX	Drainage of Left Hypogastric Vein, Percutaneous Approach, Diagnostic
069J3ZZ	Drainage of Left Hypogastric Vein, Percutaneous Approach
069M0ZX	Drainage of Right Femoral Vein, Open Approach, Diagnostic
069M30Z	Drainage of Right Femoral Vein with Drainage Device, Percutaneous Approach
069M3ZX	Drainage of Right Femoral Vein, Percutaneous Approach, Diagnostic
069M3ZZ	Drainage of Right Femoral Vein, Percutaneous Approach
069N0ZX	Drainage of Left Femoral Vein, Open Approach, Diagnostic
069N30Z	Drainage of Left Femoral Vein with Drainage Device, Percutaneous Approach
069N3ZX	Drainage of Left Femoral Vein, Percutaneous Approach, Diagnostic
069N3ZZ	Drainage of Left Femoral Vein, Percutaneous Approach
069P0ZX	Drainage of Right Greater Saphenous Vein, Open Approach, Diagnostic
069P30Z	Drainage of Right Greater Saphenous Vein with Drainage Device, Percutaneous Approach
069P3ZX	Drainage of Right Greater Saphenous Vein, Percutaneous Approach, Diagnostic
069P3ZZ	Drainage of Right Greater Saphenous Vein, Percutaneous Approach
069Q0ZX	Drainage of Left Greater Saphenous Vein, Open Approach, Diagnostic
069Q30Z	Drainage of Left Greater Saphenous Vein with Drainage Device, Percutaneous Approach
069Q3ZX	Drainage of Left Greater Saphenous Vein, Percutaneous Approach, Diagnostic
069Q3ZZ	Drainage of Left Greater Saphenous Vein, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
069T0ZX	Drainage of Right Foot Vein, Open Approach, Diagnostic
069T30Z	Drainage of Right Foot Vein with Drainage Device, Percutaneous Approach
069T3ZX	Drainage of Right Foot Vein, Percutaneous Approach, Diagnostic
069T3ZZ	Drainage of Right Foot Vein, Percutaneous Approach
069V0ZX	Drainage of Left Foot Vein, Open Approach, Diagnostic
069V30Z	Drainage of Left Foot Vein with Drainage Device, Percutaneous Approach
069V3ZX	Drainage of Left Foot Vein, Percutaneous Approach, Diagnostic
069V3ZZ	Drainage of Left Foot Vein, Percutaneous Approach
069Y0ZX	Drainage of Lower Vein, Open Approach, Diagnostic
069Y30Z	Drainage of Lower Vein with Drainage Device, Percutaneous Approach
069Y3ZX	Drainage of Lower Vein, Percutaneous Approach, Diagnostic
069Y3ZZ	Drainage of Lower Vein, Percutaneous Approach
06B00ZX	Excision of Inferior Vena Cava, Open Approach, Diagnostic
06B03ZX	Excision of Inferior Vena Cava, Percutaneous Approach, Diagnostic
06B10ZX	Excision of Splenic Vein, Open Approach, Diagnostic
06B13ZX	Excision of Splenic Vein, Percutaneous Approach, Diagnostic
06B20ZX	Excision of Gastric Vein, Open Approach, Diagnostic
06B23ZX	Excision of Gastric Vein, Percutaneous Approach, Diagnostic
06B30ZX	Excision of Esophageal Vein, Open Approach, Diagnostic
06B33ZX	Excision of Esophageal Vein, Percutaneous Approach, Diagnostic
06B40ZX	Excision of Hepatic Vein, Open Approach, Diagnostic
06B43ZX	Excision of Hepatic Vein, Percutaneous Approach, Diagnostic
06B50ZX	Excision of Superior Mesenteric Vein, Open Approach, Diagnostic
06B53ZX	Excision of Superior Mesenteric Vein, Percutaneous Approach, Diagnostic
06B60ZX	Excision of Inferior Mesenteric Vein, Open Approach, Diagnostic
06B63ZX	Excision of Inferior Mesenteric Vein, Percutaneous Approach, Diagnostic
06B70ZX	Excision of Colic Vein, Open Approach, Diagnostic
06B73ZX	Excision of Colic Vein, Percutaneous Approach, Diagnostic
06B80ZX	Excision of Portal Vein, Open Approach, Diagnostic
06B83ZX	Excision of Portal Vein, Percutaneous Approach, Diagnostic
06B90ZX	Excision of Right Renal Vein, Open Approach, Diagnostic
06B93ZX	Excision of Right Renal Vein, Percutaneous Approach, Diagnostic
06BB0ZX	Excision of Left Renal Vein, Open Approach, Diagnostic
06BB3ZX	Excision of Left Renal Vein, Percutaneous Approach, Diagnostic
06BC0ZX	Excision of Right Common Iliac Vein, Open Approach, Diagnostic
06BC3ZX	Excision of Right Common Iliac Vein, Percutaneous Approach, Diagnostic
06BD0ZX	Excision of Left Common Iliac Vein, Open Approach, Diagnostic
06BD3ZX	Excision of Left Common Iliac Vein, Percutaneous Approach, Diagnostic
06BF0ZX	Excision of Right External Iliac Vein, Open Approach, Diagnostic
06BF3ZX	Excision of Right External Iliac Vein, Percutaneous Approach, Diagnostic
06BG0ZX	Excision of Left External Iliac Vein, Open Approach, Diagnostic
06BG3ZX	Excision of Left External Iliac Vein, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
06BH0ZX	Excision of Right Hypogastric Vein, Open Approach, Diagnostic
06BH3ZX	Excision of Right Hypogastric Vein, Percutaneous Approach, Diagnostic
06BJ0ZX	Excision of Left Hypogastric Vein, Open Approach, Diagnostic
06BJ3ZX	Excision of Left Hypogastric Vein, Percutaneous Approach, Diagnostic
06BM0ZX	Excision of Right Femoral Vein, Open Approach, Diagnostic
06BM0ZZ	Excision of Right Femoral Vein, Open Approach
06BM3ZX	Excision of Right Femoral Vein, Percutaneous Approach, Diagnostic
06BM3ZZ	Excision of Right Femoral Vein, Percutaneous Approach
06BM4ZZ	Excision of Right Femoral Vein, Percutaneous Endoscopic Approach
06BN0ZX	Excision of Left Femoral Vein, Open Approach, Diagnostic
06BN0ZZ	Excision of Left Femoral Vein, Open Approach
06BN3ZX	Excision of Left Femoral Vein, Percutaneous Approach, Diagnostic
06BN3ZZ	Excision of Left Femoral Vein, Percutaneous Approach
06BN4ZZ	Excision of Left Femoral Vein, Percutaneous Endoscopic Approach
06BP0ZX	Excision of Right Greater Saphenous Vein, Open Approach, Diagnostic
06BP0ZZ	Excision of Right Greater Saphenous Vein, Open Approach
06BP3ZX	Excision of Right Greater Saphenous Vein, Percutaneous Approach, Diagnostic
06BP3ZZ	Excision of Right Greater Saphenous Vein, Percutaneous Approach
06BP4ZZ	Excision of Right Greater Saphenous Vein, Percutaneous Endoscopic Approach
06BQ0ZX	Excision of Left Greater Saphenous Vein, Open Approach, Diagnostic
06BQ0ZZ	Excision of Left Greater Saphenous Vein, Open Approach
06BQ3ZX	Excision of Left Greater Saphenous Vein, Percutaneous Approach, Diagnostic
06BQ3ZZ	Excision of Left Greater Saphenous Vein, Percutaneous Approach
06BQ4ZZ	Excision of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
06BT0ZX	Excision of Right Foot Vein, Open Approach, Diagnostic
06BT0ZZ	Excision of Right Foot Vein, Open Approach
06BT3ZX	Excision of Right Foot Vein, Percutaneous Approach, Diagnostic
06BT3ZZ	Excision of Right Foot Vein, Percutaneous Approach
06BT4ZZ	Excision of Right Foot Vein, Percutaneous Endoscopic Approach
06BV0ZX	Excision of Left Foot Vein, Open Approach, Diagnostic
06BV0ZZ	Excision of Left Foot Vein, Open Approach
06BV3ZX	Excision of Left Foot Vein, Percutaneous Approach, Diagnostic
06BV3ZZ	Excision of Left Foot Vein, Percutaneous Approach
06BV4ZZ	Excision of Left Foot Vein, Percutaneous Endoscopic Approach
06BY0ZX	Excision of Lower Vein, Open Approach, Diagnostic
06BY0ZZ	Excision of Lower Vein, Open Approach
06BY3ZX	Excision of Lower Vein, Percutaneous Approach, Diagnostic
06BY3ZZ	Excision of Lower Vein, Percutaneous Approach
06BY4ZZ	Excision of Lower Vein, Percutaneous Endoscopic Approach
06DM0ZZ	Extraction of Right Femoral Vein, Open Approach
06DM3ZZ	Extraction of Right Femoral Vein, Percutaneous Approach
06DM4ZZ	Extraction of Right Femoral Vein, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
06DN0ZZ	Extraction of Left Femoral Vein, Open Approach
06DN3ZZ	Extraction of Left Femoral Vein, Percutaneous Approach
06DN4ZZ	Extraction of Left Femoral Vein, Percutaneous Endoscopic Approach
06DP0ZZ	Extraction of Right Greater Saphenous Vein, Open Approach
06DP3ZZ	Extraction of Right Greater Saphenous Vein, Percutaneous Approach
06DP4ZZ	Extraction of Right Greater Saphenous Vein, Percutaneous Endoscopic Approach
06DQ0ZZ	Extraction of Left Greater Saphenous Vein, Open Approach
06DQ3ZZ	Extraction of Left Greater Saphenous Vein, Percutaneous Approach
06DQ4ZZ	Extraction of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
06DT0ZZ	Extraction of Right Foot Vein, Open Approach
06DT3ZZ	Extraction of Right Foot Vein, Percutaneous Approach
06DT4ZZ	Extraction of Right Foot Vein, Percutaneous Endoscopic Approach
06DV0ZZ	Extraction of Left Foot Vein, Open Approach
06DV3ZZ	Extraction of Left Foot Vein, Percutaneous Approach
06DV4ZZ	Extraction of Left Foot Vein, Percutaneous Endoscopic Approach
06DY0ZZ	Extraction of Lower Vein, Open Approach
06DY3ZZ	Extraction of Lower Vein, Percutaneous Approach
06DY4ZZ	Extraction of Lower Vein, Percutaneous Endoscopic Approach
06H003Z	Insertion of Infusion Device into Inferior Vena Cava, Open Approach
06H033T	Insertion of Infusion Device, Via Umbilical Vein, into Inferior Vena Cava, Percutaneous Approach
06H033Z	Insertion of Infusion Device into Inferior Vena Cava, Percutaneous Approach
06H103Z	Insertion of Infusion Device into Splenic Vein, Open Approach
06H10DZ	Insertion of Intraluminal Device into Splenic Vein, Open Approach
06H133Z	Insertion of Infusion Device into Splenic Vein, Percutaneous Approach
06H13DZ	Insertion of Intraluminal Device into Splenic Vein, Percutaneous Approach
06H203Z	Insertion of Infusion Device into Gastric Vein, Open Approach
06H20DZ	Insertion of Intraluminal Device into Gastric Vein, Open Approach
06H233Z	Insertion of Infusion Device into Gastric Vein, Percutaneous Approach
06H23DZ	Insertion of Intraluminal Device into Gastric Vein, Percutaneous Approach
06H303Z	Insertion of Infusion Device into Esophageal Vein, Open Approach
06H30DZ	Insertion of Intraluminal Device into Esophageal Vein, Open Approach
06H333Z	Insertion of Infusion Device into Esophageal Vein, Percutaneous Approach
06H33DZ	Insertion of Intraluminal Device into Esophageal Vein, Percutaneous Approach
06H403Z	Insertion of Infusion Device into Hepatic Vein, Open Approach
06H40DZ	Insertion of Intraluminal Device into Hepatic Vein, Open Approach
06H433Z	Insertion of Infusion Device into Hepatic Vein, Percutaneous Approach
06H43DZ	Insertion of Intraluminal Device into Hepatic Vein, Percutaneous Approach
06H503Z	Insertion of Infusion Device into Superior Mesenteric Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
06H50DZ	Insertion of Intraluminal Device into Superior Mesenteric Vein, Open Approach
06H533Z	Insertion of Infusion Device into Superior Mesenteric Vein, Percutaneous Approach
06H53DZ	Insertion of Intraluminal Device into Superior Mesenteric Vein, Percutaneous Approach
06H603Z	Insertion of Infusion Device into Inferior Mesenteric Vein, Open Approach
06H60DZ	Insertion of Intraluminal Device into Inferior Mesenteric Vein, Open Approach
06H633Z	Insertion of Infusion Device into Inferior Mesenteric Vein, Percutaneous Approach
06H63DZ	Insertion of Intraluminal Device into Inferior Mesenteric Vein, Percutaneous Approach
06H703Z	Insertion of Infusion Device into Colic Vein, Open Approach
06H70DZ	Insertion of Intraluminal Device into Colic Vein, Open Approach
06H733Z	Insertion of Infusion Device into Colic Vein, Percutaneous Approach
06H73DZ	Insertion of Intraluminal Device into Colic Vein, Percutaneous Approach
06H803Z	Insertion of Infusion Device into Portal Vein, Open Approach
06H80DZ	Insertion of Intraluminal Device into Portal Vein, Open Approach
06H833Z	Insertion of Infusion Device into Portal Vein, Percutaneous Approach
06H83DZ	Insertion of Intraluminal Device into Portal Vein, Percutaneous Approach
06H903Z	Insertion of Infusion Device into Right Renal Vein, Open Approach
06H90DZ	Insertion of Intraluminal Device into Right Renal Vein, Open Approach
06H933Z	Insertion of Infusion Device into Right Renal Vein, Percutaneous Approach
06H93DZ	Insertion of Intraluminal Device into Right Renal Vein, Percutaneous Approach
06HB03Z	Insertion of Infusion Device into Left Renal Vein, Open Approach
06HB0DZ	Insertion of Intraluminal Device into Left Renal Vein, Open Approach
06HB33Z	Insertion of Infusion Device into Left Renal Vein, Percutaneous Approach
06HB3DZ	Insertion of Intraluminal Device into Left Renal Vein, Percutaneous Approach
06HC03Z	Insertion of Infusion Device into Right Common Iliac Vein, Open Approach
06HC0DZ	Insertion of Intraluminal Device into Right Common Iliac Vein, Open Approach
06HC33Z	Insertion of Infusion Device into Right Common Iliac Vein, Percutaneous Approach
06HC3DZ	Insertion of Intraluminal Device into Right Common Iliac Vein, Percutaneous Approach
06HD03Z	Insertion of Infusion Device into Left Common Iliac Vein, Open Approach
06HD0DZ	Insertion of Intraluminal Device into Left Common Iliac Vein, Open Approach
06HD33Z	Insertion of Infusion Device into Left Common Iliac Vein, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
06HD3DZ	Insertion of Intraluminal Device into Left Common Iliac Vein, Percutaneous Approach
06HF03Z	Insertion of Infusion Device into Right External Iliac Vein, Open Approach
06HF0DZ	Insertion of Intraluminal Device into Right External Iliac Vein, Open Approach
06HF33Z	Insertion of Infusion Device into Right External Iliac Vein, Percutaneous Approach
06HF3DZ	Insertion of Intraluminal Device into Right External Iliac Vein, Percutaneous Approach
06HG03Z	Insertion of Infusion Device into Left External Iliac Vein, Open Approach
06HG0DZ	Insertion of Intraluminal Device into Left External Iliac Vein, Open Approach
06HG33Z	Insertion of Infusion Device into Left External Iliac Vein, Percutaneous Approach
06HG3DZ	Insertion of Intraluminal Device into Left External Iliac Vein, Percutaneous Approach
06HH03Z	Insertion of Infusion Device into Right Hypogastric Vein, Open Approach
06HH0DZ	Insertion of Intraluminal Device into Right Hypogastric Vein, Open Approach
06HH33Z	Insertion of Infusion Device into Right Hypogastric Vein, Percutaneous Approach
06HH3DZ	Insertion of Intraluminal Device into Right Hypogastric Vein, Percutaneous Approach
06HJ03Z	Insertion of Infusion Device into Left Hypogastric Vein, Open Approach
06HJ0DZ	Insertion of Intraluminal Device into Left Hypogastric Vein, Open Approach
06HJ33Z	Insertion of Infusion Device into Left Hypogastric Vein, Percutaneous Approach
06HJ3DZ	Insertion of Intraluminal Device into Left Hypogastric Vein, Percutaneous Approach
06HM03Z	Insertion of Infusion Device into Right Femoral Vein, Open Approach
06HM0DZ	Insertion of Intraluminal Device into Right Femoral Vein, Open Approach
06HM33Z	Insertion of Infusion Device into Right Femoral Vein, Percutaneous Approach
06HM3DZ	Insertion of Intraluminal Device into Right Femoral Vein, Percutaneous Approach
06HN03Z	Insertion of Infusion Device into Left Femoral Vein, Open Approach
06HN0DZ	Insertion of Intraluminal Device into Left Femoral Vein, Open Approach
06HN33Z	Insertion of Infusion Device into Left Femoral Vein, Percutaneous Approach
06HN3DZ	Insertion of Intraluminal Device into Left Femoral Vein, Percutaneous Approach
06HP03Z	Insertion of Infusion Device into Right Greater Saphenous Vein, Open Approach
06HP0DZ	Insertion of Intraluminal Device into Right Greater Saphenous Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
06HP33Z	Insertion of Infusion Device into Right Greater Saphenous Vein, Percutaneous Approach
06HP3DZ	Insertion of Intraluminal Device into Right Greater Saphenous Vein, Percutaneous Approach
06HQ03Z	Insertion of Infusion Device into Left Greater Saphenous Vein, Open Approach
06HQ0DZ	Insertion of Intraluminal Device into Left Greater Saphenous Vein, Open Approach
06HQ33Z	Insertion of Infusion Device into Left Greater Saphenous Vein, Percutaneous Approach
06HQ3DZ	Insertion of Intraluminal Device into Left Greater Saphenous Vein, Percutaneous Approach
06HT03Z	Insertion of Infusion Device into Right Foot Vein, Open Approach
06HT0DZ	Insertion of Intraluminal Device into Right Foot Vein, Open Approach
06HT33Z	Insertion of Infusion Device into Right Foot Vein, Percutaneous Approach
06HT3DZ	Insertion of Intraluminal Device into Right Foot Vein, Percutaneous Approach
06HV03Z	Insertion of Infusion Device into Left Foot Vein, Open Approach
06HV0DZ	Insertion of Intraluminal Device into Left Foot Vein, Open Approach
06HV33Z	Insertion of Infusion Device into Left Foot Vein, Percutaneous Approach
06HV3DZ	Insertion of Intraluminal Device into Left Foot Vein, Percutaneous Approach
06HY03Z	Insertion of Infusion Device into Lower Vein, Open Approach
06HY0DZ	Insertion of Intraluminal Device into Lower Vein, Open Approach
06HY33Z	Insertion of Infusion Device into Lower Vein, Percutaneous Approach
06HY3DZ	Insertion of Intraluminal Device into Lower Vein, Percutaneous Approach
06JY0ZZ	Inspection of Lower Vein, Open Approach
06JY3ZZ	Inspection of Lower Vein, Percutaneous Approach
06JY4ZZ	Inspection of Lower Vein, Percutaneous Endoscopic Approach
06LY3CZ	Occlusion of Lower Vein with Extraluminal Device, Percutaneous Approach
06LY3DZ	Occlusion of Lower Vein with Intraluminal Device, Percutaneous Approach
06LY3ZZ	Occlusion of Lower Vein, Percutaneous Approach
06N00ZZ	Release Inferior Vena Cava, Open Approach
06N10ZZ	Release Splenic Vein, Open Approach
06N20ZZ	Release Gastric Vein, Open Approach
06N30ZZ	Release Esophageal Vein, Open Approach
06N40ZZ	Release Hepatic Vein, Open Approach
06N50ZZ	Release Superior Mesenteric Vein, Open Approach
06N60ZZ	Release Inferior Mesenteric Vein, Open Approach
06N70ZZ	Release Colic Vein, Open Approach
06N80ZZ	Release Portal Vein, Open Approach
06N90ZZ	Release Right Renal Vein, Open Approach
06NB0ZZ	Release Left Renal Vein, Open Approach
06NC0ZZ	Release Right Common Iliac Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
06ND0ZZ	Release Left Common Iliac Vein, Open Approach
06NF0ZZ	Release Right External Iliac Vein, Open Approach
06NG0ZZ	Release Left External Iliac Vein, Open Approach
06NH0ZZ	Release Right Hypogastric Vein, Open Approach
06NJ0ZZ	Release Left Hypogastric Vein, Open Approach
06NM0ZZ	Release Right Femoral Vein, Open Approach
06NN0ZZ	Release Left Femoral Vein, Open Approach
06NP0ZZ	Release Right Greater Saphenous Vein, Open Approach
06NQ0ZZ	Release Left Greater Saphenous Vein, Open Approach
06NT0ZZ	Release Right Foot Vein, Open Approach
06NV0ZZ	Release Left Foot Vein, Open Approach
06NY0ZZ	Release Lower Vein, Open Approach
06Q00ZZ	Repair Inferior Vena Cava, Open Approach
06Q10ZZ	Repair Splenic Vein, Open Approach
06Q20ZZ	Repair Gastric Vein, Open Approach
06Q30ZZ	Repair Esophageal Vein, Open Approach
06Q40ZZ	Repair Hepatic Vein, Open Approach
06Q50ZZ	Repair Superior Mesenteric Vein, Open Approach
06Q60ZZ	Repair Inferior Mesenteric Vein, Open Approach
06Q70ZZ	Repair Colic Vein, Open Approach
06Q80ZZ	Repair Portal Vein, Open Approach
06Q90ZZ	Repair Right Renal Vein, Open Approach
06QB0ZZ	Repair Left Renal Vein, Open Approach
06QC0ZZ	Repair Right Common Iliac Vein, Open Approach
06QD0ZZ	Repair Left Common Iliac Vein, Open Approach
06QF0ZZ	Repair Right External Iliac Vein, Open Approach
06QG0ZZ	Repair Left External Iliac Vein, Open Approach
06QH0ZZ	Repair Right Hypogastric Vein, Open Approach
06QJ0ZZ	Repair Left Hypogastric Vein, Open Approach
06QM0ZZ	Repair Right Femoral Vein, Open Approach
06QN0ZZ	Repair Left Femoral Vein, Open Approach
06QP0ZZ	Repair Right Greater Saphenous Vein, Open Approach
06QQ0ZZ	Repair Left Greater Saphenous Vein, Open Approach
06QT0ZZ	Repair Right Foot Vein, Open Approach
06QV0ZZ	Repair Left Foot Vein, Open Approach
06QY0ZZ	Repair Lower Vein, Open Approach
06WY00Z	Revision of Drainage Device in Lower Vein, Open Approach
06WY02Z	Revision of Monitoring Device in Lower Vein, Open Approach
06WY03Z	Revision of Infusion Device in Lower Vein, Open Approach
06WY0CZ	Revision of Extraluminal Device in Lower Vein, Open Approach
06WY0DZ	Revision of Intraluminal Device in Lower Vein, Open Approach
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH605Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60XZ	Insertion of Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH634Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH635Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH638Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63XZ	Insertion of Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH804Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH805Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH808Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80PZ	Insertion of Cardiac Rhythm Related Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80XZ	Insertion of Vascular Access Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH834Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH835Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH838Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83PZ	Insertion of Cardiac Rhythm Related Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83XZ	Insertion of Vascular Access Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD0XZ	Insertion of Vascular Access Device into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD3XZ	Insertion of Vascular Access Device into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF0XZ	Insertion of Vascular Access Device into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF3XZ	Insertion of Vascular Access Device into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG0XZ	Insertion of Vascular Access Device into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG3XZ	Insertion of Vascular Access Device into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
0JHH0XZ	Insertion of Vascular Access Device into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH3XZ	Insertion of Vascular Access Device into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL0XZ	Insertion of Vascular Access Device into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL3XZ	Insertion of Vascular Access Device into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM0XZ	Insertion of Vascular Access Device into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM3XZ	Insertion of Vascular Access Device into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN0XZ	Insertion of Vascular Access Device into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN3XZ	Insertion of Vascular Access Device into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP0XZ	Insertion of Vascular Access Device into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP3XZ	Insertion of Vascular Access Device into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0W300ZZ	Control Bleeding in Head, Open Approach
0W310ZZ	Control Bleeding in Cranial Cavity, Open Approach
0W320ZZ	Control Bleeding in Face, Open Approach
0W330ZZ	Control Bleeding in Oral Cavity and Throat, Open Approach
0W337ZZ	Control Bleeding in Oral Cavity and Throat, Via Natural or Artificial Opening
0W338ZZ	Control Bleeding in Oral Cavity and Throat, Via Natural or Artificial Opening Endoscopic
0W33XZZ	Control Bleeding in Oral Cavity and Throat, External Approach
0W340ZZ	Control Bleeding in Upper Jaw, Open Approach
0W350ZZ	Control Bleeding in Lower Jaw, Open Approach
0W360ZZ	Control Bleeding in Neck, Open Approach
0W380ZZ	Control Bleeding in Chest Wall, Open Approach
0W390ZZ	Control Bleeding in Right Pleural Cavity, Open Approach
0W3B0ZZ	Control Bleeding in Left Pleural Cavity, Open Approach
0W3D0ZZ	Control Bleeding in Pericardial Cavity, Open Approach
0W3F0ZZ	Control Bleeding in Abdominal Wall, Open Approach
0W3J0ZZ	Control Bleeding in Pelvic Cavity, Open Approach
0W3K0ZZ	Control Bleeding in Upper Back, Open Approach
0W3L0ZZ	Control Bleeding in Lower Back, Open Approach
0W3M0ZZ	Control Bleeding in Male Perineum, Open Approach
0W3N0ZZ	Control Bleeding in Female Perineum, Open Approach
0W3Q7ZZ	Control Bleeding in Respiratory Tract, Via Natural or Artificial Opening
0W3Q8ZZ	Control Bleeding in Respiratory Tract, Via Natural or Artificial Opening Endoscopic
0W3R0ZZ	Control Bleeding in Genitourinary Tract, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
0W3R7ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening
0W3R8ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WJD0ZZ	Inspection of Pericardial Cavity, Open Approach
0WJD3ZZ	Inspection of Pericardial Cavity, Percutaneous Approach
0X320ZZ	Control Bleeding in Right Shoulder Region, Open Approach
0X330ZZ	Control Bleeding in Left Shoulder Region, Open Approach
0X340ZZ	Control Bleeding in Right Axilla, Open Approach
0X350ZZ	Control Bleeding in Left Axilla, Open Approach
0X360ZZ	Control Bleeding in Right Upper Extremity, Open Approach
0X370ZZ	Control Bleeding in Left Upper Extremity, Open Approach
0X380ZZ	Control Bleeding in Right Upper Arm, Open Approach
0X390ZZ	Control Bleeding in Left Upper Arm, Open Approach
0X3B0ZZ	Control Bleeding in Right Elbow Region, Open Approach
0X3C0ZZ	Control Bleeding in Left Elbow Region, Open Approach
0X3D0ZZ	Control Bleeding in Right Lower Arm, Open Approach
0X3F0ZZ	Control Bleeding in Left Lower Arm, Open Approach
0X3G0ZZ	Control Bleeding in Right Wrist Region, Open Approach
0X3H0ZZ	Control Bleeding in Left Wrist Region, Open Approach
0X3J0ZZ	Control Bleeding in Right Hand, Open Approach
0X3K0ZZ	Control Bleeding in Left Hand, Open Approach
0Y300ZZ	Control Bleeding in Right Buttock, Open Approach
0Y310ZZ	Control Bleeding in Left Buttock, Open Approach
0Y350ZZ	Control Bleeding in Right Inguinal Region, Open Approach
0Y360ZZ	Control Bleeding in Left Inguinal Region, Open Approach
0Y370ZZ	Control Bleeding in Right Femoral Region, Open Approach
0Y380ZZ	Control Bleeding in Left Femoral Region, Open Approach
0Y390ZZ	Control Bleeding in Right Lower Extremity, Open Approach
0Y3B0ZZ	Control Bleeding in Left Lower Extremity, Open Approach
0Y3C0ZZ	Control Bleeding in Right Upper Leg, Open Approach
0Y3D0ZZ	Control Bleeding in Left Upper Leg, Open Approach
0Y3F0ZZ	Control Bleeding in Right Knee Region, Open Approach
0Y3G0ZZ	Control Bleeding in Left Knee Region, Open Approach
0Y3H0ZZ	Control Bleeding in Right Lower Leg, Open Approach
0Y3J0ZZ	Control Bleeding in Left Lower Leg, Open Approach
0Y3K0ZZ	Control Bleeding in Right Ankle Region, Open Approach
0Y3L0ZZ	Control Bleeding in Left Ankle Region, Open Approach
0Y3M0ZZ	Control Bleeding in Right Foot, Open Approach
0Y3N0ZZ	Control Bleeding in Left Foot, Open Approach
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach
3E033TZ	Introduction of Destructive Agent into Peripheral Vein, Percutaneous Approach
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
ICD-10 Code	Description
3E043TZ	Introduction of Destructive Agent into Central Vein, Percutaneous Approach
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach
3E073GC	Introduction of Other Therapeutic Substance into Coronary Artery, Percutaneous Approach
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach
3E083GC	Introduction of Other Therapeutic Substance into Heart, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
4A023FZ	Measurement of Cardiac Rhythm, Percutaneous Approach
4A023N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Percutaneous Approach
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
4A12X4Z	Monitoring of Cardiac Electrical Activity, External Approach
4A12XM4	Monitoring of Cardiac Stress, External Approach
5A1213Z	Performance of Cardiac Pacing, Intermittent
5A1223Z	Performance of Cardiac Pacing, Continuous
5A2204Z	Restoration of Cardiac Rhythm, Single
B2100ZZ	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast
B2101ZZ	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast
B210YZZ	Fluoroscopy of Single Coronary Artery using Other Contrast
B2110ZZ	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast
B2111ZZ	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast
B211YZZ	Fluoroscopy of Multiple Coronary Arteries using Other Contrast
B2150ZZ	Fluoroscopy of Left Heart using High Osmolar Contrast
B2151ZZ	Fluoroscopy of Left Heart using Low Osmolar Contrast
B215YZZ	Fluoroscopy of Left Heart using Other Contrast
B240ZZ4	Ultrasonography of Single Coronary Artery, Transesophageal
B240ZZZ	Ultrasonography of Single Coronary Artery
B241ZZ4	Ultrasonography of Multiple Coronary Arteries, Transesophageal

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
ICD-10 Code	Description
B241ZZZ	Ultrasonography of Multiple Coronary Arteries
B244ZZ4	Ultrasonography of Right Heart, Transesophageal
B244ZZZ	Ultrasonography of Right Heart
B245ZZ4	Ultrasonography of Left Heart, Transesophageal
B245ZZZ	Ultrasonography of Left Heart
B246ZZ4	Ultrasonography of Right and Left Heart, Transesophageal
B246ZZZ	Ultrasonography of Right and Left Heart
B24BZZ4	Ultrasonography of Heart with Aorta, Transesophageal
B24BZZZ	Ultrasonography of Heart with Aorta
B24CZZ4	Ultrasonography of Pericardium, Transesophageal
B24CZZZ	Ultrasonography of Pericardium
B24DZZ4	Ultrasonography of Pediatric Heart, Transesophageal
B24DZZZ	Ultrasonography of Pediatric Heart



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or catheter (separate procedure) pacemaker
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33215	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM
33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
33321	Suture repair of aorta or great vessels; with shunt bypass
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33999	Unlisted procedure, cardiac surgery
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
35201	Repair blood vessel, direct; neck
35206	Repair blood vessel, direct; upper extremity
35207	Repair blood vessel, direct; hand, finger
35211	Repair blood vessel, direct; intrathoracic, with bypass
35216	Repair blood vessel, direct; intrathoracic, without bypass
35221	Repair blood vessel, direct; intra-abdominal
35226	Repair blood vessel, direct; lower extremity
35241	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	Repair blood vessel with vein graft; intrathoracic, without bypass
35281	Repair blood vessel with graft other than vein; intra-abdominal
35286	Repair blood vessel with graft other than vein; lower extremity
35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35508	Bypass graft, with vein; carotid-vertebral
35572	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35616	Bypass graft, with other than vein; subclavian-axillary
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
36000	Introduction of needle or intracatheter, vein
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	Introduction of catheter, superior or inferior vena cava
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left
36013	Introduction of catheter, right heart or main pulmonary artery
36014	Selective catheter placement, left or right pulmonary artery
36015	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	Introduction of needle or intracatheter, carotid or vertebral artery
36140	Introduction of needle or intracatheter; extremity artery
36160	Introduction of needle or intracatheter, aortic, translumbar
36200	Introduction of catheter, aorta
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	Revision of implanted intra-arterial infusion pump
36262	Removal of implanted intra-arterial infusion pump
36400	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420	Venipuncture, cutdown; younger than age 1 year
36425	Venipuncture, cutdown; age 1 or over



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36481	Percutaneous portal vein catheterization by any method
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36500	Venous catheterization for selective organ blood sampling
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36600	Arterial puncture, withdrawal of blood for diagnosis
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820	Arteriovenous anastomosis, open; by forearm vein transposition
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	Insertion of Thomas shunt (separate procedure)
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
37140	Venous anastomosis, open; portocaval
37145	Venous anastomosis, open; renoportal
37160	Venous anastomosis, open; caval-mesenteric
37180	Venous anastomosis, open; splenorenal, proximal
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic injection(s); initial vessel guidance and intraprocedural pharmacological thrombolytic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37195	Thrombolysis, cerebral, by intravenous infusion
37200	Transcatheter biopsy
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37565	Ligation, internal jugular vein
37600	Ligation; external carotid artery
37605	Ligation; internal or common carotid artery
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37609	Ligation or biopsy, temporal artery
37615	Ligation, major artery (eg, post-traumatic, rupture); neck
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
CPT Code	Description
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg
37790	Penile venous occlusive procedure
37799	Unlisted procedure, vascular surgery
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)
90935	Hemodialysis procedure with single physician evaluation
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visits per month
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90997	Hemoperfusion (eg, with activated charcoal or resin)
92960	Cardioversion, elective, electrical conversion of arrhythmia; external
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	Thrombolysis, coronary; by intravenous infusion
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Cardiovascular System	
CPT Code	Description
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93530	Right heart catheterization, for congenital cardiac anomalies
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93600	Bundle of His recording
93602	Intra-atrial recording
93603	Right ventricular recording
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610	Intra-atrial pacing
93612	Intraventricular pacing
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93618	Induction of arrhythmia by electrical pacing
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Cardiovascular System	
CPT Code	Description
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99195	Phlebotomy, therapeutic (separate procedure)
99512	Home visit for hemodialysis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
03LY3DZ	Occlusion of Upper Artery with Intraluminal Device, Percutaneous Approach
04L03DZ	Occlusion of Abdominal Aorta with Intraluminal Device, Percutaneous Approach
04L13DZ	Occlusion of Celiac Artery with Intraluminal Device, Percutaneous Approach
04L23DZ	Occlusion of Gastric Artery with Intraluminal Device, Percutaneous Approach
04L33DZ	Occlusion of Hepatic Artery with Intraluminal Device, Percutaneous Approach
04L43DZ	Occlusion of Splenic Artery with Intraluminal Device, Percutaneous Approach
04L53DZ	Occlusion of Superior Mesenteric Artery with Intraluminal Device, Percutaneous Approach
04L63DZ	Occlusion of Right Colic Artery with Intraluminal Device, Percutaneous Approach
04L73DZ	Occlusion of Left Colic Artery with Intraluminal Device, Percutaneous Approach
04L83DZ	Occlusion of Middle Colic Artery with Intraluminal Device, Percutaneous Approach
04L93DZ	Occlusion of Right Renal Artery with Intraluminal Device, Percutaneous Approach
04LA3DZ	Occlusion of Left Renal Artery with Intraluminal Device, Percutaneous Approach
04LB3DZ	Occlusion of Inferior Mesenteric Artery with Intraluminal Device, Percutaneous Approach
04LC3DZ	Occlusion of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
04LD3DZ	Occlusion of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
04LE3DT	Occlusion of Right Uterine Artery with Intraluminal Device, Percutaneous Approach
04LE3DZ	Occlusion of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
04LF3DU	Occlusion of Left Uterine Artery with Intraluminal Device, Percutaneous Approach
04LF3DZ	Occlusion of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
04LH3DZ	Occlusion of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
04LJ3DZ	Occlusion of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
04LK3DZ	Occlusion of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
04LL3DZ	Occlusion of Left Femoral Artery with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
04LM3DZ	Occlusion of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
04LN3DZ	Occlusion of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
04LP3DZ	Occlusion of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
04LQ3DZ	Occlusion of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
04LR3DZ	Occlusion of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
04LS3DZ	Occlusion of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
04LT3DZ	Occlusion of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
04LU3DZ	Occlusion of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
04LV3DZ	Occlusion of Right Foot Artery with Intraluminal Device, Percutaneous Approach
04LW3DZ	Occlusion of Left Foot Artery with Intraluminal Device, Percutaneous Approach
04LY3DZ	Occlusion of Lower Artery with Intraluminal Device, Percutaneous Approach
05L03DZ	Occlusion of Azygos Vein with Intraluminal Device, Percutaneous Approach
05L13DZ	Occlusion of Hemiazygos Vein with Intraluminal Device, Percutaneous Approach
05L33DZ	Occlusion of Right Innominate Vein with Intraluminal Device, Percutaneous Approach
05L43DZ	Occlusion of Left Innominate Vein with Intraluminal Device, Percutaneous Approach
05L53DZ	Occlusion of Right Subclavian Vein with Intraluminal Device, Percutaneous Approach
05L63DZ	Occlusion of Left Subclavian Vein with Intraluminal Device, Percutaneous Approach
05L73DZ	Occlusion of Right Axillary Vein with Intraluminal Device, Percutaneous Approach
05L83DZ	Occlusion of Left Axillary Vein with Intraluminal Device, Percutaneous Approach
05L93DZ	Occlusion of Right Brachial Vein with Intraluminal Device, Percutaneous Approach
05LA3DZ	Occlusion of Left Brachial Vein with Intraluminal Device, Percutaneous Approach
05LB3DZ	Occlusion of Right Basilic Vein with Intraluminal Device, Percutaneous Approach
05LC3DZ	Occlusion of Left Basilic Vein with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
05LD3DZ	Occlusion of Right Cephalic Vein with Intraluminal Device, Percutaneous Approach
05LF3DZ	Occlusion of Left Cephalic Vein with Intraluminal Device, Percutaneous Approach
05LG3DZ	Occlusion of Right Hand Vein with Intraluminal Device, Percutaneous Approach
05LH3DZ	Occlusion of Left Hand Vein with Intraluminal Device, Percutaneous Approach
05LY3DZ	Occlusion of Upper Vein with Intraluminal Device, Percutaneous Approach
065Y0ZC	Destruction of Hemorrhoidal Plexus, Open Approach
065Y3ZC	Destruction of Hemorrhoidal Plexus, Percutaneous Approach
065Y4ZC	Destruction of Hemorrhoidal Plexus, Percutaneous Endoscopic Approach
069Y0ZZ	Drainage of Lower Vein, Open Approach
06BY0ZC	Excision of Hemorrhoidal Plexus, Open Approach
06BY3ZC	Excision of Hemorrhoidal Plexus, Percutaneous Approach
06BY4ZC	Excision of Hemorrhoidal Plexus, Percutaneous Endoscopic Approach
06L03DZ	Occlusion of Inferior Vena Cava with Intraluminal Device, Percutaneous Approach
06L13DZ	Occlusion of Splenic Vein with Intraluminal Device, Percutaneous Approach
06L23DZ	Occlusion of Gastric Vein with Intraluminal Device, Percutaneous Approach
06L30ZZ	Occlusion of Esophageal Vein, Open Approach
06L33DZ	Occlusion of Esophageal Vein with Intraluminal Device, Percutaneous Approach
06L33ZZ	Occlusion of Esophageal Vein, Percutaneous Approach
06L34ZZ	Occlusion of Esophageal Vein, Percutaneous Endoscopic Approach
06L43DZ	Occlusion of Hepatic Vein with Intraluminal Device, Percutaneous Approach
06L53DZ	Occlusion of Superior Mesenteric Vein with Intraluminal Device, Percutaneous Approach
06L63DZ	Occlusion of Inferior Mesenteric Vein with Intraluminal Device, Percutaneous Approach
06L73DZ	Occlusion of Colic Vein with Intraluminal Device, Percutaneous Approach
06L83DZ	Occlusion of Portal Vein with Intraluminal Device, Percutaneous Approach
06L93DZ	Occlusion of Right Renal Vein with Intraluminal Device, Percutaneous Approach
06LB3DZ	Occlusion of Left Renal Vein with Intraluminal Device, Percutaneous Approach
06LC3DZ	Occlusion of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach
06LD3DZ	Occlusion of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
06LF3DZ	Occlusion of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach
06LG3DZ	Occlusion of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach
06LH3DZ	Occlusion of Right Hypogastric Vein with Intraluminal Device, Percutaneous Approach
06LJ3DZ	Occlusion of Left Hypogastric Vein with Intraluminal Device, Percutaneous Approach
06LM3DZ	Occlusion of Right Femoral Vein with Intraluminal Device, Percutaneous Approach
06LN3DZ	Occlusion of Left Femoral Vein with Intraluminal Device, Percutaneous Approach
06LP3DZ	Occlusion of Right Greater Saphenous Vein with Intraluminal Device, Percutaneous Approach
06LQ3DZ	Occlusion of Left Greater Saphenous Vein with Intraluminal Device, Percutaneous Approach
06LT3DZ	Occlusion of Right Foot Vein with Intraluminal Device, Percutaneous Approach
06LV3DZ	Occlusion of Left Foot Vein with Intraluminal Device, Percutaneous Approach
06LY0CC	Occlusion of Hemorrhoidal Plexus with Extraluminal Device, Open Approach
06LY0DC	Occlusion of Hemorrhoidal Plexus with Intraluminal Device, Open Approach
06LY0ZC	Occlusion of Hemorrhoidal Plexus, Open Approach
06LY3CC	Occlusion of Hemorrhoidal Plexus with Extraluminal Device, Percutaneous Approach
06LY3DC	Occlusion of Hemorrhoidal Plexus with Intraluminal Device, Percutaneous Approach
06LY3DZ	Occlusion of Lower Vein with Intraluminal Device, Percutaneous Approach
06LY3ZC	Occlusion of Hemorrhoidal Plexus, Percutaneous Approach
0D15074	Bypass Esophagus to Cutaneous with Autologous Tissue Substitute, Open Approach
0D150J4	Bypass Esophagus to Cutaneous with Synthetic Substitute, Open Approach
0D150K4	Bypass Esophagus to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D150Z4	Bypass Esophagus to Cutaneous, Open Approach
0D16074	Bypass Stomach to Cutaneous with Autologous Tissue Substitute, Open Approach
0D160J4	Bypass Stomach to Cutaneous with Synthetic Substitute, Open Approach
0D160K4	Bypass Stomach to Cutaneous with Nonautologous Tissue Substitute, Open Approach
0D160Z4	Bypass Stomach to Cutaneous, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0D16474	Bypass Stomach to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164J4	Bypass Stomach to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164K4	Bypass Stomach to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164Z4	Bypass Stomach to Cutaneous, Percutaneous Endoscopic Approach
0D510ZZ	Destruction of Upper Esophagus, Open Approach
0D513ZZ	Destruction of Upper Esophagus, Percutaneous Approach
0D517ZZ	Destruction of Upper Esophagus, Via Natural or Artificial Opening
0D518ZZ	Destruction of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0D520ZZ	Destruction of Middle Esophagus, Open Approach
0D523ZZ	Destruction of Middle Esophagus, Percutaneous Approach
0D527ZZ	Destruction of Middle Esophagus, Via Natural or Artificial Opening
0D528ZZ	Destruction of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0D530ZZ	Destruction of Lower Esophagus, Open Approach
0D533ZZ	Destruction of Lower Esophagus, Percutaneous Approach
0D537ZZ	Destruction of Lower Esophagus, Via Natural or Artificial Opening
0D538ZZ	Destruction of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0D540ZZ	Destruction of Esophagogastric Junction, Open Approach
0D543ZZ	Destruction of Esophagogastric Junction, Percutaneous Approach
0D547ZZ	Destruction of Esophagogastric Junction, Via Natural or Artificial Opening
0D548ZZ	Destruction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0D550ZZ	Destruction of Esophagus, Open Approach
0D553ZZ	Destruction of Esophagus, Percutaneous Approach
0D557ZZ	Destruction of Esophagus, Via Natural or Artificial Opening
0D558ZZ	Destruction of Esophagus, Via Natural or Artificial Opening Endoscopic
0D560ZZ	Destruction of Stomach, Open Approach
0D563ZZ	Destruction of Stomach, Percutaneous Approach
0D567ZZ	Destruction of Stomach, Via Natural or Artificial Opening
0D568ZZ	Destruction of Stomach, Via Natural or Artificial Opening Endoscopic
0D570ZZ	Destruction of Stomach, Pylorus, Open Approach
0D573ZZ	Destruction of Stomach, Pylorus, Percutaneous Approach
0D577ZZ	Destruction of Stomach, Pylorus, Via Natural or Artificial Opening
0D578ZZ	Destruction of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic
0D588ZZ	Destruction of Small Intestine, Via Natural or Artificial Opening Endoscopic
0D590ZZ	Destruction of Duodenum, Open Approach
0D593ZZ	Destruction of Duodenum, Percutaneous Approach
0D594ZZ	Destruction of Duodenum, Percutaneous Endoscopic Approach
0D597ZZ	Destruction of Duodenum, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D598ZZ	Destruction of Duodenum, Via Natural or Artificial Opening Endoscopic
0D5A8ZZ	Destruction of Jejunum, Via Natural or Artificial Opening Endoscopic
0D5B8ZZ	Destruction of Ileum, Via Natural or Artificial Opening Endoscopic
0D5C8ZZ	Destruction of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0D5E0ZZ	Destruction of Large Intestine, Open Approach
0D5E3ZZ	Destruction of Large Intestine, Percutaneous Approach
0D5E7ZZ	Destruction of Large Intestine, Via Natural or Artificial Opening
0D5E8ZZ	Destruction of Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5F0ZZ	Destruction of Right Large Intestine, Open Approach
0D5F3ZZ	Destruction of Right Large Intestine, Percutaneous Approach
0D5F7ZZ	Destruction of Right Large Intestine, Via Natural or Artificial Opening
0D5F8ZZ	Destruction of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5G0ZZ	Destruction of Left Large Intestine, Open Approach
0D5G3ZZ	Destruction of Left Large Intestine, Percutaneous Approach
0D5G7ZZ	Destruction of Left Large Intestine, Via Natural or Artificial Opening
0D5G8ZZ	Destruction of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0D5H0ZZ	Destruction of Cecum, Open Approach
0D5H3ZZ	Destruction of Cecum, Percutaneous Approach
0D5H7ZZ	Destruction of Cecum, Via Natural or Artificial Opening
0D5H8ZZ	Destruction of Cecum, Via Natural or Artificial Opening Endoscopic
0D5K0ZZ	Destruction of Ascending Colon, Open Approach
0D5K3ZZ	Destruction of Ascending Colon, Percutaneous Approach
0D5K7ZZ	Destruction of Ascending Colon, Via Natural or Artificial Opening
0D5K8ZZ	Destruction of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D5L0ZZ	Destruction of Transverse Colon, Open Approach
0D5L3ZZ	Destruction of Transverse Colon, Percutaneous Approach
0D5L7ZZ	Destruction of Transverse Colon, Via Natural or Artificial Opening
0D5L8ZZ	Destruction of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D5M0ZZ	Destruction of Descending Colon, Open Approach
0D5M3ZZ	Destruction of Descending Colon, Percutaneous Approach
0D5M7ZZ	Destruction of Descending Colon, Via Natural or Artificial Opening
0D5M8ZZ	Destruction of Descending Colon, Via Natural or Artificial Opening Endoscopic
0D5N0ZZ	Destruction of Sigmoid Colon, Open Approach
0D5N3ZZ	Destruction of Sigmoid Colon, Percutaneous Approach
0D5N7ZZ	Destruction of Sigmoid Colon, Via Natural or Artificial Opening
0D5N8ZZ	Destruction of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D5P7ZZ	Destruction of Rectum, Via Natural or Artificial Opening
0D5P8ZZ	Destruction of Rectum, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D5Q0ZZ	Destruction of Anus, Open Approach
0D5Q7ZZ	Destruction of Anus, Via Natural or Artificial Opening
0D5Q8ZZ	Destruction of Anus, Via Natural or Artificial Opening Endoscopic
0D5QXZZ	Destruction of Anus, External Approach
0D5R0ZZ	Destruction of Anal Sphincter, Open Approach
0D717DZ	Dilation of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0D717ZZ	Dilation of Upper Esophagus, Via Natural or Artificial Opening
0D718DZ	Dilation of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D718ZZ	Dilation of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0D727DZ	Dilation of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0D727ZZ	Dilation of Middle Esophagus, Via Natural or Artificial Opening
0D728DZ	Dilation of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D728ZZ	Dilation of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0D737DZ	Dilation of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0D737ZZ	Dilation of Lower Esophagus, Via Natural or Artificial Opening
0D738DZ	Dilation of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D738ZZ	Dilation of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0D747DZ	Dilation of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening
0D747ZZ	Dilation of Esophagogastric Junction, Via Natural or Artificial Opening
0D748DZ	Dilation of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D748ZZ	Dilation of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0D757DZ	Dilation of Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0D757ZZ	Dilation of Esophagus, Via Natural or Artificial Opening
0D758DZ	Dilation of Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D758ZZ	Dilation of Esophagus, Via Natural or Artificial Opening Endoscopic
0D770ZZ	Dilation Of Stomach, Pylorus, Open Approach
0D773ZZ	Dilation Of Stomach, Pylorus, Percutaneous Approach
0D774ZZ	Dilation Of Stomach, Pylorus, Percutaneous Endoscopic Approach
0D777ZZ	Dilation Of Stomach, Pylorus, Via Natural Or Artificial Opening
0D778DZ	Dilation of Stomach, Pylorus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D778ZZ	Dilation of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic
0D780ZZ	Dilation of Small Intestine, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D783ZZ	Dilation of Small Intestine, Percutaneous Approach
0D784ZZ	Dilation of Small Intestine, Percutaneous Endoscopic Approach
0D787ZZ	Dilation of Small Intestine, Via Natural or Artificial Opening
0D788ZZ	Dilation of Small Intestine, Via Natural or Artificial Opening Endoscopic
0D790ZZ	Dilation of Duodenum, Open Approach
0D793ZZ	Dilation of Duodenum, Percutaneous Approach
0D794ZZ	Dilation of Duodenum, Percutaneous Endoscopic Approach
0D797ZZ	Dilation of Duodenum, Via Natural or Artificial Opening
0D798ZZ	Dilation of Duodenum, Via Natural or Artificial Opening Endoscopic
0D7A0ZZ	Dilation of Jejunum, Open Approach
0D7A3ZZ	Dilation of Jejunum, Percutaneous Approach
0D7A4ZZ	Dilation of Jejunum, Percutaneous Endoscopic Approach
0D7A7ZZ	Dilation of Jejunum, Via Natural or Artificial Opening
0D7A8ZZ	Dilation of Jejunum, Via Natural or Artificial Opening Endoscopic
0D7B0ZZ	Dilation of Ileum, Open Approach
0D7B3ZZ	Dilation of Ileum, Percutaneous Approach
0D7B4ZZ	Dilation of Ileum, Percutaneous Endoscopic Approach
0D7B7ZZ	Dilation of Ileum, Via Natural or Artificial Opening
0D7B8ZZ	Dilation of Ileum, Via Natural or Artificial Opening Endoscopic
0D7C0ZZ	Dilation of Ileocecal Valve, Open Approach
0D7C3ZZ	Dilation of Ileocecal Valve, Percutaneous Approach
0D7C4ZZ	Dilation of Ileocecal Valve, Percutaneous Endoscopic Approach
0D7C8ZZ	Dilation of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0D7E0ZZ	Dilation of Large Intestine, Open Approach
0D7E3ZZ	Dilation of Large Intestine, Percutaneous Approach
0D7E4ZZ	Dilation of Large Intestine, Percutaneous Endoscopic Approach
0D7E8ZZ	Dilation of Large Intestine, Via Natural or Artificial Opening Endoscopic
0D7F0ZZ	Dilation of Right Large Intestine, Open Approach
0D7F3ZZ	Dilation of Right Large Intestine, Percutaneous Approach
0D7F4ZZ	Dilation of Right Large Intestine, Percutaneous Endoscopic Approach
0D7F8ZZ	Dilation of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0D7G0ZZ	Dilation of Left Large Intestine, Open Approach
0D7G3ZZ	Dilation of Left Large Intestine, Percutaneous Approach
0D7G4ZZ	Dilation of Left Large Intestine, Percutaneous Endoscopic Approach
0D7G8ZZ	Dilation of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0D7H0ZZ	Dilation of Cecum, Open Approach
0D7H3ZZ	Dilation of Cecum, Percutaneous Approach
0D7H4ZZ	Dilation of Cecum, Percutaneous Endoscopic Approach
0D7H8ZZ	Dilation of Cecum, Via Natural or Artificial Opening Endoscopic
0D7K0ZZ	Dilation of Ascending Colon, Open Approach
0D7K3ZZ	Dilation of Ascending Colon, Percutaneous Approach
0D7K4ZZ	Dilation of Ascending Colon, Percutaneous Endoscopic Approach
0D7K8ZZ	Dilation of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0D7L0ZZ	Dilation of Transverse Colon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D7L3ZZ	Dilation of Transverse Colon, Percutaneous Approach
0D7L4ZZ	Dilation of Transverse Colon, Percutaneous Endoscopic Approach
0D7L8ZZ	Dilation of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0D7M0ZZ	Dilation of Descending Colon, Open Approach
0D7M3ZZ	Dilation of Descending Colon, Percutaneous Approach
0D7M4ZZ	Dilation of Descending Colon, Percutaneous Endoscopic Approach
0D7M8ZZ	Dilation of Descending Colon, Via Natural or Artificial Opening Endoscopic
0D7N0ZZ	Dilation of Sigmoid Colon, Open Approach
0D7N3ZZ	Dilation of Sigmoid Colon, Percutaneous Approach
0D7N4ZZ	Dilation of Sigmoid Colon, Percutaneous Endoscopic Approach
0D7N8ZZ	Dilation of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0D7P0DZ	Dilation of Rectum with Intraluminal Device, Open Approach
0D7P0ZZ	Dilation of Rectum, Open Approach
0D7P3DZ	Dilation of Rectum with Intraluminal Device, Percutaneous Approach
0D7P3ZZ	Dilation of Rectum, Percutaneous Approach
0D7P4DZ	Dilation of Rectum with Intraluminal Device, Percutaneous Endoscopic Approach
0D7P4ZZ	Dilation of Rectum, Percutaneous Endoscopic Approach
0D7Q0DZ	Dilation of Anus with Intraluminal Device, Open Approach
0D7Q0ZZ	Dilation of Anus, Open Approach
0D7Q3DZ	Dilation of Anus with Intraluminal Device, Percutaneous Approach
0D7Q3ZZ	Dilation of Anus, Percutaneous Approach
0D7Q4DZ	Dilation of Anus with Intraluminal Device, Percutaneous Endoscopic Approach
0D7Q4ZZ	Dilation of Anus, Percutaneous Endoscopic Approach
0D840ZZ	Division of Esophagogastric Junction, Open Approach
0D843ZZ	Division of Esophagogastric Junction, Percutaneous Approach
0D844ZZ	Division of Esophagogastric Junction, Percutaneous Endoscopic Approach
0D847ZZ	Division of Esophagogastric Junction, Via Natural or Artificial Opening
0D848ZZ	Division of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0D870ZZ	Division Of Stomach, Pylorus, Open Approach
0D873ZZ	Division Of Stomach, Pylorus, Percutaneous Approach
0D874ZZ	Division Of Stomach, Pylorus, Percutaneous Endoscopic Approach
0D877ZZ	Division Of Stomach, Pylorus, Via Natural Or Artificial Opening
0D878ZZ	Division Of Stomach, Pylorus, Via Natural Or Artificial Opening Endoscopic
0D8R0ZZ	Division of Anal Sphincter, Open Approach
0D9100Z	Drainage of Upper Esophagus with Drainage Device, Open Approach
0D910ZZ	Drainage of Upper Esophagus, Open Approach
0D9130Z	Drainage of Upper Esophagus with Drainage Device, Percutaneous Approach
0D913ZX	Drainage of Upper Esophagus, Percutaneous Approach, Diagnostic
0D913ZZ	Drainage of Upper Esophagus, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D9140Z	Drainage of Upper Esophagus with Drainage Device, Percutaneous Endoscopic Approach
0D914ZX	Drainage of Upper Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0D914ZZ	Drainage of Upper Esophagus, Percutaneous Endoscopic Approach
0D9170Z	Drainage of Upper Esophagus with Drainage Device, Via Natural or Artificial Opening
0D917ZZ	Drainage of Upper Esophagus, Via Natural or Artificial Opening
0D9180Z	Drainage of Upper Esophagus with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D918ZX	Drainage of Upper Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D918ZZ	Drainage of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0D9200Z	Drainage of Middle Esophagus with Drainage Device, Open Approach
0D920ZZ	Drainage of Middle Esophagus, Open Approach
0D9230Z	Drainage of Middle Esophagus with Drainage Device, Percutaneous Approach
0D923ZX	Drainage of Middle Esophagus, Percutaneous Approach, Diagnostic
0D923ZZ	Drainage of Middle Esophagus, Percutaneous Approach
0D9240Z	Drainage of Middle Esophagus with Drainage Device, Percutaneous Endoscopic Approach
0D924ZX	Drainage of Middle Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0D924ZZ	Drainage of Middle Esophagus, Percutaneous Endoscopic Approach
0D9270Z	Drainage of Middle Esophagus with Drainage Device, Via Natural or Artificial Opening
0D927ZZ	Drainage of Middle Esophagus, Via Natural or Artificial Opening
0D9280Z	Drainage of Middle Esophagus with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D928ZX	Drainage of Middle Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D928ZZ	Drainage of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0D9300Z	Drainage of Lower Esophagus with Drainage Device, Open Approach
0D930ZZ	Drainage of Lower Esophagus, Open Approach
0D9330Z	Drainage of Lower Esophagus with Drainage Device, Percutaneous Approach
0D933ZX	Drainage of Lower Esophagus, Percutaneous Approach, Diagnostic
0D933ZZ	Drainage of Lower Esophagus, Percutaneous Approach
0D9340Z	Drainage of Lower Esophagus with Drainage Device, Percutaneous Endoscopic Approach
0D934ZX	Drainage of Lower Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0D934ZZ	Drainage of Lower Esophagus, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D9370Z	Drainage of Lower Esophagus with Drainage Device, Via Natural or Artificial Opening
0D937ZZ	Drainage of Lower Esophagus, Via Natural or Artificial Opening
0D9380Z	Drainage of Lower Esophagus with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D938ZX	Drainage of Lower Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D938ZZ	Drainage of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0D9400Z	Drainage of Esophagogastric Junction with Drainage Device, Open Approach
0D940ZZ	Drainage of Esophagogastric Junction, Open Approach
0D9430Z	Drainage of Esophagogastric Junction with Drainage Device, Percutaneous Approach
0D943ZX	Drainage of Esophagogastric Junction, Percutaneous Approach, Diagnostic
0D943ZZ	Drainage of Esophagogastric Junction, Percutaneous Approach
0D9440Z	Drainage of Esophagogastric Junction with Drainage Device, Percutaneous Endoscopic Approach
0D944ZX	Drainage of Esophagogastric Junction, Percutaneous Endoscopic Approach, Diagnostic
0D944ZZ	Drainage of Esophagogastric Junction, Percutaneous Endoscopic Approach
0D9470Z	Drainage of Esophagogastric Junction with Drainage Device, Via Natural or Artificial Opening
0D947ZZ	Drainage of Esophagogastric Junction, Via Natural or Artificial Opening
0D9480Z	Drainage of Esophagogastric Junction with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D948ZX	Drainage of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D948ZZ	Drainage of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0D9500Z	Drainage of Esophagus with Drainage Device, Open Approach
0D950ZZ	Drainage of Esophagus, Open Approach
0D9530Z	Drainage of Esophagus with Drainage Device, Percutaneous Approach
0D953ZX	Drainage of Esophagus, Percutaneous Approach, Diagnostic
0D953ZZ	Drainage of Esophagus, Percutaneous Approach
0D9540Z	Drainage of Esophagus with Drainage Device, Percutaneous Endoscopic Approach
0D954ZX	Drainage of Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0D954ZZ	Drainage of Esophagus, Percutaneous Endoscopic Approach
0D9570Z	Drainage of Esophagus with Drainage Device, Via Natural or Artificial Opening
0D957ZZ	Drainage of Esophagus, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D9580Z	Drainage of Esophagus with Drainage Device, Via Natural or Artificial Opening Endoscopic
0D958ZX	Drainage of Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D958ZZ	Drainage of Esophagus, Via Natural or Artificial Opening Endoscopic
0D9600Z	Drainage of Stomach with Drainage Device, Open Approach
0D960ZZ	Drainage of Stomach, Open Approach
0D9630Z	Drainage of Stomach with Drainage Device, Percutaneous Approach
0D963ZX	Drainage of Stomach, Percutaneous Approach, Diagnostic
0D963ZZ	Drainage of Stomach, Percutaneous Approach
0D964ZX	Drainage of Stomach, Percutaneous Endoscopic Approach, Diagnostic
0D967ZX	Drainage of Stomach, Via Natural or Artificial Opening, Diagnostic
0D968ZX	Drainage of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D973ZX	Drainage of Stomach, Pylorus, Percutaneous Approach, Diagnostic
0D974ZX	Drainage of Stomach, Pylorus, Percutaneous Endoscopic Approach, Diagnostic
0D977ZX	Drainage of Stomach, Pylorus, Via Natural or Artificial Opening, Diagnostic
0D978ZX	Drainage of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D988ZX	Drainage of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D998ZX	Drainage of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9A8ZX	Drainage of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9E3ZX	Drainage of Large Intestine, Percutaneous Approach, Diagnostic
0D9E8ZX	Drainage of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9F3ZX	Drainage of Right Large Intestine, Percutaneous Approach, Diagnostic
0D9F8ZX	Drainage of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9G3ZX	Drainage of Left Large Intestine, Percutaneous Approach, Diagnostic
0D9G8ZX	Drainage of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9H3ZX	Drainage of Cecum, Percutaneous Approach, Diagnostic
0D9H8ZX	Drainage of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9K3ZX	Drainage of Ascending Colon, Percutaneous Approach, Diagnostic
0D9K8ZX	Drainage of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9L3ZX	Drainage of Transverse Colon, Percutaneous Approach, Diagnostic
0D9L8ZX	Drainage of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9M3ZX	Drainage of Descending Colon, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D9M8ZX	Drainage of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9N3ZX	Drainage of Sigmoid Colon, Percutaneous Approach, Diagnostic
0D9N8ZX	Drainage of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9P00Z	Drainage of Rectum with Drainage Device, Open Approach
0D9P0ZX	Drainage of Rectum, Open Approach, Diagnostic
0D9P0ZZ	Drainage of Rectum, Open Approach
0D9P30Z	Drainage of Rectum with Drainage Device, Percutaneous Approach
0D9P3ZX	Drainage of Rectum, Percutaneous Approach, Diagnostic
0D9P3ZZ	Drainage of Rectum, Percutaneous Approach
0D9P40Z	Drainage of Rectum with Drainage Device, Percutaneous Endoscopic Approach
0D9P8ZX	Drainage of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9P8ZZ	Drainage of Rectum, Via Natural or Artificial Opening Endoscopic
0D9Q00Z	Drainage of Anus with Drainage Device, Open Approach
0D9Q0ZX	Drainage of Anus, Open Approach, Diagnostic
0D9Q0ZZ	Drainage of Anus, Open Approach
0D9Q30Z	Drainage of Anus with Drainage Device, Percutaneous Approach
0D9Q3ZX	Drainage of Anus, Percutaneous Approach, Diagnostic
0D9Q3ZZ	Drainage of Anus, Percutaneous Approach
0D9Q70Z	Drainage of Anus with Drainage Device, Via Natural or Artificial Opening
0D9Q7ZX	Drainage of Anus, Via Natural or Artificial Opening, Diagnostic
0D9Q7ZZ	Drainage of Anus, Via Natural or Artificial Opening
0D9Q8ZX	Drainage of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0D9QX0Z	Drainage of Anus with Drainage Device, External Approach
0D9QXZX	Drainage of Anus, External Approach, Diagnostic
0D9QXZZ	Drainage of Anus, External Approach
0D9R00Z	Drainage of Anal Sphincter with Drainage Device, Open Approach
0D9R0ZX	Drainage of Anal Sphincter, Open Approach, Diagnostic
0D9R0ZZ	Drainage of Anal Sphincter, Open Approach
0D9R30Z	Drainage of Anal Sphincter with Drainage Device, Percutaneous Approach
0D9R3ZX	Drainage of Anal Sphincter, Percutaneous Approach, Diagnostic
0D9R3ZZ	Drainage of Anal Sphincter, Percutaneous Approach
0D9V0ZX	Drainage of Mesentery, Open Approach, Diagnostic
0D9V30Z	Drainage of Mesentery with Drainage Device, Percutaneous Approach
0D9V3ZX	Drainage of Mesentery, Percutaneous Approach, Diagnostic
0D9V3ZZ	Drainage of Mesentery, Percutaneous Approach
0D9V4ZX	Drainage of Mesentery, Percutaneous Endoscopic Approach, Diagnostic
0D9W0ZX	Drainage of Peritoneum, Open Approach, Diagnostic
0D9W30Z	Drainage of Peritoneum with Drainage Device, Percutaneous Approach
0D9W3ZX	Drainage of Peritoneum, Percutaneous Approach, Diagnostic
0D9W3ZZ	Drainage of Peritoneum, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0D9W4ZX	Drainage of Peritoneum, Percutaneous Endoscopic Approach, Diagnostic
0DB10ZZ	Excision of Upper Esophagus, Open Approach
0DB13ZX	Excision of Upper Esophagus, Percutaneous Approach, Diagnostic
0DB13ZZ	Excision of Upper Esophagus, Percutaneous Approach
0DB14ZX	Excision of Upper Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0DB17ZZ	Excision of Upper Esophagus, Via Natural or Artificial Opening
0DB18ZX	Excision of Upper Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB18ZZ	Excision of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0DB20ZZ	Excision of Middle Esophagus, Open Approach
0DB23ZX	Excision of Middle Esophagus, Percutaneous Approach, Diagnostic
0DB23ZZ	Excision of Middle Esophagus, Percutaneous Approach
0DB24ZX	Excision of Middle Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0DB27ZZ	Excision of Middle Esophagus, Via Natural or Artificial Opening
0DB28ZX	Excision of Middle Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB28ZZ	Excision of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0DB30ZZ	Excision of Lower Esophagus, Open Approach
0DB33ZX	Excision of Lower Esophagus, Percutaneous Approach, Diagnostic
0DB33ZZ	Excision of Lower Esophagus, Percutaneous Approach
0DB34ZX	Excision of Lower Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0DB37ZZ	Excision of Lower Esophagus, Via Natural or Artificial Opening
0DB38ZX	Excision of Lower Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB38ZZ	Excision of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0DB40ZZ	Excision of Esophagogastric Junction, Open Approach
0DB43ZX	Excision of Esophagogastric Junction, Percutaneous Approach, Diagnostic
0DB43ZZ	Excision of Esophagogastric Junction, Percutaneous Approach
0DB44ZX	Excision of Esophagogastric Junction, Percutaneous Endoscopic Approach, Diagnostic
0DB47ZZ	Excision of Esophagogastric Junction, Via Natural or Artificial Opening
0DB48ZX	Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB48ZZ	Excision of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DB50ZZ	Excision of Esophagus, Open Approach
0DB53ZX	Excision of Esophagus, Percutaneous Approach, Diagnostic
0DB53ZZ	Excision of Esophagus, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DB54ZX	Excision of Esophagus, Percutaneous Endoscopic Approach, Diagnostic
0DB57ZZ	Excision of Esophagus, Via Natural or Artificial Opening
0DB58ZX	Excision of Esophagus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB58ZZ	Excision of Esophagus, Via Natural or Artificial Opening Endoscopic
0DB60ZZ	Excision of Stomach, Open Approach
0DB63ZX	Excision of Stomach, Percutaneous Approach, Diagnostic
0DB64ZX	Excision of Stomach, Percutaneous Endoscopic Approach, Diagnostic
0DB67ZX	Excision of Stomach, Via Natural or Artificial Opening, Diagnostic
0DB68ZX	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB68ZZ	Excision of Stomach, Via Natural or Artificial Opening Endoscopic
0DB70ZZ	Excision of Stomach, Pylorus, Open Approach
0DB73ZX	Excision of Stomach, Pylorus, Percutaneous Approach, Diagnostic
0DB74ZX	Excision of Stomach, Pylorus, Percutaneous Endoscopic Approach, Diagnostic
0DB74ZZ	Excision of Stomach, Pylorus, Percutaneous Endoscopic Approach
0DB77ZX	Excision of Stomach, Pylorus, Via Natural or Artificial Opening, Diagnostic
0DB78ZX	Excision of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB78ZZ	Excision of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic
0DB80ZX	Excision of Small Intestine, Open Approach, Diagnostic
0DB80ZZ	Excision of Small Intestine, Open Approach
0DB84ZZ	Excision of Small Intestine, Percutaneous Endoscopic Approach
0DB87ZX	Excision of Small Intestine, Via Natural or Artificial Opening, Diagnostic
0DB88ZX	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB88ZZ	Excision of Small Intestine, Via Natural or Artificial Opening Endoscopic
0DB90ZX	Excision of Duodenum, Open Approach, Diagnostic
0DB90ZZ	Excision of Duodenum, Open Approach
0DB94ZZ	Excision of Duodenum, Percutaneous Endoscopic Approach
0DB98ZX	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DB98ZZ	Excision of Duodenum, Via Natural or Artificial Opening Endoscopic
0DBA0ZX	Excision of Jejunum, Open Approach, Diagnostic
0DBA0ZZ	Excision of Jejunum, Open Approach
0DBA4ZZ	Excision of Jejunum, Percutaneous Endoscopic Approach
0DBA8ZX	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBA8ZZ	Excision of Jejunum, Via Natural or Artificial Opening Endoscopic
0DBB0ZX	Excision of Ileum, Open Approach, Diagnostic
0DBB0ZZ	Excision of Ileum, Open Approach
0DBB3ZZ	Excision of Ileum, Percutaneous Approach
0DBB4ZZ	Excision of Ileum, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DBB7ZZ	Excision of Ileum, Via Natural or Artificial Opening
0DBB8ZZ	Excision of Ileum, Via Natural or Artificial Opening Endoscopic
0DBC0ZX	Excision of Ileocecal Valve, Open Approach, Diagnostic
0DBC0ZZ	Excision of Ileocecal Valve, Open Approach
0DBC4ZZ	Excision of Ileocecal Valve, Percutaneous Endoscopic Approach
0DBC8ZZ	Excision of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0DBE0ZX	Excision of Large Intestine, Open Approach, Diagnostic
0DBE0ZZ	Excision of Large Intestine, Open Approach
0DBE3ZZ	Excision of Large Intestine, Percutaneous Approach
0DBE7ZZ	Excision of Large Intestine, Via Natural or Artificial Opening
0DBE8ZX	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBE8ZZ	Excision of Large Intestine, Via Natural or Artificial Opening Endoscopic
0DBF0ZX	Excision of Right Large Intestine, Open Approach, Diagnostic
0DBF4ZX	Excision of Right Large Intestine, Percutaneous Endoscopic Approach, Diagnostic
0DBF8ZX	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBF8ZZ	Excision of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0DBG0ZX	Excision of Left Large Intestine, Open Approach, Diagnostic
0DBG8ZX	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBG8ZZ	Excision of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0DBH0ZX	Excision of Cecum, Open Approach, Diagnostic
0DBH8ZX	Excision of Cecum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBH8ZZ	Excision of Cecum, Via Natural or Artificial Opening Endoscopic
0DBK0ZX	Excision of Ascending Colon, Open Approach, Diagnostic
0DBK0ZZ	Excision of Ascending Colon, Open Approach
0DBK8ZX	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBK8ZZ	Excision of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0DBL0ZX	Excision of Transverse Colon, Open Approach, Diagnostic
0DBL8ZX	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBL8ZZ	Excision of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DBM0ZX	Excision of Descending Colon, Open Approach, Diagnostic
0DBM8ZX	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBM8ZZ	Excision of Descending Colon, Via Natural or Artificial Opening Endoscopic
0DBN0ZX	Excision of Sigmoid Colon, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DBN8ZX	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBN8ZZ	Excision of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DBP0ZX	Excision of Rectum, Open Approach, Diagnostic
0DBP0ZZ	Excision of Rectum, Open Approach
0DBP4ZZ	Excision of Rectum, Percutaneous Endoscopic Approach
0DBP7ZX	Excision of Rectum, Via Natural or Artificial Opening, Diagnostic
0DBP7ZZ	Excision of Rectum, Via Natural or Artificial Opening
0DBP8ZX	Excision of Rectum, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBP8ZZ	Excision of Rectum, Via Natural or Artificial Opening Endoscopic
0DBQ0ZX	Excision of Anus, Open Approach, Diagnostic
0DBQ0ZZ	Excision of Anus, Open Approach
0DBQ7ZX	Excision of Anus, Via Natural or Artificial Opening, Diagnostic
0DBQ7ZZ	Excision of Anus, Via Natural or Artificial Opening
0DBQ8ZX	Excision of Anus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0DBQ8ZZ	Excision of Anus, Via Natural or Artificial Opening Endoscopic
0DBQXZX	Excision of Anus, External Approach, Diagnostic
0DBQXZZ	Excision of Anus, External Approach
0DBR0ZX	Excision of Anal Sphincter, Open Approach, Diagnostic
0DBR0ZZ	Excision of Anal Sphincter, Open Approach
0DBR3ZZ	Excision of Anal Sphincter, Percutaneous Approach
0DBR4ZZ	Excision of Anal Sphincter, Percutaneous Endoscopic Approach
0DBV0ZX	Excision of Mesentery, Open Approach, Diagnostic
0DBV3ZX	Excision of Mesentery, Percutaneous Approach, Diagnostic
0DBV4ZX	Excision of Mesentery, Percutaneous Endoscopic Approach, Diagnostic
0DBW0ZX	Excision of Peritoneum, Open Approach, Diagnostic
0DBW3ZX	Excision of Peritoneum, Percutaneous Approach, Diagnostic
0DBW4ZX	Excision of Peritoneum, Percutaneous Endoscopic Approach, Diagnostic
0DC10ZZ	Extirpation of Matter from Upper Esophagus, Open Approach
0DC13ZZ	Extirpation of Matter from Upper Esophagus, Percutaneous Approach
0DC14ZZ	Extirpation of Matter from Upper Esophagus, Percutaneous Endoscopic Approach
0DC20ZZ	Extirpation of Matter from Middle Esophagus, Open Approach
0DC23ZZ	Extirpation of Matter from Middle Esophagus, Percutaneous Approach
0DC24ZZ	Extirpation of Matter from Middle Esophagus, Percutaneous Endoscopic Approach
0DC30ZZ	Extirpation of Matter from Lower Esophagus, Open Approach
0DC33ZZ	Extirpation of Matter from Lower Esophagus, Percutaneous Approach
0DC34ZZ	Extirpation of Matter from Lower Esophagus, Percutaneous Endoscopic Approach
0DC40ZZ	Extirpation of Matter from Esophagogastric Junction, Open Approach
0DC43ZZ	Extirpation of Matter from Esophagogastric Junction, Percutaneous Approach
0DC44ZZ	Extirpation of Matter from Esophagogastric Junction, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0DC50ZZ	Extirpation of Matter from Esophagus, Open Approach
0DC53ZZ	Extirpation of Matter from Esophagus, Percutaneous Approach
0DC54ZZ	Extirpation of Matter from Esophagus, Percutaneous Endoscopic Approach
0DC60ZZ	Extirpation of Matter from Stomach, Open Approach
0DCP0ZZ	Extirpation of Matter from Rectum, Open Approach
0DCQ0ZZ	Extirpation of Matter from Anus, Open Approach
0DCQ3ZZ	Extirpation of Matter from Anus, Percutaneous Approach
0DCQ4ZZ	Extirpation of Matter from Anus, Percutaneous Endoscopic Approach
0DCR0ZZ	Extirpation of Matter from Anal Sphincter, Open Approach
0DFQ0ZZ	Fragmentation in Anus, Open Approach
0DFQ3ZZ	Fragmentation in Anus, Percutaneous Approach
0DFQ4ZZ	Fragmentation in Anus, Percutaneous Endoscopic Approach
0DFQ7ZZ	Fragmentation in Anus, Via Natural or Artificial Opening
0DFQ8ZZ	Fragmentation in Anus, Via Natural or Artificial Opening Endoscopic
0DH502Z	Insertion of Monitoring Device into Esophagus, Open Approach
0DH503Z	Insertion of Infusion Device into Esophagus, Open Approach
0DH50DZ	Insertion of Intraluminal Device into Esophagus, Open Approach
0DH50UZ	Insertion of Feeding Device into Esophagus, Open Approach
0DH532Z	Insertion of Monitoring Device into Esophagus, Percutaneous Approach
0DH533Z	Insertion of Infusion Device into Esophagus, Percutaneous Approach
0DH542Z	Insertion of Monitoring Device into Esophagus, Percutaneous Endoscopic Approach
0DH543Z	Insertion of Infusion Device into Esophagus, Percutaneous Endoscopic Approach
0DH572Z	Insertion of Monitoring Device into Esophagus, Via Natural or Artificial Opening
0DH573Z	Insertion of Infusion Device into Esophagus, Via Natural or Artificial Opening
0DH582Z	Insertion of Monitoring Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0DH583Z	Insertion of Infusion Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0DH58DZ	Insertion of Intraluminal Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0DH58UZ	Insertion of Feeding Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0DH602Z	Insertion of Monitoring Device into Stomach, Open Approach
0DH603Z	Insertion of Infusion Device into Stomach, Open Approach
0DH60UZ	Insertion of Feeding Device into Stomach, Open Approach
0DH63UZ	Insertion of Feeding Device into Stomach, Percutaneous Approach
0DH64UZ	Insertion of Feeding Device into Stomach, Percutaneous Endoscopic Approach
0DH672Z	Insertion of Monitoring Device into Stomach, Via Natural or Artificial Opening
0DH673Z	Insertion of Infusion Device into Stomach, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DH67UZ	Insertion of Feeding Device into Stomach, Via Natural or Artificial Opening
0DH682Z	Insertion of Monitoring Device into Stomach, Via Natural or Artificial Opening Endoscopic
0DH683Z	Insertion of Infusion Device into Stomach, Via Natural or Artificial Opening Endoscopic
0DH68UZ	Insertion of Feeding Device into Stomach, Via Natural or Artificial Opening Endoscopic
0DH80UZ	Insertion of Feeding Device into Small Intestine, Open Approach
0DH83UZ	Insertion of Feeding Device into Small Intestine, Percutaneous Approach
0DH84UZ	Insertion of Feeding Device into Small Intestine, Percutaneous Endoscopic Approach
0DH90UZ	Insertion of Feeding Device into Duodenum, Open Approach
0DH93UZ	Insertion of Feeding Device into Duodenum, Percutaneous Approach
0DH94UZ	Insertion of Feeding Device into Duodenum, Percutaneous Endoscopic Approach
0DHA0UZ	Insertion of Feeding Device into Jejunum, Open Approach
0DHA3UZ	Insertion of Feeding Device into Jejunum, Percutaneous Approach
0DHA4UZ	Insertion of Feeding Device into Jejunum, Percutaneous Endoscopic Approach
0DHA8UZ	Insertion of Feeding Device into Jejunum, Via Natural or Artificial Opening Endoscopic
0DHB0UZ	Insertion of Feeding Device into Ileum, Open Approach
0DHB3UZ	Insertion of Feeding Device into Ileum, Percutaneous Approach
0DHB4UZ	Insertion of Feeding Device into Ileum, Percutaneous Endoscopic Approach
0DHQ0DZ	Insertion of Intraluminal Device into Anus, Open Approach
0DHQ3DZ	Insertion of Intraluminal Device into Anus, Percutaneous Approach
0DHQ4DZ	Insertion of Intraluminal Device into Anus, Percutaneous Endoscopic Approach
0DHQ7DZ	Insertion of Intraluminal Device into Anus, Via Natural or Artificial Opening
0DHQ8DZ	Insertion of Intraluminal Device into Anus, Via Natural or Artificial Opening Endoscopic
0DHR0MZ	Insertion of Stimulator Lead into Anal Sphincter, Open Approach
0DHR3MZ	Insertion of Stimulator Lead into Anal Sphincter, Percutaneous Approach
0DHR4MZ	Insertion of Stimulator Lead into Anal Sphincter, Percutaneous Endoscopic Approach
0DJ00ZZ	Inspection of Upper Intestinal Tract, Open Approach
0DJ04ZZ	Inspection of Upper Intestinal Tract, Percutaneous Endoscopic Approach
0DJ07ZZ	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening
0DJ08ZZ	Inspection of Upper Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DJ0XZZ	Inspection of Upper Intestinal Tract, External Approach
0DJ63ZZ	Inspection of Stomach, Percutaneous Approach
0DJ64ZZ	Inspection of Stomach, Percutaneous Endoscopic Approach
0DJ67ZZ	Inspection of Stomach, Via Natural or Artificial Opening
0DJ68ZZ	Inspection of Stomach, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DJD3ZZ	Inspection of Lower Intestinal Tract, Percutaneous Approach
0DJD4ZZ	Inspection of Lower Intestinal Tract, Percutaneous Endoscopic Approach
0DJD7ZZ	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening
0DJD8ZZ	Inspection of Lower Intestinal Tract, Via Natural or Artificial Opening Endoscopic
0DJU3ZZ	Inspection of Omentum, Percutaneous Approach
0DJU4ZZ	Inspection of Omentum, Percutaneous Endoscopic Approach
0DJV3ZZ	Inspection of Mesentery, Percutaneous Approach
0DJV4ZZ	Inspection of Mesentery, Percutaneous Endoscopic Approach
0DJW3ZZ	Inspection of Peritoneum, Percutaneous Approach
0DJW4ZZ	Inspection of Peritoneum, Percutaneous Endoscopic Approach
0DL10CZ	Occlusion of Upper Esophagus with Extraluminal Device, Open Approach
0DL10DZ	Occlusion of Upper Esophagus with Intraluminal Device, Open Approach
0DL10ZZ	Occlusion of Upper Esophagus, Open Approach
0DL13CZ	Occlusion of Upper Esophagus with Extraluminal Device, Percutaneous Approach
0DL13DZ	Occlusion of Upper Esophagus with Intraluminal Device, Percutaneous Approach
0DL13ZZ	Occlusion of Upper Esophagus, Percutaneous Approach
0DL14CZ	Occlusion of Upper Esophagus with Extraluminal Device, Percutaneous Endoscopic Approach
0DL14DZ	Occlusion of Upper Esophagus with Intraluminal Device, Percutaneous Endoscopic Approach
0DL14ZZ	Occlusion of Upper Esophagus, Percutaneous Endoscopic Approach
0DL17DZ	Occlusion of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0DL17ZZ	Occlusion of Upper Esophagus, Via Natural or Artificial Opening
0DL18DZ	Occlusion of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL18ZZ	Occlusion of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0DL20CZ	Occlusion of Middle Esophagus with Extraluminal Device, Open Approach
0DL20DZ	Occlusion of Middle Esophagus with Intraluminal Device, Open Approach
0DL20ZZ	Occlusion of Middle Esophagus, Open Approach
0DL23CZ	Occlusion of Middle Esophagus with Extraluminal Device, Percutaneous Approach
0DL23DZ	Occlusion of Middle Esophagus with Intraluminal Device, Percutaneous Approach
0DL23ZZ	Occlusion of Middle Esophagus, Percutaneous Approach
0DL24CZ	Occlusion of Middle Esophagus with Extraluminal Device, Percutaneous Endoscopic Approach
0DL24DZ	Occlusion of Middle Esophagus with Intraluminal Device, Percutaneous Endoscopic Approach
0DL24ZZ	Occlusion of Middle Esophagus, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0DL27DZ	Occlusion of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0DL27ZZ	Occlusion of Middle Esophagus, Via Natural or Artificial Opening
0DL28DZ	Occlusion of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL28ZZ	Occlusion of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0DL30CZ	Occlusion of Lower Esophagus with Extraluminal Device, Open Approach
0DL30DZ	Occlusion of Lower Esophagus with Intraluminal Device, Open Approach
0DL30ZZ	Occlusion of Lower Esophagus, Open Approach
0DL33CZ	Occlusion of Lower Esophagus with Extraluminal Device, Percutaneous Approach
0DL33DZ	Occlusion of Lower Esophagus with Intraluminal Device, Percutaneous Approach
0DL33ZZ	Occlusion of Lower Esophagus, Percutaneous Approach
0DL34CZ	Occlusion of Lower Esophagus with Extraluminal Device, Percutaneous Endoscopic Approach
0DL34DZ	Occlusion of Lower Esophagus with Intraluminal Device, Percutaneous Endoscopic Approach
0DL34ZZ	Occlusion of Lower Esophagus, Percutaneous Endoscopic Approach
0DL37DZ	Occlusion of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening
0DL37ZZ	Occlusion of Lower Esophagus, Via Natural or Artificial Opening
0DL38DZ	Occlusion of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL38ZZ	Occlusion of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0DL40CZ	Occlusion of Esophagogastric Junction with Extraluminal Device, Open Approach
0DL40DZ	Occlusion of Esophagogastric Junction with Intraluminal Device, Open Approach
0DL40ZZ	Occlusion of Esophagogastric Junction, Open Approach
0DL43CZ	Occlusion of Esophagogastric Junction with Extraluminal Device, Percutaneous Approach
0DL43DZ	Occlusion of Esophagogastric Junction with Intraluminal Device, Percutaneous Approach
0DL43ZZ	Occlusion of Esophagogastric Junction, Percutaneous Approach
0DL44CZ	Occlusion of Esophagogastric Junction with Extraluminal Device, Percutaneous Endoscopic Approach
0DL44DZ	Occlusion of Esophagogastric Junction with Intraluminal Device, Percutaneous Endoscopic Approach
0DL44ZZ	Occlusion of Esophagogastric Junction, Percutaneous Endoscopic Approach
0DL47DZ	Occlusion of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DL47ZZ	Occlusion of Esophagogastric Junction, Via Natural or Artificial Opening
0DL48DZ	Occlusion of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL48ZZ	Occlusion of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DL50CZ	Occlusion of Esophagus with Extraluminal Device, Open Approach
0DL50DZ	Occlusion of Esophagus with Intraluminal Device, Open Approach
0DL50ZZ	Occlusion of Esophagus, Open Approach
0DL53CZ	Occlusion of Esophagus with Extraluminal Device, Percutaneous Approach
0DL53DZ	Occlusion of Esophagus with Intraluminal Device, Percutaneous Approach
0DL53ZZ	Occlusion of Esophagus, Percutaneous Approach
0DL54CZ	Occlusion of Esophagus with Extraluminal Device, Percutaneous Endoscopic Approach
0DL54DZ	Occlusion of Esophagus with Intraluminal Device, Percutaneous Endoscopic Approach
0DL54ZZ	Occlusion of Esophagus, Percutaneous Endoscopic Approach
0DL57ZZ	Occlusion of Esophagus, Via Natural or Artificial Opening
0DL58ZZ	Occlusion of Esophagus, Via Natural or Artificial Opening Endoscopic
0DL80CZ	Occlusion of Small Intestine with Extraluminal Device, Open Approach
0DL80DZ	Occlusion of Small Intestine with Intraluminal Device, Open Approach
0DL80ZZ	Occlusion of Small Intestine, Open Approach
0DL83CZ	Occlusion of Small Intestine with Extraluminal Device, Percutaneous Approach
0DL83DZ	Occlusion of Small Intestine with Intraluminal Device, Percutaneous Approach
0DL83ZZ	Occlusion of Small Intestine, Percutaneous Approach
0DL84CZ	Occlusion of Small Intestine with Extraluminal Device, Percutaneous Endoscopic Approach
0DL84DZ	Occlusion of Small Intestine with Intraluminal Device, Percutaneous Endoscopic Approach
0DL84ZZ	Occlusion of Small Intestine, Percutaneous Endoscopic Approach
0DL87DZ	Occlusion of Small Intestine with Intraluminal Device, Via Natural or Artificial Opening
0DL87ZZ	Occlusion of Small Intestine, Via Natural or Artificial Opening
0DL88DZ	Occlusion of Small Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL88ZZ	Occlusion of Small Intestine, Via Natural or Artificial Opening Endoscopic
0DL90CZ	Occlusion of Duodenum with Extraluminal Device, Open Approach
0DL90DZ	Occlusion of Duodenum with Intraluminal Device, Open Approach
0DL90ZZ	Occlusion of Duodenum, Open Approach
0DL93CZ	Occlusion of Duodenum with Extraluminal Device, Percutaneous Approach
0DL93DZ	Occlusion of Duodenum with Intraluminal Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DL93ZZ	Occlusion of Duodenum, Percutaneous Approach
0DL94CZ	Occlusion of Duodenum with Extraluminal Device, Percutaneous Endoscopic Approach
0DL94DZ	Occlusion of Duodenum with Intraluminal Device, Percutaneous Endoscopic Approach
0DL94ZZ	Occlusion of Duodenum, Percutaneous Endoscopic Approach
0DL97DZ	Occlusion of Duodenum with Intraluminal Device, Via Natural or Artificial Opening
0DL97ZZ	Occlusion of Duodenum, Via Natural or Artificial Opening
0DL98DZ	Occlusion of Duodenum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DL98ZZ	Occlusion of Duodenum, Via Natural or Artificial Opening Endoscopic
0DLA0CZ	Occlusion of Jejunum with Extraluminal Device, Open Approach
0DLA0DZ	Occlusion of Jejunum with Intraluminal Device, Open Approach
0DLA0ZZ	Occlusion of Jejunum, Open Approach
0DLA3CZ	Occlusion of Jejunum with Extraluminal Device, Percutaneous Approach
0DLA3DZ	Occlusion of Jejunum with Intraluminal Device, Percutaneous Approach
0DLA3ZZ	Occlusion of Jejunum, Percutaneous Approach
0DLA4CZ	Occlusion of Jejunum with Extraluminal Device, Percutaneous Endoscopic Approach
0DLA4DZ	Occlusion of Jejunum with Intraluminal Device, Percutaneous Endoscopic Approach
0DLA4ZZ	Occlusion of Jejunum, Percutaneous Endoscopic Approach
0DLA7DZ	Occlusion of Jejunum with Intraluminal Device, Via Natural or Artificial Opening
0DLA7ZZ	Occlusion of Jejunum, Via Natural or Artificial Opening
0DLA8DZ	Occlusion of Jejunum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLA8ZZ	Occlusion of Jejunum, Via Natural or Artificial Opening Endoscopic
0DLB0CZ	Occlusion of Ileum with Extraluminal Device, Open Approach
0DLB0DZ	Occlusion of Ileum with Intraluminal Device, Open Approach
0DLB0ZZ	Occlusion of Ileum, Open Approach
0DLB3CZ	Occlusion of Ileum with Extraluminal Device, Percutaneous Approach
0DLB3DZ	Occlusion of Ileum with Intraluminal Device, Percutaneous Approach
0DLB3ZZ	Occlusion of Ileum, Percutaneous Approach
0DLB4CZ	Occlusion of Ileum with Extraluminal Device, Percutaneous Endoscopic Approach
0DLB4DZ	Occlusion of Ileum with Intraluminal Device, Percutaneous Endoscopic Approach
0DLB4ZZ	Occlusion of Ileum, Percutaneous Endoscopic Approach
0DLB7DZ	Occlusion of Ileum with Intraluminal Device, Via Natural or Artificial Opening
0DLB7ZZ	Occlusion of Ileum, Via Natural or Artificial Opening
0DLB8DZ	Occlusion of Ileum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLB8ZZ	Occlusion of Ileum, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0DLC0CZ	Occlusion of Ileocecal Valve with Extraluminal Device, Open Approach
0DLC0DZ	Occlusion of Ileocecal Valve with Intraluminal Device, Open Approach
0DLC0ZZ	Occlusion of Ileocecal Valve, Open Approach
0DLC3CZ	Occlusion of Ileocecal Valve with Extraluminal Device, Percutaneous Approach
0DLC3DZ	Occlusion of Ileocecal Valve with Intraluminal Device, Percutaneous Approach
0DLC3ZZ	Occlusion of Ileocecal Valve, Percutaneous Approach
0DLC4CZ	Occlusion of Ileocecal Valve with Extraluminal Device, Percutaneous Endoscopic Approach
0DLC4DZ	Occlusion of Ileocecal Valve with Intraluminal Device, Percutaneous Endoscopic Approach
0DLC4ZZ	Occlusion of Ileocecal Valve, Percutaneous Endoscopic Approach
0DLC7DZ	Occlusion of Ileocecal Valve with Intraluminal Device, Via Natural or Artificial Opening
0DLC7ZZ	Occlusion of Ileocecal Valve, Via Natural or Artificial Opening
0DLC8DZ	Occlusion of Ileocecal Valve with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLC8ZZ	Occlusion of Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0DLE0CZ	Occlusion of Large Intestine with Extraluminal Device, Open Approach
0DLE0DZ	Occlusion of Large Intestine with Intraluminal Device, Open Approach
0DLE0ZZ	Occlusion of Large Intestine, Open Approach
0DLE3CZ	Occlusion of Large Intestine with Extraluminal Device, Percutaneous Approach
0DLE3DZ	Occlusion of Large Intestine with Intraluminal Device, Percutaneous Approach
0DLE3ZZ	Occlusion of Large Intestine, Percutaneous Approach
0DLE4CZ	Occlusion of Large Intestine with Extraluminal Device, Percutaneous Endoscopic Approach
0DLE4DZ	Occlusion of Large Intestine with Intraluminal Device, Percutaneous Endoscopic Approach
0DLE4ZZ	Occlusion of Large Intestine, Percutaneous Endoscopic Approach
0DLE7DZ	Occlusion of Large Intestine with Intraluminal Device, Via Natural or Artificial Opening
0DLE7ZZ	Occlusion of Large Intestine, Via Natural or Artificial Opening
0DLE8DZ	Occlusion of Large Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLE8ZZ	Occlusion of Large Intestine, Via Natural or Artificial Opening Endoscopic
0DLF0CZ	Occlusion of Right Large Intestine with Extraluminal Device, Open Approach
0DLF0DZ	Occlusion of Right Large Intestine with Intraluminal Device, Open Approach
0DLF0ZZ	Occlusion of Right Large Intestine, Open Approach
0DLF3CZ	Occlusion of Right Large Intestine with Extraluminal Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DLF3DZ	Occlusion of Right Large Intestine with Intraluminal Device, Percutaneous Approach
0DLF3ZZ	Occlusion of Right Large Intestine, Percutaneous Approach
0DLF4CZ	Occlusion of Right Large Intestine with Extraluminal Device, Percutaneous Endoscopic Approach
0DLF4DZ	Occlusion of Right Large Intestine with Intraluminal Device, Percutaneous Endoscopic Approach
0DLF4ZZ	Occlusion of Right Large Intestine, Percutaneous Endoscopic Approach
0DLF7DZ	Occlusion of Right Large Intestine with Intraluminal Device, Via Natural or Artificial Opening
0DLF7ZZ	Occlusion of Right Large Intestine, Via Natural or Artificial Opening
0DLF8DZ	Occlusion of Right Large Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLF8ZZ	Occlusion of Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0DLG0CZ	Occlusion of Left Large Intestine with Extraluminal Device, Open Approach
0DLG0DZ	Occlusion of Left Large Intestine with Intraluminal Device, Open Approach
0DLG0ZZ	Occlusion of Left Large Intestine, Open Approach
0DLG3CZ	Occlusion of Left Large Intestine with Extraluminal Device, Percutaneous Approach
0DLG3DZ	Occlusion of Left Large Intestine with Intraluminal Device, Percutaneous Approach
0DLG3ZZ	Occlusion of Left Large Intestine, Percutaneous Approach
0DLG4CZ	Occlusion of Left Large Intestine with Extraluminal Device, Percutaneous Endoscopic Approach
0DLG4DZ	Occlusion of Left Large Intestine with Intraluminal Device, Percutaneous Endoscopic Approach
0DLG4ZZ	Occlusion of Left Large Intestine, Percutaneous Endoscopic Approach
0DLG7DZ	Occlusion of Left Large Intestine with Intraluminal Device, Via Natural or Artificial Opening
0DLG7ZZ	Occlusion of Left Large Intestine, Via Natural or Artificial Opening
0DLG8DZ	Occlusion of Left Large Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLG8ZZ	Occlusion of Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0DLH0CZ	Occlusion of Cecum with Extraluminal Device, Open Approach
0DLH0DZ	Occlusion of Cecum with Intraluminal Device, Open Approach
0DLH0ZZ	Occlusion of Cecum, Open Approach
0DLH3CZ	Occlusion of Cecum with Extraluminal Device, Percutaneous Approach
0DLH3DZ	Occlusion of Cecum with Intraluminal Device, Percutaneous Approach
0DLH3ZZ	Occlusion of Cecum, Percutaneous Approach
0DLH4CZ	Occlusion of Cecum with Extraluminal Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DLH4DZ	Occlusion of Cecum with Intraluminal Device, Percutaneous Endoscopic Approach
0DLH4ZZ	Occlusion of Cecum, Percutaneous Endoscopic Approach
0DLH7DZ	Occlusion of Cecum with Intraluminal Device, Via Natural or Artificial Opening
0DLH7ZZ	Occlusion of Cecum, Via Natural or Artificial Opening
0DLH8DZ	Occlusion of Cecum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLH8ZZ	Occlusion of Cecum, Via Natural or Artificial Opening Endoscopic
0DLK0CZ	Occlusion of Ascending Colon with Extraluminal Device, Open Approach
0DLK0DZ	Occlusion of Ascending Colon with Intraluminal Device, Open Approach
0DLK0ZZ	Occlusion of Ascending Colon, Open Approach
0DLK3CZ	Occlusion of Ascending Colon with Extraluminal Device, Percutaneous Approach
0DLK3DZ	Occlusion of Ascending Colon with Intraluminal Device, Percutaneous Approach
0DLK3ZZ	Occlusion of Ascending Colon, Percutaneous Approach
0DLK4CZ	Occlusion of Ascending Colon with Extraluminal Device, Percutaneous Endoscopic Approach
0DLK4DZ	Occlusion of Ascending Colon with Intraluminal Device, Percutaneous Endoscopic Approach
0DLK4ZZ	Occlusion of Ascending Colon, Percutaneous Endoscopic Approach
0DLK7DZ	Occlusion of Ascending Colon with Intraluminal Device, Via Natural or Artificial Opening
0DLK7ZZ	Occlusion of Ascending Colon, Via Natural or Artificial Opening
0DLK8DZ	Occlusion of Ascending Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLK8ZZ	Occlusion of Ascending Colon, Via Natural or Artificial Opening Endoscopic
0DLL0CZ	Occlusion of Transverse Colon with Extraluminal Device, Open Approach
0DLL0DZ	Occlusion of Transverse Colon with Intraluminal Device, Open Approach
0DLL0ZZ	Occlusion of Transverse Colon, Open Approach
0DLL3CZ	Occlusion of Transverse Colon with Extraluminal Device, Percutaneous Approach
0DLL3DZ	Occlusion of Transverse Colon with Intraluminal Device, Percutaneous Approach
0DLL3ZZ	Occlusion of Transverse Colon, Percutaneous Approach
0DLL4CZ	Occlusion of Transverse Colon with Extraluminal Device, Percutaneous Endoscopic Approach
0DLL4DZ	Occlusion of Transverse Colon with Intraluminal Device, Percutaneous Endoscopic Approach
0DLL4ZZ	Occlusion of Transverse Colon, Percutaneous Endoscopic Approach
0DLL7DZ	Occlusion of Transverse Colon with Intraluminal Device, Via Natural or Artificial Opening
0DLL7ZZ	Occlusion of Transverse Colon, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0DLL8DZ	Occlusion of Transverse Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLL8ZZ	Occlusion of Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DLM0CZ	Occlusion of Descending Colon with Extraluminal Device, Open Approach
0DLM0DZ	Occlusion of Descending Colon with Intraluminal Device, Open Approach
0DLM0ZZ	Occlusion of Descending Colon, Open Approach
0DLM3CZ	Occlusion of Descending Colon with Extraluminal Device, Percutaneous Approach
0DLM3DZ	Occlusion of Descending Colon with Intraluminal Device, Percutaneous Approach
0DLM3ZZ	Occlusion of Descending Colon, Percutaneous Approach
0DLM4CZ	Occlusion of Descending Colon with Extraluminal Device, Percutaneous Endoscopic Approach
0DLM4DZ	Occlusion of Descending Colon with Intraluminal Device, Percutaneous Endoscopic Approach
0DLM4ZZ	Occlusion of Descending Colon, Percutaneous Endoscopic Approach
0DLM7DZ	Occlusion of Descending Colon with Intraluminal Device, Via Natural or Artificial Opening
0DLM7ZZ	Occlusion of Descending Colon, Via Natural or Artificial Opening
0DLM8DZ	Occlusion of Descending Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLM8ZZ	Occlusion of Descending Colon, Via Natural or Artificial Opening Endoscopic
0DLN0CZ	Occlusion of Sigmoid Colon with Extraluminal Device, Open Approach
0DLN0DZ	Occlusion of Sigmoid Colon with Intraluminal Device, Open Approach
0DLN0ZZ	Occlusion of Sigmoid Colon, Open Approach
0DLN3CZ	Occlusion of Sigmoid Colon with Extraluminal Device, Percutaneous Approach
0DLN3DZ	Occlusion of Sigmoid Colon with Intraluminal Device, Percutaneous Approach
0DLN3ZZ	Occlusion of Sigmoid Colon, Percutaneous Approach
0DLN4CZ	Occlusion of Sigmoid Colon with Extraluminal Device, Percutaneous Endoscopic Approach
0DLN4DZ	Occlusion of Sigmoid Colon with Intraluminal Device, Percutaneous Endoscopic Approach
0DLN4ZZ	Occlusion of Sigmoid Colon, Percutaneous Endoscopic Approach
0DLN7DZ	Occlusion of Sigmoid Colon with Intraluminal Device, Via Natural or Artificial Opening
0DLN7ZZ	Occlusion of Sigmoid Colon, Via Natural or Artificial Opening
0DLN8DZ	Occlusion of Sigmoid Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLN8ZZ	Occlusion of Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DLP0CZ	Occlusion of Rectum with Extraluminal Device, Open Approach
0DLP0DZ	Occlusion of Rectum with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DLP0ZZ	Occlusion of Rectum, Open Approach
0DLP3CZ	Occlusion of Rectum with Extraluminal Device, Percutaneous Approach
0DLP3DZ	Occlusion of Rectum with Intraluminal Device, Percutaneous Approach
0DLP3ZZ	Occlusion of Rectum, Percutaneous Approach
0DLP4CZ	Occlusion of Rectum with Extraluminal Device, Percutaneous Endoscopic Approach
0DLP4DZ	Occlusion of Rectum with Intraluminal Device, Percutaneous Endoscopic Approach
0DLP4ZZ	Occlusion of Rectum, Percutaneous Endoscopic Approach
0DLP7DZ	Occlusion of Rectum with Intraluminal Device, Via Natural or Artificial Opening
0DLP7ZZ	Occlusion of Rectum, Via Natural or Artificial Opening
0DLP8DZ	Occlusion of Rectum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLP8ZZ	Occlusion of Rectum, Via Natural or Artificial Opening Endoscopic
0DLQ0CZ	Occlusion of Anus with Extraluminal Device, Open Approach
0DLQ0DZ	Occlusion of Anus with Intraluminal Device, Open Approach
0DLQ0ZZ	Occlusion of Anus, Open Approach
0DLQ3CZ	Occlusion of Anus with Extraluminal Device, Percutaneous Approach
0DLQ3DZ	Occlusion of Anus with Intraluminal Device, Percutaneous Approach
0DLQ3ZZ	Occlusion of Anus, Percutaneous Approach
0DLQ4CZ	Occlusion of Anus with Extraluminal Device, Percutaneous Endoscopic Approach
0DLQ4DZ	Occlusion of Anus with Intraluminal Device, Percutaneous Endoscopic Approach
0DLQ4ZZ	Occlusion of Anus, Percutaneous Endoscopic Approach
0DLQ7DZ	Occlusion of Anus with Intraluminal Device, Via Natural or Artificial Opening
0DLQ7ZZ	Occlusion of Anus, Via Natural or Artificial Opening
0DLQ8DZ	Occlusion of Anus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DLQ8ZZ	Occlusion of Anus, Via Natural or Artificial Opening Endoscopic
0DLQXCZ	Occlusion of Anus with Extraluminal Device, External Approach
0DLQXDZ	Occlusion of Anus with Intraluminal Device, External Approach
0DLQXZZ	Occlusion of Anus, External Approach
0DN50ZZ	Release Esophagus, Open Approach
0DN53ZZ	Release Esophagus, Percutaneous Approach
0DN54ZZ	Release Esophagus, Percutaneous Endoscopic Approach
0DN57ZZ	Release Esophagus, Via Natural or Artificial Opening
0DN58ZZ	Release Esophagus, Via Natural or Artificial Opening Endoscopic
0DNP0ZZ	Release Rectum, Open Approach
0DNP7ZZ	Release Rectum, Via Natural or Artificial Opening
0DNQ0ZZ	Release Anus, Open Approach
0DNQ3ZZ	Release Anus, Percutaneous Approach
0DNQ4ZZ	Release Anus, Percutaneous Endoscopic Approach
0DNQ7ZZ	Release Anus, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DNQ8ZZ	Release Anus, Via Natural or Artificial Opening Endoscopic
0DNQXZZ	Release Anus, External Approach
0DNR0ZZ	Release Anal Sphincter, Open Approach
0DP501Z	Removal of Radioactive Element from Esophagus, Open Approach
0DP502Z	Removal of Monitoring Device from Esophagus, Open Approach
0DP503Z	Removal of Infusion Device from Esophagus, Open Approach
0DP50UZ	Removal of Feeding Device from Esophagus, Open Approach
0DP531Z	Removal of Radioactive Element from Esophagus, Percutaneous Approach
0DP532Z	Removal of Monitoring Device from Esophagus, Percutaneous Approach
0DP533Z	Removal of Infusion Device from Esophagus, Percutaneous Approach
0DP53UZ	Removal of Feeding Device from Esophagus, Percutaneous Approach
0DP541Z	Removal of Radioactive Element from Esophagus, Percutaneous Endoscopic Approach
0DP542Z	Removal of Monitoring Device from Esophagus, Percutaneous Endoscopic Approach
0DP543Z	Removal of Infusion Device from Esophagus, Percutaneous Endoscopic Approach
0DP54UZ	Removal of Feeding Device from Esophagus, Percutaneous Endoscopic Approach
0DP57DZ	Removal of Intraluminal Device from Esophagus, Via Natural or Artificial Opening
0DP58DZ	Removal of Intraluminal Device from Esophagus, Via Natural or Artificial Opening Endoscopic
0DP600Z	Removal of Drainage Device from Stomach, Open Approach
0DP602Z	Removal of Monitoring Device from Stomach, Open Approach
0DP607Z	Removal of Autologous Tissue Substitute from Stomach, Open Approach
0DP60DZ	Removal of Intraluminal Device from Stomach, Open Approach
0DP60JZ	Removal of Synthetic Substitute from Stomach, Open Approach
0DP60KZ	Removal of Nonautologous Tissue Substitute from Stomach, Open Approach
0DP60UZ	Removal of Feeding Device from Stomach, Open Approach
0DP630Z	Removal of Drainage Device from Stomach, Percutaneous Approach
0DP632Z	Removal of Monitoring Device from Stomach, Percutaneous Approach
0DP633Z	Removal of Infusion Device from Stomach, Percutaneous Approach
0DP637Z	Removal of Autologous Tissue Substitute from Stomach, Percutaneous Approach
0DP63CZ	Removal of Extraluminal Device from Stomach, Percutaneous Approach
0DP63DZ	Removal of Intraluminal Device from Stomach, Percutaneous Approach
0DP63JZ	Removal of Synthetic Substitute from Stomach, Percutaneous Approach
0DP63KZ	Removal of Nonautologous Tissue Substitute from Stomach, Percutaneous Approach
0DP63UZ	Removal of Feeding Device from Stomach, Percutaneous Approach
0DP64CZ	Removal of Extraluminal Device from Stomach, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DP64JZ	Removal of Synthetic Substitute from Stomach, Percutaneous Endoscopic Approach
0DP67DZ	Removal of Intraluminal Device from Stomach, Via Natural or Artificial Opening
0DP68DZ	Removal of Intraluminal Device from Stomach, Via Natural or Artificial Opening Endoscopic
0DQ50ZZ	Repair Esophagus, Open Approach
0DQ53ZZ	Repair Esophagus, Percutaneous Approach
0DQ54ZZ	Repair Esophagus, Percutaneous Endoscopic Approach
0DQ57ZZ	Repair Esophagus, Via Natural or Artificial Opening
0DQ58ZZ	Repair Esophagus, Via Natural or Artificial Opening Endoscopic
0DQ67ZZ	Repair Stomach, Via Natural or Artificial Opening
0DQ68ZZ	Repair Stomach, Via Natural or Artificial Opening Endoscopic
0DQ80ZZ	Repair Small Intestine, Open Approach
0DQ83ZZ	Repair Small Intestine, Percutaneous Approach
0DQ84ZZ	Repair Small Intestine, Percutaneous Endoscopic Approach
0DQ87ZZ	Repair Small Intestine, Via Natural or Artificial Opening
0DQ88ZZ	Repair Small Intestine, Via Natural or Artificial Opening Endoscopic
0DQE0ZZ	Repair Large Intestine, Open Approach
0DQE3ZZ	Repair Large Intestine, Percutaneous Approach
0DQE4ZZ	Repair Large Intestine, Percutaneous Endoscopic Approach
0DQE7ZZ	Repair Large Intestine, Via Natural or Artificial Opening
0DQE8ZZ	Repair Large Intestine, Via Natural or Artificial Opening Endoscopic
0DQP0ZZ	Repair Rectum, Open Approach
0DQP3ZZ	Repair Rectum, Percutaneous Approach
0DQP4ZZ	Repair Rectum, Percutaneous Endoscopic Approach
0DQP7ZZ	Repair Rectum, Via Natural or Artificial Opening
0DQP8ZZ	Repair Rectum, Via Natural or Artificial Opening Endoscopic
0DQQ0ZZ	Repair Anus, Open Approach
0DQQ7ZZ	Repair Anus, Via Natural or Artificial Opening
0DQQXZZ	Repair Anus, External Approach
0DQR0ZZ	Repair Anal Sphincter, Open Approach
0DQV0ZZ	Repair Mesentery, Open Approach
0DQV4ZZ	Repair Mesentery, Percutaneous Endoscopic Approach
0DQW0ZZ	Repair Peritoneum, Open Approach
0DQW4ZZ	Repair Peritoneum, Percutaneous Endoscopic Approach
0DRR07Z	Replacement of Anal Sphincter with Autologous Tissue Substitute, Open Approach
0DRR0JZ	Replacement of Anal Sphincter with Synthetic Substitute, Open Approach
0DRR0KZ	Replacement of Anal Sphincter with Nonautologous Tissue Substitute, Open Approach
0DSQ0ZZ	Reposition Anus, Open Approach
0DSQ7ZZ	Reposition Anus, Via Natural or Artificial Opening
0DSQXZZ	Reposition Anus, External Approach
0DTJ0ZZ	Resection of Appendix, Open Approach
0DTJ4ZZ	Resection of Appendix, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DTQ0ZZ	Resection of Anus, Open Approach
0DTQ4ZZ	Resection of Anus, Percutaneous Endoscopic Approach
0DTQ7ZZ	Resection of Anus, Via Natural or Artificial Opening
0DTQ8ZZ	Resection of Anus, Via Natural or Artificial Opening Endoscopic
0DTR0ZZ	Resection of Anal Sphincter, Open Approach
0DTR4ZZ	Resection of Anal Sphincter, Percutaneous Endoscopic Approach
0DUP07Z	Supplement Rectum with Autologous Tissue Substitute, Open Approach
0DUP0KZ	Supplement Rectum with Nonautologous Tissue Substitute, Open Approach
0DUP47Z	Supplement Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0DUP4JZ	Supplement Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach
0DUP4KZ	Supplement Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0DUP77Z	Supplement Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening
0DUP7JZ	Supplement Rectum with Synthetic Substitute, Via Natural or Artificial Opening
0DUP7KZ	Supplement Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0DUP87Z	Supplement Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0DUP8JZ	Supplement Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0DUP8KZ	Supplement Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0DUQ07Z	Supplement Anus with Autologous Tissue Substitute, Open Approach
0DUQ0JZ	Supplement Anus with Synthetic Substitute, Open Approach
0DUQ0KZ	Supplement Anus with Nonautologous Tissue Substitute, Open Approach
0DUQ47Z	Supplement Anus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0DUQ4JZ	Supplement Anus with Synthetic Substitute, Percutaneous Endoscopic Approach
0DUQ4KZ	Supplement Anus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0DUQ77Z	Supplement Anus with Autologous Tissue Substitute, Via Natural or Artificial Opening
0DUQ7JZ	Supplement Anus with Synthetic Substitute, Via Natural or Artificial Opening
0DUQ7KZ	Supplement Anus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0DUQ87Z	Supplement Anus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0DUQ8JZ	Supplement Anus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DUQ8KZ	Supplement Anus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0DUQX7Z	Supplement Anus with Autologous Tissue Substitute, External Approach
0DUQXJZ	Supplement Anus with Synthetic Substitute, External Approach
0DUQXKZ	Supplement Anus with Nonautologous Tissue Substitute, External Approach
0DUR07Z	Supplement Anal Sphincter with Autologous Tissue Substitute, Open Approach
0DUR0JZ	Supplement Anal Sphincter with Synthetic Substitute, Open Approach
0DUR0KZ	Supplement Anal Sphincter with Nonautologous Tissue Substitute, Open Approach
0DV44CZ	Restriction of Esophagogastric Junction with Extraluminal Device, Percutaneous Endoscopic Approach
0DV48ZZ	Restriction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DV48ZZ	Restriction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DV64CZ	Restriction Of Stomach With Extraluminal Device, Percutaneous Endoscopic Approach
0DV67DZ	Restriction of Stomach with Intraluminal Device, Via Natural or Artificial Opening
0DV68DZ	Restriction of Stomach with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DVP0CZ	Restriction of Rectum with Extraluminal Device, Open Approach
0DVP0DZ	Restriction of Rectum with Intraluminal Device, Open Approach
0DVP0ZZ	Restriction of Rectum, Open Approach
0DVP3CZ	Restriction of Rectum with Extraluminal Device, Percutaneous Approach
0DVP3DZ	Restriction of Rectum with Intraluminal Device, Percutaneous Approach
0DVP3ZZ	Restriction of Rectum, Percutaneous Approach
0DVP4CZ	Restriction of Rectum with Extraluminal Device, Percutaneous Endoscopic Approach
0DVP4DZ	Restriction of Rectum with Intraluminal Device, Percutaneous Endoscopic Approach
0DVP4ZZ	Restriction of Rectum, Percutaneous Endoscopic Approach
0DVP7DZ	Restriction of Rectum with Intraluminal Device, Via Natural or Artificial Opening
0DVP7ZZ	Restriction of Rectum, Via Natural or Artificial Opening
0DVP8DZ	Restriction of Rectum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DVP8ZZ	Restriction of Rectum, Via Natural or Artificial Opening Endoscopic
0DVQ0CZ	Restriction of Anus with Extraluminal Device, Open Approach
0DVQ0DZ	Restriction of Anus with Intraluminal Device, Open Approach
0DVQ0ZZ	Restriction of Anus, Open Approach
0DVQ3CZ	Restriction of Anus with Extraluminal Device, Percutaneous Approach
0DVQ3DZ	Restriction of Anus with Intraluminal Device, Percutaneous Approach
0DVQ3ZZ	Restriction of Anus, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DVQ4CZ	Restriction of Anus with Extraluminal Device, Percutaneous Endoscopic Approach
0DVQ4DZ	Restriction of Anus with Intraluminal Device, Percutaneous Endoscopic Approach
0DVQ4ZZ	Restriction of Anus, Percutaneous Endoscopic Approach
0DVQ7DZ	Restriction of Anus with Intraluminal Device, Via Natural or Artificial Opening
0DVQ7ZZ	Restriction of Anus, Via Natural or Artificial Opening
0DVQ8DZ	Restriction of Anus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DVQ8ZZ	Restriction of Anus, Via Natural or Artificial Opening Endoscopic
0DVQXCZ	Restriction of Anus with Extraluminal Device, External Approach
0DVQXDZ	Restriction of Anus with Intraluminal Device, External Approach
0DVQXZZ	Restriction of Anus, External Approach
0DW57DZ	Revision of Intraluminal Device in Esophagus, Via Natural or Artificial Opening
0DW58DZ	Revision of Intraluminal Device in Esophagus, Via Natural or Artificial Opening Endoscopic
0DW600Z	Revision of Drainage Device in Stomach, Open Approach
0DW602Z	Revision of Monitoring Device in Stomach, Open Approach
0DW607Z	Revision of Autologous Tissue Substitute in Stomach, Open Approach
0DW60DZ	Revision of Intraluminal Device in Stomach, Open Approach
0DW60JZ	Revision of Synthetic Substitute in Stomach, Open Approach
0DW60KZ	Revision of Nonautologous Tissue Substitute in Stomach, Open Approach
0DW60MZ	Revision of Stimulator Lead in Stomach, Open Approach
0DW60UZ	Revision of Feeding Device in Stomach, Open Approach
0DW630Z	Revision of Drainage Device in Stomach, Percutaneous Approach
0DW632Z	Revision of Monitoring Device in Stomach, Percutaneous Approach
0DW633Z	Revision of Infusion Device in Stomach, Percutaneous Approach
0DW637Z	Revision of Autologous Tissue Substitute in Stomach, Percutaneous Approach
0DW63CZ	Revision of Extraluminal Device in Stomach, Percutaneous Approach
0DW63DZ	Revision of Intraluminal Device in Stomach, Percutaneous Approach
0DW63JZ	Revision of Synthetic Substitute in Stomach, Percutaneous Approach
0DW63KZ	Revision of Nonautologous Tissue Substitute in Stomach, Percutaneous Approach
0DW63MZ	Revision of Stimulator Lead in Stomach, Percutaneous Approach
0DW63UZ	Revision of Feeding Device in Stomach, Percutaneous Approach
0DW640Z	Revision of Drainage Device in Stomach, Percutaneous Endoscopic Approach
0DW642Z	Revision of Monitoring Device in Stomach, Percutaneous Endoscopic Approach
0DW647Z	Revision of Autologous Tissue Substitute in Stomach, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0DW64CZ	Revision of Extraluminal Device in Stomach, Percutaneous Endoscopic Approach
0DW64DZ	Revision of Intraluminal Device in Stomach, Percutaneous Endoscopic Approach
0DW64JZ	Revision of Synthetic Substitute in Stomach, Percutaneous Endoscopic Approach
0DW64KZ	Revision of Nonautologous Tissue Substitute in Stomach, Percutaneous Endoscopic Approach
0DW64MZ	Revision of Stimulator Lead in Stomach, Percutaneous Endoscopic Approach
0DW64UZ	Revision of Feeding Device in Stomach, Percutaneous Endoscopic Approach
0DW670Z	Revision of Drainage Device in Stomach, Via Natural or Artificial Opening
0DW672Z	Revision of Monitoring Device in Stomach, Via Natural or Artificial Opening
0DW673Z	Revision of Infusion Device in Stomach, Via Natural or Artificial Opening
0DW677Z	Revision of Autologous Tissue Substitute in Stomach, Via Natural or Artificial Opening
0DW67CZ	Revision of Extraluminal Device in Stomach, Via Natural or Artificial Opening
0DW67DZ	Revision of Intraluminal Device in Stomach, Via Natural or Artificial Opening
0DW67JZ	Revision of Synthetic Substitute in Stomach, Via Natural or Artificial Opening
0DW67KZ	Revision of Nonautologous Tissue Substitute in Stomach, Via Natural or Artificial Opening
0DW67UZ	Revision of Feeding Device in Stomach, Via Natural or Artificial Opening
0DWR0MZ	Revision of Stimulator Lead in Anal Sphincter, Open Approach
0DWU00Z	Revision of Drainage Device in Omentum, Open Approach
0DWU30Z	Revision of Drainage Device in Omentum, Percutaneous Approach
0DWU40Z	Revision of Drainage Device in Omentum, Percutaneous Endoscopic Approach
0DWV00Z	Revision of Drainage Device in Mesentery, Open Approach
0DWV30Z	Revision of Drainage Device in Mesentery, Percutaneous Approach
0DWV40Z	Revision of Drainage Device in Mesentery, Percutaneous Endoscopic Approach
0DWW00Z	Revision of Drainage Device in Peritoneum, Open Approach
0DWW30Z	Revision of Drainage Device in Peritoneum, Percutaneous Approach
0DWW40Z	Revision of Drainage Device in Peritoneum, Percutaneous Endoscopic Approach
0DY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach
0DY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach
0DY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach
0F144Z3	Bypass Gallbladder to Duodenum, Percutaneous Endoscopic Approach
0F144ZB	Bypass Gallbladder to Small Intestine, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0F500ZZ	Destruction of Liver, Open Approach
0F503ZZ	Destruction of Liver, Percutaneous Approach
0F504ZZ	Destruction of Liver, Percutaneous Endoscopic Approach
0F510ZZ	Destruction of Right Lobe Liver, Open Approach
0F513ZZ	Destruction of Right Lobe Liver, Percutaneous Approach
0F514ZZ	Destruction of Right Lobe Liver, Percutaneous Endoscopic Approach
0F520ZZ	Destruction of Left Lobe Liver, Open Approach
0F523ZZ	Destruction of Left Lobe Liver, Percutaneous Approach
0F524ZZ	Destruction of Left Lobe Liver, Percutaneous Endoscopic Approach
0F544ZZ	Destruction of Gallbladder, Percutaneous Endoscopic Approach
0F558ZZ	Destruction of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F568ZZ	Destruction of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F588ZZ	Destruction of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0F598ZZ	Destruction of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0F5C8ZZ	Destruction of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0F5D8ZZ	Destruction of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0F5F8ZZ	Destruction of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0F753DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F753ZZ	Dilation of Right Hepatic Duct, Percutaneous Approach
0F754DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F754ZZ	Dilation of Right Hepatic Duct, Percutaneous Endoscopic Approach
0F758DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F758ZZ	Dilation of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F763DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F763ZZ	Dilation of Left Hepatic Duct, Percutaneous Approach
0F764DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F764ZZ	Dilation of Left Hepatic Duct, Percutaneous Endoscopic Approach
0F768DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F768ZZ	Dilation of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F783DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Approach
0F783ZZ	Dilation of Cystic Duct, Percutaneous Approach
0F784DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0F784ZZ	Dilation of Cystic Duct, Percutaneous Endoscopic Approach
0F788DZ	Dilation of Cystic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F788ZZ	Dilation of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0F793DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Approach
0F793ZZ	Dilation of Common Bile Duct, Percutaneous Approach
0F794DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F794ZZ	Dilation of Common Bile Duct, Percutaneous Endoscopic Approach
0F798DZ	Dilation of Common Bile Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F798ZZ	Dilation of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0F7C8DZ	Dilation of Ampulla of Vater with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7C8ZZ	Dilation of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0F7D8DZ	Dilation of Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7D8ZZ	Dilation of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0F7F8DZ	Dilation of Accessory Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7F8ZZ	Dilation of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0F9030Z	Drainage of Liver with Drainage Device, Percutaneous Approach
0F903ZX	Drainage of Liver, Percutaneous Approach, Diagnostic
0F903ZZ	Drainage of Liver, Percutaneous Approach
0F9130Z	Drainage of Right Lobe Liver with Drainage Device, Percutaneous Approach
0F913ZX	Drainage of Right Lobe Liver, Percutaneous Approach, Diagnostic
0F913ZZ	Drainage of Right Lobe Liver, Percutaneous Approach
0F9230Z	Drainage of Left Lobe Liver with Drainage Device, Percutaneous Approach
0F923ZX	Drainage of Left Lobe Liver, Percutaneous Approach, Diagnostic
0F923ZZ	Drainage of Left Lobe Liver, Percutaneous Approach
0F943ZX	Drainage of Gallbladder, Percutaneous Approach, Diagnostic
0F943ZZ	Drainage of Gallbladder, Percutaneous Approach
0F944ZX	Drainage of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
0F953ZX	Drainage of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0F954ZX	Drainage of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0F958ZX	Drainage of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F963ZX	Drainage of Left Hepatic Duct, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0F964ZX	Drainage of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0F968ZX	Drainage of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F983ZX	Drainage of Cystic Duct, Percutaneous Approach, Diagnostic
0F984ZX	Drainage of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
0F988ZX	Drainage of Cystic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F993ZX	Drainage of Common Bile Duct, Percutaneous Approach, Diagnostic
0F993ZZ	Drainage of Common Bile Duct, Percutaneous Approach
0F994ZX	Drainage of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic
0F994ZZ	Drainage of Common Bile Duct, Percutaneous Endoscopic Approach
0F9980Z	Drainage of Common Bile Duct with Drainage Device, Via Natural or Artificial Opening Endoscopic
0F998ZX	Drainage of Common Bile Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F998ZZ	Drainage of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0F9C3ZX	Drainage of Ampulla of Vater, Percutaneous Approach, Diagnostic
0F9C4ZX	Drainage of Ampulla of Vater, Percutaneous Endoscopic Approach, Diagnostic
0F9C80Z	Drainage of Ampulla of Vater with Drainage Device, Via Natural or Artificial Opening Endoscopic
0F9C8ZX	Drainage of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F9C8ZZ	Drainage of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0F9D30Z	Drainage of Pancreatic Duct with Drainage Device, Percutaneous Approach
0F9D3ZX	Drainage of Pancreatic Duct, Percutaneous Approach, Diagnostic
0F9D80Z	Drainage of Pancreatic Duct with Drainage Device, Via Natural or Artificial Opening Endoscopic
0F9D8ZX	Drainage of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F9F0ZX	Drainage of Accessory Pancreatic Duct, Open Approach, Diagnostic
0F9F30Z	Drainage of Accessory Pancreatic Duct with Drainage Device, Percutaneous Approach
0F9F3ZX	Drainage of Accessory Pancreatic Duct, Percutaneous Approach, Diagnostic
0F9F80Z	Drainage of Accessory Pancreatic Duct with Drainage Device, Via Natural or Artificial Opening Endoscopic
0F9F8ZX	Drainage of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0F9F8ZZ	Drainage of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0F9G00Z	Drainage of Pancreas with Drainage Device, Open Approach
0F9G0ZX	Drainage of Pancreas, Open Approach, Diagnostic
0F9G30Z	Drainage of Pancreas with Drainage Device, Percutaneous Approach
0F9G3ZX	Drainage of Pancreas, Percutaneous Approach, Diagnostic
0FB03ZX	Excision of Liver, Percutaneous Approach, Diagnostic
0FB13ZX	Excision of Right Lobe Liver, Percutaneous Approach, Diagnostic
0FB23ZX	Excision of Left Lobe Liver, Percutaneous Approach, Diagnostic
0FB43ZX	Excision of Gallbladder, Percutaneous Approach, Diagnostic
0FB44ZX	Excision of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
0FB44ZZ	Excision of Gallbladder, Percutaneous Endoscopic Approach
0FB53ZX	Excision of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0FB54ZX	Excision of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB57ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
0FB58ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB58ZZ	Excision of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FB63ZX	Excision of Left Hepatic Duct, Percutaneous Approach, Diagnostic
0FB64ZX	Excision of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB67ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
0FB68ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB68ZZ	Excision of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FB83ZX	Excision of Cystic Duct, Percutaneous Approach, Diagnostic
0FB84ZX	Excision of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB88ZX	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB88ZZ	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FB93ZX	Excision of Common Bile Duct, Percutaneous Approach, Diagnostic
0FB94ZX	Excision of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB98ZX	Excision of Common Bile Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB98ZZ	Excision of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FBC3ZX	Excision of Ampulla of Vater, Percutaneous Approach, Diagnostic
0FBC4ZX	Excision of Ampulla of Vater, Percutaneous Endoscopic Approach, Diagnostic
0FBC8ZX	Excision of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FBC8ZZ	Excision of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0FBD0ZX	Excision of Pancreatic Duct, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0FBD4ZX	Excision of Pancreatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FBD8ZX	Excision of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FBD8ZZ	Excision of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FBF0ZX	Excision of Accessory Pancreatic Duct, Open Approach, Diagnostic
0FBF4ZX	Excision of Accessory Pancreatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FBF8ZX	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FBF8ZZ	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FBG0ZX	Excision of Pancreas, Open Approach, Diagnostic
0FBG3ZX	Excision of Pancreas, Percutaneous Approach, Diagnostic
0FBG4ZX	Excision of Pancreas, Percutaneous Endoscopic Approach, Diagnostic
0FC53ZZ	Extirpation of Matter from Right Hepatic Duct, Percutaneous Approach
0FC54ZZ	Extirpation of Matter from Right Hepatic Duct, Percutaneous Endoscopic Approach
0FC58ZZ	Extirpation of Matter from Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC63ZZ	Extirpation of Matter from Left Hepatic Duct, Percutaneous Approach
0FC64ZZ	Extirpation of Matter from Left Hepatic Duct, Percutaneous Endoscopic Approach
0FC68ZZ	Extirpation of Matter from Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC83ZZ	Extirpation of Matter from Cystic Duct, Percutaneous Approach
0FC84ZZ	Extirpation of Matter from Cystic Duct, Percutaneous Endoscopic Approach
0FC88ZZ	Extirpation of Matter from Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FC93ZZ	Extirpation of Matter from Common Bile Duct, Percutaneous Approach
0FC94ZZ	Extirpation of Matter from Common Bile Duct, Percutaneous Endoscopic Approach
0FC98ZZ	Extirpation of Matter from Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FCC4ZZ	Extirpation of Matter from Ampulla of Vater, Percutaneous Endoscopic Approach
0FCC8ZZ	Extirpation of Matter from Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0FCD8ZZ	Extirpation of Matter from Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FCF8ZZ	Extirpation of Matter from Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FF48ZZ	Fragmentation in Gallbladder, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0FF58ZZ	Fragmentation in Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FF68ZZ	Fragmentation in Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FF88ZZ	Fragmentation in Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FF98ZZ	Fragmentation in Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FFC8ZZ	Fragmentation in Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0FHB4DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Percutaneous Endoscopic Approach
0FHB8DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FHD8DZ	Insertion of Intraluminal Device into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FJ03ZZ	Inspection of Liver, Percutaneous Approach
0FJ04ZZ	Inspection of Liver, Percutaneous Endoscopic Approach
0FJ40ZZ	Inspection of Gallbladder, Open Approach
0FJ43ZZ	Inspection of Gallbladder, Percutaneous Approach
0FJ44ZZ	Inspection of Gallbladder, Percutaneous Endoscopic Approach
0FJB3ZZ	Inspection of Hepatobiliary Duct, Percutaneous Approach
0FJB4ZZ	Inspection of Hepatobiliary Duct, Percutaneous Endoscopic Approach
0FJB7ZZ	Inspection of Hepatobiliary Duct, Via Natural or Artificial Opening
0FJB8ZZ	Inspection of Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FJD3ZZ	Inspection of Pancreatic Duct, Percutaneous Approach
0FJD4ZZ	Inspection of Pancreatic Duct, Percutaneous Endoscopic Approach
0FJD8ZZ	Inspection of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FJG3ZZ	Inspection of Pancreas, Percutaneous Approach
0FJG4ZZ	Inspection of Pancreas, Percutaneous Endoscopic Approach
0FL53CZ	Occlusion of Right Hepatic Duct with Extraluminal Device, Percutaneous Approach
0FL53DZ	Occlusion of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0FL53ZZ	Occlusion of Right Hepatic Duct, Percutaneous Approach
0FL54CZ	Occlusion of Right Hepatic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FL54DZ	Occlusion of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FL54ZZ	Occlusion of Right Hepatic Duct, Percutaneous Endoscopic Approach
0FL58DZ	Occlusion of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FL58ZZ	Occlusion of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0FL63CZ	Occlusion of Left Hepatic Duct with Extraluminal Device, Percutaneous Approach
0FL63DZ	Occlusion of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0FL63ZZ	Occlusion of Left Hepatic Duct, Percutaneous Approach
0FL64CZ	Occlusion of Left Hepatic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FL64DZ	Occlusion of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FL64ZZ	Occlusion of Left Hepatic Duct, Percutaneous Endoscopic Approach
0FL68DZ	Occlusion of Left Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FL68ZZ	Occlusion of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FL83CZ	Occlusion of Cystic Duct with Extraluminal Device, Percutaneous Approach
0FL83DZ	Occlusion of Cystic Duct with Intraluminal Device, Percutaneous Approach
0FL83ZZ	Occlusion of Cystic Duct, Percutaneous Approach
0FL84CZ	Occlusion of Cystic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FL84DZ	Occlusion of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FL84ZZ	Occlusion of Cystic Duct, Percutaneous Endoscopic Approach
0FL88DZ	Occlusion of Cystic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FL88ZZ	Occlusion of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FL93CZ	Occlusion of Common Bile Duct with Extraluminal Device, Percutaneous Approach
0FL93DZ	Occlusion of Common Bile Duct with Intraluminal Device, Percutaneous Approach
0FL93ZZ	Occlusion of Common Bile Duct, Percutaneous Approach
0FL94CZ	Occlusion of Common Bile Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FL94DZ	Occlusion of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FL94ZZ	Occlusion of Common Bile Duct, Percutaneous Endoscopic Approach
0FL98DZ	Occlusion of Common Bile Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FL98ZZ	Occlusion of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FM44ZZ	Reattachment of Gallbladder, Percutaneous Endoscopic Approach
0FM54ZZ	Reattachment of Right Hepatic Duct, Percutaneous Endoscopic Approach
0FM64ZZ	Reattachment of Left Hepatic Duct, Percutaneous Endoscopic Approach
0FM84ZZ	Reattachment of Cystic Duct, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0FM94ZZ	Reattachment of Common Bile Duct, Percutaneous Endoscopic Approach
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach
0FTD8ZZ	Resection of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FTF8ZZ	Resection of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FV53CZ	Restriction of Right Hepatic Duct with Extraluminal Device, Percutaneous Approach
0FV53DZ	Restriction of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0FV53ZZ	Restriction of Right Hepatic Duct, Percutaneous Approach
0FV54CZ	Restriction of Right Hepatic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FV54DZ	Restriction of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FV54ZZ	Restriction of Right Hepatic Duct, Percutaneous Endoscopic Approach
0FV58DZ	Restriction of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FV58ZZ	Restriction of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FV63CZ	Restriction of Left Hepatic Duct with Extraluminal Device, Percutaneous Approach
0FV63DZ	Restriction of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0FV63ZZ	Restriction of Left Hepatic Duct, Percutaneous Approach
0FV64CZ	Restriction of Left Hepatic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FV64DZ	Restriction of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FV64ZZ	Restriction of Left Hepatic Duct, Percutaneous Endoscopic Approach
0FV68DZ	Restriction of Left Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FV68ZZ	Restriction of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FV83CZ	Restriction of Cystic Duct with Extraluminal Device, Percutaneous Approach
0FV83DZ	Restriction of Cystic Duct with Intraluminal Device, Percutaneous Approach
0FV83ZZ	Restriction of Cystic Duct, Percutaneous Approach
0FV84CZ	Restriction of Cystic Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FV84DZ	Restriction of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FV84ZZ	Restriction of Cystic Duct, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0FV88DZ	Restriction of Cystic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FV88ZZ	Restriction of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FV93CZ	Restriction of Common Bile Duct with Extraluminal Device, Percutaneous Approach
0FV93DZ	Restriction of Common Bile Duct with Intraluminal Device, Percutaneous Approach
0FV93ZZ	Restriction of Common Bile Duct, Percutaneous Approach
0FV94CZ	Restriction of Common Bile Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0FV94DZ	Restriction of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FV94ZZ	Restriction of Common Bile Duct, Percutaneous Endoscopic Approach
0FV98DZ	Restriction of Common Bile Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FV98ZZ	Restriction of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0JH80MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0UQMXZZ	Repair Vulva, External Approach
0W1G0J9	Bypass Peritoneal Cavity to Right Pleural Cavity with Synthetic Substitute, Open Approach
0W1G0JB	Bypass Peritoneal Cavity to Left Pleural Cavity with Synthetic Substitute, Open Approach
0W1G0JG	Bypass Peritoneal Cavity to Peritoneal Cavity with Synthetic Substitute, Open Approach
0W1G0JJ	Bypass Peritoneal Cavity to Pelvic Cavity with Synthetic Substitute, Open Approach
0W1G0JY	Bypass Peritoneal Cavity to Lower Vein with Synthetic Substitute, Open Approach
0W1G4J9	Bypass Peritoneal Cavity to Right Pleural Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0W1G4JB	Bypass Peritoneal Cavity to Left Pleural Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0W1G4JG	Bypass Peritoneal Cavity to Peritoneal Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0W1G4JJ	Bypass Peritoneal Cavity to Pelvic Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0W2GXYZ	Change Other Device in Peritoneal Cavity, External Approach
0W3P8ZZ	Control Bleeding in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0W9F00Z	Drainage of Abdominal Wall with Drainage Device, Open Approach
0W9F0ZX	Drainage of Abdominal Wall, Open Approach, Diagnostic
0W9F0ZZ	Drainage of Abdominal Wall, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0W9F30Z	Drainage of Abdominal Wall with Drainage Device, Percutaneous Approach
0W9F3ZX	Drainage of Abdominal Wall, Percutaneous Approach, Diagnostic
0W9F3ZZ	Drainage of Abdominal Wall, Percutaneous Approach
0W9F4ZX	Drainage of Abdominal Wall, Percutaneous Endoscopic Approach, Diagnostic
0W9G0ZX	Drainage of Peritoneal Cavity, Open Approach, Diagnostic
0W9G30Z	Drainage of Peritoneal Cavity with Drainage Device, Percutaneous Approach
0W9G3ZX	Drainage of Peritoneal Cavity, Percutaneous Approach, Diagnostic
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach
0W9G40Z	Drainage of Peritoneal Cavity with Drainage Device, Percutaneous Endoscopic Approach
0W9G4ZZ	Drainage of Peritoneal Cavity, Percutaneous Endoscopic Approach
0W9H00Z	Drainage of Retroperitoneum with Drainage Device, Open Approach
0W9H0ZX	Drainage of Retroperitoneum, Open Approach, Diagnostic
0W9H0ZZ	Drainage of Retroperitoneum, Open Approach
0W9H30Z	Drainage of Retroperitoneum with Drainage Device, Percutaneous Approach
0W9H3ZX	Drainage of Retroperitoneum, Percutaneous Approach, Diagnostic
0W9H3ZZ	Drainage of Retroperitoneum, Percutaneous Approach
0WBF0ZX	Excision of Abdominal Wall, Open Approach, Diagnostic
0WBF3ZX	Excision of Abdominal Wall, Percutaneous Approach, Diagnostic
0WBF4ZX	Excision of Abdominal Wall, Percutaneous Endoscopic Approach, Diagnostic
0WBFXZ2	Excision of Abdominal Wall, Stoma, External Approach
0WBFXZX	Excision of Abdominal Wall, External Approach, Diagnostic
0WBH0ZX	Excision of Retroperitoneum, Open Approach, Diagnostic
0WBH3ZX	Excision of Retroperitoneum, Percutaneous Approach, Diagnostic
0WBH4ZX	Excision of Retroperitoneum, Percutaneous Endoscopic Approach, Diagnostic
0WCP3ZZ	Extirpation of Matter from Gastrointestinal Tract, Percutaneous Approach
0WCR3ZZ	Extirpation of Matter from Genitourinary Tract, Percutaneous Approach
0WFP0ZZ	Fragmentation in Gastrointestinal Tract, Open Approach
0WFP3ZZ	Fragmentation in Gastrointestinal Tract, Percutaneous Approach
0WFP4ZZ	Fragmentation in Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WHF03Z	Insertion of Infusion Device into Abdominal Wall, Open Approach
0WHF0YZ	Insertion of Other Device into Abdominal Wall, Open Approach
0WHF33Z	Insertion of Infusion Device into Abdominal Wall, Percutaneous Approach
0WHF3YZ	Insertion of Other Device into Abdominal Wall, Percutaneous Approach
0WHF43Z	Insertion of Infusion Device into Abdominal Wall, Percutaneous Endoscopic Approach
0WHF4YZ	Insertion of Other Device into Abdominal Wall, Percutaneous Endoscopic Approach
0WHP0YZ	Insertion of Other Device into Gastrointestinal Tract, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0WHP33Z	Insertion of Infusion Device into Gastrointestinal Tract, Percutaneous Approach
0WHP3YZ	Insertion of Other Device into Gastrointestinal Tract, Percutaneous Approach
0WHP43Z	Insertion of Infusion Device into Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WHP4YZ	Insertion of Other Device into Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WJF0ZZ	Inspection of Abdominal Wall, Open Approach
0WJF3ZZ	Inspection of Abdominal Wall, Percutaneous Approach
0WJF4ZZ	Inspection of Abdominal Wall, Percutaneous Endoscopic Approach
0WJG3ZZ	Inspection of Peritoneal Cavity, Percutaneous Approach
0WJG4ZZ	Inspection of Peritoneal Cavity, Percutaneous Endoscopic Approach
0WJH0ZZ	Inspection of Retroperitoneum, Open Approach
0WJH3ZZ	Inspection of Retroperitoneum, Percutaneous Approach
0WJP3ZZ	Inspection of Gastrointestinal Tract, Percutaneous Approach
0WJP4ZZ	Inspection of Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WJP8ZZ	Inspection of Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic Approach
0WPF00Z	Removal of Drainage Device from Abdominal Wall, Open Approach
0WPF01Z	Removal of Radioactive Element from Abdominal Wall, Open Approach
0WPF03Z	Removal of Infusion Device from Abdominal Wall, Open Approach
0WPF07Z	Removal of Autologous Tissue Substitute from Abdominal Wall, Open Approach
0WPF0JZ	Removal of Synthetic Substitute from Abdominal Wall, Open Approach
0WPF0KZ	Removal of Nonautologous Tissue Substitute from Abdominal Wall, Open Approach
0WPF0YZ	Removal of Other Device from Abdominal Wall, Open Approach
0WPF30Z	Removal of Drainage Device from Abdominal Wall, Percutaneous Approach
0WPF31Z	Removal of Radioactive Element from Abdominal Wall, Percutaneous Approach
0WPF33Z	Removal of Infusion Device from Abdominal Wall, Percutaneous Approach
0WPF37Z	Removal of Autologous Tissue Substitute from Abdominal Wall, Percutaneous Approach
0WPF3JZ	Removal of Synthetic Substitute from Abdominal Wall, Percutaneous Approach
0WPF3KZ	Removal of Nonautologous Tissue Substitute from Abdominal Wall, Percutaneous Approach
0WPF3YZ	Removal of Other Device from Abdominal Wall, Percutaneous Approach
0WPP31Z	Removal of Radioactive Element from Gastrointestinal Tract, Percutaneous Approach
0WPP33Z	Removal of Infusion Device from Gastrointestinal Tract, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0WPP3YZ	Removal of Other Device from Gastrointestinal Tract, Percutaneous Approach
0WPP41Z	Removal of Radioactive Element from Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WPP43Z	Removal of Infusion Device from Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WPP4YZ	Removal of Other Device from Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WPP71Z	Removal of Radioactive Element from Gastrointestinal Tract, Via Natural or Artificial Opening
0WPP73Z	Removal of Infusion Device from Gastrointestinal Tract, Via Natural or Artificial Opening
0WPP7YZ	Removal of Other Device from Gastrointestinal Tract, Via Natural or Artificial Opening
0WPP81Z	Removal of Radioactive Element from Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0WPP83Z	Removal of Infusion Device from Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0WPP8YZ	Removal of Other Device from Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0WQ6XZ2	Repair Neck, Stoma, External Approach
0WQF0ZZ	Repair Abdominal Wall, Open Approach
0WQF3ZZ	Repair Abdominal Wall, Percutaneous Approach
0WQF4ZZ	Repair Abdominal Wall, Percutaneous Endoscopic Approach
0WQFXZ2	Repair Abdominal Wall, Stoma, External Approach
0WQFXZZ	Repair Abdominal Wall, External Approach
0WUF07Z	Supplement Abdominal Wall with Autologous Tissue Substitute, Open Approach
0WUF0JZ	Supplement Abdominal Wall with Synthetic Substitute, Open Approach
0WUF0KZ	Supplement Abdominal Wall with Nonautologous Tissue Substitute, Open Approach
0WUF47Z	Supplement Abdominal Wall with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUF4JZ	Supplement Abdominal Wall with Synthetic Substitute, Percutaneous Endoscopic Approach
0WUF4KZ	Supplement Abdominal Wall with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WWF00Z	Revision of Drainage Device in Abdominal Wall, Open Approach
0WWF01Z	Revision of Radioactive Element in Abdominal Wall, Open Approach
0WWF03Z	Revision of Infusion Device in Abdominal Wall, Open Approach
0WWF07Z	Revision of Autologous Tissue Substitute in Abdominal Wall, Open Approach
0WWF0JZ	Revision of Synthetic Substitute in Abdominal Wall, Open Approach
0WWF0KZ	Revision of Nonautologous Tissue Substitute in Abdominal Wall, Open Approach
0WWF0YZ	Revision of Other Device in Abdominal Wall, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
0WWF30Z	Revision of Drainage Device in Abdominal Wall, Percutaneous Approach
0WWF31Z	Revision of Radioactive Element in Abdominal Wall, Percutaneous Approach
0WWF33Z	Revision of Infusion Device in Abdominal Wall, Percutaneous Approach
0WWF37Z	Revision of Autologous Tissue Substitute in Abdominal Wall, Percutaneous Approach
0WWF3JZ	Revision of Synthetic Substitute in Abdominal Wall, Percutaneous Approach
0WWF3KZ	Revision of Nonautologous Tissue Substitute in Abdominal Wall, Percutaneous Approach
0WWF3YZ	Revision of Other Device in Abdominal Wall, Percutaneous Approach
0WWP31Z	Revision of Radioactive Element in Gastrointestinal Tract, Percutaneous Approach
0WWP33Z	Revision of Infusion Device in Gastrointestinal Tract, Percutaneous Approach
0WWP3YZ	Revision of Other Device in Gastrointestinal Tract, Percutaneous Approach
0WWP41Z	Revision of Radioactive Element in Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WWP43Z	Revision of Infusion Device in Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WWP4YZ	Revision of Other Device in Gastrointestinal Tract, Percutaneous Endoscopic Approach
0WWP71Z	Revision of Radioactive Element in Gastrointestinal Tract, Via Natural or Artificial Opening
0WWP73Z	Revision of Infusion Device in Gastrointestinal Tract, Via Natural or Artificial Opening
0WWP7YZ	Revision of Other Device in Gastrointestinal Tract, Via Natural or Artificial Opening
0WWP81Z	Revision of Radioactive Element in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0WWP83Z	Revision of Infusion Device in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0WWP8YZ	Revision of Other Device in Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic
0Y9500Z	Drainage of Right Inguinal Region with Drainage Device, Open Approach
0Y950ZX	Drainage of Right Inguinal Region, Open Approach, Diagnostic
0Y950ZZ	Drainage of Right Inguinal Region, Open Approach
0Y9530Z	Drainage of Right Inguinal Region with Drainage Device, Percutaneous Approach
0Y953ZX	Drainage of Right Inguinal Region, Percutaneous Approach, Diagnostic
0Y953ZZ	Drainage of Right Inguinal Region, Percutaneous Approach
0Y9600Z	Drainage of Left Inguinal Region with Drainage Device, Open Approach
0Y960ZX	Drainage of Left Inguinal Region, Open Approach, Diagnostic
0Y960ZZ	Drainage of Left Inguinal Region, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
0Y9630Z	Drainage of Left Inguinal Region with Drainage Device, Percutaneous Approach
0Y963ZX	Drainage of Left Inguinal Region, Percutaneous Approach, Diagnostic
0Y963ZZ	Drainage of Left Inguinal Region, Percutaneous Approach
0YB50ZX	Excision of Right Inguinal Region, Open Approach, Diagnostic
0YB53ZX	Excision of Right Inguinal Region, Percutaneous Approach, Diagnostic
0YB60ZX	Excision of Left Inguinal Region, Open Approach, Diagnostic
0YB63ZX	Excision of Left Inguinal Region, Percutaneous Approach, Diagnostic
0YB73ZX	Excision of Right Femoral Region, Percutaneous Approach, Diagnostic
0YB83ZX	Excision of Left Femoral Region, Percutaneous Approach, Diagnostic
0YJ50ZZ	Inspection of Right Inguinal Region, Open Approach
0YJ53ZZ	Inspection of Right Inguinal Region, Percutaneous Approach
0YJ60ZZ	Inspection of Left Inguinal Region, Open Approach
0YJ63ZZ	Inspection of Left Inguinal Region, Percutaneous Approach
0YJ70ZZ	Inspection of Right Femoral Region, Open Approach
0YJ73ZZ	Inspection of Right Femoral Region, Percutaneous Approach
0YJ83ZZ	Inspection of Left Femoral Region, Percutaneous Approach
0YJA0ZZ	Inspection of Bilateral Inguinal Region, Open Approach
0YJA3ZZ	Inspection of Bilateral Inguinal Region, Percutaneous Approach
0YU547Z	Supplement Right Inguinal Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU54JZ	Supplement Right Inguinal Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YU54KZ	Supplement Right Inguinal Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU647Z	Supplement Left Inguinal Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU64JZ	Supplement Left Inguinal Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YU64KZ	Supplement Left Inguinal Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUA47Z	Supplement Bilateral Inguinal Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUA4JZ	Supplement Bilateral Inguinal Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUA4KZ	Supplement Bilateral Inguinal Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
3E033TZ	Introduction of Destructive Agent into Peripheral Vein, Percutaneous Approach
3E0G33Z	Introduction of Anti-inflammatory into Upper GI, Percutaneous Approach
3E0G36Z	Introduction of Nutritional Substance into Upper GI, Percutaneous Approach
3E0G37Z	Introduction of Electrolytic and Water Balance Substance into Upper GI, Percutaneous Approach
3E0G73Z	Introduction of Anti-inflammatory into Upper GI, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
3E0G76Z	Introduction of Nutritional Substance into Upper GI, Via Natural or Artificial Opening
3E0G77Z	Introduction of Electrolytic and Water Balance Substance into Upper GI, Via Natural or Artificial Opening
3E0G7GC	Introduction of Other Therapeutic Substance into Upper GI, Via Natural or Artificial Opening
3E0G83Z	Introduction of Anti-inflammatory into Upper GI, Via Natural or Artificial Opening Endoscopic
3E0G86Z	Introduction of Nutritional Substance into Upper GI, Via Natural or Artificial Opening Endoscopic
3E0G87Z	Introduction of Electrolytic and Water Balance Substance into Upper GI, Via Natural or Artificial Opening Endoscopic
3E0G8GC	Introduction of Other Therapeutic Substance into Upper GI, Via Natural or Artificial Opening Endoscopic
3E0H33Z	Introduction of Anti-inflammatory into Lower GI, Percutaneous Approach
3E0H36Z	Introduction of Nutritional Substance into Lower GI, Percutaneous Approach
3E0H37Z	Introduction of Electrolytic and Water Balance Substance into Lower GI, Percutaneous Approach
3E0H73Z	Introduction of Anti-inflammatory into Lower GI, Via Natural or Artificial Opening
3E0H76Z	Introduction of Nutritional Substance into Lower GI, Via Natural or Artificial Opening
3E0H7GC	Introduction of Other Therapeutic Substance into Lower GI, Via Natural or Artificial Opening
3E0H83Z	Introduction of Anti-inflammatory into Lower GI, Via Natural or Artificial Opening Endoscopic
3E0H86Z	Introduction of Nutritional Substance into Lower GI, Via Natural or Artificial Opening Endoscopic
3E0H8GC	Introduction of Other Therapeutic Substance into Lower GI, Via Natural or Artificial Opening Endoscopic
3E0J33Z	Introduction of Anti-inflammatory into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J36Z	Introduction of Nutritional Substance into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J37Z	Introduction of Electrolytic and Water Balance Substance into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J3BZ	Introduction of Local Anesthetic into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J3GC	Introduction of Other Therapeutic Substance into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J3HZ	Introduction of Radioactive Substance into Biliary and Pancreatic Tract, Percutaneous Approach
3E0J3KZ	Introduction of Other Diagnostic Substance into Biliary and Pancreatic Tract, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
ICD-10 Code	Description
3E0J3TZ	Introduction of Destructive Agent into Biliary and Pancreatic Tract, Percutaneous Approach
3E0M33Z	Introduction of Anti-inflammatory into Peritoneal Cavity, Percutaneous Approach
3E0M36Z	Introduction of Nutritional Substance into Peritoneal Cavity, Percutaneous Approach
3E0M37Z	Introduction of Electrolytic and Water Balance Substance into Peritoneal Cavity, Percutaneous Approach
3E0M3BZ	Introduction of Local Anesthetic into Peritoneal Cavity, Percutaneous Approach
3E0M3GC	Introduction of Other Therapeutic Substance into Peritoneal Cavity, Percutaneous Approach
3E0M3HZ	Introduction of Radioactive Substance into Peritoneal Cavity, Percutaneous Approach
3E0M3KZ	Introduction of Other Diagnostic Substance into Peritoneal Cavity, Percutaneous Approach
3E0M3SF	Introduction of Other Gas into Peritoneal Cavity, Percutaneous Approach
3E0M3TZ	Introduction of Destructive Agent into Peritoneal Cavity, Percutaneous Approach
3E0M7SF	Introduction of Other Gas into Peritoneal Cavity, Via Natural or Artificial Opening
3E0P3HZ	Introduction of Radioactive Substance into Female Reproductive, Percutaneous Approach
3E1J38X	Irrigation of Biliary and Pancreatic Tract using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1J38Z	Irrigation of Biliary and Pancreatic Tract using Irrigating Substance, Percutaneous Approach
3E1M39Z	Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach
3E1R38X	Irrigation of Spinal Canal using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1R38Z	Irrigation of Spinal Canal using Irrigating Substance, Percutaneous Approach
3E1S38X	Irrigation of Epidural Space using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1S38Z	Irrigation of Epidural Space using Irrigating Substance, Percutaneous Approach
4A0C35Z	Measurement of Biliary Flow, Percutaneous Approach
4A0C3BZ	Measurement of Biliary Pressure, Percutaneous Approach
4A0C45Z	Measurement of Biliary Flow, Percutaneous Endoscopic Approach
4A0C4BZ	Measurement of Biliary Pressure, Percutaneous Endoscopic Approach
4A0C75Z	Measurement of Biliary Flow, Via Natural or Artificial Opening
4A0C7BZ	Measurement of Biliary Pressure, Via Natural or Artificial Opening
4A0C85Z	Measurement of Biliary Flow, Via Natural or Artificial Opening Endoscopic
4A0C8BZ	Measurement of Biliary Pressure, Via Natural or Artificial Opening Endoscopic
5A1C00Z	Performance of Biliary Filtration, Single

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
ICD-10 Code	Description
5A1C60Z	Performance of Biliary Filtration, Multiple
BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
BF110ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using High Osmolar Contrast
BF111ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Low Osmolar Contrast
BF11YZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Other Contrast
BF180ZZ	Fluoroscopy of Pancreatic Ducts using High Osmolar Contrast
BF181ZZ	Fluoroscopy of Pancreatic Ducts using Low Osmolar Contrast
BF18YZZ	Fluoroscopy of Pancreatic Ducts using Other Contrast



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
22999	Unlisted procedure, abdomen, musculoskeletal system



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
37799	Unlisted procedure, vascular surgery
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
43020	Esophagotomy, cervical approach, with removal of foreign body
43045	Esophagotomy, thoracic approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s)
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination)
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique exteriorization, or fistulization; single enterotomy
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43273	Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43400	Ligation, direct, esophageal varices
43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43500	Gastrotomy; with exploration or foreign body removal
43501	Gastrotomy; with suture repair of bleeding ulcer
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43610	Excision, local; ulcer or benign tumor of stomach
43611	Excision, local; malignant tumor of stomach
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43770	Gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43800	Pyloroplasty
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	Gastrostomy, open; neonatal, for feeding
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43870	Closure of gastrostomy, surgical
43999	Unlisted procedure, stomach
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44025	Colotomy, for exploration, biopsy(s), or foreign body removal
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List
44125	Enterectomy, resection of small intestine; with enterostomy
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44238	Unlisted laparoscopy procedure, intestine (except rectum)
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy or bipolar cautery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44799	Unlisted procedure, intestine
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44950	Appendectomy;
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	Laparoscopy, surgical, appendectomy



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
44979	Unlisted laparoscopy procedure, appendix
45000	Transrectal drainage of pelvic abscess
45005	Incision and drainage of submucosal abscess, rectum
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	Anorectal myomectomy
45136	Excision of ileoanal reservoir with ileostomy
45150	Division of stricture of rectum
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser)
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy resection, cryosurgery) transanal approach forceps or bipolar cautery
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolarcautery, laser, heater probe, stapler, plasma coagulator)
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	Sigmoidoscopy, flexible; diagnostic, with or without or without collection of specimen(s) by brushing or washing (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	Sigmoidoscopy flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45500	Proctoplasty; for stenosis
45505	Proctoplasty; for prolapse of mucous membrane
45562	Exploration, repair, and presacral drainage for rectal injury;
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999	Unlisted procedure, rectum
46020	Placement of seton
46030	Removal of anal seton, other marker
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	Incision and drainage, perianal abscess, superficial
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
46070	Incision, anal septum (infant)
46080	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	Incision of thrombosed hemorrhoid, external
46200	Fissurectomy, with or without sphincterotomy
46220	Papillectomy or excision of single tag, anus (separate procedure)
46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	Excision of external hemorrhoid tags and/or multiple papillae
46255	Hemorrhoidectomy, internal and external, simple;
46257	Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258	Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46260	Hemorrhoidectomy, internal and external, complex or extensive;
46261	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	Closure of anal fistula with rectal advancement flap
46320	Enucleation or excision of external thrombotic hemorrhoid
46500	Injection of sclerosing solution, hemorrhoids
46505	Chemodenervation of internal anal sphincter
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	Anoscopy; with biopsy, single or multiple
46608	Anoscopy; with removal of foreign body
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	Anoplasty, plastic operation for stricture; adult
46705	Anoplasty, plastic operation for stricture; infant
46706	Repair of anal fistula with fibrin glue
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	Removal of Thiersch wire or suture, anal canal
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	Ligation of internal hemorrhoids; single procedure
46946	Ligation of internal hemorrhoids; multiple procedures
46999	Unlisted procedure, anus

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
47000	Biopsy of liver, needle; percutaneous
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47399	Unlisted procedure, liver
47490	Percutaneous cholecystostomy
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	Laparoscopy, surgical; cholecystoenterostomy
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47801	Placement of choledochal stent
47999	Unlisted procedure, biliary tract
48000	Placement of drains, peripancreatic, for acute pancreatitis;
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	Biopsy of pancreas, percutaneous needle
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
49040	Drainage of subdiaphragmatic or subphrenic abscess; open
49060	Drainage of retroperitoneal abscess; open
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	Laparoscopy, surgical; with biopsy (single or multiple)
49324	Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49400	Injection of air or contrast into peritoneal cavity (separate procedure)
49419	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)
49421	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425	Insertion of peritoneal-venous shunt
49426	Revision of peritoneal-venous shunt
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428	Ligation of peritoneal-venous shunt
49429	Removal of peritoneal-venous shunt
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Digestive System	
CPT Code	Description
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49520	Repair recurrent inguinal hernia, any age; reducible
49525	Repair inguinal hernia, sliding, any age
49540	Repair lumbar hernia
49550	Repair initial femoral hernia, any age; reducible
49555	Repair recurrent femoral hernia; reducible
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580	Repair umbilical hernia, younger than age 5 years; reducible
49585	Repair umbilical hernia, age 5 years or older; reducible



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49590	Repair spigelian hernia
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906	Free omental flap with microvascular anastomosis
49999	Unlisted procedure, abdomen, peritoneum and omentum
53899	Unlisted procedure, urinary system
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, salpingectomy(s), with or without omentectomy
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91132	Electrogastrography, diagnostic, transcutaneous;
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing
92610	Evaluation of oral and pharyngeal swallowing function



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Digestive System	
CPT Code	Description
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only interpretation and report only
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;physician interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
01BK0ZZ	Excision of Head and Neck Sympathetic Nerve, Open Approach
01BK3ZZ	Excision of Head and Neck Sympathetic Nerve, Percutaneous Approach
01BK4ZZ	Excision of Head and Neck Sympathetic Nerve, Percutaneous Endoscopic Approach
01BL0ZZ	Excision of Thoracic Sympathetic Nerve, Open Approach
01BN0ZZ	Excision of Lumbar Sympathetic Nerve, Open Approach
090007Z	Alteration of Right External Ear with Autologous Tissue Substitute, Open Approach
09000JZ	Alteration of Right External Ear with Synthetic Substitute, Open Approach
09000KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Open Approach
09000ZZ	Alteration of Right External Ear, Open Approach
090037Z	Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Approach
09003JZ	Alteration of Right External Ear with Synthetic Substitute, Percutaneous Approach
09003KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09003ZZ	Alteration of Right External Ear, Percutaneous Approach
090047Z	Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09004JZ	Alteration of Right External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09004KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09004ZZ	Alteration of Right External Ear, Percutaneous Endoscopic Approach
0900X7Z	Alteration of Right External Ear with Autologous Tissue Substitute, External Approach
0900XJZ	Alteration of Right External Ear with Synthetic Substitute, External Approach
0900XKZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, External Approach
0900XZZ	Alteration of Right External Ear, External Approach
090107Z	Alteration of Left External Ear with Autologous Tissue Substitute, Open Approach
09010JZ	Alteration of Left External Ear with Synthetic Substitute, Open Approach
09010KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Open Approach
09010ZZ	Alteration of Left External Ear, Open Approach
090137Z	Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Approach
09013JZ	Alteration of Left External Ear with Synthetic Substitute, Percutaneous Approach
09013KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09013ZZ	Alteration of Left External Ear, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
090147Z	Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09014JZ	Alteration of Left External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09014KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09014ZZ	Alteration of Left External Ear, Percutaneous Endoscopic Approach
0901X7Z	Alteration of Left External Ear with Autologous Tissue Substitute, External Approach
0901XJZ	Alteration of Left External Ear with Synthetic Substitute, External Approach
0901XKZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, External Approach
0901XZZ	Alteration of Left External Ear, External Approach
090207Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Open Approach
09020JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Open Approach
09020KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach
09020ZZ	Alteration of Bilateral External Ear, Open Approach
090237Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Approach
09023JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Approach
09023KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09023ZZ	Alteration of Bilateral External Ear, Percutaneous Approach
090247Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09024JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09024KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09024ZZ	Alteration of Bilateral External Ear, Percutaneous Endoscopic Approach
0902X7Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, External Approach
0902XJZ	Alteration of Bilateral External Ear with Synthetic Substitute, External Approach
0902XKZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, External Approach
0902XZZ	Alteration of Bilateral External Ear, External Approach
09500ZZ	Destruction of Right External Ear, Open Approach
09503ZZ	Destruction of Right External Ear, Percutaneous Approach
09504ZZ	Destruction of Right External Ear, Percutaneous Endoscopic Approach
0950XZZ	Destruction of Right External Ear, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09510ZZ	Destruction of Left External Ear, Open Approach
09513ZZ	Destruction of Left External Ear, Percutaneous Approach
09514ZZ	Destruction of Left External Ear, Percutaneous Endoscopic Approach
0951XZZ	Destruction of Left External Ear, External Approach
09530ZZ	Destruction of Right External Auditory Canal, Open Approach
09533ZZ	Destruction of Right External Auditory Canal, Percutaneous Approach
09534ZZ	Destruction of Right External Auditory Canal, Percutaneous Endoscopic Approach
09537ZZ	Destruction of Right External Auditory Canal, Via Natural or Artificial Opening
09538ZZ	Destruction of Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic
0953XZZ	Destruction of Right External Auditory Canal, External Approach
09540ZZ	Destruction of Left External Auditory Canal, Open Approach
09543ZZ	Destruction of Left External Auditory Canal, Percutaneous Approach
09544ZZ	Destruction of Left External Auditory Canal, Percutaneous Endoscopic Approach
09547ZZ	Destruction of Left External Auditory Canal, Via Natural or Artificial Opening
09548ZZ	Destruction of Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic
0954XZZ	Destruction of Left External Auditory Canal, External Approach
09550ZZ	Destruction of Right Middle Ear, Open Approach
09560ZZ	Destruction of Left Middle Ear, Open Approach
09570ZZ	Destruction of Right Tympanic Membrane, Open Approach
09573ZZ	Destruction of Right Tympanic Membrane, Percutaneous Approach
09574ZZ	Destruction of Right Tympanic Membrane, Percutaneous Endoscopic Approach
09577ZZ	Destruction of Right Tympanic Membrane, Via Natural or Artificial Opening
09578ZZ	Destruction of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09580ZZ	Destruction of Left Tympanic Membrane, Open Approach
09583ZZ	Destruction of Left Tympanic Membrane, Percutaneous Approach
09584ZZ	Destruction of Left Tympanic Membrane, Percutaneous Endoscopic Approach
09587ZZ	Destruction of Left Tympanic Membrane, Via Natural or Artificial Opening
09588ZZ	Destruction of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09590ZZ	Destruction of Right Auditory Ossicle, Open Approach
095A0ZZ	Destruction of Left Auditory Ossicle, Open Approach
095B0ZZ	Destruction of Right Mastoid Sinus, Open Approach
095B3ZZ	Destruction of Right Mastoid Sinus, Percutaneous Approach
095B4ZZ	Destruction of Right Mastoid Sinus, Percutaneous Endoscopic Approach
095C0ZZ	Destruction of Left Mastoid Sinus, Open Approach
095C3ZZ	Destruction of Left Mastoid Sinus, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
095C4ZZ	Destruction of Left Mastoid Sinus, Percutaneous Endoscopic Approach
095D0ZZ	Destruction of Right Inner Ear, Open Approach
095E0ZZ	Destruction of Left Inner Ear, Open Approach
095F0ZZ	Destruction of Right Eustachian Tube, Open Approach
095F3ZZ	Destruction of Right Eustachian Tube, Percutaneous Approach
095F4ZZ	Destruction of Right Eustachian Tube, Percutaneous Endoscopic Approach
095F7ZZ	Destruction of Right Eustachian Tube, Via Natural or Artificial Opening
095F8ZZ	Destruction of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
095G0ZZ	Destruction of Left Eustachian Tube, Open Approach
095G3ZZ	Destruction of Left Eustachian Tube, Percutaneous Approach
095G4ZZ	Destruction of Left Eustachian Tube, Percutaneous Endoscopic Approach
095G7ZZ	Destruction of Left Eustachian Tube, Via Natural or Artificial Opening
095G8ZZ	Destruction of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
097F0DZ	Dilation of Right Eustachian Tube with Intraluminal Device, Open Approach
097F0ZZ	Dilation of Right Eustachian Tube, Open Approach
097F3ZZ	Dilation of Right Eustachian Tube, Percutaneous Approach
097F4ZZ	Dilation of Right Eustachian Tube, Percutaneous Endoscopic Approach
097F7DZ	Dilation of Right Eustachian Tube with Intraluminal Device, Via Natural or Artificial Opening
097F7ZZ	Dilation of Right Eustachian Tube, Via Natural or Artificial Opening
097F8DZ	Dilation of Right Eustachian Tube with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
097F8ZZ	Dilation of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
097G0DZ	Dilation of Left Eustachian Tube with Intraluminal Device, Open Approach
097G0ZZ	Dilation of Left Eustachian Tube, Open Approach
097G3ZZ	Dilation of Left Eustachian Tube, Percutaneous Approach
097G4ZZ	Dilation of Left Eustachian Tube, Percutaneous Endoscopic Approach
097G7DZ	Dilation of Left Eustachian Tube with Intraluminal Device, Via Natural or Artificial Opening
097G7ZZ	Dilation of Left Eustachian Tube, Via Natural or Artificial Opening
097G8DZ	Dilation of Left Eustachian Tube with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
097G8ZZ	Dilation of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
099000Z	Drainage of Right External Ear with Drainage Device, Open Approach
09900ZX	Drainage of Right External Ear, Open Approach, Diagnostic
09900ZZ	Drainage of Right External Ear, Open Approach
099030Z	Drainage of Right External Ear with Drainage Device, Percutaneous Approach
09903ZX	Drainage of Right External Ear, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09903ZZ	Drainage of Right External Ear, Percutaneous Approach
099040Z	Drainage of Right External Ear with Drainage Device, Percutaneous Endoscopic Approach
09904ZX	Drainage of Right External Ear, Percutaneous Endoscopic Approach, Diagnostic
09904ZZ	Drainage of Right External Ear, Percutaneous Endoscopic Approach
0990X0Z	Drainage of Right External Ear with Drainage Device, External Approach
0990XZX	Drainage of Right External Ear, External Approach, Diagnostic
0990XZZ	Drainage of Right External Ear, External Approach
099100Z	Drainage of Left External Ear with Drainage Device, Open Approach
09910ZX	Drainage of Left External Ear, Open Approach, Diagnostic
09910ZZ	Drainage of Left External Ear, Open Approach
099130Z	Drainage of Left External Ear with Drainage Device, Percutaneous Approach
09913ZX	Drainage of Left External Ear, Percutaneous Approach, Diagnostic
09913ZZ	Drainage of Left External Ear, Percutaneous Approach
099140Z	Drainage of Left External Ear with Drainage Device, Percutaneous Endoscopic Approach
09914ZX	Drainage of Left External Ear, Percutaneous Endoscopic Approach, Diagnostic
09914ZZ	Drainage of Left External Ear, Percutaneous Endoscopic Approach
0991X0Z	Drainage of Left External Ear with Drainage Device, External Approach
0991XZX	Drainage of Left External Ear, External Approach, Diagnostic
0991XZZ	Drainage of Left External Ear, External Approach
099300Z	Drainage of Right External Auditory Canal with Drainage Device, Open Approach
09930ZX	Drainage of Right External Auditory Canal, Open Approach, Diagnostic
09930ZZ	Drainage of Right External Auditory Canal, Open Approach
099330Z	Drainage of Right External Auditory Canal with Drainage Device, Percutaneous Approach
09933ZX	Drainage of Right External Auditory Canal, Percutaneous Approach, Diagnostic
09933ZZ	Drainage of Right External Auditory Canal, Percutaneous Approach
099340Z	Drainage of Right External Auditory Canal with Drainage Device, Percutaneous Endoscopic Approach
09934ZX	Drainage of Right External Auditory Canal, Percutaneous Endoscopic Approach, Diagnostic
09934ZZ	Drainage of Right External Auditory Canal, Percutaneous Endoscopic Approach
099370Z	Drainage of Right External Auditory Canal with Drainage Device, Via Natural or Artificial Opening
09937ZX	Drainage of Right External Auditory Canal, Via Natural or Artificial Opening, Diagnostic
09937ZZ	Drainage of Right External Auditory Canal, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
099380Z	Drainage of Right External Auditory Canal with Drainage Device, Via Natural or Artificial Opening Endoscopic
09938ZX	Drainage of Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic, Diagnostic
09938ZZ	Drainage of Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic
0993X0Z	Drainage of Right External Auditory Canal with Drainage Device, External Approach
0993XZX	Drainage of Right External Auditory Canal, External Approach, Diagnostic
0993XZZ	Drainage of Right External Auditory Canal, External Approach
099400Z	Drainage of Left External Auditory Canal with Drainage Device, Open Approach
09940ZX	Drainage of Left External Auditory Canal, Open Approach, Diagnostic
09940ZZ	Drainage of Left External Auditory Canal, Open Approach
099430Z	Drainage of Left External Auditory Canal with Drainage Device, Percutaneous Approach
09943ZX	Drainage of Left External Auditory Canal, Percutaneous Approach, Diagnostic
09943ZZ	Drainage of Left External Auditory Canal, Percutaneous Approach
099440Z	Drainage of Left External Auditory Canal with Drainage Device, Percutaneous Endoscopic Approach
09944ZX	Drainage of Left External Auditory Canal, Percutaneous Endoscopic Approach, Diagnostic
09944ZZ	Drainage of Left External Auditory Canal, Percutaneous Endoscopic Approach
099470Z	Drainage of Left External Auditory Canal with Drainage Device, Via Natural or Artificial Opening
09947ZX	Drainage of Left External Auditory Canal, Via Natural or Artificial Opening, Diagnostic
09947ZZ	Drainage of Left External Auditory Canal, Via Natural or Artificial Opening
099480Z	Drainage of Left External Auditory Canal with Drainage Device, Via Natural or Artificial Opening Endoscopic
09948ZX	Drainage of Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic, Diagnostic
09948ZZ	Drainage of Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic
0994X0Z	Drainage of Left External Auditory Canal with Drainage Device, External Approach
0994XZX	Drainage of Left External Auditory Canal, External Approach, Diagnostic
0994XZZ	Drainage of Left External Auditory Canal, External Approach
099500Z	Drainage of Right Middle Ear with Drainage Device, Open Approach
09950ZX	Drainage of Right Middle Ear, Open Approach, Diagnostic
09950ZZ	Drainage of Right Middle Ear, Open Approach
099600Z	Drainage of Left Middle Ear with Drainage Device, Open Approach
09960ZX	Drainage of Left Middle Ear, Open Approach, Diagnostic
09960ZZ	Drainage of Left Middle Ear, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
099700Z	Drainage of Right Tympanic Membrane with Drainage Device, Open Approach
09970ZX	Drainage of Right Tympanic Membrane, Open Approach, Diagnostic
09970ZZ	Drainage of Right Tympanic Membrane, Open Approach
099730Z	Drainage of Right Tympanic Membrane with Drainage Device, Percutaneous Approach
09973ZX	Drainage of Right Tympanic Membrane, Percutaneous Approach, Diagnostic
09973ZZ	Drainage of Right Tympanic Membrane, Percutaneous Approach
099740Z	Drainage of Right Tympanic Membrane with Drainage Device, Percutaneous Endoscopic Approach
09974ZX	Drainage of Right Tympanic Membrane, Percutaneous Endoscopic Approach, Diagnostic
09974ZZ	Drainage of Right Tympanic Membrane, Percutaneous Endoscopic Approach
099770Z	Drainage of Right Tympanic Membrane with Drainage Device, Via Natural or Artificial Opening
09977ZX	Drainage of Right Tympanic Membrane, Via Natural or Artificial Opening, Diagnostic
09977ZZ	Drainage of Right Tympanic Membrane, Via Natural or Artificial Opening
099780Z	Drainage of Right Tympanic Membrane with Drainage Device, Via Natural or Artificial Opening Endoscopic
09978ZX	Drainage of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic, Diagnostic
09978ZZ	Drainage of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
099800Z	Drainage of Left Tympanic Membrane with Drainage Device, Open Approach
09980ZX	Drainage of Left Tympanic Membrane, Open Approach, Diagnostic
09980ZZ	Drainage of Left Tympanic Membrane, Open Approach
099830Z	Drainage of Left Tympanic Membrane with Drainage Device, Percutaneous Approach
09983ZX	Drainage of Left Tympanic Membrane, Percutaneous Approach, Diagnostic
09983ZZ	Drainage of Left Tympanic Membrane, Percutaneous Approach
099840Z	Drainage of Left Tympanic Membrane with Drainage Device, Percutaneous Endoscopic Approach
09984ZX	Drainage of Left Tympanic Membrane, Percutaneous Endoscopic Approach, Diagnostic
09984ZZ	Drainage of Left Tympanic Membrane, Percutaneous Endoscopic Approach
099870Z	Drainage of Left Tympanic Membrane with Drainage Device, Via Natural or Artificial Opening
09987ZX	Drainage of Left Tympanic Membrane, Via Natural or Artificial Opening, Diagnostic
09987ZZ	Drainage of Left Tympanic Membrane, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
099880Z	Drainage of Left Tympanic Membrane with Drainage Device, Via Natural or Artificial Opening Endoscopic
09988ZX	Drainage of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic, Diagnostic
09988ZZ	Drainage of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
099900Z	Drainage of Right Auditory Ossicle with Drainage Device, Open Approach
09990ZX	Drainage of Right Auditory Ossicle, Open Approach, Diagnostic
09990ZZ	Drainage of Right Auditory Ossicle, Open Approach
099A00Z	Drainage of Left Auditory Ossicle with Drainage Device, Open Approach
099A0ZX	Drainage of Left Auditory Ossicle, Open Approach, Diagnostic
099A0ZZ	Drainage of Left Auditory Ossicle, Open Approach
099B00Z	Drainage of Right Mastoid Sinus with Drainage Device, Open Approach
099B0ZX	Drainage of Right Mastoid Sinus, Open Approach, Diagnostic
099B0ZZ	Drainage of Right Mastoid Sinus, Open Approach
099B30Z	Drainage of Right Mastoid Sinus with Drainage Device, Percutaneous Approach
099B3ZX	Drainage of Right Mastoid Sinus, Percutaneous Approach, Diagnostic
099B3ZZ	Drainage of Right Mastoid Sinus, Percutaneous Approach
099B40Z	Drainage of Right Mastoid Sinus with Drainage Device, Percutaneous Endoscopic Approach
099B4ZX	Drainage of Right Mastoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099B4ZZ	Drainage of Right Mastoid Sinus, Percutaneous Endoscopic Approach
099C00Z	Drainage of Left Mastoid Sinus with Drainage Device, Open Approach
099C0ZX	Drainage of Left Mastoid Sinus, Open Approach, Diagnostic
099C0ZZ	Drainage of Left Mastoid Sinus, Open Approach
099C30Z	Drainage of Left Mastoid Sinus with Drainage Device, Percutaneous Approach
099C3ZX	Drainage of Left Mastoid Sinus, Percutaneous Approach, Diagnostic
099C3ZZ	Drainage of Left Mastoid Sinus, Percutaneous Approach
099C40Z	Drainage of Left Mastoid Sinus with Drainage Device, Percutaneous Endoscopic Approach
099C4ZX	Drainage of Left Mastoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099C4ZZ	Drainage of Left Mastoid Sinus, Percutaneous Endoscopic Approach
099D00Z	Drainage of Right Inner Ear with Drainage Device, Open Approach
099D0ZX	Drainage of Right Inner Ear, Open Approach, Diagnostic
099D0ZZ	Drainage of Right Inner Ear, Open Approach
099E00Z	Drainage of Left Inner Ear with Drainage Device, Open Approach
099E0ZX	Drainage of Left Inner Ear, Open Approach, Diagnostic
099E0ZZ	Drainage of Left Inner Ear, Open Approach
099F00Z	Drainage of Right Eustachian Tube with Drainage Device, Open Approach
099F0ZX	Drainage of Right Eustachian Tube, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
099F0ZZ	Drainage of Right Eustachian Tube, Open Approach
099F30Z	Drainage of Right Eustachian Tube with Drainage Device, Percutaneous Approach
099F3ZX	Drainage of Right Eustachian Tube, Percutaneous Approach, Diagnostic
099F3ZZ	Drainage of Right Eustachian Tube, Percutaneous Approach
099F40Z	Drainage of Right Eustachian Tube with Drainage Device, Percutaneous Endoscopic Approach
099F4ZX	Drainage of Right Eustachian Tube, Percutaneous Endoscopic Approach, Diagnostic
099F4ZZ	Drainage of Right Eustachian Tube, Percutaneous Endoscopic Approach
099F70Z	Drainage of Right Eustachian Tube with Drainage Device, Via Natural or Artificial Opening
099F7ZX	Drainage of Right Eustachian Tube, Via Natural or Artificial Opening, Diagnostic
099F7ZZ	Drainage of Right Eustachian Tube, Via Natural or Artificial Opening
099F80Z	Drainage of Right Eustachian Tube with Drainage Device, Via Natural or Artificial Opening Endoscopic
099F8ZX	Drainage of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
099F8ZZ	Drainage of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
099G00Z	Drainage of Left Eustachian Tube with Drainage Device, Open Approach
099G0ZX	Drainage of Left Eustachian Tube, Open Approach, Diagnostic
099G0ZZ	Drainage of Left Eustachian Tube, Open Approach
099G30Z	Drainage of Left Eustachian Tube with Drainage Device, Percutaneous Approach
099G3ZX	Drainage of Left Eustachian Tube, Percutaneous Approach, Diagnostic
099G3ZZ	Drainage of Left Eustachian Tube, Percutaneous Approach
099G40Z	Drainage of Left Eustachian Tube with Drainage Device, Percutaneous Endoscopic Approach
099G4ZX	Drainage of Left Eustachian Tube, Percutaneous Endoscopic Approach, Diagnostic
099G4ZZ	Drainage of Left Eustachian Tube, Percutaneous Endoscopic Approach
099G70Z	Drainage of Left Eustachian Tube with Drainage Device, Via Natural or Artificial Opening
099G7ZX	Drainage of Left Eustachian Tube, Via Natural or Artificial Opening, Diagnostic
099G7ZZ	Drainage of Left Eustachian Tube, Via Natural or Artificial Opening
099G80Z	Drainage of Left Eustachian Tube with Drainage Device, Via Natural or Artificial Opening Endoscopic
099G8ZX	Drainage of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
099G8ZZ	Drainage of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09B00ZX	Excision of Right External Ear, Open Approach, Diagnostic
09B00ZZ	Excision of Right External Ear, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09B03ZX	Excision of Right External Ear, Percutaneous Approach, Diagnostic
09B03ZZ	Excision of Right External Ear, Percutaneous Approach
09B04ZX	Excision of Right External Ear, Percutaneous Endoscopic Approach, Diagnostic
09B04ZZ	Excision of Right External Ear, Percutaneous Endoscopic Approach
09B0XZX	Excision of Right External Ear, External Approach, Diagnostic
09B0XZZ	Excision of Right External Ear, External Approach
09B10ZX	Excision of Left External Ear, Open Approach, Diagnostic
09B10ZZ	Excision of Left External Ear, Open Approach
09B13ZX	Excision of Left External Ear, Percutaneous Approach, Diagnostic
09B13ZZ	Excision of Left External Ear, Percutaneous Approach
09B14ZX	Excision of Left External Ear, Percutaneous Endoscopic Approach, Diagnostic
09B14ZZ	Excision of Left External Ear, Percutaneous Endoscopic Approach
09B1XZX	Excision of Left External Ear, External Approach, Diagnostic
09B1XZZ	Excision of Left External Ear, External Approach
09B30ZX	Excision of Right External Auditory Canal, Open Approach, Diagnostic
09B30ZZ	Excision of Right External Auditory Canal, Open Approach
09B33ZX	Excision of Right External Auditory Canal, Percutaneous Approach, Diagnostic
09B33ZZ	Excision of Right External Auditory Canal, Percutaneous Approach
09B34ZX	Excision of Right External Auditory Canal, Percutaneous Endoscopic Approach, Diagnostic
09B34ZZ	Excision of Right External Auditory Canal, Percutaneous Endoscopic Approach
09B37ZX	Excision of Right External Auditory Canal, Via Natural or Artificial Opening, Diagnostic
09B37ZZ	Excision of Right External Auditory Canal, Via Natural or Artificial Opening
09B38ZX	Excision of Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic, Diagnostic
09B38ZZ	Excision of Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic
09B3XZX	Excision of Right External Auditory Canal, External Approach, Diagnostic
09B3XZZ	Excision of Right External Auditory Canal, External Approach
09B40ZX	Excision of Left External Auditory Canal, Open Approach, Diagnostic
09B40ZZ	Excision of Left External Auditory Canal, Open Approach
09B43ZX	Excision of Left External Auditory Canal, Percutaneous Approach, Diagnostic
09B43ZZ	Excision of Left External Auditory Canal, Percutaneous Approach
09B44ZX	Excision of Left External Auditory Canal, Percutaneous Endoscopic Approach, Diagnostic
09B44ZZ	Excision of Left External Auditory Canal, Percutaneous Endoscopic Approach
09B47ZX	Excision of Left External Auditory Canal, Via Natural or Artificial Opening, Diagnostic
09B47ZZ	Excision of Left External Auditory Canal, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09B48ZX	Excision of Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic, Diagnostic
09B48ZZ	Excision of Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic
09B4XZX	Excision of Left External Auditory Canal, External Approach, Diagnostic
09B4XZZ	Excision of Left External Auditory Canal, External Approach
09B50ZX	Excision of Right Middle Ear, Open Approach, Diagnostic
09B50ZZ	Excision of Right Middle Ear, Open Approach
09B60ZX	Excision of Left Middle Ear, Open Approach, Diagnostic
09B60ZZ	Excision of Left Middle Ear, Open Approach
09B70ZX	Excision of Right Tympanic Membrane, Open Approach, Diagnostic
09B70ZZ	Excision of Right Tympanic Membrane, Open Approach
09B73ZX	Excision of Right Tympanic Membrane, Percutaneous Approach, Diagnostic
09B73ZZ	Excision of Right Tympanic Membrane, Percutaneous Approach
09B74ZX	Excision of Right Tympanic Membrane, Percutaneous Endoscopic Approach, Diagnostic
09B74ZZ	Excision of Right Tympanic Membrane, Percutaneous Endoscopic Approach
09B77ZX	Excision of Right Tympanic Membrane, Via Natural or Artificial Opening, Diagnostic
09B77ZZ	Excision of Right Tympanic Membrane, Via Natural or Artificial Opening
09B78ZX	Excision of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic, Diagnostic
09B78ZZ	Excision of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09B80ZX	Excision of Left Tympanic Membrane, Open Approach, Diagnostic
09B80ZZ	Excision of Left Tympanic Membrane, Open Approach
09B83ZX	Excision of Left Tympanic Membrane, Percutaneous Approach, Diagnostic
09B83ZZ	Excision of Left Tympanic Membrane, Percutaneous Approach
09B84ZX	Excision of Left Tympanic Membrane, Percutaneous Endoscopic Approach, Diagnostic
09B84ZZ	Excision of Left Tympanic Membrane, Percutaneous Endoscopic Approach
09B87ZX	Excision of Left Tympanic Membrane, Via Natural or Artificial Opening, Diagnostic
09B87ZZ	Excision of Left Tympanic Membrane, Via Natural or Artificial Opening
09B88ZX	Excision of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic, Diagnostic
09B88ZZ	Excision of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09B90ZX	Excision of Right Auditory Ossicle, Open Approach, Diagnostic
09B90ZZ	Excision of Right Auditory Ossicle, Open Approach
09BA0ZX	Excision of Left Auditory Ossicle, Open Approach, Diagnostic
09BA0ZZ	Excision of Left Auditory Ossicle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09BB0ZX	Excision of Right Mastoid Sinus, Open Approach, Diagnostic
09BB0ZZ	Excision of Right Mastoid Sinus, Open Approach
09BB3ZX	Excision of Right Mastoid Sinus, Percutaneous Approach, Diagnostic
09BB3ZZ	Excision of Right Mastoid Sinus, Percutaneous Approach
09BB4ZX	Excision of Right Mastoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BB4ZZ	Excision of Right Mastoid Sinus, Percutaneous Endoscopic Approach
09BC0ZX	Excision of Left Mastoid Sinus, Open Approach, Diagnostic
09BC0ZZ	Excision of Left Mastoid Sinus, Open Approach
09BC3ZX	Excision of Left Mastoid Sinus, Percutaneous Approach, Diagnostic
09BC3ZZ	Excision of Left Mastoid Sinus, Percutaneous Approach
09BC4ZX	Excision of Left Mastoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BC4ZZ	Excision of Left Mastoid Sinus, Percutaneous Endoscopic Approach
09BD0ZX	Excision of Right Inner Ear, Open Approach, Diagnostic
09BD0ZZ	Excision of Right Inner Ear, Open Approach
09BE0ZX	Excision of Left Inner Ear, Open Approach, Diagnostic
09BE0ZZ	Excision of Left Inner Ear, Open Approach
09BF0ZX	Excision of Right Eustachian Tube, Open Approach, Diagnostic
09BF0ZZ	Excision of Right Eustachian Tube, Open Approach
09BF3ZX	Excision of Right Eustachian Tube, Percutaneous Approach, Diagnostic
09BF3ZZ	Excision of Right Eustachian Tube, Percutaneous Approach
09BF4ZX	Excision of Right Eustachian Tube, Percutaneous Endoscopic Approach, Diagnostic
09BF4ZZ	Excision of Right Eustachian Tube, Percutaneous Endoscopic Approach
09BF7ZX	Excision of Right Eustachian Tube, Via Natural or Artificial Opening, Diagnostic
09BF7ZZ	Excision of Right Eustachian Tube, Via Natural or Artificial Opening
09BF8ZX	Excision of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
09BF8ZZ	Excision of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09BG0ZX	Excision of Left Eustachian Tube, Open Approach, Diagnostic
09BG0ZZ	Excision of Left Eustachian Tube, Open Approach
09BG3ZX	Excision of Left Eustachian Tube, Percutaneous Approach, Diagnostic
09BG3ZZ	Excision of Left Eustachian Tube, Percutaneous Approach
09BG4ZX	Excision of Left Eustachian Tube, Percutaneous Endoscopic Approach, Diagnostic
09BG4ZZ	Excision of Left Eustachian Tube, Percutaneous Endoscopic Approach
09BG7ZX	Excision of Left Eustachian Tube, Via Natural or Artificial Opening, Diagnostic
09BG7ZZ	Excision of Left Eustachian Tube, Via Natural or Artificial Opening
09BG8ZX	Excision of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
09BG8ZZ	Excision of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09C00ZZ	Extirpation of Matter from Right External Ear, Open Approach
09C03ZZ	Extirpation of Matter from Right External Ear, Percutaneous Approach
09C04ZZ	Extirpation of Matter from Right External Ear, Percutaneous Endoscopic Approach
09C10ZZ	Extirpation of Matter from Left External Ear, Open Approach
09C13ZZ	Extirpation of Matter from Left External Ear, Percutaneous Approach
09C14ZZ	Extirpation of Matter from Left External Ear, Percutaneous Endoscopic Approach
09C30ZZ	Extirpation of Matter from Right External Auditory Canal, Open Approach
09C33ZZ	Extirpation of Matter from Right External Auditory Canal, Percutaneous Approach
09C34ZZ	Extirpation of Matter from Right External Auditory Canal, Percutaneous Endoscopic Approach
09C40ZZ	Extirpation of Matter from Left External Auditory Canal, Open Approach
09C43ZZ	Extirpation of Matter from Left External Auditory Canal, Percutaneous Approach
09C44ZZ	Extirpation of Matter from Left External Auditory Canal, Percutaneous Endoscopic Approach
09C50ZZ	Extirpation of Matter from Right Middle Ear, Open Approach
09C60ZZ	Extirpation of Matter from Left Middle Ear, Open Approach
09C70ZZ	Extirpation of Matter from Right Tympanic Membrane, Open Approach
09C73ZZ	Extirpation of Matter from Right Tympanic Membrane, Percutaneous Approach
09C74ZZ	Extirpation of Matter from Right Tympanic Membrane, Percutaneous Endoscopic Approach
09C77ZZ	Extirpation of Matter from Right Tympanic Membrane, Via Natural or Artificial Opening
09C78ZZ	Extirpation of Matter from Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09C80ZZ	Extirpation of Matter from Left Tympanic Membrane, Open Approach
09C83ZZ	Extirpation of Matter from Left Tympanic Membrane, Percutaneous Approach
09C84ZZ	Extirpation of Matter from Left Tympanic Membrane, Percutaneous Endoscopic Approach
09C87ZZ	Extirpation of Matter from Left Tympanic Membrane, Via Natural or Artificial Opening
09C88ZZ	Extirpation of Matter from Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09C90ZZ	Extirpation of Matter from Right Auditory Ossicle, Open Approach
09CA0ZZ	Extirpation of Matter from Left Auditory Ossicle, Open Approach
09CB0ZZ	Extirpation of Matter from Right Mastoid Sinus, Open Approach
09CB3ZZ	Extirpation of Matter from Right Mastoid Sinus, Percutaneous Approach
09CB4ZZ	Extirpation of Matter from Right Mastoid Sinus, Percutaneous Endoscopic Approach
09CC0ZZ	Extirpation of Matter from Left Mastoid Sinus, Open Approach
09CC3ZZ	Extirpation of Matter from Left Mastoid Sinus, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
09CC4ZZ	Extirpation of Matter from Left Mastoid Sinus, Percutaneous Endoscopic Approach
09CD0ZZ	Extirpation of Matter from Right Inner Ear, Open Approach
09CE0ZZ	Extirpation of Matter from Left Inner Ear, Open Approach
09CF0ZZ	Extirpation of Matter from Right Eustachian Tube, Open Approach
09CF3ZZ	Extirpation of Matter from Right Eustachian Tube, Percutaneous Approach
09CF4ZZ	Extirpation of Matter from Right Eustachian Tube, Percutaneous Endoscopic Approach
09CG0ZZ	Extirpation of Matter from Left Eustachian Tube, Open Approach
09CG3ZZ	Extirpation of Matter from Left Eustachian Tube, Percutaneous Approach
09CG4ZZ	Extirpation of Matter from Left Eustachian Tube, Percutaneous Endoscopic Approach
09D70ZZ	Extraction of Right Tympanic Membrane, Open Approach
09D73ZZ	Extraction of Right Tympanic Membrane, Percutaneous Approach
09D74ZZ	Extraction of Right Tympanic Membrane, Percutaneous Endoscopic Approach
09D77ZZ	Extraction of Right Tympanic Membrane, Via Natural or Artificial Opening
09D78ZZ	Extraction of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09D80ZZ	Extraction of Left Tympanic Membrane, Open Approach
09D83ZZ	Extraction of Left Tympanic Membrane, Percutaneous Approach
09D84ZZ	Extraction of Left Tympanic Membrane, Percutaneous Endoscopic Approach
09D87ZZ	Extraction of Left Tympanic Membrane, Via Natural or Artificial Opening
09D88ZZ	Extraction of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09D90ZZ	Extraction of Right Auditory Ossicle, Open Approach
09DA0ZZ	Extraction of Left Auditory Ossicle, Open Approach
09DB0ZZ	Extraction of Right Mastoid Sinus, Open Approach
09DB3ZZ	Extraction of Right Mastoid Sinus, Percutaneous Approach
09DB4ZZ	Extraction of Right Mastoid Sinus, Percutaneous Endoscopic Approach
09DC0ZZ	Extraction of Left Mastoid Sinus, Open Approach
09DC3ZZ	Extraction of Left Mastoid Sinus, Percutaneous Approach
09DC4ZZ	Extraction of Left Mastoid Sinus, Percutaneous Endoscopic Approach
09HD04Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Open Approach
09HD05Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
09HD06Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
09HD0SZ	Insertion of Hearing Device into Right Inner Ear, Open Approach
09HD34Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Approach
09HD35Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09HD36Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach
09HD3SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Approach
09HD44Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach
09HD45Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
09HD46Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
09HD4SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach
09HE04Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Open Approach
09HE05Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
09HE06Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
09HE0SZ	Insertion of Hearing Device into Left Inner Ear, Open Approach
09HE34Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Approach
09HE35Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
09HE36Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
09HE3SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Approach
09HE44Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach
09HE45Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
09HE46Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
09HE4SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach
09J70ZZ	Inspection of Right Tympanic Membrane, Open Approach
09J73ZZ	Inspection of Right Tympanic Membrane, Percutaneous Approach
09J74ZZ	Inspection of Right Tympanic Membrane, Percutaneous Endoscopic Approach
09J77ZZ	Inspection of Right Tympanic Membrane, Via Natural or Artificial Opening
09J78ZZ	Inspection of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09J7XZZ	Inspection of Right Tympanic Membrane, External Approach
09J80ZZ	Inspection of Left Tympanic Membrane, Open Approach
09J83ZZ	Inspection of Left Tympanic Membrane, Percutaneous Approach
09J84ZZ	Inspection of Left Tympanic Membrane, Percutaneous Endoscopic Approach
09J87ZZ	Inspection of Left Tympanic Membrane, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09J88ZZ	Inspection of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09J8XZZ	Inspection of Left Tympanic Membrane, External Approach
09JD0ZZ	Inspection of Right Inner Ear, Open Approach
09JD3ZZ	Inspection of Right Inner Ear, Percutaneous Approach
09JD4ZZ	Inspection of Right Inner Ear, Percutaneous Endoscopic Approach
09JDXZZ	Inspection of Right Inner Ear, External Approach
09JE0ZZ	Inspection of Left Inner Ear, Open Approach
09JE3ZZ	Inspection of Left Inner Ear, Percutaneous Approach
09JE4ZZ	Inspection of Left Inner Ear, Percutaneous Endoscopic Approach
09JEXZZ	Inspection of Left Inner Ear, External Approach
09JH0ZZ	Inspection of Right Ear, Open Approach
09JH3ZZ	Inspection of Right Ear, Percutaneous Approach
09JH4ZZ	Inspection of Right Ear, Percutaneous Endoscopic Approach
09JH7ZZ	Inspection of Right Ear, Via Natural or Artificial Opening
09JH8ZZ	Inspection of Right Ear, Via Natural or Artificial Opening Endoscopic
09JHXZZ	Inspection of Right Ear, External Approach
09JJ0ZZ	Inspection of Left Ear, Open Approach
09JJ3ZZ	Inspection of Left Ear, Percutaneous Approach
09JJ4ZZ	Inspection of Left Ear, Percutaneous Endoscopic Approach
09JJ7ZZ	Inspection of Left Ear, Via Natural or Artificial Opening
09JJ8ZZ	Inspection of Left Ear, Via Natural or Artificial Opening Endoscopic
09JJXZZ	Inspection of Left Ear, External Approach
09N00ZZ	Release Right External Ear, Open Approach
09N03ZZ	Release Right External Ear, Percutaneous Approach
09N04ZZ	Release Right External Ear, Percutaneous Endoscopic Approach
09N0XZZ	Release Right External Ear, External Approach
09N10ZZ	Release Left External Ear, Open Approach
09N13ZZ	Release Left External Ear, Percutaneous Approach
09N14ZZ	Release Left External Ear, Percutaneous Endoscopic Approach
09N1XZZ	Release Left External Ear, External Approach
09N30ZZ	Release Right External Auditory Canal, Open Approach
09N33ZZ	Release Right External Auditory Canal, Percutaneous Approach
09N34ZZ	Release Right External Auditory Canal, Percutaneous Endoscopic Approach
09N37ZZ	Release Right External Auditory Canal, Via Natural or Artificial Opening
09N38ZZ	Release Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic
09N3XZZ	Release Right External Auditory Canal, External Approach
09N40ZZ	Release Left External Auditory Canal, Open Approach
09N43ZZ	Release Left External Auditory Canal, Percutaneous Approach
09N44ZZ	Release Left External Auditory Canal, Percutaneous Endoscopic Approach
09N47ZZ	Release Left External Auditory Canal, Via Natural or Artificial Opening
09N48ZZ	Release Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09N4XZZ	Release Left External Auditory Canal, External Approach
09N50ZZ	Release Right Middle Ear, Open Approach
09N60ZZ	Release Left Middle Ear, Open Approach
09N70ZZ	Release Right Tympanic Membrane, Open Approach
09N73ZZ	Release Right Tympanic Membrane, Percutaneous Approach
09N74ZZ	Release Right Tympanic Membrane, Percutaneous Endoscopic Approach
09N77ZZ	Release Right Tympanic Membrane, Via Natural or Artificial Opening
09N78ZZ	Release Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09N80ZZ	Release Left Tympanic Membrane, Open Approach
09N83ZZ	Release Left Tympanic Membrane, Percutaneous Approach
09N84ZZ	Release Left Tympanic Membrane, Percutaneous Endoscopic Approach
09N87ZZ	Release Left Tympanic Membrane, Via Natural or Artificial Opening
09N88ZZ	Release Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09N90ZZ	Release Right Auditory Ossicle, Open Approach
09NA0ZZ	Release Left Auditory Ossicle, Open Approach
09NB0ZZ	Release Right Mastoid Sinus, Open Approach
09NB3ZZ	Release Right Mastoid Sinus, Percutaneous Approach
09NB4ZZ	Release Right Mastoid Sinus, Percutaneous Endoscopic Approach
09NC0ZZ	Release Left Mastoid Sinus, Open Approach
09NC3ZZ	Release Left Mastoid Sinus, Percutaneous Approach
09NC4ZZ	Release Left Mastoid Sinus, Percutaneous Endoscopic Approach
09ND0ZZ	Release Right Inner Ear, Open Approach
09NE0ZZ	Release Left Inner Ear, Open Approach
09NF0ZZ	Release Right Eustachian Tube, Open Approach
09NF3ZZ	Release Right Eustachian Tube, Percutaneous Approach
09NF4ZZ	Release Right Eustachian Tube, Percutaneous Endoscopic Approach
09NF7ZZ	Release Right Eustachian Tube, Via Natural or Artificial Opening
09NF8ZZ	Release Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09NG0ZZ	Release Left Eustachian Tube, Open Approach
09NG3ZZ	Release Left Eustachian Tube, Percutaneous Approach
09NG4ZZ	Release Left Eustachian Tube, Percutaneous Endoscopic Approach
09NG7ZZ	Release Left Eustachian Tube, Via Natural or Artificial Opening
09NG8ZZ	Release Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09P700Z	Removal of Drainage Device from Right Tympanic Membrane, Open Approach
09P770Z	Removal of Drainage Device from Right Tympanic Membrane, Via Natural or Artificial Opening
09P780Z	Removal of Drainage Device from Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09P800Z	Removal of Drainage Device from Left Tympanic Membrane, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09P870Z	Removal of Drainage Device from Left Tympanic Membrane, Via Natural or Artificial Opening
09P880Z	Removal of Drainage Device from Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09PD0SZ	Removal of Hearing Device from Right Inner Ear, Open Approach
09PD7SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening
09PD8SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Endoscopic
09PE0SZ	Removal of Hearing Device from Left Inner Ear, Open Approach
09PE7SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening
09PE8SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Endoscopic
09PH00Z	Removal of Drainage Device from Right Ear, Open Approach
09PH07Z	Removal of Autologous Tissue Substitute from Right Ear, Open Approach
09PH0DZ	Removal of Intraluminal Device from Right Ear, Open Approach
09PH0JZ	Removal of Synthetic Substitute from Right Ear, Open Approach
09PH0KZ	Removal of Nonautologous Tissue Substitute from Right Ear, Open Approach
09PH30Z	Removal of Drainage Device from Right Ear, Percutaneous Approach
09PH37Z	Removal of Autologous Tissue Substitute from Right Ear, Percutaneous Approach
09PH3DZ	Removal of Intraluminal Device from Right Ear, Percutaneous Approach
09PH3JZ	Removal of Synthetic Substitute from Right Ear, Percutaneous Approach
09PH3KZ	Removal of Nonautologous Tissue Substitute from Right Ear, Percutaneous Approach
09PH40Z	Removal of Drainage Device from Right Ear, Percutaneous Endoscopic Approach
09PH47Z	Removal of Autologous Tissue Substitute from Right Ear, Percutaneous Endoscopic Approach
09PH4DZ	Removal of Intraluminal Device from Right Ear, Percutaneous Endoscopic Approach
09PH4JZ	Removal of Synthetic Substitute from Right Ear, Percutaneous Endoscopic Approach
09PH4KZ	Removal of Nonautologous Tissue Substitute from Right Ear, Percutaneous Endoscopic Approach
09PH70Z	Removal of Drainage Device from Right Ear, Via Natural or Artificial Opening
09PH77Z	Removal of Autologous Tissue Substitute from Right Ear, Via Natural or Artificial Opening
09PH7DZ	Removal of Intraluminal Device from Right Ear, Via Natural or Artificial Opening
09PH7JZ	Removal of Synthetic Substitute from Right Ear, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09PH7KZ	Removal of Nonautologous Tissue Substitute from Right Ear, Via Natural or Artificial Opening
09PH80Z	Removal of Drainage Device from Right Ear, Via Natural or Artificial Opening Endoscopic
09PH87Z	Removal of Autologous Tissue Substitute from Right Ear, Via Natural or Artificial Opening Endoscopic
09PH8DZ	Removal of Intraluminal Device from Right Ear, Via Natural or Artificial Opening Endoscopic
09PH8JZ	Removal of Synthetic Substitute from Right Ear, Via Natural or Artificial Opening Endoscopic
09PH8KZ	Removal of Nonautologous Tissue Substitute from Right Ear, Via Natural or Artificial Opening Endoscopic
09PHX7Z	Removal of Autologous Tissue Substitute from Right Ear, External Approach
09PJ00Z	Removal of Drainage Device from Left Ear, Open Approach
09PJ07Z	Removal of Autologous Tissue Substitute from Left Ear, Open Approach
09PJ0DZ	Removal of Intraluminal Device from Left Ear, Open Approach
09PJ0JZ	Removal of Synthetic Substitute from Left Ear, Open Approach
09PJ0KZ	Removal of Nonautologous Tissue Substitute from Left Ear, Open Approach
09PJ30Z	Removal of Drainage Device from Left Ear, Percutaneous Approach
09PJ37Z	Removal of Autologous Tissue Substitute from Left Ear, Percutaneous Approach
09PJ3DZ	Removal of Intraluminal Device from Left Ear, Percutaneous Approach
09PJ3JZ	Removal of Synthetic Substitute from Left Ear, Percutaneous Approach
09PJ3KZ	Removal of Nonautologous Tissue Substitute from Left Ear, Percutaneous Approach
09PJ40Z	Removal of Drainage Device from Left Ear, Percutaneous Endoscopic Approach
09PJ47Z	Removal of Autologous Tissue Substitute from Left Ear, Percutaneous Endoscopic Approach
09PJ4DZ	Removal of Intraluminal Device from Left Ear, Percutaneous Endoscopic Approach
09PJ4JZ	Removal of Synthetic Substitute from Left Ear, Percutaneous Endoscopic Approach
09PJ4KZ	Removal of Nonautologous Tissue Substitute from Left Ear, Percutaneous Endoscopic Approach
09PJ70Z	Removal of Drainage Device from Left Ear, Via Natural or Artificial Opening
09PJ77Z	Removal of Autologous Tissue Substitute from Left Ear, Via Natural or Artificial Opening
09PJ7DZ	Removal of Intraluminal Device from Left Ear, Via Natural or Artificial Opening
09PJ7JZ	Removal of Synthetic Substitute from Left Ear, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
09PJ7KZ	Removal of Nonautologous Tissue Substitute from Left Ear, Via Natural or Artificial Opening
09PJ80Z	Removal of Drainage Device from Left Ear, Via Natural or Artificial Opening Endoscopic
09PJ87Z	Removal of Autologous Tissue Substitute from Left Ear, Via Natural or Artificial Opening Endoscopic
09PJ8DZ	Removal of Intraluminal Device from Left Ear, Via Natural or Artificial Opening Endoscopic
09PJ8JZ	Removal of Synthetic Substitute from Left Ear, Via Natural or Artificial Opening Endoscopic
09PJ8KZ	Removal of Nonautologous Tissue Substitute from Left Ear, Via Natural or Artificial Opening Endoscopic
09PJX7Z	Removal of Autologous Tissue Substitute from Left Ear, External Approach
09Q00ZZ	Repair Right External Ear, Open Approach
09Q03ZZ	Repair Right External Ear, Percutaneous Approach
09Q04ZZ	Repair Right External Ear, Percutaneous Endoscopic Approach
09Q0XZZ	Repair Right External Ear, External Approach
09Q10ZZ	Repair Left External Ear, Open Approach
09Q13ZZ	Repair Left External Ear, Percutaneous Approach
09Q14ZZ	Repair Left External Ear, Percutaneous Endoscopic Approach
09Q1XZZ	Repair Left External Ear, External Approach
09Q20ZZ	Repair Bilateral External Ear, Open Approach
09Q23ZZ	Repair Bilateral External Ear, Percutaneous Approach
09Q24ZZ	Repair Bilateral External Ear, Percutaneous Endoscopic Approach
09Q2XZZ	Repair Bilateral External Ear, External Approach
09Q30ZZ	Repair Right External Auditory Canal, Open Approach
09Q33ZZ	Repair Right External Auditory Canal, Percutaneous Approach
09Q34ZZ	Repair Right External Auditory Canal, Percutaneous Endoscopic Approach
09Q37ZZ	Repair Right External Auditory Canal, Via Natural or Artificial Opening
09Q38ZZ	Repair Right External Auditory Canal, Via Natural or Artificial Opening Endoscopic
09Q3XZZ	Repair Right External Auditory Canal, External Approach
09Q40ZZ	Repair Left External Auditory Canal, Open Approach
09Q43ZZ	Repair Left External Auditory Canal, Percutaneous Approach
09Q44ZZ	Repair Left External Auditory Canal, Percutaneous Endoscopic Approach
09Q47ZZ	Repair Left External Auditory Canal, Via Natural or Artificial Opening
09Q48ZZ	Repair Left External Auditory Canal, Via Natural or Artificial Opening Endoscopic
09Q4XZZ	Repair Left External Auditory Canal, External Approach
09Q50ZZ	Repair Right Middle Ear, Open Approach
09Q60ZZ	Repair Left Middle Ear, Open Approach
09Q70ZZ	Repair Right Tympanic Membrane, Open Approach
09Q73ZZ	Repair Right Tympanic Membrane, Percutaneous Approach
09Q74ZZ	Repair Right Tympanic Membrane, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
09Q77ZZ	Repair Right Tympanic Membrane, Via Natural or Artificial Opening
09Q78ZZ	Repair Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09Q80ZZ	Repair Left Tympanic Membrane, Open Approach
09Q83ZZ	Repair Left Tympanic Membrane, Percutaneous Approach
09Q84ZZ	Repair Left Tympanic Membrane, Percutaneous Endoscopic Approach
09Q87ZZ	Repair Left Tympanic Membrane, Via Natural or Artificial Opening
09Q88ZZ	Repair Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09Q90ZZ	Repair Right Auditory Ossicle, Open Approach
09QA0ZZ	Repair Left Auditory Ossicle, Open Approach
09QB0ZZ	Repair Right Mastoid Sinus, Open Approach
09QB3ZZ	Repair Right Mastoid Sinus, Percutaneous Approach
09QB4ZZ	Repair Right Mastoid Sinus, Percutaneous Endoscopic Approach
09QC0ZZ	Repair Left Mastoid Sinus, Open Approach
09QC3ZZ	Repair Left Mastoid Sinus, Percutaneous Approach
09QC4ZZ	Repair Left Mastoid Sinus, Percutaneous Endoscopic Approach
09QD0ZZ	Repair Right Inner Ear, Open Approach
09QE0ZZ	Repair Left Inner Ear, Open Approach
09QF0ZZ	Repair Right Eustachian Tube, Open Approach
09QF3ZZ	Repair Right Eustachian Tube, Percutaneous Approach
09QF4ZZ	Repair Right Eustachian Tube, Percutaneous Endoscopic Approach
09QF7ZZ	Repair Right Eustachian Tube, Via Natural or Artificial Opening
09QF8ZZ	Repair Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09QFXZZ	Repair Right Eustachian Tube, External Approach
09QG0ZZ	Repair Left Eustachian Tube, Open Approach
09QG3ZZ	Repair Left Eustachian Tube, Percutaneous Approach
09QG4ZZ	Repair Left Eustachian Tube, Percutaneous Endoscopic Approach
09QG7ZZ	Repair Left Eustachian Tube, Via Natural or Artificial Opening
09QG8ZZ	Repair Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09QGXZZ	Repair Left Eustachian Tube, External Approach
09R007Z	Replacement of Right External Ear with Autologous Tissue Substitute, Open Approach
09R00JZ	Replacement of Right External Ear with Synthetic Substitute, Open Approach
09R00KZ	Replacement of Right External Ear with Nonautologous Tissue Substitute, Open Approach
09R0X7Z	Replacement of Right External Ear with Autologous Tissue Substitute, External Approach
09R0XJZ	Replacement of Right External Ear with Synthetic Substitute, External Approach
09R0XKZ	Replacement of Right External Ear with Nonautologous Tissue Substitute, External Approach
09R107Z	Replacement of Left External Ear with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
09R10JZ	Replacement of Left External Ear with Synthetic Substitute, Open Approach
09R10KZ	Replacement of Left External Ear with Nonautologous Tissue Substitute, Open Approach
09R1X7Z	Replacement of Left External Ear with Autologous Tissue Substitute, External Approach
09R1XJZ	Replacement of Left External Ear with Synthetic Substitute, External Approach
09R1XKZ	Replacement of Left External Ear with Nonautologous Tissue Substitute, External Approach
09R207Z	Replacement of Bilateral External Ear with Autologous Tissue Substitute, Open Approach
09R20JZ	Replacement of Bilateral External Ear with Synthetic Substitute, Open Approach
09R20KZ	Replacement of Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach
09R2X7Z	Replacement of Bilateral External Ear with Autologous Tissue Substitute, External Approach
09R2XJZ	Replacement of Bilateral External Ear with Synthetic Substitute, External Approach
09R2XKZ	Replacement of Bilateral External Ear with Nonautologous Tissue Substitute, External Approach
09R507Z	Replacement of Right Middle Ear with Autologous Tissue Substitute, Open Approach
09R50JZ	Replacement of Right Middle Ear with Synthetic Substitute, Open Approach
09R50KZ	Replacement of Right Middle Ear with Nonautologous Tissue Substitute, Open Approach
09R607Z	Replacement of Left Middle Ear with Autologous Tissue Substitute, Open Approach
09R60JZ	Replacement of Left Middle Ear with Synthetic Substitute, Open Approach
09R60KZ	Replacement of Left Middle Ear with Nonautologous Tissue Substitute, Open Approach
09R707Z	Replacement of Right Tympanic Membrane with Autologous Tissue Substitute, Open Approach
09R70JZ	Replacement of Right Tympanic Membrane with Synthetic Substitute, Open Approach
09R70KZ	Replacement of Right Tympanic Membrane with Nonautologous Tissue Substitute, Open Approach
09R777Z	Replacement of Right Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening
09R77JZ	Replacement of Right Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening
09R77KZ	Replacement of Right Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09R787Z	Replacement of Right Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09R78JZ	Replacement of Right Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09R78KZ	Replacement of Right Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09R807Z	Replacement of Left Tympanic Membrane with Autologous Tissue Substitute, Open Approach
09R80JZ	Replacement of Left Tympanic Membrane with Synthetic Substitute, Open Approach
09R80KZ	Replacement of Left Tympanic Membrane with Nonautologous Tissue Substitute, Open Approach
09R877Z	Replacement of Left Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening
09R87JZ	Replacement of Left Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening
09R87KZ	Replacement of Left Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
09R887Z	Replacement of Left Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09R88JZ	Replacement of Left Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09R88KZ	Replacement of Left Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09R907Z	Replacement of Right Auditory Ossicle with Autologous Tissue Substitute, Open Approach
09R90JZ	Replacement of Right Auditory Ossicle with Synthetic Substitute, Open Approach
09R90KZ	Replacement of Right Auditory Ossicle with Nonautologous Tissue Substitute, Open Approach
09RA07Z	Replacement of Left Auditory Ossicle with Autologous Tissue Substitute, Open Approach
09RA0JZ	Replacement of Left Auditory Ossicle with Synthetic Substitute, Open Approach
09RA0KZ	Replacement of Left Auditory Ossicle with Nonautologous Tissue Substitute, Open Approach
09RD07Z	Replacement of Right Inner Ear with Autologous Tissue Substitute, Open Approach
09RD0JZ	Replacement of Right Inner Ear with Synthetic Substitute, Open Approach
09RD0KZ	Replacement of Right Inner Ear with Nonautologous Tissue Substitute, Open Approach
09RE07Z	Replacement of Left Inner Ear with Autologous Tissue Substitute, Open Approach
09RE0JZ	Replacement of Left Inner Ear with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09RE0KZ	Replacement of Left Inner Ear with Nonautologous Tissue Substitute, Open Approach
09S00ZZ	Reposition Right External Ear, Open Approach
09S04ZZ	Reposition Right External Ear, Percutaneous Endoscopic Approach
09S0XZZ	Reposition Right External Ear, External Approach
09S10ZZ	Reposition Left External Ear, Open Approach
09S14ZZ	Reposition Left External Ear, Percutaneous Endoscopic Approach
09S1XZZ	Reposition Left External Ear, External Approach
09S20ZZ	Reposition Bilateral External Ear, Open Approach
09S24ZZ	Reposition Bilateral External Ear, Percutaneous Endoscopic Approach
09S2XZZ	Reposition Bilateral External Ear, External Approach
09S70ZZ	Reposition Right Tympanic Membrane, Open Approach
09S74ZZ	Reposition Right Tympanic Membrane, Percutaneous Endoscopic Approach
09S77ZZ	Reposition Right Tympanic Membrane, Via Natural or Artificial Opening
09S78ZZ	Reposition Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09S80ZZ	Reposition Left Tympanic Membrane, Open Approach
09S84ZZ	Reposition Left Tympanic Membrane, Percutaneous Endoscopic Approach
09S87ZZ	Reposition Left Tympanic Membrane, Via Natural or Artificial Opening
09S88ZZ	Reposition Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09S90ZZ	Reposition Right Auditory Ossicle, Open Approach
09S94ZZ	Reposition Right Auditory Ossicle, Percutaneous Endoscopic Approach
09SA0ZZ	Reposition Left Auditory Ossicle, Open Approach
09SA4ZZ	Reposition Left Auditory Ossicle, Percutaneous Endoscopic Approach
09SF0ZZ	Reposition Right Eustachian Tube, Open Approach
09SF4ZZ	Reposition Right Eustachian Tube, Percutaneous Endoscopic Approach
09SF7ZZ	Reposition Right Eustachian Tube, Via Natural or Artificial Opening
09SF8ZZ	Reposition Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09SG0ZZ	Reposition Left Eustachian Tube, Open Approach
09SG4ZZ	Reposition Left Eustachian Tube, Percutaneous Endoscopic Approach
09SG7ZZ	Reposition Left Eustachian Tube, Via Natural or Artificial Opening
09SG8ZZ	Reposition Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09T00ZZ	Resection of Right External Ear, Open Approach
09T04ZZ	Resection of Right External Ear, Percutaneous Endoscopic Approach
09T0XZZ	Resection of Right External Ear, External Approach
09T10ZZ	Resection of Left External Ear, Open Approach
09T14ZZ	Resection of Left External Ear, Percutaneous Endoscopic Approach
09T1XZZ	Resection of Left External Ear, External Approach
09T50ZZ	Resection of Right Middle Ear, Open Approach
09T60ZZ	Resection of Left Middle Ear, Open Approach
09T70ZZ	Resection of Right Tympanic Membrane, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09T74ZZ	Resection of Right Tympanic Membrane, Percutaneous Endoscopic Approach
09T77ZZ	Resection of Right Tympanic Membrane, Via Natural or Artificial Opening
09T78ZZ	Resection of Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09T80ZZ	Resection of Left Tympanic Membrane, Open Approach
09T84ZZ	Resection of Left Tympanic Membrane, Percutaneous Endoscopic Approach
09T87ZZ	Resection of Left Tympanic Membrane, Via Natural or Artificial Opening
09T88ZZ	Resection of Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09T90ZZ	Resection of Right Auditory Ossicle, Open Approach
09TA0ZZ	Resection of Left Auditory Ossicle, Open Approach
09TB0ZZ	Resection of Right Mastoid Sinus, Open Approach
09TB4ZZ	Resection of Right Mastoid Sinus, Percutaneous Endoscopic Approach
09TC0ZZ	Resection of Left Mastoid Sinus, Open Approach
09TC4ZZ	Resection of Left Mastoid Sinus, Percutaneous Endoscopic Approach
09TD0ZZ	Resection of Right Inner Ear, Open Approach
09TE0ZZ	Resection of Left Inner Ear, Open Approach
09TF0ZZ	Resection of Right Eustachian Tube, Open Approach
09TF4ZZ	Resection of Right Eustachian Tube, Percutaneous Endoscopic Approach
09TF7ZZ	Resection of Right Eustachian Tube, Via Natural or Artificial Opening
09TF8ZZ	Resection of Right Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09TG0ZZ	Resection of Left Eustachian Tube, Open Approach
09TG4ZZ	Resection of Left Eustachian Tube, Percutaneous Endoscopic Approach
09TG7ZZ	Resection of Left Eustachian Tube, Via Natural or Artificial Opening
09TG8ZZ	Resection of Left Eustachian Tube, Via Natural or Artificial Opening Endoscopic
09U007Z	Supplement Right External Ear with Autologous Tissue Substitute, Open Approach
09U00JZ	Supplement Right External Ear with Synthetic Substitute, Open Approach
09U00KZ	Supplement Right External Ear with Nonautologous Tissue Substitute, Open Approach
09U0X7Z	Supplement Right External Ear with Autologous Tissue Substitute, External Approach
09U0XJZ	Supplement Right External Ear with Synthetic Substitute, External Approach
09U0XKZ	Supplement Right External Ear with Nonautologous Tissue Substitute, External Approach
09U107Z	Supplement Left External Ear with Autologous Tissue Substitute, Open Approach
09U10JZ	Supplement Left External Ear with Synthetic Substitute, Open Approach
09U10KZ	Supplement Left External Ear with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09U1X7Z	Supplement Left External Ear with Autologous Tissue Substitute, External Approach
09U1XJZ	Supplement Left External Ear with Synthetic Substitute, External Approach
09U1XKZ	Supplement Left External Ear with Nonautologous Tissue Substitute, External Approach
09U207Z	Supplement Bilateral External Ear with Autologous Tissue Substitute, Open Approach
09U20JZ	Supplement Bilateral External Ear with Synthetic Substitute, Open Approach
09U20KZ	Supplement Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach
09U2X7Z	Supplement Bilateral External Ear with Autologous Tissue Substitute, External Approach
09U2XJZ	Supplement Bilateral External Ear with Synthetic Substitute, External Approach
09U2XKZ	Supplement Bilateral External Ear with Nonautologous Tissue Substitute, External Approach
09U507Z	Supplement Right Middle Ear with Autologous Tissue Substitute, Open Approach
09U50JZ	Supplement Right Middle Ear with Synthetic Substitute, Open Approach
09U50KZ	Supplement Right Middle Ear with Nonautologous Tissue Substitute, Open Approach
09U607Z	Supplement Left Middle Ear with Autologous Tissue Substitute, Open Approach
09U60JZ	Supplement Left Middle Ear with Synthetic Substitute, Open Approach
09U60KZ	Supplement Left Middle Ear with Nonautologous Tissue Substitute, Open Approach
09U707Z	Supplement Right Tympanic Membrane with Autologous Tissue Substitute, Open Approach
09U70JZ	Supplement Right Tympanic Membrane with Synthetic Substitute, Open Approach
09U70KZ	Supplement Right Tympanic Membrane with Nonautologous Tissue Substitute, Open Approach
09U777Z	Supplement Right Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening
09U77JZ	Supplement Right Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening
09U77KZ	Supplement Right Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
09U787Z	Supplement Right Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09U78JZ	Supplement Right Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09U78KZ	Supplement Right Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09U807Z	Supplement Left Tympanic Membrane with Autologous Tissue Substitute, Open Approach
09U80JZ	Supplement Left Tympanic Membrane with Synthetic Substitute, Open Approach
09U80KZ	Supplement Left Tympanic Membrane with Nonautologous Tissue Substitute, Open Approach
09U877Z	Supplement Left Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening
09U87JZ	Supplement Left Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening
09U87KZ	Supplement Left Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
09U887Z	Supplement Left Tympanic Membrane with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09U88JZ	Supplement Left Tympanic Membrane with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09U88KZ	Supplement Left Tympanic Membrane with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09U907Z	Supplement Right Auditory Ossicle with Autologous Tissue Substitute, Open Approach
09U90JZ	Supplement Right Auditory Ossicle with Synthetic Substitute, Open Approach
09U90KZ	Supplement Right Auditory Ossicle with Nonautologous Tissue Substitute, Open Approach
09UA07Z	Supplement Left Auditory Ossicle with Autologous Tissue Substitute, Open Approach
09UA0JZ	Supplement Left Auditory Ossicle with Synthetic Substitute, Open Approach
09UA0KZ	Supplement Left Auditory Ossicle with Nonautologous Tissue Substitute, Open Approach
09UD07Z	Supplement Right Inner Ear with Autologous Tissue Substitute, Open Approach
09UD0JZ	Supplement Right Inner Ear with Synthetic Substitute, Open Approach
09UD0KZ	Supplement Right Inner Ear with Nonautologous Tissue Substitute, Open Approach
09UE07Z	Supplement Left Inner Ear with Autologous Tissue Substitute, Open Approach
09UE0JZ	Supplement Left Inner Ear with Synthetic Substitute, Open Approach
09UE0KZ	Supplement Left Inner Ear with Nonautologous Tissue Substitute, Open Approach
09W707Z	Revision of Autologous Tissue Substitute in Right Tympanic Membrane, Open Approach
09W70JZ	Revision of Synthetic Substitute in Right Tympanic Membrane, Open Approach
09W70KZ	Revision of Nonautologous Tissue Substitute in Right Tympanic Membrane, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09W777Z	Revision of Autologous Tissue Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening
09W77JZ	Revision of Synthetic Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening
09W77KZ	Revision of Nonautologous Tissue Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening
09W787Z	Revision of Autologous Tissue Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W78JZ	Revision of Synthetic Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W78KZ	Revision of Nonautologous Tissue Substitute in Right Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W807Z	Revision of Autologous Tissue Substitute in Left Tympanic Membrane, Open Approach
09W80JZ	Revision of Synthetic Substitute in Left Tympanic Membrane, Open Approach
09W80KZ	Revision of Nonautologous Tissue Substitute in Left Tympanic Membrane, Open Approach
09W877Z	Revision of Autologous Tissue Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening
09W87JZ	Revision of Synthetic Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening
09W87KZ	Revision of Nonautologous Tissue Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening
09W887Z	Revision of Autologous Tissue Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W88JZ	Revision of Synthetic Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W88KZ	Revision of Nonautologous Tissue Substitute in Left Tympanic Membrane, Via Natural or Artificial Opening Endoscopic
09W907Z	Revision of Autologous Tissue Substitute in Right Auditory Ossicle, Open Approach
09W90JZ	Revision of Synthetic Substitute in Right Auditory Ossicle, Open Approach
09W90KZ	Revision of Nonautologous Tissue Substitute in Right Auditory Ossicle, Open Approach
09W977Z	Revision of Autologous Tissue Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening
09W97JZ	Revision of Synthetic Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening
09W97KZ	Revision of Nonautologous Tissue Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening
09W987Z	Revision of Autologous Tissue Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening Endoscopic
09W98JZ	Revision of Synthetic Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09W98KZ	Revision of Nonautologous Tissue Substitute in Right Auditory Ossicle, Via Natural or Artificial Opening Endoscopic
09WA07Z	Revision of Autologous Tissue Substitute in Left Auditory Ossicle, Open Approach
09WA0JZ	Revision of Synthetic Substitute in Left Auditory Ossicle, Open Approach
09WA0KZ	Revision of Nonautologous Tissue Substitute in Left Auditory Ossicle, Open Approach
09WA77Z	Revision of Autologous Tissue Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening
09WA7JZ	Revision of Synthetic Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening
09WA7KZ	Revision of Nonautologous Tissue Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening
09WA87Z	Revision of Autologous Tissue Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening Endoscopic
09WA8JZ	Revision of Synthetic Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening Endoscopic
09WA8KZ	Revision of Nonautologous Tissue Substitute in Left Auditory Ossicle, Via Natural or Artificial Opening Endoscopic
09WD0SZ	Revision of Hearing Device in Right Inner Ear, Open Approach
09WD7SZ	Revision of Hearing Device in Right Inner Ear, Via Natural or Artificial Opening
09WD8SZ	Revision of Hearing Device in Right Inner Ear, Via Natural or Artificial Opening Endoscopic
09WE0SZ	Revision of Hearing Device in Left Inner Ear, Open Approach
09WE7SZ	Revision of Hearing Device in Left Inner Ear, Via Natural or Artificial Opening
09WE8SZ	Revision of Hearing Device in Left Inner Ear, Via Natural or Artificial Opening Endoscopic
09WH00Z	Revision of Drainage Device in Right Ear, Open Approach
09WH07Z	Revision of Autologous Tissue Substitute in Right Ear, Open Approach
09WH0DZ	Revision of Intraluminal Device in Right Ear, Open Approach
09WH0JZ	Revision of Synthetic Substitute in Right Ear, Open Approach
09WH0KZ	Revision of Nonautologous Tissue Substitute in Right Ear, Open Approach
09WH30Z	Revision of Drainage Device in Right Ear, Percutaneous Approach
09WH37Z	Revision of Autologous Tissue Substitute in Right Ear, Percutaneous Approach
09WH3DZ	Revision of Intraluminal Device in Right Ear, Percutaneous Approach
09WH3JZ	Revision of Synthetic Substitute in Right Ear, Percutaneous Approach
09WH3KZ	Revision of Nonautologous Tissue Substitute in Right Ear, Percutaneous Approach
09WH40Z	Revision of Drainage Device in Right Ear, Percutaneous Endoscopic Approach
09WH47Z	Revision of Autologous Tissue Substitute in Right Ear, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
09WH4DZ	Revision of Intraluminal Device in Right Ear, Percutaneous Endoscopic Approach
09WH4JZ	Revision of Synthetic Substitute in Right Ear, Percutaneous Endoscopic Approach
09WH4KZ	Revision of Nonautologous Tissue Substitute in Right Ear, Percutaneous Endoscopic Approach
09WH70Z	Revision of Drainage Device in Right Ear, Via Natural or Artificial Opening
09WH77Z	Revision of Autologous Tissue Substitute in Right Ear, Via Natural or Artificial Opening
09WH7DZ	Revision of Intraluminal Device in Right Ear, Via Natural or Artificial Opening
09WH7JZ	Revision of Synthetic Substitute in Right Ear, Via Natural or Artificial Opening
09WH7KZ	Revision of Nonautologous Tissue Substitute in Right Ear, Via Natural or Artificial Opening
09WH80Z	Revision of Drainage Device in Right Ear, Via Natural or Artificial Opening Endoscopic
09WH87Z	Revision of Autologous Tissue Substitute in Right Ear, Via Natural or Artificial Opening Endoscopic
09WH8DZ	Revision of Intraluminal Device in Right Ear, Via Natural or Artificial Opening Endoscopic
09WH8JZ	Revision of Synthetic Substitute in Right Ear, Via Natural or Artificial Opening Endoscopic
09WH8KZ	Revision of Nonautologous Tissue Substitute in Right Ear, Via Natural or Artificial Opening Endoscopic
09WJ00Z	Revision of Drainage Device in Left Ear, Open Approach
09WJ07Z	Revision of Autologous Tissue Substitute in Left Ear, Open Approach
09WJ0DZ	Revision of Intraluminal Device in Left Ear, Open Approach
09WJ0JZ	Revision of Synthetic Substitute in Left Ear, Open Approach
09WJ0KZ	Revision of Nonautologous Tissue Substitute in Left Ear, Open Approach
09WJ30Z	Revision of Drainage Device in Left Ear, Percutaneous Approach
09WJ37Z	Revision of Autologous Tissue Substitute in Left Ear, Percutaneous Approach
09WJ3DZ	Revision of Intraluminal Device in Left Ear, Percutaneous Approach
09WJ3JZ	Revision of Synthetic Substitute in Left Ear, Percutaneous Approach
09WJ3KZ	Revision of Nonautologous Tissue Substitute in Left Ear, Percutaneous Approach
09WJ40Z	Revision of Drainage Device in Left Ear, Percutaneous Endoscopic Approach
09WJ47Z	Revision of Autologous Tissue Substitute in Left Ear, Percutaneous Endoscopic Approach
09WJ4DZ	Revision of Intraluminal Device in Left Ear, Percutaneous Endoscopic Approach
09WJ4JZ	Revision of Synthetic Substitute in Left Ear, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
09WJ4KZ	Revision of Nonautologous Tissue Substitute in Left Ear, Percutaneous Endoscopic Approach
09WJ70Z	Revision of Drainage Device in Left Ear, Via Natural or Artificial Opening
09WJ77Z	Revision of Autologous Tissue Substitute in Left Ear, Via Natural or Artificial Opening
09WJ7DZ	Revision of Intraluminal Device in Left Ear, Via Natural or Artificial Opening
09WJ7JZ	Revision of Synthetic Substitute in Left Ear, Via Natural or Artificial Opening
09WJ7KZ	Revision of Nonautologous Tissue Substitute in Left Ear, Via Natural or Artificial Opening
09WJ80Z	Revision of Drainage Device in Left Ear, Via Natural or Artificial Opening Endoscopic
09WJ87Z	Revision of Autologous Tissue Substitute in Left Ear, Via Natural or Artificial Opening Endoscopic
09WJ8DZ	Revision of Intraluminal Device in Left Ear, Via Natural or Artificial Opening Endoscopic
09WJ8JZ	Revision of Synthetic Substitute in Left Ear, Via Natural or Artificial Opening Endoscopic
09WJ8KZ	Revision of Nonautologous Tissue Substitute in Left Ear, Via Natural or Artificial Opening Endoscopic
0H52XZD	Destruction of Right Ear Skin, Multiple, External Approach
0H52XZZ	Destruction of Right Ear Skin, External Approach
0H53XZD	Destruction of Left Ear Skin, Multiple, External Approach
0H53XZZ	Destruction of Left Ear Skin, External Approach
0H82XZZ	Division of Right Ear Skin, External Approach
0H83XZZ	Division of Left Ear Skin, External Approach
0H92X0Z	Drainage of Right Ear Skin with Drainage Device, External Approach
0H92XZX	Drainage of Right Ear Skin, External Approach, Diagnostic
0H92XZZ	Drainage of Right Ear Skin, External Approach
0H93X0Z	Drainage of Left Ear Skin with Drainage Device, External Approach
0H93XZX	Drainage of Left Ear Skin, External Approach, Diagnostic
0H93XZZ	Drainage of Left Ear Skin, External Approach
0HB2XZX	Excision of Right Ear Skin, External Approach, Diagnostic
0HB2XZZ	Excision of Right Ear Skin, External Approach
0HB3XZX	Excision of Left Ear Skin, External Approach, Diagnostic
0HB3XZZ	Excision of Left Ear Skin, External Approach
0HD2XZZ	Extraction of Right Ear Skin, External Approach
0HD3XZZ	Extraction of Left Ear Skin, External Approach
0HM2XZZ	Reattachment of Right Ear Skin, External Approach
0HM3XZZ	Reattachment of Left Ear Skin, External Approach
0HN2XZZ	Release Right Ear Skin, External Approach
0HN3XZZ	Release Left Ear Skin, External Approach
0HQ2XZZ	Repair Right Ear Skin, External Approach
0HQ3XZZ	Repair Left Ear Skin, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
ICD-10 Code	Description
0HR2X73	Replacement of Right Ear Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR2X74	Replacement of Right Ear Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR2XJ3	Replacement of Right Ear Skin with Synthetic Substitute, Full Thickness, External Approach
0HR2XJ4	Replacement of Right Ear Skin with Synthetic Substitute, Partial Thickness, External Approach
0HR2XJZ	Replacement of Right Ear Skin with Synthetic Substitute, External Approach
0HR2XK3	Replacement of Right Ear Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR2XK4	Replacement of Right Ear Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR3X73	Replacement of Left Ear Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR3X74	Replacement of Left Ear Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR3XJ3	Replacement of Left Ear Skin with Synthetic Substitute, Full Thickness, External Approach
0HR3XJ4	Replacement of Left Ear Skin with Synthetic Substitute, Partial Thickness, External Approach
0HR3XJZ	Replacement of Left Ear Skin with Synthetic Substitute, External Approach
0HR3XK3	Replacement of Left Ear Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR3XK4	Replacement of Left Ear Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HX2XZZ	Transfer Right Ear Skin, External Approach
0HX3XZZ	Transfer Left Ear Skin, External Approach
0JB10ZZ	Excision of Face Subcutaneous Tissue and Fascia, Open Approach
0JB13ZZ	Excision of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0NH50SZ	Insertion of Hearing Device into Right Temporal Bone, Open Approach
0NH53SZ	Insertion of Hearing Device into Right Temporal Bone, Percutaneous Approach
0NH54SZ	Insertion of Hearing Device into Right Temporal Bone, Percutaneous Endoscopic Approach
0NH60SZ	Insertion of Hearing Device into Left Temporal Bone, Open Approach
0NH63SZ	Insertion of Hearing Device into Left Temporal Bone, Percutaneous Approach
0NH64SZ	Insertion of Hearing Device into Left Temporal Bone, Percutaneous Endoscopic Approach
3E0B329	Introduction of Other Anti-infective into Ear, Percutaneous Approach
3E0B33Z	Introduction of Anti-inflammatory into Ear, Percutaneous Approach
3E0B3BZ	Introduction of Local Anesthetic into Ear, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
ICD-10 Code	Description
3E0B3GC	Introduction of Other Therapeutic Substance into Ear, Percutaneous Approach
3E0B3HZ	Introduction of Radioactive Substance into Ear, Percutaneous Approach
3E0B3KZ	Introduction of Other Diagnostic Substance into Ear, Percutaneous Approach
3E0B3TZ	Introduction of Destructive Agent into Ear, Percutaneous Approach
3E0B729	Introduction of Other Anti-infective into Ear, Via Natural or Artificial Opening
3E0B73Z	Introduction of Anti-inflammatory into Ear, Via Natural or Artificial Opening
3E0B7BZ	Introduction of Local Anesthetic into Ear, Via Natural or Artificial Opening
3E0B7GC	Introduction of Other Therapeutic Substance into Ear, Via Natural or Artificial Opening
3E0B7HZ	Introduction of Radioactive Substance into Ear, Via Natural or Artificial Opening
3E0B7KZ	Introduction of Other Diagnostic Substance into Ear, Via Natural or Artificial Opening
3E0B7TZ	Introduction of Destructive Agent into Ear, Via Natural or Artificial Opening
3E0BX29	Introduction of Other Anti-infective into Ear, External Approach
3E0BX3Z	Introduction of Anti-inflammatory into Ear, External Approach
3E0BXBZ	Introduction of Local Anesthetic into Ear, External Approach
3E0BXGC	Introduction of Other Therapeutic Substance into Ear, External Approach
3E0BXHZ	Introduction of Radioactive Substance into Ear, External Approach
3E0BXKZ	Introduction of Other Diagnostic Substance into Ear, External Approach
3E0BXTZ	Introduction of Destructive Agent into Ear, External Approach
8E0HXY9	Piercing of Integumentary System and Breast
F13ZK7Z	Electrocochleography Assessment using Electrophysiologic Equipment
F13ZKZZ	Electrocochleography Assessment
F13ZL7Z	Auditory Evoked Potentials Assessment using Electrophysiologic Equipment
F13ZLZZ	Auditory Evoked Potentials Assessment



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
CPT Code	Description
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
CPT Code	Description
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part hereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
CPT Code	Description
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
CPT Code	Description
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
20910	Cartilage graft; costochondral
20912	Cartilage graft; nasal septum
21086	Impression and custom preparation; auricular prosthesis
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
69000	Drainage external ear, abscess or hematoma; simple
69005	Drainage external ear, abscess or hematoma; complicated
69020	Drainage external auditory canal, abscess
69090	Ear piercing
69100	Biopsy external ear
69105	Biopsy external auditory canal
69110	Excision external ear; partial, simple repair
69120	Excision external ear; complete amputation
69140	Excision exostosis(es), external auditory canal
69145	Excision soft tissue lesion, external auditory canal to 4.0 cm
69150	Radical excision external auditory canal lesion; without neck dissection
69155	Radical excision external auditory canal lesion; with neck dissection
69200	Removal foreign body from external auditory canal; without general anesthesia
69205	Removal foreign body from external auditory canal; with general anesthesia



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Ear	
CPT Code	Description
69300	Otoplasty, protruding ear, with or without size reduction
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction external auditory canal for congenital atresia, single stage
69399	Unlisted procedure, external ear
69420	Myringotomy including aspiration and/or eustachian tube inflation
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	Middle ear exploration through postauricular or ear canal incision
69450	Tympanolysis, transcanal
69501	Transmastoid antrotomy (simple mastoidectomy)
69505	Mastoidectomy; modified radical
69511	Mastoidectomy; radical
69530	Petrous apicectomy including radical mastoidectomy
69535	Resection temporal bone, external approach
69540	Excision aural polyp
69550	Excision aural glomus tumor; transcanal
69552	Excision aural glomus tumor; transmastoid
69554	Excision aural glomus tumor; extended (extratemporal)
69601	Revision mastoidectomy; resulting in complete mastoidectomy
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	Revision mastoidectomy; resulting in radical mastoidectomy
69604	Revision mastoidectomy; resulting in tympanoplasty
69605	Revision mastoidectomy; with apicectomy
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	Myringoplasty (surgery confined to drumhead and donor area)
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), ossicular replacement prosthesis [TORP)
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
CPT Code	Description
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	Stapes mobilization
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	Revision of stapedectomy or stapedotomy
69666	Repair oval window fistula
69667	Repair round window fistula
69670	Mastoid obliteration (separate procedure)
69676	Tympanic neurectomy
69700	Closure postauricular fistula, mastoid (separate procedure)
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent
Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Ear	
CPT Code	Description
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69799	Unlisted procedure, middle ear
69801	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
69805	Endolymphatic sac operation; without shunt
69806	Endolymphatic sac operation; with shunt
69905	Labyrinthectomy; transcanal
69910	Labyrinthectomy; with mastoidectomy
69915	Vestibular nerve section, translabyrinthine approach
69930	Cochlear device implantation, with or without mastoidectomy
69949	Unlisted procedure, inner ear
69950	Vestibular nerve section, transcranial approach
92502	Otolaryngologic examination under general anesthesia
92504	Binocular microscopy (separate diagnostic procedure)
92584	Electrocochleography
92700	Unlisted otorhinolaryngological service or procedure



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Endocrine	
ICD-10 Code	Description
07JM3ZZ	Inspection of Thymus, Percutaneous Approach
0CB80ZZ	Excision Of Right Parotid Gland, Open Approach
0CB83ZZ	Excision Of Right Parotid Gland, Percutaneous Approach
0CB90ZZ	Excision Of Left Parotid Gland, Open Approach
0CB93ZZ	Excision Of Left Parotid Gland, Percutaneous Approach
0CBB0ZZ	Excision Of Right Parotid Duct, Open Approach
0CBB3ZZ	Excision Of Right Parotid Duct, Percutaneous Approach
0CBC0ZZ	Excision Of Left Parotid Duct, Open Approach
0CBC3ZZ	Excision Of Left Parotid Duct, Percutaneous Approach
0CBD0ZZ	Excision Of Right Sublingual Gland, Open Approach
0CBD3ZZ	Excision Of Right Sublingual Gland, Percutaneous Approach
0CBF0ZZ	Excision Of Left Sublingual Gland, Open Approach
0CBF3ZZ	Excision Of Left Sublingual Gland, Percutaneous Approach
0CBG0ZZ	Excision Of Right Submaxillary Gland, Open Approach
0CBG3ZZ	Excision Of Right Submaxillary Gland, Percutaneous Approach
0CBH0ZZ	Excision Of Left Submaxillary Gland, Open Approach
0CBH3ZZ	Excision Of Left Submaxillary Gland, Percutaneous Approach
0CBJ0ZZ	Excision Of Minor Salivary Gland, Open Approach
0CBJ3ZZ	Excision Of Minor Salivary Gland, Percutaneous Approach
0CT80ZZ	Resection Of Right Parotid Gland, Open Approach
0CT90ZZ	Resection Of Left Parotid Gland, Open Approach
0CTB0ZZ	Resection Of Right Parotid Duct, Open Approach
0CTC0ZZ	Resection Of Left Parotid Duct, Open Approach
0CTD0ZZ	Resection Of Right Sublingual Gland, Open Approach
0CTF0ZZ	Resection Of Left Sublingual Gland, Open Approach
0CTG0ZZ	Resection Of Right Submaxillary Gland, Open Approach
0CTH0ZZ	Resection Of Left Submaxillary Gland, Open Approach
0CTJ0ZZ	Resection Of Minor Salivary Gland, Open Approach
0G5R0ZZ	Destruction Of Parathyroid Gland, Open Approach
0G5R3ZZ	Destruction Of Parathyroid Gland, Percutaneous Approach
0G5R4ZZ	Destruction Of Parathyroid Gland, Percutaneous Endoscopic Approach
0G924ZX	Drainage of Left Adrenal Gland, Percutaneous Endoscopic Approach, Diagnostic
0G934ZX	Drainage of Right Adrenal Gland, Percutaneous Endoscopic Approach, Diagnostic
0G944ZX	Drainage of Bilateral Adrenal Glands, Percutaneous Endoscopic Approach, Diagnostic
0G9G00Z	Drainage of Left Thyroid Gland Lobe with Drainage Device, Open Approach
0G9G0ZZ	Drainage of Left Thyroid Gland Lobe, Open Approach
0G9G30Z	Drainage of Left Thyroid Gland Lobe with Drainage Device, Percutaneous Approach
0G9G3ZX	Drainage of Left Thyroid Gland Lobe, Percutaneous Approach, Diagnostic
0G9G3ZZ	Drainage of Left Thyroid Gland Lobe, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Endocrine	
ICD-10 Code	Description
0G9H00Z	Drainage of Right Thyroid Gland Lobe with Drainage Device, Open Approach
0G9H0ZZ	Drainage of Right Thyroid Gland Lobe, Open Approach
0G9H30Z	Drainage of Right Thyroid Gland Lobe with Drainage Device, Percutaneous Approach
0G9H3ZX	Drainage of Right Thyroid Gland Lobe, Percutaneous Approach, Diagnostic
0G9H3ZZ	Drainage of Right Thyroid Gland Lobe, Percutaneous Approach
0G9K00Z	Drainage of Thyroid Gland with Drainage Device, Open Approach
0G9K0ZZ	Drainage of Thyroid Gland, Open Approach
0G9K30Z	Drainage of Thyroid Gland with Drainage Device, Percutaneous Approach
0G9K3ZX	Drainage of Thyroid Gland, Percutaneous Approach, Diagnostic
0G9K3ZZ	Drainage of Thyroid Gland, Percutaneous Approach
0G9L00Z	Drainage of Right Superior Parathyroid Gland with Drainage Device, Open Approach
0G9L0ZZ	Drainage of Right Superior Parathyroid Gland, Open Approach
0G9L30Z	Drainage of Right Superior Parathyroid Gland with Drainage Device, Percutaneous Approach
0G9L3ZZ	Drainage of Right Superior Parathyroid Gland, Percutaneous Approach
0G9M00Z	Drainage of Left Superior Parathyroid Gland with Drainage Device, Open Approach
0G9M0ZZ	Drainage of Left Superior Parathyroid Gland, Open Approach
0G9M30Z	Drainage of Left Superior Parathyroid Gland with Drainage Device, Percutaneous Approach
0G9M3ZZ	Drainage of Left Superior Parathyroid Gland, Percutaneous Approach
0G9N00Z	Drainage of Right Inferior Parathyroid Gland with Drainage Device, Open Approach
0G9N0ZZ	Drainage of Right Inferior Parathyroid Gland, Open Approach
0G9N30Z	Drainage of Right Inferior Parathyroid Gland with Drainage Device, Percutaneous Approach
0G9N3ZZ	Drainage of Right Inferior Parathyroid Gland, Percutaneous Approach
0G9P00Z	Drainage of Left Inferior Parathyroid Gland with Drainage Device, Open Approach
0G9P0ZZ	Drainage of Left Inferior Parathyroid Gland, Open Approach
0G9P30Z	Drainage of Left Inferior Parathyroid Gland with Drainage Device, Percutaneous Approach
0G9P3ZZ	Drainage of Left Inferior Parathyroid Gland, Percutaneous Approach
0G9Q00Z	Drainage of Multiple Parathyroid Glands with Drainage Device, Open Approach
0G9Q0ZZ	Drainage of Multiple Parathyroid Glands, Open Approach
0G9Q30Z	Drainage of Multiple Parathyroid Glands with Drainage Device, Percutaneous Approach
0G9Q3ZZ	Drainage of Multiple Parathyroid Glands, Percutaneous Approach
0G9R00Z	Drainage of Parathyroid Gland with Drainage Device, Open Approach
0G9R0ZZ	Drainage of Parathyroid Gland, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Endocrine	
ICD-10 Code	Description
0G9R30Z	Drainage of Parathyroid Gland with Drainage Device, Percutaneous Approach
0G9R3ZZ	Drainage of Parathyroid Gland, Percutaneous Approach
0GB24ZX	Excision of Left Adrenal Gland, Percutaneous Endoscopic Approach, Diagnostic
0GB24ZZ	Excision of Left Adrenal Gland, Percutaneous Endoscopic Approach
0GB34ZX	Excision of Right Adrenal Gland, Percutaneous Endoscopic Approach, Diagnostic
0GB34ZZ	Excision of Right Adrenal Gland, Percutaneous Endoscopic Approach
0GB44ZX	Excision of Bilateral Adrenal Glands, Percutaneous Endoscopic Approach, Diagnostic
0GB44ZZ	Excision of Bilateral Adrenal Glands, Percutaneous Endoscopic Approach
0GBG3ZX	Excision of Left Thyroid Gland Lobe, Percutaneous Approach, Diagnostic
0GBH3ZX	Excision of Right Thyroid Gland Lobe, Percutaneous Approach, Diagnostic
0GBR0ZZ	Excision Of Parathyroid Gland, Open Approach
0GBR3ZZ	Excision Of Parathyroid Gland, Percutaneous Approach
0GBR4ZZ	Excision Of Parathyroid Gland, Percutaneous Endoscopic Approach
0GCG0ZZ	Extirpation of Matter from Left Thyroid Gland Lobe, Open Approach
0GCH0ZZ	Extirpation of Matter from Right Thyroid Gland Lobe, Open Approach
0GCK0ZZ	Extirpation of Matter from Thyroid Gland, Open Approach
0GCL0ZZ	Extirpation of Matter from Right Superior Parathyroid Gland, Open Approach
0GCM0ZZ	Extirpation of Matter from Left Superior Parathyroid Gland, Open Approach
0GCN0ZZ	Extirpation of Matter from Right Inferior Parathyroid Gland, Open Approach
0GCP0ZZ	Extirpation of Matter from Left Inferior Parathyroid Gland, Open Approach
0GCQ0ZZ	Extirpation of Matter from Multiple Parathyroid Glands, Open Approach
0GCR0ZZ	Extirpation of Matter from Parathyroid Gland, Open Approach
0GJ54ZZ	Inspection of Adrenal Gland, Percutaneous Endoscopic Approach
0GJK0ZZ	Inspection of Thyroid Gland, Open Approach
0GJR0ZZ	Inspection of Parathyroid Gland, Open Approach
0GJS0ZZ	Inspection of Endocrine Gland, Open Approach
0GTR0ZZ	Resection Of Parathyroid Gland, Open Approach
0GTR4ZZ	Resection Of Parathyroid Gland, Percutaneous Endoscopic Approach
0JB40ZZ	Excision of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0W9600Z	Drainage of Neck with Drainage Device, Open Approach
0W960ZZ	Drainage of Neck, Open Approach
0WJ60ZZ	Inspection of Neck, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Endocrine	
CPT Code	Description
10021	Fine needle aspiration; without imaging guidance
38745	Axillary lymphadenectomy; complete
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
60000	Incision and drainage of thyroglossal duct cyst, infected
60100	Biopsy thyroid, percutaneous core needle
60280	Excision of thyroglossal duct cyst or sinus;
60281	Excision of thyroglossal duct cyst or sinus; recurrent
60300	Aspiration and/or injection, thyroid cyst
60500	Parathyroidectomy or exploration of parathyroid(s);
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
080N07Z	Alteration of Right Upper Eyelid with Autologous Tissue Substitute, Open Approach
080N0JZ	Alteration of Right Upper Eyelid with Synthetic Substitute, Open Approach
080N0KZ	Alteration of Right Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
080N0ZZ	Alteration of Right Upper Eyelid, Open Approach
080N37Z	Alteration of Right Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach
080N3JZ	Alteration of Right Upper Eyelid with Synthetic Substitute, Percutaneous Approach
080N3KZ	Alteration of Right Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
080N3ZZ	Alteration of Right Upper Eyelid, Percutaneous Approach
080NX7Z	Alteration of Right Upper Eyelid with Autologous Tissue Substitute, External Approach
080NXJZ	Alteration of Right Upper Eyelid with Synthetic Substitute, External Approach
080NXKZ	Alteration of Right Upper Eyelid with Nonautologous Tissue Substitute, External Approach
080NXZZ	Alteration of Right Upper Eyelid, External Approach
080P07Z	Alteration of Left Upper Eyelid with Autologous Tissue Substitute, Open Approach
080P0JZ	Alteration of Left Upper Eyelid with Synthetic Substitute, Open Approach
080P0KZ	Alteration of Left Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
080P0ZZ	Alteration of Left Upper Eyelid, Open Approach
080P37Z	Alteration of Left Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach
080P3JZ	Alteration of Left Upper Eyelid with Synthetic Substitute, Percutaneous Approach
080P3KZ	Alteration of Left Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
080P3ZZ	Alteration of Left Upper Eyelid, Percutaneous Approach
080PX7Z	Alteration of Left Upper Eyelid with Autologous Tissue Substitute, External Approach
080PXJZ	Alteration of Left Upper Eyelid with Synthetic Substitute, External Approach
080PXKZ	Alteration of Left Upper Eyelid with Nonautologous Tissue Substitute, External Approach
080PXZZ	Alteration of Left Upper Eyelid, External Approach
080Q07Z	Alteration of Right Lower Eyelid with Autologous Tissue Substitute, Open Approach
080Q0JZ	Alteration of Right Lower Eyelid with Synthetic Substitute, Open Approach
080Q0KZ	Alteration of Right Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
080Q0ZZ	Alteration of Right Lower Eyelid, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
080Q37Z	Alteration of Right Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
080Q3JZ	Alteration of Right Lower Eyelid with Synthetic Substitute, Percutaneous Approach
080Q3KZ	Alteration of Right Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
080Q3ZZ	Alteration of Right Lower Eyelid, Percutaneous Approach
080QX7Z	Alteration of Right Lower Eyelid with Autologous Tissue Substitute, External Approach
080QXJZ	Alteration of Right Lower Eyelid with Synthetic Substitute, External Approach
080QXKZ	Alteration of Right Lower Eyelid with Nonautologous Tissue Substitute, External Approach
080QXZZ	Alteration of Right Lower Eyelid, External Approach
080R07Z	Alteration of Left Lower Eyelid with Autologous Tissue Substitute, Open Approach
080R0JZ	Alteration of Left Lower Eyelid with Synthetic Substitute, Open Approach
080R0KZ	Alteration of Left Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
080R0ZZ	Alteration of Left Lower Eyelid, Open Approach
080R37Z	Alteration of Left Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
080R3JZ	Alteration of Left Lower Eyelid with Synthetic Substitute, Percutaneous Approach
080R3KZ	Alteration of Left Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
080R3ZZ	Alteration of Left Lower Eyelid, Percutaneous Approach
080RX7Z	Alteration of Left Lower Eyelid with Autologous Tissue Substitute, External Approach
080RXJZ	Alteration of Left Lower Eyelid with Synthetic Substitute, External Approach
080RXKZ	Alteration of Left Lower Eyelid with Nonautologous Tissue Substitute, External Approach
080RXZZ	Alteration of Left Lower Eyelid, External Approach
08123K4	Bypass Right Anterior Chamber to Sclera with Nonautologous Tissue Substitute, Percutaneous Approach
08123Z4	Bypass Right Anterior Chamber to Sclera, Percutaneous Approach
08133K4	Bypass Left Anterior Chamber to Sclera with Nonautologous Tissue Substitute, Percutaneous Approach
08133Z4	Bypass Left Anterior Chamber to Sclera, Percutaneous Approach
081X0J3	Bypass Right Lacrimal Duct to Nasal Cavity with Synthetic Substitute, Open Approach
081X0K3	Bypass Right Lacrimal Duct to Nasal Cavity with Nonautologous Tissue Substitute, Open Approach
081X0Z3	Bypass Right Lacrimal Duct to Nasal Cavity, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
081X3J3	Bypass Right Lacrimal Duct to Nasal Cavity with Synthetic Substitute, Percutaneous Approach
081X3K3	Bypass Right Lacrimal Duct to Nasal Cavity with Nonautologous Tissue Substitute, Percutaneous Approach
081X3Z3	Bypass Right Lacrimal Duct to Nasal Cavity, Percutaneous Approach
081Y0J3	Bypass Left Lacrimal Duct to Nasal Cavity with Synthetic Substitute, Open Approach
081Y0K3	Bypass Left Lacrimal Duct to Nasal Cavity with Nonautologous Tissue Substitute, Open Approach
081Y0Z3	Bypass Left Lacrimal Duct to Nasal Cavity, Open Approach
081Y3J3	Bypass Left Lacrimal Duct to Nasal Cavity with Synthetic Substitute, Percutaneous Approach
081Y3K3	Bypass Left Lacrimal Duct to Nasal Cavity with Nonautologous Tissue Substitute, Percutaneous Approach
081Y3Z3	Bypass Left Lacrimal Duct to Nasal Cavity, Percutaneous Approach
0850XZZ	Destruction of Right Eye, External Approach
0851XZZ	Destruction of Left Eye, External Approach
08523ZZ	Destruction of Right Anterior Chamber, Percutaneous Approach
08533ZZ	Destruction of Left Anterior Chamber, Percutaneous Approach
08543ZZ	Destruction of Right Vitreous, Percutaneous Approach
08553ZZ	Destruction of Left Vitreous, Percutaneous Approach
0856XZZ	Destruction of Right Sclera, External Approach
0857XZZ	Destruction of Left Sclera, External Approach
0858XZZ	Destruction of Right Cornea, External Approach
0859XZZ	Destruction of Left Cornea, External Approach
085A0ZZ	Destruction of Right Choroid, Open Approach
085A3ZZ	Destruction of Right Choroid, Percutaneous Approach
085B0ZZ	Destruction of Left Choroid, Open Approach
085B3ZZ	Destruction of Left Choroid, Percutaneous Approach
085C3ZZ	Destruction of Right Iris, Percutaneous Approach
085D3ZZ	Destruction of Left Iris, Percutaneous Approach
085E3ZZ	Destruction of Right Retina, Percutaneous Approach
085F3ZZ	Destruction of Left Retina, Percutaneous Approach
085G3ZZ	Destruction of Right Retinal Vessel, Percutaneous Approach
085H3ZZ	Destruction of Left Retinal Vessel, Percutaneous Approach
085J3ZZ	Destruction of Right Lens, Percutaneous Approach
085K3ZZ	Destruction of Left Lens, Percutaneous Approach
085L0ZZ	Destruction of Right Extraocular Muscle, Open Approach
085L3ZZ	Destruction of Right Extraocular Muscle, Percutaneous Approach
085M0ZZ	Destruction of Left Extraocular Muscle, Open Approach
085M3ZZ	Destruction of Left Extraocular Muscle, Percutaneous Approach
085N0ZZ	Destruction of Right Upper Eyelid, Open Approach
085N3ZZ	Destruction of Right Upper Eyelid, Percutaneous Approach
085NXZZ	Destruction of Right Upper Eyelid, External Approach
085P0ZZ	Destruction of Left Upper Eyelid, Open Approach
085P3ZZ	Destruction of Left Upper Eyelid, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
085PXZZ	Destruction of Left Upper Eyelid, External Approach
085Q0ZZ	Destruction of Right Lower Eyelid, Open Approach
085Q3ZZ	Destruction of Right Lower Eyelid, Percutaneous Approach
085QXZZ	Destruction of Right Lower Eyelid, External Approach
085R0ZZ	Destruction of Left Lower Eyelid, Open Approach
085R3ZZ	Destruction of Left Lower Eyelid, Percutaneous Approach
085RXZZ	Destruction of Left Lower Eyelid, External Approach
085SXZZ	Destruction of Right Conjunctiva, External Approach
085TXZZ	Destruction of Left Conjunctiva, External Approach
085V0ZZ	Destruction of Right Lacrimal Gland, Open Approach
085V3ZZ	Destruction of Right Lacrimal Gland, Percutaneous Approach
085W0ZZ	Destruction of Left Lacrimal Gland, Open Approach
085W3ZZ	Destruction of Left Lacrimal Gland, Percutaneous Approach
085X0ZZ	Destruction of Right Lacrimal Duct, Open Approach
085X3ZZ	Destruction of Right Lacrimal Duct, Percutaneous Approach
085X7ZZ	Destruction of Right Lacrimal Duct, Via Natural or Artificial Opening
085X8ZZ	Destruction of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
085Y0ZZ	Destruction of Left Lacrimal Duct, Open Approach
085Y3ZZ	Destruction of Left Lacrimal Duct, Percutaneous Approach
085Y7ZZ	Destruction of Left Lacrimal Duct, Via Natural or Artificial Opening
085Y8ZZ	Destruction of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
087X0DZ	Dilation of Right Lacrimal Duct with Intraluminal Device, Open Approach
087X0ZZ	Dilation of Right Lacrimal Duct, Open Approach
087X3DZ	Dilation of Right Lacrimal Duct with Intraluminal Device, Percutaneous Approach
087X3ZZ	Dilation of Right Lacrimal Duct, Percutaneous Approach
087X7DZ	Dilation of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
087X7ZZ	Dilation of Right Lacrimal Duct, Via Natural or Artificial Opening
087X8DZ	Dilation of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
087X8ZZ	Dilation of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
087Y0DZ	Dilation of Left Lacrimal Duct with Intraluminal Device, Open Approach
087Y0ZZ	Dilation of Left Lacrimal Duct, Open Approach
087Y3DZ	Dilation of Left Lacrimal Duct with Intraluminal Device, Percutaneous Approach
087Y3ZZ	Dilation of Left Lacrimal Duct, Percutaneous Approach
087Y7DZ	Dilation of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
087Y7ZZ	Dilation of Left Lacrimal Duct, Via Natural or Artificial Opening
087Y8DZ	Dilation of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
087Y8ZZ	Dilation of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
0890X0Z	Drainage of Right Eye with Drainage Device, External Approach
0890XZX	Drainage of Right Eye, External Approach, Diagnostic
0890XZZ	Drainage of Right Eye, External Approach
0891X0Z	Drainage of Left Eye with Drainage Device, External Approach
0891XZX	Drainage of Left Eye, External Approach, Diagnostic
0891XZZ	Drainage of Left Eye, External Approach
089230Z	Drainage of Right Anterior Chamber with Drainage Device, Percutaneous Approach
08923ZX	Drainage of Right Anterior Chamber, Percutaneous Approach, Diagnostic
08923ZZ	Drainage of Right Anterior Chamber, Percutaneous Approach
089330Z	Drainage of Left Anterior Chamber with Drainage Device, Percutaneous Approach
08933ZX	Drainage of Left Anterior Chamber, Percutaneous Approach, Diagnostic
08933ZZ	Drainage of Left Anterior Chamber, Percutaneous Approach
089430Z	Drainage of Right Vitreous with Drainage Device, Percutaneous Approach
08943ZX	Drainage of Right Vitreous, Percutaneous Approach, Diagnostic
08943ZZ	Drainage of Right Vitreous, Percutaneous Approach
089530Z	Drainage of Left Vitreous with Drainage Device, Percutaneous Approach
08953ZX	Drainage of Left Vitreous, Percutaneous Approach, Diagnostic
08953ZZ	Drainage of Left Vitreous, Percutaneous Approach
0896X0Z	Drainage of Right Sclera with Drainage Device, External Approach
0896XZX	Drainage of Right Sclera, External Approach, Diagnostic
0896XZZ	Drainage of Right Sclera, External Approach
0897X0Z	Drainage of Left Sclera with Drainage Device, External Approach
0897XZX	Drainage of Left Sclera, External Approach, Diagnostic
0897XZZ	Drainage of Left Sclera, External Approach
0898X0Z	Drainage of Right Cornea with Drainage Device, External Approach
0898XZX	Drainage of Right Cornea, External Approach, Diagnostic
0898XZZ	Drainage of Right Cornea, External Approach
0899X0Z	Drainage of Left Cornea with Drainage Device, External Approach
0899XZX	Drainage of Left Cornea, External Approach, Diagnostic
0899XZZ	Drainage of Left Cornea, External Approach
089A00Z	Drainage of Right Choroid with Drainage Device, Open Approach
089A0ZX	Drainage of Right Choroid, Open Approach, Diagnostic
089A0ZZ	Drainage of Right Choroid, Open Approach
089A30Z	Drainage of Right Choroid with Drainage Device, Percutaneous Approach
089A3ZX	Drainage of Right Choroid, Percutaneous Approach, Diagnostic
089A3ZZ	Drainage of Right Choroid, Percutaneous Approach
089B00Z	Drainage of Left Choroid with Drainage Device, Open Approach
089B0ZX	Drainage of Left Choroid, Open Approach, Diagnostic
089B0ZZ	Drainage of Left Choroid, Open Approach
089B30Z	Drainage of Left Choroid with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
089B3ZX	Drainage of Left Choroid, Percutaneous Approach, Diagnostic
089B3ZZ	Drainage of Left Choroid, Percutaneous Approach
089C30Z	Drainage of Right Iris with Drainage Device, Percutaneous Approach
089C3ZX	Drainage of Right Iris, Percutaneous Approach, Diagnostic
089C3ZZ	Drainage of Right Iris, Percutaneous Approach
089D30Z	Drainage of Left Iris with Drainage Device, Percutaneous Approach
089D3ZX	Drainage of Left Iris, Percutaneous Approach, Diagnostic
089D3ZZ	Drainage of Left Iris, Percutaneous Approach
089E30Z	Drainage of Right Retina with Drainage Device, Percutaneous Approach
089E3ZX	Drainage of Right Retina, Percutaneous Approach, Diagnostic
089E3ZZ	Drainage of Right Retina, Percutaneous Approach
089F30Z	Drainage of Left Retina with Drainage Device, Percutaneous Approach
089F3ZX	Drainage of Left Retina, Percutaneous Approach, Diagnostic
089F3ZZ	Drainage of Left Retina, Percutaneous Approach
089G30Z	Drainage of Right Retinal Vessel with Drainage Device, Percutaneous Approach
089G3ZX	Drainage of Right Retinal Vessel, Percutaneous Approach, Diagnostic
089G3ZZ	Drainage of Right Retinal Vessel, Percutaneous Approach
089H30Z	Drainage of Left Retinal Vessel with Drainage Device, Percutaneous Approach
089H3ZX	Drainage of Left Retinal Vessel, Percutaneous Approach, Diagnostic
089H3ZZ	Drainage of Left Retinal Vessel, Percutaneous Approach
089L00Z	Drainage of Right Extraocular Muscle with Drainage Device, Open Approach
089L0ZX	Drainage of Right Extraocular Muscle, Open Approach, Diagnostic
089L0ZZ	Drainage of Right Extraocular Muscle, Open Approach
089L30Z	Drainage of Right Extraocular Muscle with Drainage Device, Percutaneous Approach
089L3ZX	Drainage of Right Extraocular Muscle, Percutaneous Approach, Diagnostic
089L3ZZ	Drainage of Right Extraocular Muscle, Percutaneous Approach
089M00Z	Drainage of Left Extraocular Muscle with Drainage Device, Open Approach
089M0ZX	Drainage of Left Extraocular Muscle, Open Approach, Diagnostic
089M0ZZ	Drainage of Left Extraocular Muscle, Open Approach
089M30Z	Drainage of Left Extraocular Muscle with Drainage Device, Percutaneous Approach
089M3ZX	Drainage of Left Extraocular Muscle, Percutaneous Approach, Diagnostic
089M3ZZ	Drainage of Left Extraocular Muscle, Percutaneous Approach
089N00Z	Drainage of Right Upper Eyelid with Drainage Device, Open Approach
089N0ZX	Drainage of Right Upper Eyelid, Open Approach, Diagnostic
089N0ZZ	Drainage of Right Upper Eyelid, Open Approach
089N30Z	Drainage of Right Upper Eyelid with Drainage Device, Percutaneous Approach
089N3ZX	Drainage of Right Upper Eyelid, Percutaneous Approach, Diagnostic
089N3ZZ	Drainage of Right Upper Eyelid, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
089NX0Z	Drainage of Right Upper Eyelid with Drainage Device, External Approach
089NXZX	Drainage of Right Upper Eyelid, External Approach, Diagnostic
089NXZZ	Drainage of Right Upper Eyelid, External Approach
089P00Z	Drainage of Left Upper Eyelid with Drainage Device, Open Approach
089P0ZX	Drainage of Left Upper Eyelid, Open Approach, Diagnostic
089P0ZZ	Drainage of Left Upper Eyelid, Open Approach
089P30Z	Drainage of Left Upper Eyelid with Drainage Device, Percutaneous Approach
089P3ZX	Drainage of Left Upper Eyelid, Percutaneous Approach, Diagnostic
089P3ZZ	Drainage of Left Upper Eyelid, Percutaneous Approach
089PX0Z	Drainage of Left Upper Eyelid with Drainage Device, External Approach
089PXZX	Drainage of Left Upper Eyelid, External Approach, Diagnostic
089PXZZ	Drainage of Left Upper Eyelid, External Approach
089Q00Z	Drainage of Right Lower Eyelid with Drainage Device, Open Approach
089Q0ZX	Drainage of Right Lower Eyelid, Open Approach, Diagnostic
089Q0ZZ	Drainage of Right Lower Eyelid, Open Approach
089Q30Z	Drainage of Right Lower Eyelid with Drainage Device, Percutaneous Approach
089Q3ZX	Drainage of Right Lower Eyelid, Percutaneous Approach, Diagnostic
089Q3ZZ	Drainage of Right Lower Eyelid, Percutaneous Approach
089QX0Z	Drainage of Right Lower Eyelid with Drainage Device, External Approach
089QXZX	Drainage of Right Lower Eyelid, External Approach, Diagnostic
089QXZZ	Drainage of Right Lower Eyelid, External Approach
089R00Z	Drainage of Left Lower Eyelid with Drainage Device, Open Approach
089R0ZX	Drainage of Left Lower Eyelid, Open Approach, Diagnostic
089R0ZZ	Drainage of Left Lower Eyelid, Open Approach
089R30Z	Drainage of Left Lower Eyelid with Drainage Device, Percutaneous Approach
089R3ZX	Drainage of Left Lower Eyelid, Percutaneous Approach, Diagnostic
089R3ZZ	Drainage of Left Lower Eyelid, Percutaneous Approach
089RX0Z	Drainage of Left Lower Eyelid with Drainage Device, External Approach
089RXZX	Drainage of Left Lower Eyelid, External Approach, Diagnostic
089RXZZ	Drainage of Left Lower Eyelid, External Approach
089SX0Z	Drainage of Right Conjunctiva with Drainage Device, External Approach
089SXZX	Drainage of Right Conjunctiva, External Approach, Diagnostic
089SXZZ	Drainage of Right Conjunctiva, External Approach
089TX0Z	Drainage of Left Conjunctiva with Drainage Device, External Approach
089TXZX	Drainage of Left Conjunctiva, External Approach, Diagnostic
089TXZZ	Drainage of Left Conjunctiva, External Approach
089V00Z	Drainage of Right Lacrimal Gland with Drainage Device, Open Approach
089V0ZX	Drainage of Right Lacrimal Gland, Open Approach, Diagnostic
089V0ZZ	Drainage of Right Lacrimal Gland, Open Approach
089V30Z	Drainage of Right Lacrimal Gland with Drainage Device, Percutaneous Approach
089V3ZX	Drainage of Right Lacrimal Gland, Percutaneous Approach, Diagnostic
089V3ZZ	Drainage of Right Lacrimal Gland, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
089W00Z	Drainage of Left Lacrimal Gland with Drainage Device, Open Approach
089W0ZX	Drainage of Left Lacrimal Gland, Open Approach, Diagnostic
089W0ZZ	Drainage of Left Lacrimal Gland, Open Approach
089W30Z	Drainage of Left Lacrimal Gland with Drainage Device, Percutaneous Approach
089W3ZX	Drainage of Left Lacrimal Gland, Percutaneous Approach, Diagnostic
089W3ZZ	Drainage of Left Lacrimal Gland, Percutaneous Approach
089X00Z	Drainage of Right Lacrimal Duct with Drainage Device, Open Approach
089X0ZX	Drainage of Right Lacrimal Duct, Open Approach, Diagnostic
089X0ZZ	Drainage of Right Lacrimal Duct, Open Approach
089X30Z	Drainage of Right Lacrimal Duct with Drainage Device, Percutaneous Approach
089X3ZX	Drainage of Right Lacrimal Duct, Percutaneous Approach, Diagnostic
089X3ZZ	Drainage of Right Lacrimal Duct, Percutaneous Approach
089X70Z	Drainage of Right Lacrimal Duct with Drainage Device, Via Natural or Artificial Opening
089X7ZX	Drainage of Right Lacrimal Duct, Via Natural or Artificial Opening, Diagnostic
089X7ZZ	Drainage of Right Lacrimal Duct, Via Natural or Artificial Opening
089X80Z	Drainage of Right Lacrimal Duct with Drainage Device, Via Natural or Artificial Opening Endoscopic
089X8ZX	Drainage of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
089X8ZZ	Drainage of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
089Y00Z	Drainage of Left Lacrimal Duct with Drainage Device, Open Approach
089Y0ZX	Drainage of Left Lacrimal Duct, Open Approach, Diagnostic
089Y0ZZ	Drainage of Left Lacrimal Duct, Open Approach
089Y30Z	Drainage of Left Lacrimal Duct with Drainage Device, Percutaneous Approach
089Y3ZX	Drainage of Left Lacrimal Duct, Percutaneous Approach, Diagnostic
089Y3ZZ	Drainage of Left Lacrimal Duct, Percutaneous Approach
089Y70Z	Drainage of Left Lacrimal Duct with Drainage Device, Via Natural or Artificial Opening
089Y7ZX	Drainage of Left Lacrimal Duct, Via Natural or Artificial Opening, Diagnostic
089Y7ZZ	Drainage of Left Lacrimal Duct, Via Natural or Artificial Opening
089Y80Z	Drainage of Left Lacrimal Duct with Drainage Device, Via Natural or Artificial Opening Endoscopic
089Y8ZX	Drainage of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
089Y8ZZ	Drainage of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08B00ZX	Excision of Right Eye, Open Approach, Diagnostic
08B00ZZ	Excision of Right Eye, Open Approach
08B03ZX	Excision of Right Eye, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08B03ZZ	Excision of Right Eye, Percutaneous Approach
08B0XZX	Excision of Right Eye, External Approach, Diagnostic
08B0XZZ	Excision of Right Eye, External Approach
08B10ZX	Excision of Left Eye, Open Approach, Diagnostic
08B10ZZ	Excision of Left Eye, Open Approach
08B13ZX	Excision of Left Eye, Percutaneous Approach, Diagnostic
08B13ZZ	Excision of Left Eye, Percutaneous Approach
08B1XZX	Excision of Left Eye, External Approach, Diagnostic
08B1XZZ	Excision of Left Eye, External Approach
08B43ZX	Excision of Right Vitreous, Percutaneous Approach, Diagnostic
08B43ZZ	Excision of Right Vitreous, Percutaneous Approach
08B53ZX	Excision of Left Vitreous, Percutaneous Approach, Diagnostic
08B53ZZ	Excision of Left Vitreous, Percutaneous Approach
08B6XZX	Excision of Right Sclera, External Approach, Diagnostic
08B6XZZ	Excision of Right Sclera, External Approach
08B7XZX	Excision of Left Sclera, External Approach, Diagnostic
08B7XZZ	Excision of Left Sclera, External Approach
08B8XZX	Excision of Right Cornea, External Approach, Diagnostic
08B8XZZ	Excision of Right Cornea, External Approach
08B9XZX	Excision of Left Cornea, External Approach, Diagnostic
08B9XZZ	Excision of Left Cornea, External Approach
08BA0ZX	Excision of Right Choroid, Open Approach, Diagnostic
08BA0ZZ	Excision of Right Choroid, Open Approach
08BA3ZX	Excision of Right Choroid, Percutaneous Approach, Diagnostic
08BA3ZZ	Excision of Right Choroid, Percutaneous Approach
08BB0ZX	Excision of Left Choroid, Open Approach, Diagnostic
08BB0ZZ	Excision of Left Choroid, Open Approach
08BB3ZX	Excision of Left Choroid, Percutaneous Approach, Diagnostic
08BB3ZZ	Excision of Left Choroid, Percutaneous Approach
08BC3ZX	Excision of Right Iris, Percutaneous Approach, Diagnostic
08BC3ZZ	Excision of Right Iris, Percutaneous Approach
08BD3ZX	Excision of Left Iris, Percutaneous Approach, Diagnostic
08BD3ZZ	Excision of Left Iris, Percutaneous Approach
08BE3ZX	Excision of Right Retina, Percutaneous Approach, Diagnostic
08BE3ZZ	Excision of Right Retina, Percutaneous Approach
08BF3ZX	Excision of Left Retina, Percutaneous Approach, Diagnostic
08BF3ZZ	Excision of Left Retina, Percutaneous Approach
08BJ3ZZ	Excision of Right Lens, Percutaneous Approach
08BK3ZZ	Excision of Left Lens, Percutaneous Approach
08BL0ZX	Excision of Right Extraocular Muscle, Open Approach, Diagnostic
08BL0ZZ	Excision of Right Extraocular Muscle, Open Approach
08BL3ZX	Excision of Right Extraocular Muscle, Percutaneous Approach, Diagnostic
08BL3ZZ	Excision of Right Extraocular Muscle, Percutaneous Approach
08BM0ZX	Excision of Left Extraocular Muscle, Open Approach, Diagnostic
08BM0ZZ	Excision of Left Extraocular Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08BM3ZX	Excision of Left Extraocular Muscle, Percutaneous Approach, Diagnostic
08BM3ZZ	Excision of Left Extraocular Muscle, Percutaneous Approach
08BN0ZX	Excision of Right Upper Eyelid, Open Approach, Diagnostic
08BN0ZZ	Excision of Right Upper Eyelid, Open Approach
08BN3ZX	Excision of Right Upper Eyelid, Percutaneous Approach, Diagnostic
08BN3ZZ	Excision of Right Upper Eyelid, Percutaneous Approach
08BNXZX	Excision of Right Upper Eyelid, External Approach, Diagnostic
08BNXZZ	Excision of Right Upper Eyelid, External Approach
08BP0ZX	Excision of Left Upper Eyelid, Open Approach, Diagnostic
08BP0ZZ	Excision of Left Upper Eyelid, Open Approach
08BP3ZX	Excision of Left Upper Eyelid, Percutaneous Approach, Diagnostic
08BP3ZZ	Excision of Left Upper Eyelid, Percutaneous Approach
08BPXZX	Excision of Left Upper Eyelid, External Approach, Diagnostic
08BPXZZ	Excision of Left Upper Eyelid, External Approach
08BQ0ZX	Excision of Right Lower Eyelid, Open Approach, Diagnostic
08BQ0ZZ	Excision of Right Lower Eyelid, Open Approach
08BQ3ZX	Excision of Right Lower Eyelid, Percutaneous Approach, Diagnostic
08BQ3ZZ	Excision of Right Lower Eyelid, Percutaneous Approach
08BQXZX	Excision of Right Lower Eyelid, External Approach, Diagnostic
08BQXZZ	Excision of Right Lower Eyelid, External Approach
08BR0ZX	Excision of Left Lower Eyelid, Open Approach, Diagnostic
08BR0ZZ	Excision of Left Lower Eyelid, Open Approach
08BR3ZX	Excision of Left Lower Eyelid, Percutaneous Approach, Diagnostic
08BR3ZZ	Excision of Left Lower Eyelid, Percutaneous Approach
08BRXZX	Excision of Left Lower Eyelid, External Approach, Diagnostic
08BRXZZ	Excision of Left Lower Eyelid, External Approach
08BSXZX	Excision of Right Conjunctiva, External Approach, Diagnostic
08BSXZZ	Excision of Right Conjunctiva, External Approach
08BTXZX	Excision of Left Conjunctiva, External Approach, Diagnostic
08BTXZZ	Excision of Left Conjunctiva, External Approach
08BV0ZX	Excision of Right Lacrimal Gland, Open Approach, Diagnostic
08BV0ZZ	Excision of Right Lacrimal Gland, Open Approach
08BV3ZX	Excision of Right Lacrimal Gland, Percutaneous Approach, Diagnostic
08BV3ZZ	Excision of Right Lacrimal Gland, Percutaneous Approach
08BW0ZX	Excision of Left Lacrimal Gland, Open Approach, Diagnostic
08BW0ZZ	Excision of Left Lacrimal Gland, Open Approach
08BW3ZX	Excision of Left Lacrimal Gland, Percutaneous Approach, Diagnostic
08BW3ZZ	Excision of Left Lacrimal Gland, Percutaneous Approach
08BX0ZX	Excision of Right Lacrimal Duct, Open Approach, Diagnostic
08BX0ZZ	Excision of Right Lacrimal Duct, Open Approach
08BX3ZX	Excision of Right Lacrimal Duct, Percutaneous Approach, Diagnostic
08BX3ZZ	Excision of Right Lacrimal Duct, Percutaneous Approach
08BX7ZX	Excision of Right Lacrimal Duct, Via Natural or Artificial Opening, Diagnostic
08BX7ZZ	Excision of Right Lacrimal Duct, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08BX8ZX	Excision of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
08BX8ZZ	Excision of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08BY0ZX	Excision of Left Lacrimal Duct, Open Approach, Diagnostic
08BY0ZZ	Excision of Left Lacrimal Duct, Open Approach
08BY3ZX	Excision of Left Lacrimal Duct, Percutaneous Approach, Diagnostic
08BY3ZZ	Excision of Left Lacrimal Duct, Percutaneous Approach
08BY7ZX	Excision of Left Lacrimal Duct, Via Natural or Artificial Opening, Diagnostic
08BY7ZZ	Excision of Left Lacrimal Duct, Via Natural or Artificial Opening
08BY8ZX	Excision of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
08BY8ZZ	Excision of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08C23ZZ	Extirpation of Matter from Right Anterior Chamber, Percutaneous Approach
08C33ZZ	Extirpation of Matter from Left Anterior Chamber, Percutaneous Approach
08C43ZZ	Extirpation of Matter from Right Vitreous, Percutaneous Approach
08C53ZZ	Extirpation of Matter from Left Vitreous, Percutaneous Approach
08C8XZZ	Extirpation of Matter from Right Cornea, External Approach
08C9XZZ	Extirpation of Matter from Left Cornea, External Approach
08CA0ZZ	Extirpation of Matter from Right Choroid, Open Approach
08CA3ZZ	Extirpation of Matter from Right Choroid, Percutaneous Approach
08CB0ZZ	Extirpation of Matter from Left Choroid, Open Approach
08CB3ZZ	Extirpation of Matter from Left Choroid, Percutaneous Approach
08CC3ZZ	Extirpation of Matter from Right Iris, Percutaneous Approach
08CD3ZZ	Extirpation of Matter from Left Iris, Percutaneous Approach
08CE3ZZ	Extirpation of Matter from Right Retina, Percutaneous Approach
08CF3ZZ	Extirpation of Matter from Left Retina, Percutaneous Approach
08CG3ZZ	Extirpation of Matter from Right Retinal Vessel, Percutaneous Approach
08CH3ZZ	Extirpation of Matter from Left Retinal Vessel, Percutaneous Approach
08CL0ZZ	Extirpation of Matter from Right Extraocular Muscle, Open Approach
08CL3ZZ	Extirpation of Matter from Right Extraocular Muscle, Percutaneous Approach
08CM0ZZ	Extirpation of Matter from Left Extraocular Muscle, Open Approach
08CM3ZZ	Extirpation of Matter from Left Extraocular Muscle, Percutaneous Approach
08CN0ZZ	Extirpation of Matter from Right Upper Eyelid, Open Approach
08CN3ZZ	Extirpation of Matter from Right Upper Eyelid, Percutaneous Approach
08CNXZZ	Extirpation of Matter from Right Upper Eyelid, External Approach
08CP0ZZ	Extirpation of Matter from Left Upper Eyelid, Open Approach
08CP3ZZ	Extirpation of Matter from Left Upper Eyelid, Percutaneous Approach
08CPXZZ	Extirpation of Matter from Left Upper Eyelid, External Approach
08CQ0ZZ	Extirpation of Matter from Right Lower Eyelid, Open Approach
08CQ3ZZ	Extirpation of Matter from Right Lower Eyelid, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08CQXZZ	Extirpation of Matter from Right Lower Eyelid, External Approach
08CR0ZZ	Extirpation of Matter from Left Lower Eyelid, Open Approach
08CR3ZZ	Extirpation of Matter from Left Lower Eyelid, Percutaneous Approach
08CRXZZ	Extirpation of Matter from Left Lower Eyelid, External Approach
08CSXZZ	Extirpation of Matter from Right Conjunctiva, External Approach
08CTXZZ	Extirpation of Matter from Left Conjunctiva, External Approach
08CV0ZZ	Extirpation of Matter from Right Lacrimal Gland, Open Approach
08CV3ZZ	Extirpation of Matter from Right Lacrimal Gland, Percutaneous Approach
08CW0ZZ	Extirpation of Matter from Left Lacrimal Gland, Open Approach
08CW3ZZ	Extirpation of Matter from Left Lacrimal Gland, Percutaneous Approach
08CX0ZZ	Extirpation of Matter from Right Lacrimal Duct, Open Approach
08CX3ZZ	Extirpation of Matter from Right Lacrimal Duct, Percutaneous Approach
08CX7ZZ	Extirpation of Matter from Right Lacrimal Duct, Via Natural or Artificial Opening
08CX8ZZ	Extirpation of Matter from Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08CY0ZZ	Extirpation of Matter from Left Lacrimal Duct, Open Approach
08CY3ZZ	Extirpation of Matter from Left Lacrimal Duct, Percutaneous Approach
08CY7ZZ	Extirpation of Matter from Left Lacrimal Duct, Via Natural or Artificial Opening
08CY8ZZ	Extirpation of Matter from Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08D8XZX	Extraction of Right Cornea, External Approach, Diagnostic
08D8XZZ	Extraction of Right Cornea, External Approach
08D9XZX	Extraction of Left Cornea, External Approach, Diagnostic
08D9XZZ	Extraction of Left Cornea, External Approach
08DJ3ZZ	Extraction of Right Lens, Percutaneous Approach
08DK3ZZ	Extraction of Left Lens, Percutaneous Approach
08F43ZZ	Fragmentation in Right Vitreous, Percutaneous Approach
08F53ZZ	Fragmentation in Left Vitreous, Percutaneous Approach
08H031Z	Insertion of Radioactive Element into Right Eye, Percutaneous Approach
08H033Z	Insertion of Infusion Device into Right Eye, Percutaneous Approach
08H0X1Z	Insertion of Radioactive Element into Right Eye, External Approach
08H0X3Z	Insertion of Infusion Device into Right Eye, External Approach
08H131Z	Insertion of Radioactive Element into Left Eye, Percutaneous Approach
08H133Z	Insertion of Infusion Device into Left Eye, Percutaneous Approach
08H1X1Z	Insertion of Radioactive Element into Left Eye, External Approach
08H1X3Z	Insertion of Infusion Device into Left Eye, External Approach
08J0XZZ	Inspection of Right Eye, External Approach
08J1XZZ	Inspection of Left Eye, External Approach
08JJXZZ	Inspection of Right Lens, External Approach
08JKXZZ	Inspection of Left Lens, External Approach
08JL0ZZ	Inspection of Right Extraocular Muscle, Open Approach
08JLXZZ	Inspection of Right Extraocular Muscle, External Approach
08JM0ZZ	Inspection of Left Extraocular Muscle, Open Approach
08JMXZZ	Inspection of Left Extraocular Muscle, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08LX0CZ	Occlusion of Right Lacrimal Duct with Extraluminal Device, Open Approach
08LX0DZ	Occlusion of Right Lacrimal Duct with Intraluminal Device, Open Approach
08LX0ZZ	Occlusion of Right Lacrimal Duct, Open Approach
08LX3CZ	Occlusion of Right Lacrimal Duct with Extraluminal Device, Percutaneous Approach
08LX3DZ	Occlusion of Right Lacrimal Duct with Intraluminal Device, Percutaneous Approach
08LX3ZZ	Occlusion of Right Lacrimal Duct, Percutaneous Approach
08LX7DZ	Occlusion of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
08LX7ZZ	Occlusion of Right Lacrimal Duct, Via Natural or Artificial Opening
08LX8DZ	Occlusion of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
08LX8ZZ	Occlusion of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08LY0CZ	Occlusion of Left Lacrimal Duct with Extraluminal Device, Open Approach
08LY0DZ	Occlusion of Left Lacrimal Duct with Intraluminal Device, Open Approach
08LY0ZZ	Occlusion of Left Lacrimal Duct, Open Approach
08LY3CZ	Occlusion of Left Lacrimal Duct with Extraluminal Device, Percutaneous Approach
08LY3DZ	Occlusion of Left Lacrimal Duct with Intraluminal Device, Percutaneous Approach
08LY3ZZ	Occlusion of Left Lacrimal Duct, Percutaneous Approach
08LY7DZ	Occlusion of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
08LY7ZZ	Occlusion of Left Lacrimal Duct, Via Natural or Artificial Opening
08LY8DZ	Occlusion of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
08LY8ZZ	Occlusion of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08MNXZZ	Reattachment of Right Upper Eyelid, External Approach
08MPXZZ	Reattachment of Left Upper Eyelid, External Approach
08MQXZZ	Reattachment of Right Lower Eyelid, External Approach
08MRXZZ	Reattachment of Left Lower Eyelid, External Approach
08N0XZZ	Release Right Eye, External Approach
08N1XZZ	Release Left Eye, External Approach
08N23ZZ	Release Right Anterior Chamber, Percutaneous Approach
08N33ZZ	Release Left Anterior Chamber, Percutaneous Approach
08N43ZZ	Release Right Vitreous, Percutaneous Approach
08N53ZZ	Release Left Vitreous, Percutaneous Approach
08N6XZZ	Release Right Sclera, External Approach
08N7XZZ	Release Left Sclera, External Approach
08N8XZZ	Release Right Cornea, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08N9XZZ	Release Left Cornea, External Approach
08NA0ZZ	Release Right Choroid, Open Approach
08NA3ZZ	Release Right Choroid, Percutaneous Approach
08NB0ZZ	Release Left Choroid, Open Approach
08NB3ZZ	Release Left Choroid, Percutaneous Approach
08NC3ZZ	Release Right Iris, Percutaneous Approach
08ND3ZZ	Release Left Iris, Percutaneous Approach
08NE3ZZ	Release Right Retina, Percutaneous Approach
08NF3ZZ	Release Left Retina, Percutaneous Approach
08NG3ZZ	Release Right Retinal Vessel, Percutaneous Approach
08NH3ZZ	Release Left Retinal Vessel, Percutaneous Approach
08NJ3ZZ	Release Right Lens, Percutaneous Approach
08NK3ZZ	Release Left Lens, Percutaneous Approach
08NL0ZZ	Release Right Extraocular Muscle, Open Approach
08NL3ZZ	Release Right Extraocular Muscle, Percutaneous Approach
08NM0ZZ	Release Left Extraocular Muscle, Open Approach
08NM3ZZ	Release Left Extraocular Muscle, Percutaneous Approach
08NN0ZZ	Release Right Upper Eyelid, Open Approach
08NN3ZZ	Release Right Upper Eyelid, Percutaneous Approach
08NNXZZ	Release Right Upper Eyelid, External Approach
08NP0ZZ	Release Left Upper Eyelid, Open Approach
08NP3ZZ	Release Left Upper Eyelid, Percutaneous Approach
08NPXZZ	Release Left Upper Eyelid, External Approach
08NQ0ZZ	Release Right Lower Eyelid, Open Approach
08NQ3ZZ	Release Right Lower Eyelid, Percutaneous Approach
08NQXZZ	Release Right Lower Eyelid, External Approach
08NR0ZZ	Release Left Lower Eyelid, Open Approach
08NR3ZZ	Release Left Lower Eyelid, Percutaneous Approach
08NRXZZ	Release Left Lower Eyelid, External Approach
08NSXZZ	Release Right Conjunctiva, External Approach
08NTXZZ	Release Left Conjunctiva, External Approach
08NV0ZZ	Release Right Lacrimal Gland, Open Approach
08NV3ZZ	Release Right Lacrimal Gland, Percutaneous Approach
08NW0ZZ	Release Left Lacrimal Gland, Open Approach
08NW3ZZ	Release Left Lacrimal Gland, Percutaneous Approach
08NX0ZZ	Release Right Lacrimal Duct, Open Approach
08NX3ZZ	Release Right Lacrimal Duct, Percutaneous Approach
08NX7ZZ	Release Right Lacrimal Duct, Via Natural or Artificial Opening
08NX8ZZ	Release Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08NY0ZZ	Release Left Lacrimal Duct, Open Approach
08NY3ZZ	Release Left Lacrimal Duct, Percutaneous Approach
08NY7ZZ	Release Left Lacrimal Duct, Via Natural or Artificial Opening
08NY8ZZ	Release Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08P000Z	Removal of Drainage Device from Right Eye, Open Approach
08P001Z	Removal of Radioactive Element from Right Eye, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08P003Z	Removal of Infusion Device from Right Eye, Open Approach
08P007Z	Removal of Autologous Tissue Substitute from Right Eye, Open Approach
08P00CZ	Removal of Extraluminal Device from Right Eye, Open Approach
08P00DZ	Removal of Intraluminal Device from Right Eye, Open Approach
08P00JZ	Removal of Synthetic Substitute from Right Eye, Open Approach
08P00KZ	Removal of Nonautologous Tissue Substitute from Right Eye, Open Approach
08P030Z	Removal of Drainage Device from Right Eye, Percutaneous Approach
08P031Z	Removal of Radioactive Element from Right Eye, Percutaneous Approach
08P033Z	Removal of Infusion Device from Right Eye, Percutaneous Approach
08P037Z	Removal of Autologous Tissue Substitute from Right Eye, Percutaneous Approach
08P03CZ	Removal of Extraluminal Device from Right Eye, Percutaneous Approach
08P03DZ	Removal of Intraluminal Device from Right Eye, Percutaneous Approach
08P03JZ	Removal of Synthetic Substitute from Right Eye, Percutaneous Approach
08P03KZ	Removal of Nonautologous Tissue Substitute from Right Eye, Percutaneous Approach
08P070Z	Removal of Drainage Device from Right Eye, Via Natural or Artificial Opening
08P071Z	Removal of Radioactive Element from Right Eye, Via Natural or Artificial Opening
08P073Z	Removal of Infusion Device from Right Eye, Via Natural or Artificial Opening
08P077Z	Removal of Autologous Tissue Substitute from Right Eye, Via Natural or Artificial Opening
08P07CZ	Removal of Extraluminal Device from Right Eye, Via Natural or Artificial Opening
08P07DZ	Removal of Intraluminal Device from Right Eye, Via Natural or Artificial Opening
08P07JZ	Removal of Synthetic Substitute from Right Eye, Via Natural or Artificial Opening
08P07KZ	Removal of Nonautologous Tissue Substitute from Right Eye, Via Natural or Artificial Opening
08P080Z	Removal of Drainage Device from Right Eye, Via Natural or Artificial Opening Endoscopic
08P081Z	Removal of Radioactive Element from Right Eye, Via Natural or Artificial Opening Endoscopic
08P083Z	Removal of Infusion Device from Right Eye, Via Natural or Artificial Opening Endoscopic
08P087Z	Removal of Autologous Tissue Substitute from Right Eye, Via Natural or Artificial Opening Endoscopic
08P08CZ	Removal of Extraluminal Device from Right Eye, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08P08DZ	Removal of Intraluminal Device from Right Eye, Via Natural or Artificial Opening Endoscopic
08P08JZ	Removal of Synthetic Substitute from Right Eye, Via Natural or Artificial Opening Endoscopic
08P08KZ	Removal of Nonautologous Tissue Substitute from Right Eye, Via Natural or Artificial Opening Endoscopic
08P0X1Z	Removal of Radioactive Element from Right Eye, External Approach
08P0X7Z	Removal of Autologous Tissue Substitute from Right Eye, External Approach
08P0XJZ	Removal of Synthetic Substitute from Right Eye, External Approach
08P0XKZ	Removal of Nonautologous Tissue Substitute from Right Eye, External Approach
08P100Z	Removal of Drainage Device from Left Eye, Open Approach
08P101Z	Removal of Radioactive Element from Left Eye, Open Approach
08P103Z	Removal of Infusion Device from Left Eye, Open Approach
08P107Z	Removal of Autologous Tissue Substitute from Left Eye, Open Approach
08P10CZ	Removal of Extraluminal Device from Left Eye, Open Approach
08P10DZ	Removal of Intraluminal Device from Left Eye, Open Approach
08P10JZ	Removal of Synthetic Substitute from Left Eye, Open Approach
08P10KZ	Removal of Nonautologous Tissue Substitute from Left Eye, Open Approach
08P130Z	Removal of Drainage Device from Left Eye, Percutaneous Approach
08P131Z	Removal of Radioactive Element from Left Eye, Percutaneous Approach
08P133Z	Removal of Infusion Device from Left Eye, Percutaneous Approach
08P137Z	Removal of Autologous Tissue Substitute from Left Eye, Percutaneous Approach
08P13CZ	Removal of Extraluminal Device from Left Eye, Percutaneous Approach
08P13DZ	Removal of Intraluminal Device from Left Eye, Percutaneous Approach
08P13JZ	Removal of Synthetic Substitute from Left Eye, Percutaneous Approach
08P13KZ	Removal of Nonautologous Tissue Substitute from Left Eye, Percutaneous Approach
08P170Z	Removal of Drainage Device from Left Eye, Via Natural or Artificial Opening
08P171Z	Removal of Radioactive Element from Left Eye, Via Natural or Artificial Opening
08P173Z	Removal of Infusion Device from Left Eye, Via Natural or Artificial Opening
08P177Z	Removal of Autologous Tissue Substitute from Left Eye, Via Natural or Artificial Opening
08P17CZ	Removal of Extraluminal Device from Left Eye, Via Natural or Artificial Opening
08P17DZ	Removal of Intraluminal Device from Left Eye, Via Natural or Artificial Opening
08P17JZ	Removal of Synthetic Substitute from Left Eye, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08P17KZ	Removal of Nonautologous Tissue Substitute from Left Eye, Via Natural or Artificial Opening
08P180Z	Removal of Drainage Device from Left Eye, Via Natural or Artificial Opening Endoscopic
08P181Z	Removal of Radioactive Element from Left Eye, Via Natural or Artificial Opening Endoscopic
08P183Z	Removal of Infusion Device from Left Eye, Via Natural or Artificial Opening Endoscopic
08P187Z	Removal of Autologous Tissue Substitute from Left Eye, Via Natural or Artificial Opening Endoscopic
08P18CZ	Removal of Extraluminal Device from Left Eye, Via Natural or Artificial Opening Endoscopic
08P18DZ	Removal of Intraluminal Device from Left Eye, Via Natural or Artificial Opening Endoscopic
08P18JZ	Removal of Synthetic Substitute from Left Eye, Via Natural or Artificial Opening Endoscopic
08P18KZ	Removal of Nonautologous Tissue Substitute from Left Eye, Via Natural or Artificial Opening Endoscopic
08P1X7Z	Removal of Autologous Tissue Substitute from Left Eye, External Approach
08P1XJZ	Removal of Synthetic Substitute from Left Eye, External Approach
08P1XKZ	Removal of Nonautologous Tissue Substitute from Left Eye, External Approach
08PJ3JZ	Removal of Synthetic Substitute from Right Lens, Percutaneous Approach
08PK3JZ	Removal of Synthetic Substitute from Left Lens, Percutaneous Approach
08PL00Z	Removal of Drainage Device from Right Extraocular Muscle, Open Approach
08PL07Z	Removal of Autologous Tissue Substitute from Right Extraocular Muscle, Open Approach
08PL0JZ	Removal of Synthetic Substitute from Right Extraocular Muscle, Open Approach
08PL0KZ	Removal of Nonautologous Tissue Substitute from Right Extraocular Muscle, Open Approach
08PL30Z	Removal of Drainage Device from Right Extraocular Muscle, Percutaneous Approach
08PL37Z	Removal of Autologous Tissue Substitute from Right Extraocular Muscle, Percutaneous Approach
08PL3JZ	Removal of Synthetic Substitute from Right Extraocular Muscle, Percutaneous Approach
08PL3KZ	Removal of Nonautologous Tissue Substitute from Right Extraocular Muscle, Percutaneous Approach
08PM00Z	Removal of Drainage Device from Left Extraocular Muscle, Open Approach
08PM07Z	Removal of Autologous Tissue Substitute from Left Extraocular Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08PM0JZ	Removal of Synthetic Substitute from Left Extraocular Muscle, Open Approach
08PM0KZ	Removal of Nonautologous Tissue Substitute from Left Extraocular Muscle, Open Approach
08PM30Z	Removal of Drainage Device from Left Extraocular Muscle, Percutaneous Approach
08PM37Z	Removal of Autologous Tissue Substitute from Left Extraocular Muscle, Percutaneous Approach
08PM3JZ	Removal of Synthetic Substitute from Left Extraocular Muscle, Percutaneous Approach
08PM3KZ	Removal of Nonautologous Tissue Substitute from Left Extraocular Muscle, Percutaneous Approach
08Q0XZZ	Repair Right Eye, External Approach
08Q1XZZ	Repair Left Eye, External Approach
08Q23ZZ	Repair Right Anterior Chamber, Percutaneous Approach
08Q33ZZ	Repair Left Anterior Chamber, Percutaneous Approach
08Q43ZZ	Repair Right Vitreous, Percutaneous Approach
08Q53ZZ	Repair Left Vitreous, Percutaneous Approach
08Q6XZZ	Repair Right Sclera, External Approach
08Q7XZZ	Repair Left Sclera, External Approach
08Q8XZZ	Repair Right Cornea, External Approach
08Q9XZZ	Repair Left Cornea, External Approach
08QA0ZZ	Repair Right Choroid, Open Approach
08QA3ZZ	Repair Right Choroid, Percutaneous Approach
08QB0ZZ	Repair Left Choroid, Open Approach
08QB3ZZ	Repair Left Choroid, Percutaneous Approach
08QC3ZZ	Repair Right Iris, Percutaneous Approach
08QD3ZZ	Repair Left Iris, Percutaneous Approach
08QE3ZZ	Repair Right Retina, Percutaneous Approach
08QF3ZZ	Repair Left Retina, Percutaneous Approach
08QG3ZZ	Repair Right Retinal Vessel, Percutaneous Approach
08QH3ZZ	Repair Left Retinal Vessel, Percutaneous Approach
08QL0ZZ	Repair Right Extraocular Muscle, Open Approach
08QL3ZZ	Repair Right Extraocular Muscle, Percutaneous Approach
08QM0ZZ	Repair Left Extraocular Muscle, Open Approach
08QM3ZZ	Repair Left Extraocular Muscle, Percutaneous Approach
08QN0ZZ	Repair Right Upper Eyelid, Open Approach
08QN3ZZ	Repair Right Upper Eyelid, Percutaneous Approach
08QNXZZ	Repair Right Upper Eyelid, External Approach
08QP0ZZ	Repair Left Upper Eyelid, Open Approach
08QP3ZZ	Repair Left Upper Eyelid, Percutaneous Approach
08QPXZZ	Repair Left Upper Eyelid, External Approach
08QQ0ZZ	Repair Right Lower Eyelid, Open Approach
08QQ3ZZ	Repair Right Lower Eyelid, Percutaneous Approach
08QXXZZ	Repair Right Lower Eyelid, External Approach
08QR0ZZ	Repair Left Lower Eyelid, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08QR3ZZ	Repair Left Lower Eyelid, Percutaneous Approach
08QRXZZ	Repair Left Lower Eyelid, External Approach
08QSXZZ	Repair Right Conjunctiva, External Approach
08QTXZZ	Repair Left Conjunctiva, External Approach
08QV0ZZ	Repair Right Lacrimal Gland, Open Approach
08QV3ZZ	Repair Right Lacrimal Gland, Percutaneous Approach
08QW0ZZ	Repair Left Lacrimal Gland, Open Approach
08QW3ZZ	Repair Left Lacrimal Gland, Percutaneous Approach
08QX0ZZ	Repair Right Lacrimal Duct, Open Approach
08QX3ZZ	Repair Right Lacrimal Duct, Percutaneous Approach
08QX7ZZ	Repair Right Lacrimal Duct, Via Natural or Artificial Opening
08QX8ZZ	Repair Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08QY0ZZ	Repair Left Lacrimal Duct, Open Approach
08QY3ZZ	Repair Left Lacrimal Duct, Percutaneous Approach
08QY7ZZ	Repair Left Lacrimal Duct, Via Natural or Artificial Opening
08QY8ZZ	Repair Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08R007Z	Replacement of Right Eye with Autologous Tissue Substitute, Open Approach
08R00JZ	Replacement of Right Eye with Synthetic Substitute, Open Approach
08R00KZ	Replacement of Right Eye with Nonautologous Tissue Substitute, Open Approach
08R037Z	Replacement of Right Eye with Autologous Tissue Substitute, Percutaneous Approach
08R03JZ	Replacement of Right Eye with Synthetic Substitute, Percutaneous Approach
08R03KZ	Replacement of Right Eye with Nonautologous Tissue Substitute, Percutaneous Approach
08R107Z	Replacement of Left Eye with Autologous Tissue Substitute, Open Approach
08R10JZ	Replacement of Left Eye with Synthetic Substitute, Open Approach
08R10KZ	Replacement of Left Eye with Nonautologous Tissue Substitute, Open Approach
08R137Z	Replacement of Left Eye with Autologous Tissue Substitute, Percutaneous Approach
08R13JZ	Replacement of Left Eye with Synthetic Substitute, Percutaneous Approach
08R13KZ	Replacement of Left Eye with Nonautologous Tissue Substitute, Percutaneous Approach
08R437Z	Replacement of Right Vitreous with Autologous Tissue Substitute, Percutaneous Approach
08R43JZ	Replacement of Right Vitreous with Synthetic Substitute, Percutaneous Approach
08R43KZ	Replacement of Right Vitreous with Nonautologous Tissue Substitute, Percutaneous Approach
08R537Z	Replacement of Left Vitreous with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08R53JZ	Replacement of Left Vitreous with Synthetic Substitute, Percutaneous Approach
08R53KZ	Replacement of Left Vitreous with Nonautologous Tissue Substitute, Percutaneous Approach
08R6X7Z	Replacement of Right Sclera with Autologous Tissue Substitute, External Approach
08R6XJZ	Replacement of Right Sclera with Synthetic Substitute, External Approach
08R6XKZ	Replacement of Right Sclera with Nonautologous Tissue Substitute, External Approach
08R7X7Z	Replacement of Left Sclera with Autologous Tissue Substitute, External Approach
08R7XJZ	Replacement of Left Sclera with Synthetic Substitute, External Approach
08R7XKZ	Replacement of Left Sclera with Nonautologous Tissue Substitute, External Approach
08R837Z	Replacement of Right Cornea with Autologous Tissue Substitute, Percutaneous Approach
08R83JZ	Replacement of Right Cornea with Synthetic Substitute, Percutaneous Approach
08R83KZ	Replacement of Right Cornea with Nonautologous Tissue Substitute, Percutaneous Approach
08R8X7Z	Replacement of Right Cornea with Autologous Tissue Substitute, External Approach
08R8XJZ	Replacement of Right Cornea with Synthetic Substitute, External Approach
08R8XKZ	Replacement of Right Cornea with Nonautologous Tissue Substitute, External Approach
08R937Z	Replacement of Left Cornea with Autologous Tissue Substitute, Percutaneous Approach
08R93JZ	Replacement of Left Cornea with Synthetic Substitute, Percutaneous Approach
08R93KZ	Replacement of Left Cornea with Nonautologous Tissue Substitute, Percutaneous Approach
08R9X7Z	Replacement of Left Cornea with Autologous Tissue Substitute, External Approach
08R9XJZ	Replacement of Left Cornea with Synthetic Substitute, External Approach
08R9XKZ	Replacement of Left Cornea with Nonautologous Tissue Substitute, External Approach
08RA07Z	Replacement of Right Choroid with Autologous Tissue Substitute, Open Approach
08RA0JZ	Replacement of Right Choroid with Synthetic Substitute, Open Approach
08RA0KZ	Replacement of Right Choroid with Nonautologous Tissue Substitute, Open Approach
08RA37Z	Replacement of Right Choroid with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08RA3JZ	Replacement of Right Choroid with Synthetic Substitute, Percutaneous Approach
08RA3KZ	Replacement of Right Choroid with Nonautologous Tissue Substitute, Percutaneous Approach
08RB07Z	Replacement of Left Choroid with Autologous Tissue Substitute, Open Approach
08RB0JZ	Replacement of Left Choroid with Synthetic Substitute, Open Approach
08RB0KZ	Replacement of Left Choroid with Nonautologous Tissue Substitute, Open Approach
08RB37Z	Replacement of Left Choroid with Autologous Tissue Substitute, Percutaneous Approach
08RB3JZ	Replacement of Left Choroid with Synthetic Substitute, Percutaneous Approach
08RB3KZ	Replacement of Left Choroid with Nonautologous Tissue Substitute, Percutaneous Approach
08RC37Z	Replacement of Right Iris with Autologous Tissue Substitute, Percutaneous Approach
08RC3JZ	Replacement of Right Iris with Synthetic Substitute, Percutaneous Approach
08RC3KZ	Replacement of Right Iris with Nonautologous Tissue Substitute, Percutaneous Approach
08RD37Z	Replacement of Left Iris with Autologous Tissue Substitute, Percutaneous Approach
08RD3JZ	Replacement of Left Iris with Synthetic Substitute, Percutaneous Approach
08RD3KZ	Replacement of Left Iris with Nonautologous Tissue Substitute, Percutaneous Approach
08RG37Z	Replacement of Right Retinal Vessel with Autologous Tissue Substitute, Percutaneous Approach
08RG3JZ	Replacement of Right Retinal Vessel with Synthetic Substitute, Percutaneous Approach
08RG3KZ	Replacement of Right Retinal Vessel with Nonautologous Tissue Substitute, Percutaneous Approach
08RH37Z	Replacement of Left Retinal Vessel with Autologous Tissue Substitute, Percutaneous Approach
08RH3JZ	Replacement of Left Retinal Vessel with Synthetic Substitute, Percutaneous Approach
08RH3KZ	Replacement of Left Retinal Vessel with Nonautologous Tissue Substitute, Percutaneous Approach
08RJ3JZ	Replacement of Right Lens with Synthetic Substitute, Percutaneous Approach
08RK3JZ	Replacement of Left Lens with Synthetic Substitute, Percutaneous Approach
08RN07Z	Replacement of Right Upper Eyelid with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08RN0JZ	Replacement of Right Upper Eyelid with Synthetic Substitute, Open Approach
08RN0KZ	Replacement of Right Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
08RN37Z	Replacement of Right Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08RN3JZ	Replacement of Right Upper Eyelid with Synthetic Substitute, Percutaneous Approach
08RN3KZ	Replacement of Right Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08RNX7Z	Replacement of Right Upper Eyelid with Autologous Tissue Substitute, External Approach
08RNXJZ	Replacement of Right Upper Eyelid with Synthetic Substitute, External Approach
08RNXKZ	Replacement of Right Upper Eyelid with Nonautologous Tissue Substitute, External Approach
08RP07Z	Replacement of Left Upper Eyelid with Autologous Tissue Substitute, Open Approach
08RP0JZ	Replacement of Left Upper Eyelid with Synthetic Substitute, Open Approach
08RP0KZ	Replacement of Left Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
08RP37Z	Replacement of Left Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08RP3JZ	Replacement of Left Upper Eyelid with Synthetic Substitute, Percutaneous Approach
08RP3KZ	Replacement of Left Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08RPX7Z	Replacement of Left Upper Eyelid with Autologous Tissue Substitute, External Approach
08RPXJZ	Replacement of Left Upper Eyelid with Synthetic Substitute, External Approach
08RPXKZ	Replacement of Left Upper Eyelid with Nonautologous Tissue Substitute, External Approach
08RQ07Z	Replacement of Right Lower Eyelid with Autologous Tissue Substitute, Open Approach
08RQ0JZ	Replacement of Right Lower Eyelid with Synthetic Substitute, Open Approach
08RQ0KZ	Replacement of Right Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
08RQ37Z	Replacement of Right Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08RQ3JZ	Replacement of Right Lower Eyelid with Synthetic Substitute, Percutaneous Approach
08RQ3KZ	Replacement of Right Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08RQX7Z	Replacement of Right Lower Eyelid with Autologous Tissue Substitute, External Approach
08RQXJZ	Replacement of Right Lower Eyelid with Synthetic Substitute, External Approach
08RQXKZ	Replacement of Right Lower Eyelid with Nonautologous Tissue Substitute, External Approach
08RR07Z	Replacement of Left Lower Eyelid with Autologous Tissue Substitute, Open Approach
08RR0JZ	Replacement of Left Lower Eyelid with Synthetic Substitute, Open Approach
08RR0KZ	Replacement of Left Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
08RR37Z	Replacement of Left Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08RR3JZ	Replacement of Left Lower Eyelid with Synthetic Substitute, Percutaneous Approach
08RR3KZ	Replacement of Left Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08RRX7Z	Replacement of Left Lower Eyelid with Autologous Tissue Substitute, External Approach
08RRXJZ	Replacement of Left Lower Eyelid with Synthetic Substitute, External Approach
08RRXKZ	Replacement of Left Lower Eyelid with Nonautologous Tissue Substitute, External Approach
08RSX7Z	Replacement of Right Conjunctiva with Autologous Tissue Substitute, External Approach
08RSXJZ	Replacement of Right Conjunctiva with Synthetic Substitute, External Approach
08RSXKZ	Replacement of Right Conjunctiva with Nonautologous Tissue Substitute, External Approach
08RTX7Z	Replacement of Left Conjunctiva with Autologous Tissue Substitute, External Approach
08RTXJZ	Replacement of Left Conjunctiva with Synthetic Substitute, External Approach
08RTXKZ	Replacement of Left Conjunctiva with Nonautologous Tissue Substitute, External Approach
08RX07Z	Replacement of Right Lacrimal Duct with Autologous Tissue Substitute, Open Approach
08RX0JZ	Replacement of Right Lacrimal Duct with Synthetic Substitute, Open Approach
08RX0KZ	Replacement of Right Lacrimal Duct with Nonautologous Tissue Substitute, Open Approach
08RX37Z	Replacement of Right Lacrimal Duct with Autologous Tissue Substitute, Percutaneous Approach
08RX3JZ	Replacement of Right Lacrimal Duct with Synthetic Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08RX3KZ	Replacement of Right Lacrimal Duct with Nonautologous Tissue Substitute, Percutaneous Approach
08RX77Z	Replacement of Right Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening
08RX7JZ	Replacement of Right Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening
08RX7KZ	Replacement of Right Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
08RX87Z	Replacement of Right Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08RX8JZ	Replacement of Right Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
08RX8KZ	Replacement of Right Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08RY07Z	Replacement of Left Lacrimal Duct with Autologous Tissue Substitute, Open Approach
08RY0JZ	Replacement of Left Lacrimal Duct with Synthetic Substitute, Open Approach
08RY0KZ	Replacement of Left Lacrimal Duct with Nonautologous Tissue Substitute, Open Approach
08RY37Z	Replacement of Left Lacrimal Duct with Autologous Tissue Substitute, Percutaneous Approach
08RY3JZ	Replacement of Left Lacrimal Duct with Synthetic Substitute, Percutaneous Approach
08RY3KZ	Replacement of Left Lacrimal Duct with Nonautologous Tissue Substitute, Percutaneous Approach
08RY77Z	Replacement of Left Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening
08RY7JZ	Replacement of Left Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening
08RY7KZ	Replacement of Left Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
08RY87Z	Replacement of Left Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08RY8JZ	Replacement of Left Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
08RY8KZ	Replacement of Left Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08SC3ZZ	Reposition Right Iris, Percutaneous Approach
08SD3ZZ	Reposition Left Iris, Percutaneous Approach
08SG3ZZ	Reposition Right Retinal Vessel, Percutaneous Approach
08SH3ZZ	Reposition Left Retinal Vessel, Percutaneous Approach
08SL0ZZ	Reposition Right Extraocular Muscle, Open Approach
08SL3ZZ	Reposition Right Extraocular Muscle, Percutaneous Approach
08SM0ZZ	Reposition Left Extraocular Muscle, Open Approach
08SM3ZZ	Reposition Left Extraocular Muscle, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08SN0ZZ	Reposition Right Upper Eyelid, Open Approach
08SN3ZZ	Reposition Right Upper Eyelid, Percutaneous Approach
08SNXZZ	Reposition Right Upper Eyelid, External Approach
08SP0ZZ	Reposition Left Upper Eyelid, Open Approach
08SP3ZZ	Reposition Left Upper Eyelid, Percutaneous Approach
08SPXZZ	Reposition Left Upper Eyelid, External Approach
08SQ0ZZ	Reposition Right Lower Eyelid, Open Approach
08SQ3ZZ	Reposition Right Lower Eyelid, Percutaneous Approach
08SQXZZ	Reposition Right Lower Eyelid, External Approach
08SR0ZZ	Reposition Left Lower Eyelid, Open Approach
08SR3ZZ	Reposition Left Lower Eyelid, Percutaneous Approach
08SRXZZ	Reposition Left Lower Eyelid, External Approach
08SV0ZZ	Reposition Right Lacrimal Gland, Open Approach
08SV3ZZ	Reposition Right Lacrimal Gland, Percutaneous Approach
08SW0ZZ	Reposition Left Lacrimal Gland, Open Approach
08SW3ZZ	Reposition Left Lacrimal Gland, Percutaneous Approach
08SX0ZZ	Reposition Right Lacrimal Duct, Open Approach
08SX3ZZ	Reposition Right Lacrimal Duct, Percutaneous Approach
08SX7ZZ	Reposition Right Lacrimal Duct, Via Natural or Artificial Opening
08SX8ZZ	Reposition Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08SY0ZZ	Reposition Left Lacrimal Duct, Open Approach
08SY3ZZ	Reposition Left Lacrimal Duct, Percutaneous Approach
08SY7ZZ	Reposition Left Lacrimal Duct, Via Natural or Artificial Opening
08SY8ZZ	Reposition Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08T0XZZ	Resection of Right Eye, External Approach
08T1XZZ	Resection of Left Eye, External Approach
08T43ZZ	Resection of Right Vitreous, Percutaneous Approach
08T53ZZ	Resection of Left Vitreous, Percutaneous Approach
08T8XZZ	Resection of Right Cornea, External Approach
08T9XZZ	Resection of Left Cornea, External Approach
08TC3ZZ	Resection of Right Iris, Percutaneous Approach
08TD3ZZ	Resection of Left Iris, Percutaneous Approach
08TL0ZZ	Resection of Right Extraocular Muscle, Open Approach
08TL3ZZ	Resection of Right Extraocular Muscle, Percutaneous Approach
08TM0ZZ	Resection of Left Extraocular Muscle, Open Approach
08TM3ZZ	Resection of Left Extraocular Muscle, Percutaneous Approach
08TN0ZZ	Resection of Right Upper Eyelid, Open Approach
08TNXZZ	Resection of Right Upper Eyelid, External Approach
08TP0ZZ	Resection of Left Upper Eyelid, Open Approach
08TPXZZ	Resection of Left Upper Eyelid, External Approach
08TQ0ZZ	Resection of Right Lower Eyelid, Open Approach
08TQXZZ	Resection of Right Lower Eyelid, External Approach
08TR0ZZ	Resection of Left Lower Eyelid, Open Approach
08TRXZZ	Resection of Left Lower Eyelid, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08TV0ZZ	Resection of Right Lacrimal Gland, Open Approach
08TV3ZZ	Resection of Right Lacrimal Gland, Percutaneous Approach
08TW0ZZ	Resection of Left Lacrimal Gland, Open Approach
08TW3ZZ	Resection of Left Lacrimal Gland, Percutaneous Approach
08TX0ZZ	Resection of Right Lacrimal Duct, Open Approach
08TX3ZZ	Resection of Right Lacrimal Duct, Percutaneous Approach
08TX7ZZ	Resection of Right Lacrimal Duct, Via Natural or Artificial Opening
08TX8ZZ	Resection of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08TY0ZZ	Resection of Left Lacrimal Duct, Open Approach
08TY3ZZ	Resection of Left Lacrimal Duct, Percutaneous Approach
08TY7ZZ	Resection of Left Lacrimal Duct, Via Natural or Artificial Opening
08TY8ZZ	Resection of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08U007Z	Supplement of Right Eye with Autologous Tissue Substitute, Open Approach
08U00JZ	Supplement of Right Eye with Synthetic Substitute, Open Approach
08U00KZ	Supplement of Right Eye with Nonautologous Tissue Substitute, Open Approach
08U037Z	Supplement of Right Eye with Autologous Tissue Substitute, Percutaneous Approach
08U03JZ	Supplement of Right Eye with Synthetic Substitute, Percutaneous Approach
08U03KZ	Supplement of Right Eye with Nonautologous Tissue Substitute, Percutaneous Approach
08U107Z	Supplement of Left Eye with Autologous Tissue Substitute, Open Approach
08U10JZ	Supplement of Left Eye with Synthetic Substitute, Open Approach
08U10KZ	Supplement of Left Eye with Nonautologous Tissue Substitute, Open Approach
08U137Z	Supplement of Left Eye with Autologous Tissue Substitute, Percutaneous Approach
08U13JZ	Supplement of Left Eye with Synthetic Substitute, Percutaneous Approach
08U13KZ	Supplement of Left Eye with Nonautologous Tissue Substitute, Percutaneous Approach
08U807Z	Supplement Right Cornea with Autologous Tissue Substitute, Open Approach
08U80JZ	Supplement Right Cornea with Synthetic Substitute, Open Approach
08U80KZ	Supplement Right Cornea with Nonautologous Tissue Substitute, Open Approach
08U837Z	Supplement Right Cornea with Autologous Tissue Substitute, Percutaneous Approach
08U83JZ	Supplement Right Cornea with Synthetic Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08U83KZ	Supplement Right Cornea with Nonautologous Tissue Substitute, Percutaneous Approach
08U8X7Z	Supplement Right Cornea with Autologous Tissue Substitute, External Approach
08U8XJZ	Supplement Right Cornea with Synthetic Substitute, External Approach
08U8XKZ	Supplement Right Cornea with Nonautologous Tissue Substitute, External Approach
08U907Z	Supplement Left Cornea with Autologous Tissue Substitute, Open Approach
08U90JZ	Supplement Left Cornea with Synthetic Substitute, Open Approach
08U90KZ	Supplement Left Cornea with Nonautologous Tissue Substitute, Open Approach
08U937Z	Supplement Left Cornea with Autologous Tissue Substitute, Percutaneous Approach
08U93JZ	Supplement Left Cornea with Synthetic Substitute, Percutaneous Approach
08U93KZ	Supplement Left Cornea with Nonautologous Tissue Substitute, Percutaneous Approach
08U9X7Z	Supplement Left Cornea with Autologous Tissue Substitute, External Approach
08U9XJZ	Supplement Left Cornea with Synthetic Substitute, External Approach
08U9XKZ	Supplement Left Cornea with Nonautologous Tissue Substitute, External Approach
08UC07Z	Supplement Right Iris with Autologous Tissue Substitute, Open Approach
08UC0JZ	Supplement Right Iris with Synthetic Substitute, Open Approach
08UC0KZ	Supplement Right Iris with Nonautologous Tissue Substitute, Open Approach
08UC37Z	Supplement Right Iris with Autologous Tissue Substitute, Percutaneous Approach
08UC3JZ	Supplement Right Iris with Synthetic Substitute, Percutaneous Approach
08UC3KZ	Supplement Right Iris with Nonautologous Tissue Substitute, Percutaneous Approach
08UD07Z	Supplement Left Iris with Autologous Tissue Substitute, Open Approach
08UD0JZ	Supplement Left Iris with Synthetic Substitute, Open Approach
08UD0KZ	Supplement Left Iris with Nonautologous Tissue Substitute, Open Approach
08UD37Z	Supplement Left Iris with Autologous Tissue Substitute, Percutaneous Approach
08UD3JZ	Supplement Left Iris with Synthetic Substitute, Percutaneous Approach
08UD3KZ	Supplement Left Iris with Nonautologous Tissue Substitute, Percutaneous Approach
08UE07Z	Supplement Right Retina with Autologous Tissue Substitute, Open Approach
08UE0JZ	Supplement Right Retina with Synthetic Substitute, Open Approach
08UE0KZ	Supplement Right Retina with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08UE37Z	Supplement Right Retina with Autologous Tissue Substitute, Percutaneous Approach
08UE3JZ	Supplement Right Retina with Synthetic Substitute, Percutaneous Approach
08UE3KZ	Supplement Right Retina with Nonautologous Tissue Substitute, Percutaneous Approach
08UF07Z	Supplement Left Retina with Autologous Tissue Substitute, Open Approach
08UF0JZ	Supplement Left Retina with Synthetic Substitute, Open Approach
08UF0KZ	Supplement Left Retina with Nonautologous Tissue Substitute, Open Approach
08UF37Z	Supplement Left Retina with Autologous Tissue Substitute, Percutaneous Approach
08UF3JZ	Supplement Left Retina with Synthetic Substitute, Percutaneous Approach
08UF3KZ	Supplement Left Retina with Nonautologous Tissue Substitute, Percutaneous Approach
08UG07Z	Supplement Right Retinal Vessel with Autologous Tissue Substitute, Open Approach
08UG0JZ	Supplement Right Retinal Vessel with Synthetic Substitute, Open Approach
08UG0KZ	Supplement Right Retinal Vessel with Nonautologous Tissue Substitute, Open Approach
08UG37Z	Supplement Right Retinal Vessel with Autologous Tissue Substitute, Percutaneous Approach
08UG3JZ	Supplement Right Retinal Vessel with Synthetic Substitute, Percutaneous Approach
08UG3KZ	Supplement Right Retinal Vessel with Nonautologous Tissue Substitute, Percutaneous Approach
08UH07Z	Supplement Left Retinal Vessel with Autologous Tissue Substitute, Open Approach
08UH0JZ	Supplement Left Retinal Vessel with Synthetic Substitute, Open Approach
08UH0KZ	Supplement Left Retinal Vessel with Nonautologous Tissue Substitute, Open Approach
08UH37Z	Supplement Left Retinal Vessel with Autologous Tissue Substitute, Percutaneous Approach
08UH3JZ	Supplement Left Retinal Vessel with Synthetic Substitute, Percutaneous Approach
08UH3KZ	Supplement Left Retinal Vessel with Nonautologous Tissue Substitute, Percutaneous Approach
08UL07Z	Supplement Right Extraocular Muscle with Autologous Tissue Substitute, Open Approach
08UL0JZ	Supplement Right Extraocular Muscle with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08UL0KZ	Supplement Right Extraocular Muscle with Nonautologous Tissue Substitute, Open Approach
08UL37Z	Supplement Right Extraocular Muscle with Autologous Tissue Substitute, Percutaneous Approach
08UL3JZ	Supplement Right Extraocular Muscle with Synthetic Substitute, Percutaneous Approach
08UL3KZ	Supplement Right Extraocular Muscle with Nonautologous Tissue Substitute, Percutaneous Approach
08UM07Z	Supplement Left Extraocular Muscle with Autologous Tissue Substitute, Open Approach
08UM0JZ	Supplement Left Extraocular Muscle with Synthetic Substitute, Open Approach
08UM0KZ	Supplement Left Extraocular Muscle with Nonautologous Tissue Substitute, Open Approach
08UM37Z	Supplement Left Extraocular Muscle with Autologous Tissue Substitute, Percutaneous Approach
08UM3JZ	Supplement Left Extraocular Muscle with Synthetic Substitute, Percutaneous Approach
08UM3KZ	Supplement Left Extraocular Muscle with Nonautologous Tissue Substitute, Percutaneous Approach
08UN07Z	Supplement Right Upper Eyelid with Autologous Tissue Substitute, Open Approach
08UN0JZ	Supplement Right Upper Eyelid with Synthetic Substitute, Open Approach
08UN0KZ	Supplement Right Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
08UN37Z	Supplement Right Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08UN3JZ	Supplement Right Upper Eyelid with Synthetic Substitute, Percutaneous Approach
08UN3KZ	Supplement Right Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08UNX7Z	Supplement Right Upper Eyelid with Autologous Tissue Substitute, External Approach
08UNXJZ	Supplement Right Upper Eyelid with Synthetic Substitute, External Approach
08UNXKZ	Supplement Right Upper Eyelid with Nonautologous Tissue Substitute, External Approach
08UP07Z	Supplement Left Upper Eyelid with Autologous Tissue Substitute, Open Approach
08UP0JZ	Supplement Left Upper Eyelid with Synthetic Substitute, Open Approach
08UP0KZ	Supplement Left Upper Eyelid with Nonautologous Tissue Substitute, Open Approach
08UP37Z	Supplement Left Upper Eyelid with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08UP3JZ	Supplement Left Upper Eyelid with Synthetic Substitute, Percutaneous Approach
08UP3KZ	Supplement Left Upper Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08UPX7Z	Supplement Left Upper Eyelid with Autologous Tissue Substitute, External Approach
08UPXJZ	Supplement Left Upper Eyelid with Synthetic Substitute, External Approach
08UPXKZ	Supplement Left Upper Eyelid with Nonautologous Tissue Substitute, External Approach
08UQ07Z	Supplement Right Lower Eyelid with Autologous Tissue Substitute, Open Approach
08UQ0JZ	Supplement Right Lower Eyelid with Synthetic Substitute, Open Approach
08UQ0KZ	Supplement Right Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
08UQ37Z	Supplement Right Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08UQ3JZ	Supplement Right Lower Eyelid with Synthetic Substitute, Percutaneous Approach
08UQ3KZ	Supplement Right Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08UQX7Z	Supplement Right Lower Eyelid with Autologous Tissue Substitute, External Approach
08UQXJZ	Supplement Right Lower Eyelid with Synthetic Substitute, External Approach
08UQXKZ	Supplement Right Lower Eyelid with Nonautologous Tissue Substitute, External Approach
08UR07Z	Supplement Left Lower Eyelid with Autologous Tissue Substitute, Open Approach
08UR0JZ	Supplement Left Lower Eyelid with Synthetic Substitute, Open Approach
08UR0KZ	Supplement Left Lower Eyelid with Nonautologous Tissue Substitute, Open Approach
08UR37Z	Supplement Left Lower Eyelid with Autologous Tissue Substitute, Percutaneous Approach
08UR3JZ	Supplement Left Lower Eyelid with Synthetic Substitute, Percutaneous Approach
08UR3KZ	Supplement Left Lower Eyelid with Nonautologous Tissue Substitute, Percutaneous Approach
08URX7Z	Supplement Left Lower Eyelid with Autologous Tissue Substitute, External Approach
08URXJZ	Supplement Left Lower Eyelid with Synthetic Substitute, External Approach
08URXKZ	Supplement Left Lower Eyelid with Nonautologous Tissue Substitute, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08UX07Z	Supplement Right Lacrimal Duct with Autologous Tissue Substitute, Open Approach
08UX0JZ	Supplement Right Lacrimal Duct with Synthetic Substitute, Open Approach
08UX0KZ	Supplement Right Lacrimal Duct with Nonautologous Tissue Substitute, Open Approach
08UX37Z	Supplement Right Lacrimal Duct with Autologous Tissue Substitute, Percutaneous Approach
08UX3JZ	Supplement Right Lacrimal Duct with Synthetic Substitute, Percutaneous Approach
08UX3KZ	Supplement Right Lacrimal Duct with Nonautologous Tissue Substitute, Percutaneous Approach
08UX77Z	Supplement Right Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening
08UX7JZ	Supplement Right Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening
08UX7KZ	Supplement Right Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
08UX87Z	Supplement Right Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08UX8JZ	Supplement Right Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
08UX8KZ	Supplement Right Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08UY07Z	Supplement Left Lacrimal Duct with Autologous Tissue Substitute, Open Approach
08UY0JZ	Supplement Left Lacrimal Duct with Synthetic Substitute, Open Approach
08UY0KZ	Supplement Left Lacrimal Duct with Nonautologous Tissue Substitute, Open Approach
08UY37Z	Supplement Left Lacrimal Duct with Autologous Tissue Substitute, Percutaneous Approach
08UY3JZ	Supplement Left Lacrimal Duct with Synthetic Substitute, Percutaneous Approach
08UY3KZ	Supplement Left Lacrimal Duct with Nonautologous Tissue Substitute, Percutaneous Approach
08UY77Z	Supplement Left Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening
08UY7JZ	Supplement Left Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening
08UY7KZ	Supplement Left Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
08UY87Z	Supplement Left Lacrimal Duct with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08UY8JZ	Supplement Left Lacrimal Duct with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08UY8KZ	Supplement Left Lacrimal Duct with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
08VX0CZ	Restriction of Right Lacrimal Duct with Extraluminal Device, Open Approach
08VX0DZ	Restriction of Right Lacrimal Duct with Intraluminal Device, Open Approach
08VX0ZZ	Restriction of Right Lacrimal Duct, Open Approach
08VX3CZ	Restriction of Right Lacrimal Duct with Extraluminal Device, Percutaneous Approach
08VX3DZ	Restriction of Right Lacrimal Duct with Intraluminal Device, Percutaneous Approach
08VX3ZZ	Restriction of Right Lacrimal Duct, Percutaneous Approach
08VX7DZ	Restriction of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
08VX7ZZ	Restriction of Right Lacrimal Duct, Via Natural or Artificial Opening
08VX8DZ	Restriction of Right Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
08VX8ZZ	Restriction of Right Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08VY0CZ	Restriction of Left Lacrimal Duct with Extraluminal Device, Open Approach
08VY0DZ	Restriction of Left Lacrimal Duct with Intraluminal Device, Open Approach
08VY0ZZ	Restriction of Left Lacrimal Duct, Open Approach
08VY3CZ	Restriction of Left Lacrimal Duct with Extraluminal Device, Percutaneous Approach
08VY3DZ	Restriction of Left Lacrimal Duct with Intraluminal Device, Percutaneous Approach
08VY3ZZ	Restriction of Left Lacrimal Duct, Percutaneous Approach
08VY7DZ	Restriction of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening
08VY7ZZ	Restriction of Left Lacrimal Duct, Via Natural or Artificial Opening
08VY8DZ	Restriction of Left Lacrimal Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
08VY8ZZ	Restriction of Left Lacrimal Duct, Via Natural or Artificial Opening Endoscopic
08W000Z	Revision of Drainage Device in Right Eye, Open Approach
08W003Z	Revision of Infusion Device in Right Eye, Open Approach
08W007Z	Revision of Autologous Tissue Substitute in Right Eye, Open Approach
08W00CZ	Revision of Extraluminal Device in Right Eye, Open Approach
08W00DZ	Revision of Intraluminal Device in Right Eye, Open Approach
08W00JZ	Revision of Synthetic Substitute in Right Eye, Open Approach
08W00KZ	Revision of Nonautologous Tissue Substitute in Right Eye, Open Approach
08W030Z	Revision of Drainage Device in Right Eye, Percutaneous Approach
08W033Z	Revision of Infusion Device in Right Eye, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
08W037Z	Revision of Autologous Tissue Substitute in Right Eye, Percutaneous Approach
08W03CZ	Revision of Extraluminal Device in Right Eye, Percutaneous Approach
08W03DZ	Revision of Intraluminal Device in Right Eye, Percutaneous Approach
08W03JZ	Revision of Synthetic Substitute in Right Eye, Percutaneous Approach
08W03KZ	Revision of Nonautologous Tissue Substitute in Right Eye, Percutaneous Approach
08W070Z	Revision of Drainage Device in Right Eye, Via Natural or Artificial Opening
08W073Z	Revision of Infusion Device in Right Eye, Via Natural or Artificial Opening
08W077Z	Revision of Autologous Tissue Substitute in Right Eye, Via Natural or Artificial Opening
08W07CZ	Revision of Extraluminal Device in Right Eye, Via Natural or Artificial Opening
08W07DZ	Revision of Intraluminal Device in Right Eye, Via Natural or Artificial Opening
08W07JZ	Revision of Synthetic Substitute in Right Eye, Via Natural or Artificial Opening
08W07KZ	Revision of Nonautologous Tissue Substitute in Right Eye, Via Natural or Artificial Opening
08W080Z	Revision of Drainage Device in Right Eye, Via Natural or Artificial Opening Endoscopic
08W083Z	Revision of Infusion Device in Right Eye, Via Natural or Artificial Opening Endoscopic
08W087Z	Revision of Autologous Tissue Substitute in Right Eye, Via Natural or Artificial Opening Endoscopic
08W08CZ	Revision of Extraluminal Device in Right Eye, Via Natural or Artificial Opening Endoscopic
08W08DZ	Revision of Intraluminal Device in Right Eye, Via Natural or Artificial Opening Endoscopic
08W08JZ	Revision of Synthetic Substitute in Right Eye, Via Natural or Artificial Opening Endoscopic
08W08KZ	Revision of Nonautologous Tissue Substitute in Right Eye, Via Natural or Artificial Opening Endoscopic
08W100Z	Revision of Drainage Device in Left Eye, Open Approach
08W103Z	Revision of Infusion Device in Left Eye, Open Approach
08W107Z	Revision of Autologous Tissue Substitute in Left Eye, Open Approach
08W10CZ	Revision of Extraluminal Device in Left Eye, Open Approach
08W10DZ	Revision of Intraluminal Device in Left Eye, Open Approach
08W10JZ	Revision of Synthetic Substitute in Left Eye, Open Approach
08W10KZ	Revision of Nonautologous Tissue Substitute in Left Eye, Open Approach
08W130Z	Revision of Drainage Device in Left Eye, Percutaneous Approach
08W133Z	Revision of Infusion Device in Left Eye, Percutaneous Approach
08W137Z	Revision of Autologous Tissue Substitute in Left Eye, Percutaneous Approach
08W13CZ	Revision of Extraluminal Device in Left Eye, Percutaneous Approach
08W13DZ	Revision of Intraluminal Device in Left Eye, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08W13JZ	Revision of Synthetic Substitute in Left Eye, Percutaneous Approach
08W13KZ	Revision of Nonautologous Tissue Substitute in Left Eye, Percutaneous Approach
08W170Z	Revision of Drainage Device in Left Eye, Via Natural or Artificial Opening
08W173Z	Revision of Infusion Device in Left Eye, Via Natural or Artificial Opening
08W177Z	Revision of Autologous Tissue Substitute in Left Eye, Via Natural or Artificial Opening
08W17CZ	Revision of Extraluminal Device in Left Eye, Via Natural or Artificial Opening
08W17DZ	Revision of Intraluminal Device in Left Eye, Via Natural or Artificial Opening
08W17JZ	Revision of Synthetic Substitute in Left Eye, Via Natural or Artificial Opening
08W17KZ	Revision of Nonautologous Tissue Substitute in Left Eye, Via Natural or Artificial Opening
08W180Z	Revision of Drainage Device in Left Eye, Via Natural or Artificial Opening Endoscopic
08W183Z	Revision of Infusion Device in Left Eye, Via Natural or Artificial Opening Endoscopic
08W187Z	Revision of Autologous Tissue Substitute in Left Eye, Via Natural or Artificial Opening Endoscopic
08W18CZ	Revision of Extraluminal Device in Left Eye, Via Natural or Artificial Opening Endoscopic
08W18DZ	Revision of Intraluminal Device in Left Eye, Via Natural or Artificial Opening Endoscopic
08W18JZ	Revision of Synthetic Substitute in Left Eye, Via Natural or Artificial Opening Endoscopic
08W18KZ	Revision of Nonautologous Tissue Substitute in Left Eye, Via Natural or Artificial Opening Endoscopic
08WL00Z	Revision of Drainage Device in Right Extraocular Muscle, Open Approach
08WL07Z	Revision of Autologous Tissue Substitute in Right Extraocular Muscle, Open Approach
08WL0JZ	Revision of Synthetic Substitute in Right Extraocular Muscle, Open Approach
08WL0KZ	Revision of Nonautologous Tissue Substitute in Right Extraocular Muscle, Open Approach
08WL30Z	Revision of Drainage Device in Right Extraocular Muscle, Percutaneous Approach
08WL37Z	Revision of Autologous Tissue Substitute in Right Extraocular Muscle, Percutaneous Approach
08WL3JZ	Revision of Synthetic Substitute in Right Extraocular Muscle, Percutaneous Approach
08WL3KZ	Revision of Nonautologous Tissue Substitute in Right Extraocular Muscle, Percutaneous Approach
08WM00Z	Revision of Drainage Device in Left Extraocular Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
08WM07Z	Revision of Autologous Tissue Substitute in Left Extraocular Muscle, Open Approach
08WM0JZ	Revision of Synthetic Substitute in Left Extraocular Muscle, Open Approach
08WM0KZ	Revision of Nonautologous Tissue Substitute in Left Extraocular Muscle, Open Approach
08WM30Z	Revision of Drainage Device in Left Extraocular Muscle, Percutaneous Approach
08WM37Z	Revision of Autologous Tissue Substitute in Left Extraocular Muscle, Percutaneous Approach
08WM3JZ	Revision of Synthetic Substitute in Left Extraocular Muscle, Percutaneous Approach
08WM3KZ	Revision of Nonautologous Tissue Substitute in Left Extraocular Muscle, Percutaneous Approach
08XL0ZZ	Transfer Right Extraocular Muscle, Open Approach
08XL3ZZ	Transfer Right Extraocular Muscle, Percutaneous Approach
08XM0ZZ	Transfer Left Extraocular Muscle, Open Approach
08XM3ZZ	Transfer Left Extraocular Muscle, Percutaneous Approach
0JBL0ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBL3ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBM0ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBM3ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0KS10ZZ	Reposition Facial Muscle, Open Approach
0N8P0ZZ	Division of Right Orbit, Open Approach
0N8P3ZZ	Division of Right Orbit, Percutaneous Approach
0N8P4ZZ	Division of Right Orbit, Percutaneous Endoscopic Approach
0N8Q0ZZ	Division of Left Orbit, Open Approach
0N8Q3ZZ	Division of Left Orbit, Percutaneous Approach
0N8Q4ZZ	Division of Left Orbit, Percutaneous Endoscopic Approach
0N9P00Z	Drainage of Right Orbit with Drainage Device, Open Approach
0N9P0ZX	Drainage of Right Orbit, Open Approach, Diagnostic
0N9P0ZZ	Drainage of Right Orbit, Open Approach
0N9P30Z	Drainage of Right Orbit with Drainage Device, Percutaneous Approach
0N9P3ZX	Drainage of Right Orbit, Percutaneous Approach, Diagnostic
0N9P40Z	Drainage of Right Orbit with Drainage Device, Percutaneous Endoscopic Approach
0N9P4ZX	Drainage of Right Orbit, Percutaneous Endoscopic Approach, Diagnostic
0N9P4ZZ	Drainage of Right Orbit, Percutaneous Endoscopic Approach
0N9Q00Z	Drainage of Left Orbit with Drainage Device, Open Approach
0N9Q0ZX	Drainage of Left Orbit, Open Approach, Diagnostic
0N9Q0ZZ	Drainage of Left Orbit, Open Approach
0N9Q30Z	Drainage of Left Orbit with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
0N9Q3ZX	Drainage of Left Orbit, Percutaneous Approach, Diagnostic
0N9Q40Z	Drainage of Left Orbit with Drainage Device, Percutaneous Endoscopic Approach
0N9Q4ZX	Drainage of Left Orbit, Percutaneous Endoscopic Approach, Diagnostic
0N9Q4ZZ	Drainage of Left Orbit, Percutaneous Endoscopic Approach
0NBP0ZX	Excision of Right Orbit, Open Approach, Diagnostic
0NBP0ZZ	Excision of Right Orbit, Open Approach
0NBP3ZX	Excision of Right Orbit, Percutaneous Approach, Diagnostic
0NBP3ZZ	Excision of Right Orbit, Percutaneous Approach
0NBP4ZX	Excision of Right Orbit, Percutaneous Endoscopic Approach, Diagnostic
0NBP4ZZ	Excision of Right Orbit, Percutaneous Endoscopic Approach
0NBQ0ZX	Excision of Left Orbit, Open Approach, Diagnostic
0NBQ0ZZ	Excision of Left Orbit, Open Approach
0NBQ3ZX	Excision of Left Orbit, Percutaneous Approach, Diagnostic
0NBQ3ZZ	Excision of Left Orbit, Percutaneous Approach
0NBQ4ZX	Excision of Left Orbit, Percutaneous Endoscopic Approach, Diagnostic
0NBQ4ZZ	Excision of Left Orbit, Percutaneous Endoscopic Approach
0NBR0ZZ	Excision of Right Maxilla, Open Approach
0NPW0JZ	Removal of Synthetic Substitute from Facial Bone, Open Approach
0NPW3JZ	Removal of Synthetic Substitute from Facial Bone, Percutaneous Approach
0NPW4JZ	Removal of Synthetic Substitute from Facial Bone, Percutaneous Endoscopic Approach
0NQP0ZZ	Repair Right Orbit, Open Approach
0NQP3ZZ	Repair Right Orbit, Percutaneous Approach
0NQP4ZZ	Repair Right Orbit, Percutaneous Endoscopic Approach
0NQPXZZ	Repair Right Orbit, External Approach
0NQQ0ZZ	Repair Left Orbit, Open Approach
0NQQ3ZZ	Repair Left Orbit, Percutaneous Approach
0NQQ4ZZ	Repair Left Orbit, Percutaneous Endoscopic Approach
0NQQXZZ	Repair Left Orbit, External Approach
0NRP07Z	Replacement of Right Orbit with Autologous Tissue Substitute, Open Approach
0NRP0JZ	Replacement of Right Orbit with Synthetic Substitute, Open Approach
0NRP37Z	Replacement of Right Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NRP3JZ	Replacement of Right Orbit with Synthetic Substitute, Percutaneous Approach
0NRP47Z	Replacement of Right Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRP4JZ	Replacement of Right Orbit with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRQ07Z	Replacement of Left Orbit with Autologous Tissue Substitute, Open Approach
0NRQ0JZ	Replacement of Left Orbit with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
ICD-10 Code	Description
0NRQ37Z	Replacement of Left Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NRQ3JZ	Replacement of Left Orbit with Synthetic Substitute, Percutaneous Approach
0NRQ47Z	Replacement of Left Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRQ4JZ	Replacement of Left Orbit with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUP0JZ	Supplement Right Orbit with Synthetic Substitute, Open Approach
0NUP3JZ	Supplement Right Orbit with Synthetic Substitute, Percutaneous Approach
0NUP4JZ	Supplement Right Orbit with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUQ0JZ	Supplement Left Orbit with Synthetic Substitute, Open Approach
0NUQ3JZ	Supplement Left Orbit with Synthetic Substitute, Percutaneous Approach
0NUQ4JZ	Supplement Left Orbit with Synthetic Substitute, Percutaneous Endoscopic Approach
3E0C329	Introduction of Other Anti-infective into Eye, Percutaneous Approach
3E0C33Z	Introduction of Anti-inflammatory into Eye, Percutaneous Approach
3E0C3BZ	Introduction of Local Anesthetic into Eye, Percutaneous Approach
3E0C3GC	Introduction of Other Therapeutic Substance into Eye, Percutaneous Approach
3E0C3HZ	Introduction of Radioactive Substance into Eye, Percutaneous Approach
3E0C3KZ	Introduction of Other Diagnostic Substance into Eye, Percutaneous Approach
3E0C3MZ	Introduction of Pigment into Eye, Percutaneous Approach
3E0C3SF	Introduction of Other Gas into Eye, Percutaneous Approach
3E0C3TZ	Introduction of Destructive Agent into Eye, Percutaneous Approach
3E0C729	Introduction of Other Anti-infective into Eye, Via Natural or Artificial Opening
3E0C73Z	Introduction of Anti-inflammatory into Eye, Via Natural or Artificial Opening
3E0C7BZ	Introduction of Local Anesthetic into Eye, Via Natural or Artificial Opening
3E0C7GC	Introduction of Other Therapeutic Substance into Eye, Via Natural or Artificial Opening
3E0C7HZ	Introduction of Radioactive Substance into Eye, Via Natural or Artificial Opening
3E0C7KZ	Introduction of Other Diagnostic Substance into Eye, Via Natural or Artificial Opening
3E0C7MZ	Introduction of Pigment into Eye, Via Natural or Artificial Opening
3E0C7SF	Introduction of Other Gas into Eye, Via Natural or Artificial Opening
3E0C7TZ	Introduction of Destructive Agent into Eye, Via Natural or Artificial Opening
3E0CX29	Introduction of Other Anti-infective into Eye, External Approach
3E0CX3Z	Introduction of Anti-inflammatory into Eye, External Approach
3E0CXBZ	Introduction of Local Anesthetic into Eye, External Approach
3E0CXGC	Introduction of Other Therapeutic Substance into Eye, External Approach
3E0CXHZ	Introduction of Radioactive Substance into Eye, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
ICD-10 Code	Description
3E0CXKZ	Introduction of Other Diagnostic Substance into Eye, External Approach
3E0CMZ	Introduction of Pigment into Eye, External Approach
3E0CSF	Introduction of Other Gas into Eye, External Approach
3E0CTZ	Introduction of Destructive Agent into Eye, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/ or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15758	Free fascial flap with microvascular anastomosis
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses), 15 or more lesions



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	Destruction (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17280	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
20900	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	Bone graft, any donor area; major or large
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
61333	Exploration of orbit (transcranial approach); with removal of lesion
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
65091	Evisceration of ocular contents; without implant
65093	Evisceration of ocular contents; with implant
65101	Enucleation of eye; without implant
65103	Enucleation of eye; with implant, muscles not attached to implant
65105	Enucleation of eye; with implant, muscles attached to implant
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	Reinsertion of ocular implant; with or without conjunctival graft
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	Removal of ocular implant
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
CPT Code	Description
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	Biopsy of cornea
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65767	Epikeratoplasty
65770	Keratoprosthesis
65771	Radial keratotomy
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
65780	Ocular surface reconstruction; amniotic membrane transplantation
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65800	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
CPT Code	Description
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820	Goniotomy
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	Severing adhesions of anterior segment, laser technique (separate procedure)
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900	Removal of epithelial downgrowth, anterior chamber of eye
65920	Removal of implanted material, anterior segment of eye
65930	Removal of blood clot, anterior segment of eye
66020	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	Injection, anterior chamber of eye (separate procedure); medication
66130	Excision of lesion, sclera
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	Revision of aqueous shunt to extraocular reservoir
66225	Repair of scleral staphyloma; with graft
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	Iridotomy by stab incision (separate procedure); except transfixion
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	Repair of iris, ciliary body (as for iridodialysis)
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	Ciliary body destruction; diathermy
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	Ciliary body destruction; cryotherapy
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, one or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66999	Unlisted procedure, anterior segment of eye
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	Discission of vitreous strands (without removal), pars plana approach
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036	Vitrectomy, mechanical, pars plana approach;
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, prematurity), photocoagulation or cryotherapy laser), one or more sessions
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions, cryotherapy, diathermy
67228	Treatment of extensive or progressive retinopathy, one or more sessions; (eg, diabetic retinopathy), photocoagulation
67229	Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
67250	Scleral reinforcement (separate procedure); without graft
67255	Scleral reinforcement (separate procedure); with graft
67299	Unlisted procedure, posterior segment
67311	Strabismus surgery, recession or resection procedure; one horizontal muscle



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
67312	Strabismus surgery, recession or resection procedure; two horizontal muscles
67314	Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316	Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)
67318	Strabismus surgery, any procedure, superior oblique muscle
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	Chemodeneration of extraocular muscle
67346	Biopsy of extraocular muscle
67399	Unlisted procedure, ocular muscle
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415	Fine needle aspiration of orbital contents
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Eye	
CPT Code	Description
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	Retrobulbar injection; alcohol
67515	Injection of medication or other substance into Tenon's capsule
67550	Orbital implant (implant outside muscle cone); insertion
67560	Orbital implant (implant outside muscle cone); removal or revision
67599	Unlisted procedure, orbit
67700	Blepharotomy, drainage of abscess, eyelid
67710	Severing of tarsorrhaphy
67715	Canthotomy (separate procedure)
67800	Excision of chalazion; single
67801	Excision of chalazion; multiple, same lid
67805	Excision of chalazion; multiple, different lids
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	Biopsy of eyelid
67820	Correction of trichiasis; epilation, by forceps only
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	Correction of trichiasis; incision of lid margin
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	Destruction of lesion of lid margin (up to 1 cm)
67875	Temporary closure of eyelids by suture (eg, Frost suture)
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	Removal of embedded foreign body, eyelid
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to 1/4 of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over 1/4 of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to 2/3 of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999	Unlisted procedure, eyelids
68020	Incision of conjunctiva, drainage of cyst
68040	Expression of conjunctival follicles (eg, for trachoma)
68100	Biopsy of conjunctiva
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision of lesion, conjunctiva; over 1 cm
68130	Excision of lesion, conjunctiva; with adjacent sclera
68135	Destruction of lesion, conjunctiva
68200	Subconjunctival injection
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	Repair of symblepharon; conjunctivoplasty, without graft
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	Conjunctival flap; bridge or partial (separate procedure)
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	Harvesting conjunctival allograft, living donor
68399	Unlisted procedure, conjunctiva
68400	Incision, drainage of lacrimal gland
68440	Snip incision of lacrimal punctum
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	Biopsy of lacrimal gland
68520	Excision of lacrimal sac (dacryocystectomy)
68525	Biopsy of lacrimal sac
68530	Removal of foreign body or dacryolith, lacrimal passages
68540	Excision of lacrimal gland tumor; frontal approach
68550	Excision of lacrimal gland tumor; involving osteotomy
68700	Plastic repair of canaliculi
68705	Correction of everted punctum, cautery
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	Closure of the lacrimal punctum; by plug, each
68770	Closure of lacrimal fistula (separate procedure)
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, with or without irrigation;
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	Probing of lacrimal canaliculi, with or without irrigation
68850	Injection of contrast medium for dacryocystography



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Eye	
CPT Code	Description
68899	Unlisted procedure, lacrimal system
92020	Gonioscopy (separate procedure)
92260	Ophthalmodynamometry
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
015P0ZZ	Destruction of Sacral Sympathetic Nerve, Open Approach
015P3ZZ	Destruction of Sacral Sympathetic Nerve, Percutaneous Approach
015P4ZZ	Destruction of Sacral Sympathetic Nerve, Percutaneous Endoscopic Approach
0H59XZZ	Destruction of Perineum Skin, External Approach
0H89XZZ	Division of Perineum Skin, External Approach
0H99X0Z	Drainage of Perineum Skin with Drainage Device, External Approach
0H99XZZ	Drainage of Perineum Skin, External Approach
0HB9XZZ	Excision of Perineum Skin, External Approach
0HM9XZZ	Reattachment of Perineum Skin, External Approach
0HQ9XZZ	Repair Perineum Skin, External Approach
0HR9X73	Replacement of Perineum Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR9X74	Replacement of Perineum Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR9XJ3	Replacement of Perineum Skin with Synthetic Substitute, Full Thickness, External Approach
0HR9XJ4	Replacement of Perineum Skin with Synthetic Substitute, Partial Thickness, External Approach
0HR9XJZ	Replacement of Perineum Skin with Synthetic Substitute, External Approach
0HR9XK3	Replacement of Perineum Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR9XK4	Replacement of Perineum Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HX9XZZ	Transfer Perineum Skin, External Approach
0JQC0ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JUC07Z	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JUC0JZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JUC0KZ	Supplement of Pelvic Region Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0U15075	Bypass Right Fallopian Tube to Right Fallopian Tube with Autologous Tissue Substitute, Open Approach
0U15076	Bypass Right Fallopian Tube to Left Fallopian Tube with Autologous Tissue Substitute, Open Approach
0U15079	Bypass Right Fallopian Tube to Uterus with Autologous Tissue Substitute, Open Approach
0U150J5	Bypass Right Fallopian Tube to Right Fallopian Tube with Synthetic Substitute, Open Approach
0U150J6	Bypass Right Fallopian Tube to Left Fallopian Tube with Synthetic Substitute, Open Approach
0U150J9	Bypass Right Fallopian Tube to Uterus with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0U150K5	Bypass Right Fallopian Tube to Right Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0U150K6	Bypass Right Fallopian Tube to Left Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0U150K9	Bypass Right Fallopian Tube to Uterus with Nonautologous Tissue Substitute, Open Approach
0U150Z5	Bypass Right Fallopian Tube to Right Fallopian Tube, Open Approach
0U150Z6	Bypass Right Fallopian Tube to Left Fallopian Tube, Open Approach
0U150Z9	Bypass Right Fallopian Tube to Uterus, Open Approach
0U16075	Bypass Left Fallopian Tube to Right Fallopian Tube with Autologous Tissue Substitute, Open Approach
0U16076	Bypass Left Fallopian Tube to Left Fallopian Tube with Autologous Tissue Substitute, Open Approach
0U16079	Bypass Left Fallopian Tube to Uterus with Autologous Tissue Substitute, Open Approach
0U160J5	Bypass Left Fallopian Tube to Right Fallopian Tube with Synthetic Substitute, Open Approach
0U160J6	Bypass Left Fallopian Tube to Left Fallopian Tube with Synthetic Substitute, Open Approach
0U160J9	Bypass Left Fallopian Tube to Uterus with Synthetic Substitute, Open Approach
0U160K5	Bypass Left Fallopian Tube to Right Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0U160K6	Bypass Left Fallopian Tube to Left Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0U160K9	Bypass Left Fallopian Tube to Uterus with Nonautologous Tissue Substitute, Open Approach
0U160Z5	Bypass Left Fallopian Tube to Right Fallopian Tube, Open Approach
0U160Z6	Bypass Left Fallopian Tube to Left Fallopian Tube, Open Approach
0U160Z9	Bypass Left Fallopian Tube to Uterus, Open Approach
0U500ZZ	Destruction of Right Ovary, Open Approach
0U510ZZ	Destruction of Left Ovary, Open Approach
0U520ZZ	Destruction of Bilateral Ovaries, Open Approach
0U550ZZ	Destruction of Right Fallopian Tube, Open Approach
0U554ZZ	Destruction of Right Fallopian Tube, Percutaneous Endoscopic Approach
0U557ZZ	Destruction of Right Fallopian Tube, Via Natural or Artificial Opening
0U560ZZ	Destruction of Left Fallopian Tube, Open Approach
0U567ZZ	Destruction of Left Fallopian Tube, Via Natural or Artificial Opening
0U570ZZ	Destruction of Bilateral Fallopian Tubes, Open Approach
0U574ZZ	Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0U577ZZ	Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0U578ZZ	Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
0U594ZZ	Destruction of Uterus, Percutaneous Endoscopic Approach
0U5B0ZZ	Destruction of Endometrium, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0U5B7ZZ	Destruction of Endometrium, Via Natural or Artificial Opening
0U5B8ZZ	Destruction of Endometrium, Via Natural or Artificial Opening Endoscopic
0U5C7ZZ	Destruction of Cervix, Via Natural or Artificial Opening
0U5C8ZZ	Destruction of Cervix, Via Natural or Artificial Opening Endoscopic
0U5F8ZZ	Destruction of Cul-de-sac, Via Natural or Artificial Opening Endoscopic
0U5G7ZZ	Destruction of Vagina, Via Natural or Artificial Opening
0U5G8ZZ	Destruction of Vagina, Via Natural or Artificial Opening Endoscopic
0U5GXZZ	Destruction of Vagina, External Approach
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U5K7ZZ	Destruction of Hymen, Via Natural or Artificial Opening
0U5KXZZ	Destruction of Hymen, External Approach
0U5LXZZ	Destruction of Vestibular Gland, External Approach
0U5MXZZ	Destruction of Vulva, External Approach
0U757DZ	Dilation of Right Fallopian Tube with Intraluminal Device, Via Natural or Artificial Opening
0U757ZZ	Dilation of Right Fallopian Tube, Via Natural or Artificial Opening
0U767DZ	Dilation of Left Fallopian Tube with Intraluminal Device, Via Natural or Artificial Opening
0U767ZZ	Dilation of Left Fallopian Tube, Via Natural or Artificial Opening
0U777DZ	Dilation of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening
0U777ZZ	Dilation of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0U7C7DZ	Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening
0U7C7ZZ	Dilation of Cervix, Via Natural or Artificial Opening
0U800ZZ	Division of Right Ovary, Open Approach
0U804ZZ	Division of Right Ovary, Percutaneous Endoscopic Approach
0U810ZZ	Division of Left Ovary, Open Approach
0U814ZZ	Division of Left Ovary, Percutaneous Endoscopic Approach
0U820ZZ	Division of Bilateral Ovaries, Open Approach
0U824ZZ	Division of Bilateral Ovaries, Percutaneous Endoscopic Approach
0U840ZZ	Division of Uterine Supporting Structure, Open Approach
0U8K7ZZ	Division of Hymen, Via Natural or Artificial Opening
0U8KXZZ	Division of Hymen, External Approach
0U9000Z	Drainage of Right Ovary with Drainage Device, Open Approach
0U900ZZ	Drainage of Right Ovary, Open Approach
0U9030Z	Drainage of Right Ovary with Drainage Device, Percutaneous Approach
0U903ZX	Drainage of Right Ovary, Percutaneous Approach, Diagnostic
0U9040Z	Drainage of Right Ovary with Drainage Device, Percutaneous Endoscopic Approach
0U904ZZ	Drainage of Right Ovary, Percutaneous Endoscopic Approach
0U90XZZ	Drainage of Right Ovary, External Approach
0U9100Z	Drainage of Left Ovary with Drainage Device, Open Approach
0U910ZZ	Drainage of Left Ovary, Open Approach
0U9130Z	Drainage of Left Ovary with Drainage Device, Percutaneous Approach
0U913ZX	Drainage of Left Ovary, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0U9140Z	Drainage of Left Ovary with Drainage Device, Percutaneous Endoscopic Approach
0U914ZZ	Drainage of Left Ovary, Percutaneous Endoscopic Approach
0U91XZZ	Drainage of Left Ovary, External Approach
0U9200Z	Drainage of Bilateral Ovaries with Drainage Device, Open Approach
0U920ZZ	Drainage of Bilateral Ovaries, Open Approach
0U9230Z	Drainage of Bilateral Ovaries with Drainage Device, Percutaneous Approach
0U923ZX	Drainage of Bilateral Ovaries, Percutaneous Approach, Diagnostic
0U9240Z	Drainage of Bilateral Ovaries with Drainage Device, Percutaneous Endoscopic Approach
0U924ZZ	Drainage of Bilateral Ovaries, Percutaneous Endoscopic Approach
0U92XZZ	Drainage of Bilateral Ovaries, External Approach
0U9400Z	Drainage of Uterine Supporting Structure with Drainage Device, Open Approach
0U940ZX	Drainage of Uterine Supporting Structure, Open Approach, Diagnostic
0U940ZZ	Drainage of Uterine Supporting Structure, Open Approach
0U9500Z	Drainage of Right Fallopian Tube with Drainage Device, Open Approach
0U950ZX	Drainage of Right Fallopian Tube, Open Approach, Diagnostic
0U950ZZ	Drainage of Right Fallopian Tube, Open Approach
0U953ZX	Drainage of Right Fallopian Tube, Percutaneous Approach, Diagnostic
0U9540Z	Drainage of Right Fallopian Tube with Drainage Device, Percutaneous Endoscopic Approach
0U954ZX	Drainage of Right Fallopian Tube, Percutaneous Endoscopic Approach, Diagnostic
0U954ZZ	Drainage of Right Fallopian Tube, Percutaneous Endoscopic Approach
0U9570Z	Drainage of Right Fallopian Tube with Drainage Device, Via Natural or Artificial Opening
0U957ZX	Drainage of Right Fallopian Tube, Via Natural or Artificial Opening, Diagnostic
0U958ZX	Drainage of Right Fallopian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
0U9600Z	Drainage of Left Fallopian Tube with Drainage Device, Open Approach
0U960ZX	Drainage of Left Fallopian Tube, Open Approach, Diagnostic
0U960ZZ	Drainage of Left Fallopian Tube, Open Approach
0U963ZX	Drainage of Left Fallopian Tube, Percutaneous Approach, Diagnostic
0U9640Z	Drainage of Left Fallopian Tube with Drainage Device, Percutaneous Endoscopic Approach
0U964ZX	Drainage of Left Fallopian Tube, Percutaneous Endoscopic Approach, Diagnostic
0U964ZZ	Drainage of Left Fallopian Tube, Percutaneous Endoscopic Approach
0U9670Z	Drainage of Left Fallopian Tube with Drainage Device, Via Natural or Artificial Opening
0U967ZX	Drainage of Left Fallopian Tube, Via Natural or Artificial Opening, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0U968ZX	Drainage of Left Fallopian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
0U9700Z	Drainage of Bilateral Fallopian Tubes with Drainage Device, Open Approach
0U970ZX	Drainage of Bilateral Fallopian Tubes, Open Approach, Diagnostic
0U970ZZ	Drainage of Bilateral Fallopian Tubes, Open Approach
0U973ZX	Drainage of Bilateral Fallopian Tubes, Percutaneous Approach, Diagnostic
0U9740Z	Drainage of Bilateral Fallopian Tubes with Drainage Device, Percutaneous Endoscopic Approach
0U974ZX	Drainage of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach, Diagnostic
0U974ZZ	Drainage of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0U9770Z	Drainage of Bilateral Fallopian Tubes with Drainage Device, Via Natural or Artificial Opening
0U977ZX	Drainage of Bilateral Fallopian Tubes, Via Natural or Artificial Opening, Diagnostic
0U978ZX	Drainage of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic, Diagnostic
0U9C00Z	Drainage of Cervix with Drainage Device, Open Approach
0U9C0ZZ	Drainage of Cervix, Open Approach
0U9C30Z	Drainage of Cervix with Drainage Device, Percutaneous Approach
0U9C3ZZ	Drainage of Cervix, Percutaneous Approach
0U9C40Z	Drainage of Cervix with Drainage Device, Percutaneous Endoscopic Approach
0U9C4ZZ	Drainage of Cervix, Percutaneous Endoscopic Approach
0U9C70Z	Drainage of Cervix with Drainage Device, Via Natural or Artificial Opening
0U9C7ZZ	Drainage of Cervix, Via Natural or Artificial Opening
0U9C80Z	Drainage of Cervix with Drainage Device, Via Natural or Artificial Opening Endoscopic
0U9C8ZZ	Drainage of Cervix, Via Natural or Artificial Opening Endoscopic
0U9F30Z	Drainage of Cul-de-sac with Drainage Device, Percutaneous Approach
0U9F3ZZ	Drainage of Cul-de-sac, Percutaneous Approach
0U9F70Z	Drainage of Cul-de-sac with Drainage Device, Via Natural or Artificial Opening
0U9F7ZZ	Drainage of Cul-de-sac, Via Natural or Artificial Opening
0U9G70Z	Drainage of Vagina with Drainage Device, Via Natural or Artificial Opening
0U9G7ZZ	Drainage of Vagina, Via Natural or Artificial Opening
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0U9K70Z	Drainage of Hymen with Drainage Device, Via Natural or Artificial Opening
0U9K7ZZ	Drainage of Hymen, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0U9KX0Z	Drainage of Hymen with Drainage Device, External Approach
0U9KXZZ	Drainage of Hymen, External Approach
0U9LX0Z	Drainage of Vestibular Gland with Drainage Device, External Approach
0U9LXZX	Drainage of Vestibular Gland, External Approach, Diagnostic
0U9LXZZ	Drainage of Vestibular Gland, External Approach
0U9MX0Z	Drainage of Vulva with Drainage Device, External Approach
0U9MXZZ	Drainage of Vulva, External Approach
0UB00ZX	Excision of Right Ovary, Open Approach, Diagnostic
0UB00ZZ	Excision of Right Ovary, Open Approach
0UB03ZX	Excision of Right Ovary, Percutaneous Approach, Diagnostic
0UB07ZX	Excision of Right Ovary, Via Natural or Artificial Opening, Diagnostic
0UB07ZZ	Excision of Right Ovary, Via Natural or Artificial Opening
0UB10ZX	Excision of Left Ovary, Open Approach, Diagnostic
0UB10ZZ	Excision of Left Ovary, Open Approach
0UB13ZX	Excision of Left Ovary, Percutaneous Approach, Diagnostic
0UB17ZX	Excision of Left Ovary, Via Natural or Artificial Opening, Diagnostic
0UB17ZZ	Excision of Left Ovary, Via Natural or Artificial Opening
0UB20ZX	Excision of Bilateral Ovaries, Open Approach, Diagnostic
0UB20ZZ	Excision of Bilateral Ovaries, Open Approach
0UB23ZX	Excision of Bilateral Ovaries, Percutaneous Approach, Diagnostic
0UB27ZX	Excision of Bilateral Ovaries, Via Natural or Artificial Opening, Diagnostic
0UB40ZX	Excision of Uterine Supporting Structure, Open Approach, Diagnostic
0UB44ZX	Excision of Uterine Supporting Structure, Percutaneous Endoscopic Approach, Diagnostic
0UB48ZX	Excision of Uterine Supporting Structure, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB50ZX	Excision of Right Fallopian Tube, Open Approach, Diagnostic
0UB50ZZ	Excision of Right Fallopian Tube, Open Approach
0UB53ZX	Excision of Right Fallopian Tube, Percutaneous Approach, Diagnostic
0UB54ZX	Excision of Right Fallopian Tube, Percutaneous Endoscopic Approach, Diagnostic
0UB54ZZ	Excision of Right Fallopian Tube, Percutaneous Endoscopic Approach
0UB57ZX	Excision of Right Fallopian Tube, Via Natural or Artificial Opening, Diagnostic
0UB57ZZ	Excision of Right Fallopian Tube, Via Natural or Artificial Opening
0UB58ZX	Excision of Right Fallopian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB60ZX	Excision of Left Fallopian Tube, Open Approach, Diagnostic
0UB63ZX	Excision of Left Fallopian Tube, Percutaneous Approach, Diagnostic
0UB64ZX	Excision of Left Fallopian Tube, Percutaneous Endoscopic Approach, Diagnostic
0UB64ZZ	Excision of Left Fallopian Tube, Percutaneous Endoscopic Approach
0UB67ZX	Excision of Left Fallopian Tube, Via Natural or Artificial Opening, Diagnostic
0UB67ZZ	Excision of Left Fallopian Tube, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UB68ZX	Excision of Left Fallopian Tube, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB70ZX	Excision of Bilateral Fallopian Tubes, Open Approach, Diagnostic
0UB73ZX	Excision of Bilateral Fallopian Tubes, Percutaneous Approach, Diagnostic
0UB74ZX	Excision of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach, Diagnostic
0UB74ZZ	Excision of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UB77ZX	Excision of Bilateral Fallopian Tubes, Via Natural or Artificial Opening, Diagnostic
0UB77ZZ	Excision of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UB78ZX	Excision of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB94ZZ	Excision of Uterus, Percutaneous Endoscopic Approach
0UB97ZX	Excision of Uterus, Via Natural or Artificial Opening, Diagnostic
0UB98ZX	Excision of Uterus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UB98ZZ	Excision of Uterus, Via Natural or Artificial Opening Endoscopic
0UBC0ZX	Excision of Cervix, Open Approach, Diagnostic
0UBC7ZX	Excision of Cervix, Via Natural or Artificial Opening, Diagnostic
0UBC7ZZ	Excision of Cervix, Via Natural or Artificial Opening
0UBC8ZX	Excision of Cervix, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UBF0ZX	Excision of Cul-de-sac, Open Approach, Diagnostic
0UBF8ZX	Excision of Cul-de-sac, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UBF8ZZ	Excision of Cul-de-sac, Via Natural or Artificial Opening Endoscopic
0UBG7ZZ	Excision of Vagina, Via Natural or Artificial Opening
0UBG8ZX	Excision of Vagina, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UBG8ZZ	Excision of Vagina, Via Natural or Artificial Opening Endoscopic
0UBGXZX	Excision of Vagina, External Approach, Diagnostic
0UBGXZZ	Excision of Vagina, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach
0UBK7ZZ	Excision of Hymen, Via Natural or Artificial Opening
0UBKXZZ	Excision of Hymen, External Approach
0UBL0ZX	Excision of Vestibular Gland, Open Approach, Diagnostic
0UBLXZX	Excision of Vestibular Gland, External Approach, Diagnostic
0UBLXZZ	Excision of Vestibular Gland, External Approach
0UBMXZX	Excision of Vulva, External Approach, Diagnostic
0UBMXZZ	Excision of Vulva, External Approach
0UC00ZZ	Extirpation of Matter from Right Ovary, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UC04ZZ	Extirpation of Matter from Right Ovary, Percutaneous Endoscopic Approach
0UC10ZZ	Extirpation of Matter from Left Ovary, Open Approach
0UC14ZZ	Extirpation of Matter from Left Ovary, Percutaneous Endoscopic Approach
0UC20ZZ	Extirpation of Matter from Bilateral Ovaries, Open Approach
0UC24ZZ	Extirpation of Matter from Bilateral Ovaries, Percutaneous Endoscopic Approach
0UC40ZZ	Extirpation of Matter from Uterine Supporting Structure, Open Approach
0UC50ZZ	Extirpation of Matter from Right Fallopian Tube, Open Approach
0UC53ZZ	Extirpation of Matter from Right Fallopian Tube, Percutaneous Approach
0UC54ZZ	Extirpation of Matter from Right Fallopian Tube, Percutaneous Endoscopic Approach
0UC57ZZ	Extirpation of Matter from Right Fallopian Tube, Via Natural or Artificial Opening
0UC58ZZ	Extirpation of Matter from Right Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UC60ZZ	Extirpation of Matter from Left Fallopian Tube, Open Approach
0UC63ZZ	Extirpation of Matter from Left Fallopian Tube, Percutaneous Approach
0UC64ZZ	Extirpation of Matter from Left Fallopian Tube, Percutaneous Endoscopic Approach
0UC67ZZ	Extirpation of Matter from Left Fallopian Tube, Via Natural or Artificial Opening
0UC68ZZ	Extirpation of Matter from Left Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UC70ZZ	Extirpation of Matter from Bilateral Fallopian Tubes, Open Approach
0UC73ZZ	Extirpation of Matter from Bilateral Fallopian Tubes, Percutaneous Approach
0UC74ZZ	Extirpation of Matter from Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UC77ZZ	Extirpation of Matter from Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UC78ZZ	Extirpation of Matter from Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
0UCC0ZZ	Extirpation of Matter from Cervix, Open Approach
0UCC3ZZ	Extirpation of Matter from Cervix, Percutaneous Approach
0UCC4ZZ	Extirpation of Matter from Cervix, Percutaneous Endoscopic Approach
0UCC7ZZ	Extirpation of Matter from Cervix, Via Natural or Artificial Opening
0UCC8ZZ	Extirpation of Matter from Cervix, Via Natural or Artificial Opening Endoscopic
0UCF7ZZ	Extirpation of Matter from Cul-de-sac, Via Natural or Artificial Opening
0UCG7ZZ	Extirpation of Matter from Vagina, Via Natural or Artificial Opening
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UCK7ZZ	Extirpation of Matter from Hymen, Via Natural or Artificial Opening
0UCKXZZ	Extirpation of Matter from Hymen, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UCLXZZ	Extirpation of Matter from Vestibular Gland, External Approach
0UCMXZZ	Extirpation of Matter from Vulva, External Approach
0UDB7ZX	Extraction of Endometrium, Via Natural or Artificial Opening, Diagnostic
0UDB7ZZ	Extraction of Endometrium, Via Natural or Artificial Opening
0UDB8ZX	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic, Diagnostic
0UDB8ZZ	Extraction of Endometrium, Via Natural or Artificial Opening Endoscopic
0UF50ZZ	Fragmentation in Right Fallopian Tube, Open Approach
0UF54ZZ	Fragmentation in Right Fallopian Tube, Percutaneous Endoscopic Approach
0UF57ZZ	Fragmentation in Right Fallopian Tube, Via Natural or Artificial Opening
0UF60ZZ	Fragmentation in Left Fallopian Tube, Open Approach
0UF64ZZ	Fragmentation in Left Fallopian Tube, Percutaneous Endoscopic Approach
0UF67ZZ	Fragmentation in Left Fallopian Tube, Via Natural or Artificial Opening
0UF70ZZ	Fragmentation in Bilateral Fallopian Tubes, Open Approach
0UF74ZZ	Fragmentation in Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UF77ZZ	Fragmentation in Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UH97HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening
0UHC7HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening
0UHD03Z	Insertion of Infusion Device into Uterus and Cervix, Open Approach
0UHD33Z	Insertion of Infusion Device into Uterus and Cervix, Percutaneous Approach
0UHD43Z	Insertion of Infusion Device into Uterus and Cervix, Percutaneous Endoscopic Approach
0UHD73Z	Insertion of Infusion Device into Uterus and Cervix, Via Natural or Artificial Opening
0UHD83Z	Insertion of Infusion Device into Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UHH73Z	Insertion of Infusion Device into Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UJ30ZZ	Inspection of Ovary, Open Approach
0UJ33ZZ	Inspection of Ovary, Percutaneous Approach
0UJ80ZZ	Inspection of Fallopian Tube, Open Approach
0UJ83ZZ	Inspection of Fallopian Tube, Percutaneous Approach
0UJ84ZZ	Inspection of Fallopian Tube, Percutaneous Endoscopic Approach
0UJ87ZZ	Inspection of Fallopian Tube, Via Natural or Artificial Opening
0UJ88ZZ	Inspection of Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UJD0ZZ	Inspection of Uterus and Cervix, Open Approach
0UJD3ZZ	Inspection of Uterus and Cervix, Percutaneous Approach
0UJD4ZZ	Inspection of Uterus and Cervix, Percutaneous Endoscopic Approach
0UJD7ZZ	Inspection of Uterus and Cervix, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UJD8ZZ	Inspection of Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UJH7ZZ	Inspection of Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UJH8ZZ	Inspection of Vagina and Cul-de-sac, Via Natural or Artificial Opening Endoscopic
0UL50CZ	Occlusion of Right Fallopian Tube with Extraluminal Device, Open Approach
0UL50DZ	Occlusion of Right Fallopian Tube with Intraluminal Device, Open Approach
0UL50ZZ	Occlusion of Right Fallopian Tube, Open Approach
0UL53ZZ	Occlusion of Right Fallopian Tube, Percutaneous Approach
0UL54ZZ	Occlusion of Right Fallopian Tube, Percutaneous Endoscopic Approach
0UL57DZ	Occlusion of Right Fallopian Tube with Intraluminal Device, Via Natural or Artificial Opening
0UL57ZZ	Occlusion of Right Fallopian Tube, Via Natural or Artificial Opening
0UL60CZ	Occlusion of Left Fallopian Tube with Extraluminal Device, Open Approach
0UL60DZ	Occlusion of Left Fallopian Tube with Intraluminal Device, Open Approach
0UL60ZZ	Occlusion of Left Fallopian Tube, Open Approach
0UL63ZZ	Occlusion of Left Fallopian Tube, Percutaneous Approach
0UL64ZZ	Occlusion of Left Fallopian Tube, Percutaneous Endoscopic Approach
0UL67DZ	Occlusion of Left Fallopian Tube with Intraluminal Device, Via Natural or Artificial Opening
0UL67ZZ	Occlusion of Left Fallopian Tube, Via Natural or Artificial Opening
0UL70CZ	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Open Approach
0UL70DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Open Approach
0UL70ZZ	Occlusion of Bilateral Fallopian Tubes, Open Approach
0UL73ZZ	Occlusion of Bilateral Fallopian Tubes, Percutaneous Approach
0UL74CZ	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Endoscopic Approach
0UL74DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Endoscopic Approach
0UL74ZZ	Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UL77DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening
0UL77ZZ	Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UL78DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0UL78ZZ	Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
0ULF7DZ	Occlusion of Cul-de-sac with Intraluminal Device, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0ULF7ZZ	Occlusion of Cul-de-sac, Via Natural or Artificial Opening
0UM50ZZ	Reattachment of Right Fallopian Tube, Open Approach
0UM54ZZ	Reattachment of Right Fallopian Tube, Percutaneous Endoscopic Approach
0UM60ZZ	Reattachment of Left Fallopian Tube, Open Approach
0UM64ZZ	Reattachment of Left Fallopian Tube, Percutaneous Endoscopic Approach
0UM70ZZ	Reattachment of Bilateral Fallopian Tubes, Open Approach
0UM74ZZ	Reattachment of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UMF0ZZ	Reattachment of Cul-de-sac, Open Approach
0UMG0ZZ	Reattachment of Vagina, Open Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UMKXZZ	Reattachment of Hymen, External Approach
0UMMXZZ	Reattachment of Vulva, External Approach
0UN90ZZ	Release Uterus, Open Approach
0UN98ZZ	Release Uterus, Via Natural or Artificial Opening Endoscopic
0UNF0ZZ	Release Cul-de-sac, Open Approach
0UNF7ZZ	Release Cul-de-sac, Via Natural or Artificial Opening
0UNG0ZZ	Release Vagina, Open Approach
0UNG4ZZ	Release Vagina, Percutaneous Endoscopic Approach
0UNG8ZZ	Release Vagina, Via Natural or Artificial Opening Endoscopic
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UNK7ZZ	Release Hymen, Via Natural or Artificial Opening
0UNKXZZ	Release Hymen, External Approach
0UNL0ZZ	Release Vestibular Gland, Open Approach
0UNLXZZ	Release Vestibular Gland, External Approach
0UNMXZZ	Release Vulva, External Approach
0UP300Z	Removal of Drainage Device from Ovary, Open Approach
0UP303Z	Removal of Infusion Device from Ovary, Open Approach
0UP340Z	Removal of Drainage Device from Ovary, Percutaneous Endoscopic Approach
0UP343Z	Removal of Infusion Device from Ovary, Percutaneous Endoscopic Approach
0UP800Z	Removal of Drainage Device from Fallopian Tube, Open Approach
0UP803Z	Removal of Infusion Device from Fallopian Tube, Open Approach
0UP807Z	Removal of Autologous Tissue Substitute from Fallopian Tube, Open Approach
0UP80CZ	Removal of Extraluminal Device from Fallopian Tube, Open Approach
0UP80DZ	Removal of Intraluminal Device from Fallopian Tube, Open Approach
0UP80JZ	Removal of Synthetic Substitute from Fallopian Tube, Open Approach
0UP80KZ	Removal of Nonautologous Tissue Substitute from Fallopian Tube, Open Approach
0UP830Z	Removal of Drainage Device from Fallopian Tube, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UP833Z	Removal of Infusion Device from Fallopian Tube, Percutaneous Approach
0UP837Z	Removal of Autologous Tissue Substitute from Fallopian Tube, Percutaneous Approach
0UP83CZ	Removal of Extraluminal Device from Fallopian Tube, Percutaneous Approach
0UP83DZ	Removal of Intraluminal Device from Fallopian Tube, Percutaneous Approach
0UP83JZ	Removal of Synthetic Substitute from Fallopian Tube, Percutaneous Approach
0UP83KZ	Removal of Nonautologous Tissue Substitute from Fallopian Tube, Percutaneous Approach
0UP840Z	Removal of Drainage Device from Fallopian Tube, Percutaneous Endoscopic Approach
0UP843Z	Removal of Infusion Device from Fallopian Tube, Percutaneous Endoscopic Approach
0UP847Z	Removal of Autologous Tissue Substitute from Fallopian Tube, Percutaneous Endoscopic Approach
0UP84CZ	Removal of Extraluminal Device from Fallopian Tube, Percutaneous Endoscopic Approach
0UP84DZ	Removal of Intraluminal Device from Fallopian Tube, Percutaneous Endoscopic Approach
0UP84JZ	Removal of Synthetic Substitute from Fallopian Tube, Percutaneous Endoscopic Approach
0UP84KZ	Removal of Nonautologous Tissue Substitute from Fallopian Tube, Percutaneous Endoscopic Approach
0UP870Z	Removal of Drainage Device from Fallopian Tube, Via Natural or Artificial Opening
0UP873Z	Removal of Infusion Device from Fallopian Tube, Via Natural or Artificial Opening
0UP877Z	Removal of Autologous Tissue Substitute from Fallopian Tube, Via Natural or Artificial Opening
0UP87CZ	Removal of Extraluminal Device from Fallopian Tube, Via Natural or Artificial Opening
0UP87DZ	Removal of Intraluminal Device from Fallopian Tube, Via Natural or Artificial Opening
0UP87JZ	Removal of Synthetic Substitute from Fallopian Tube, Via Natural or Artificial Opening
0UP87KZ	Removal of Nonautologous Tissue Substitute from Fallopian Tube, Via Natural or Artificial Opening
0UP880Z	Removal of Drainage Device from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UP883Z	Removal of Infusion Device from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UP887Z	Removal of Autologous Tissue Substitute from Fallopian Tube, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UP88CZ	Removal of Extraluminal Device from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UP88DZ	Removal of Intraluminal Device from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UP88JZ	Removal of Synthetic Substitute from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UP88KZ	Removal of Nonautologous Tissue Substitute from Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UPD00Z	Removal of Drainage Device from Uterus and Cervix, Open Approach
0UPD01Z	Removal of Radioactive Element from Uterus and Cervix, Open Approach
0UPD03Z	Removal of Infusion Device from Uterus and Cervix, Open Approach
0UPD07Z	Removal of Autologous Tissue Substitute from Uterus and Cervix, Open Approach
0UPD0CZ	Removal of Extraluminal Device from Uterus and Cervix, Open Approach
0UPD0DZ	Removal of Intraluminal Device from Uterus and Cervix, Open Approach
0UPD0HZ	Removal of Contraceptive Device from Uterus and Cervix, Open Approach
0UPD0JZ	Removal of Synthetic Substitute from Uterus and Cervix, Open Approach
0UPD0KZ	Removal of Nonautologous Tissue Substitute from Uterus and Cervix, Open Approach
0UPD30Z	Removal of Drainage Device from Uterus and Cervix, Percutaneous Approach
0UPD31Z	Removal of Radioactive Element from Uterus and Cervix, Percutaneous Approach
0UPD33Z	Removal of Infusion Device from Uterus and Cervix, Percutaneous Approach
0UPD37Z	Removal of Autologous Tissue Substitute from Uterus and Cervix, Percutaneous Approach
0UPD3DZ	Removal of Intraluminal Device from Uterus and Cervix, Percutaneous Approach
0UPD3HZ	Removal of Contraceptive Device from Uterus and Cervix, Percutaneous Approach
0UPD3JZ	Removal of Synthetic Substitute from Uterus and Cervix, Percutaneous Approach
0UPD3KZ	Removal of Nonautologous Tissue Substitute from Uterus and Cervix, Percutaneous Approach
0UPD40Z	Removal of Drainage Device from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD41Z	Removal of Radioactive Element from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD43Z	Removal of Infusion Device from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD47Z	Removal of Autologous Tissue Substitute from Uterus and Cervix, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UPD4DZ	Removal of Intraluminal Device from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD4HZ	Removal of Contraceptive Device from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD4JZ	Removal of Synthetic Substitute from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD4KZ	Removal of Nonautologous Tissue Substitute from Uterus and Cervix, Percutaneous Endoscopic Approach
0UPD70Z	Removal of Drainage Device from Uterus and Cervix, Via Natural or Artificial Opening
0UPD71Z	Removal of Radioactive Element from Uterus and Cervix, Via Natural or Artificial Opening
0UPD73Z	Removal of Infusion Device from Uterus and Cervix, Via Natural or Artificial Opening
0UPD77Z	Removal of Autologous Tissue Substitute from Uterus and Cervix, Via Natural or Artificial Opening
0UPD7CZ	Removal of Extraluminal Device from Uterus and Cervix, Via Natural or Artificial Opening
0UPD7DZ	Removal of Intraluminal Device from Uterus and Cervix, Via Natural or Artificial Opening
0UPD7JZ	Removal of Synthetic Substitute from Uterus and Cervix, Via Natural or Artificial Opening
0UPD7KZ	Removal of Nonautologous Tissue Substitute from Uterus and Cervix, Via Natural or Artificial Opening
0UPD80Z	Removal of Drainage Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD81Z	Removal of Radioactive Element from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD83Z	Removal of Infusion Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD87Z	Removal of Autologous Tissue Substitute from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD8DZ	Removal of Intraluminal Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD8JZ	Removal of Synthetic Substitute from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPD8KZ	Removal of Nonautologous Tissue Substitute from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UPH70Z	Removal of Drainage Device from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UPH71Z	Removal of Radioactive Element from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UPH73Z	Removal of Infusion Device from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UPH77Z	Removal of Autologous Tissue Substitute from Vagina and Cul-de-sac, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UPH7DZ	Removal of Intraluminal Device from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UPH7JZ	Removal of Synthetic Substitute from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UPH7KZ	Removal of Nonautologous Tissue Substitute from Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UQ00ZZ	Repair Right Ovary, Open Approach
0UQ03ZZ	Repair Right Ovary, Percutaneous Approach
0UQ10ZZ	Repair Left Ovary, Open Approach
0UQ13ZZ	Repair Left Ovary, Percutaneous Approach
0UQ20ZZ	Repair Bilateral Ovaries, Open Approach
0UQ23ZZ	Repair Bilateral Ovaries, Percutaneous Approach
0UQ40ZZ	Repair Uterine Supporting Structure, Open Approach
0UQ50ZZ	Repair Right Fallopian Tube, Open Approach
0UQ53ZZ	Repair Right Fallopian Tube, Percutaneous Approach
0UQ54ZZ	Repair Right Fallopian Tube, Percutaneous Endoscopic Approach
0UQ57ZZ	Repair Right Fallopian Tube, Via Natural or Artificial Opening
0UQ58ZZ	Repair Right Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UQ60ZZ	Repair Left Fallopian Tube, Open Approach
0UQ63ZZ	Repair Left Fallopian Tube, Percutaneous Approach
0UQ64ZZ	Repair Left Fallopian Tube, Percutaneous Endoscopic Approach
0UQ67ZZ	Repair Left Fallopian Tube, Via Natural or Artificial Opening
0UQ68ZZ	Repair Left Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UQ70ZZ	Repair Bilateral Fallopian Tubes, Open Approach
0UQ73ZZ	Repair Bilateral Fallopian Tubes, Percutaneous Approach
0UQ74ZZ	Repair Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0UQ77ZZ	Repair Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UQ78ZZ	Repair Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
0UQC0ZZ	Repair Cervix, Open Approach
0UQC3ZZ	Repair Cervix, Percutaneous Approach
0UQC4ZZ	Repair Cervix, Percutaneous Endoscopic Approach
0UQC7ZZ	Repair Cervix, Via Natural or Artificial Opening
0UQC8ZZ	Repair Cervix, Via Natural or Artificial Opening Endoscopic
0UQF0ZZ	Repair Cul-de-sac, Open Approach
0UQF7ZZ	Repair Cul-de-sac, Via Natural or Artificial Opening
0UQG0ZZ	Repair Vagina, Open Approach
0UQG7ZZ	Repair Vagina, Via Natural or Artificial Opening
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UQK7ZZ	Repair Hymen, Via Natural or Artificial Opening
0UQKXZZ	Repair Hymen, External Approach
0UQL0ZZ	Repair Vestibular Gland, Open Approach
0UQLXZZ	Repair Vestibular Gland, External Approach
0UQM0ZZ	Repair Vulva, Open Approach
0UQMXZZ	Repair Vulva, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0US50ZZ	Reposition Right Fallopian Tube, Open Approach
0US54ZZ	Reposition Right Fallopian Tube, Percutaneous Endoscopic Approach
0US60ZZ	Reposition Left Fallopian Tube, Open Approach
0US64ZZ	Reposition Left Fallopian Tube, Percutaneous Endoscopic Approach
0US70ZZ	Reposition Bilateral Fallopian Tubes, Open Approach
0US74ZZ	Reposition Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
0US9XZZ	Reposition Uterus, External Approach
0USF0ZZ	Reposition Cul-de-sac, Open Approach
0UT07ZZ	Resection of Right Ovary, Via Natural or Artificial Opening
0UT17ZZ	Resection of Left Ovary, Via Natural or Artificial Opening
0UT27ZZ	Resection of Bilateral Ovaries, Via Natural or Artificial Opening
0UT40ZZ	Resection of Uterine Supporting Structure, Open Approach
0UT47ZZ	Resection of Uterine Supporting Structure, Via Natural or Artificial Opening
0UT57ZZ	Resection of Right Fallopian Tube, Via Natural or Artificial Opening
0UT67ZZ	Resection of Left Fallopian Tube, Via Natural or Artificial Opening
0UT77ZZ	Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
0UT94ZZ	Resection of Uterus, Percutaneous Endoscopic Approach
0UT97ZZ	Resection Of Uterus, Via Natural Or Artificial Opening
0UT98ZZ	Resection Of Uterus, Via Natural Or Artificial Opening Endoscopic
0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
0UTC7ZZ	Resection Of Cervix, Via Natural Or Artificial Opening
0UTC8ZZ	Resection Of Cervix, Via Natural Or Artificial Opening Endoscopic
0UTF0ZZ	Resection of Cul-de-sac, Open Approach
0UTF7ZZ	Resection of Cul-de-sac, Via Natural or Artificial Opening
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UTK7ZZ	Resection of Hymen, Via Natural or Artificial Opening
0UTKXZZ	Resection of Hymen, External Approach
0UTLXZZ	Resection of Vestibular Gland, External Approach
0UU507Z	Supplement Right Fallopian Tube with Autologous Tissue Substitute, Open Approach
0UU50JZ	Supplement Right Fallopian Tube with Synthetic Substitute, Open Approach
0UU50KZ	Supplement Right Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0UU547Z	Supplement Right Fallopian Tube with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UU54JZ	Supplement Right Fallopian Tube with Synthetic Substitute, Percutaneous Endoscopic Approach
0UU54KZ	Supplement Right Fallopian Tube with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UU577Z	Supplement Right Fallopian Tube with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UU57JZ	Supplement Right Fallopian Tube with Synthetic Substitute, Via Natural or Artificial Opening
0UU57KZ	Supplement Right Fallopian Tube with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UU587Z	Supplement Right Fallopian Tube with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UU58JZ	Supplement Right Fallopian Tube with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UU607Z	Supplement Left Fallopian Tube with Autologous Tissue Substitute, Open Approach
0UU60JZ	Supplement Left Fallopian Tube with Synthetic Substitute, Open Approach
0UU60KZ	Supplement Left Fallopian Tube with Nonautologous Tissue Substitute, Open Approach
0UU647Z	Supplement Left Fallopian Tube with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UU64JZ	Supplement Left Fallopian Tube with Synthetic Substitute, Percutaneous Endoscopic Approach
0UU64KZ	Supplement Left Fallopian Tube with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UU677Z	Supplement Left Fallopian Tube with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UU67JZ	Supplement Left Fallopian Tube with Synthetic Substitute, Via Natural or Artificial Opening
0UU67KZ	Supplement Left Fallopian Tube with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UU687Z	Supplement Left Fallopian Tube with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UU68JZ	Supplement Left Fallopian Tube with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UU707Z	Supplement Bilateral Fallopian Tubes with Autologous Tissue Substitute, Open Approach
0UU70JZ	Supplement Bilateral Fallopian Tubes with Synthetic Substitute, Open Approach
0UU70KZ	Supplement Bilateral Fallopian Tubes with Nonautologous Tissue Substitute, Open Approach
0UU747Z	Supplement Bilateral Fallopian Tubes with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UU74JZ	Supplement Bilateral Fallopian Tubes with Synthetic Substitute, Percutaneous Endoscopic Approach
0UU74KZ	Supplement Bilateral Fallopian Tubes with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UU777Z	Supplement Bilateral Fallopian Tubes with Autologous Tissue Substitute, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UU77JZ	Supplement Bilateral Fallopian Tubes with Synthetic Substitute, Via Natural or Artificial Opening
0UU77KZ	Supplement Bilateral Fallopian Tubes with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UU787Z	Supplement Bilateral Fallopian Tubes with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UU78JZ	Supplement Bilateral Fallopian Tubes with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG07Z	Supplement Vagina with Autologous Tissue Substitute, Open Approach
0UUG0KZ	Supplement Vagina with Nonautologous Tissue Substitute, Open Approach
0UUG47Z	Supplement Vagina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG4JZ	Supplement Vagina with Synthetic Substitute, Percutaneous Endoscopic Approach
0UUG4KZ	Supplement Vagina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0UUG77Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening
0UUG7JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening
0UUG7KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0UUG87Z	Supplement Vagina with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8JZ	Supplement Vagina with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0UUG8KZ	Supplement Vagina with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0UUGX7Z	Supplement Vagina with Autologous Tissue Substitute, External Approach
0UUGXJZ	Supplement Vagina with Synthetic Substitute, External Approach
0UUGXKZ	Supplement Vagina with Nonautologous Tissue Substitute, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0UUK07Z	Supplement Hymen with Autologous Tissue Substitute, Open Approach
0UUK0JZ	Supplement Hymen with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UUK0KZ	Supplement Hymen with Nonautologous Tissue Substitute, Open Approach
0UUMX7Z	Supplement Vulva with Autologous Tissue Substitute, External Approach
0UUMXJZ	Supplement Vulva with Synthetic Substitute, External Approach
0UUMXKZ	Supplement Vulva with Nonautologous Tissue Substitute, External Approach
0UVC0CZ	Restriction of Cervix with Extraluminal Device, Open Approach
0UVC0DZ	Restriction of Cervix with Intraluminal Device, Open Approach
0UVC0ZZ	Restriction of Cervix, Open Approach
0UW300Z	Revision of Drainage Device in Ovary, Open Approach
0UW303Z	Revision of Infusion Device in Ovary, Open Approach
0UW340Z	Revision of Drainage Device in Ovary, Percutaneous Endoscopic Approach
0UW343Z	Revision of Infusion Device in Ovary, Percutaneous Endoscopic Approach
0UW800Z	Revision of Drainage Device in Fallopian Tube, Open Approach
0UW803Z	Revision of Infusion Device in Fallopian Tube, Open Approach
0UW807Z	Revision of Autologous Tissue Substitute in Fallopian Tube, Open Approach
0UW80CZ	Revision of Extraluminal Device in Fallopian Tube, Open Approach
0UW80DZ	Revision of Intraluminal Device in Fallopian Tube, Open Approach
0UW80JZ	Revision of Synthetic Substitute in Fallopian Tube, Open Approach
0UW80KZ	Revision of Nonautologous Tissue Substitute in Fallopian Tube, Open Approach
0UW830Z	Revision of Drainage Device in Fallopian Tube, Percutaneous Approach
0UW833Z	Revision of Infusion Device in Fallopian Tube, Percutaneous Approach
0UW837Z	Revision of Autologous Tissue Substitute in Fallopian Tube, Percutaneous Approach
0UW83CZ	Revision of Extraluminal Device in Fallopian Tube, Percutaneous Approach
0UW83DZ	Revision of Intraluminal Device in Fallopian Tube, Percutaneous Approach
0UW83JZ	Revision of Synthetic Substitute in Fallopian Tube, Percutaneous Approach
0UW83KZ	Revision of Nonautologous Tissue Substitute in Fallopian Tube, Percutaneous Approach
0UW840Z	Revision of Drainage Device in Fallopian Tube, Percutaneous Endoscopic Approach
0UW843Z	Revision of Infusion Device in Fallopian Tube, Percutaneous Endoscopic Approach
0UW847Z	Revision of Autologous Tissue Substitute in Fallopian Tube, Percutaneous Endoscopic Approach
0UW84CZ	Revision of Extraluminal Device in Fallopian Tube, Percutaneous Endoscopic Approach
0UW84DZ	Revision of Intraluminal Device in Fallopian Tube, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UW84JZ	Revision of Synthetic Substitute in Fallopian Tube, Percutaneous Endoscopic Approach
0UW84KZ	Revision of Nonautologous Tissue Substitute in Fallopian Tube, Percutaneous Endoscopic Approach
0UW870Z	Revision of Drainage Device in Fallopian Tube, Via Natural or Artificial Opening
0UW873Z	Revision of Infusion Device in Fallopian Tube, Via Natural or Artificial Opening
0UW877Z	Revision of Autologous Tissue Substitute in Fallopian Tube, Via Natural or Artificial Opening
0UW87CZ	Revision of Extraluminal Device in Fallopian Tube, Via Natural or Artificial Opening
0UW87DZ	Revision of Intraluminal Device in Fallopian Tube, Via Natural or Artificial Opening
0UW87JZ	Revision of Synthetic Substitute in Fallopian Tube, Via Natural or Artificial Opening
0UW87KZ	Revision of Nonautologous Tissue Substitute in Fallopian Tube, Via Natural or Artificial Opening
0UW880Z	Revision of Drainage Device in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW883Z	Revision of Infusion Device in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW887Z	Revision of Autologous Tissue Substitute in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW88CZ	Revision of Extraluminal Device in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW88DZ	Revision of Intraluminal Device in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW88JZ	Revision of Synthetic Substitute in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UW88KZ	Revision of Nonautologous Tissue Substitute in Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UWD00Z	Revision of Drainage Device in Uterus and Cervix, Open Approach
0UWD01Z	Revision of Radioactive Element in Uterus and Cervix, Open Approach
0UWD03Z	Revision of Infusion Device in Uterus and Cervix, Open Approach
0UWD07Z	Revision of Autologous Tissue Substitute in Uterus and Cervix, Open Approach
0UWD0CZ	Revision of Extraluminal Device in Uterus and Cervix, Open Approach
0UWD0DZ	Revision of Intraluminal Device in Uterus and Cervix, Open Approach
0UWD0HZ	Revision of Contraceptive Device in Uterus and Cervix, Open Approach
0UWD0JZ	Revision of Synthetic Substitute in Uterus and Cervix, Open Approach
0UWD0KZ	Revision of Nonautologous Tissue Substitute in Uterus and Cervix, Open Approach
0UWD30Z	Revision of Drainage Device in Uterus and Cervix, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UWD31Z	Revision of Radioactive Element in Uterus and Cervix, Percutaneous Approach
0UWD33Z	Revision of Infusion Device in Uterus and Cervix, Percutaneous Approach
0UWD37Z	Revision of Autologous Tissue Substitute in Uterus and Cervix, Percutaneous Approach
0UWD3CZ	Revision of Extraluminal Device in Uterus and Cervix, Percutaneous Approach
0UWD3DZ	Revision of Intraluminal Device in Uterus and Cervix, Percutaneous Approach
0UWD3HZ	Revision of Contraceptive Device in Uterus and Cervix, Percutaneous Approach
0UWD3JZ	Revision of Synthetic Substitute in Uterus and Cervix, Percutaneous Approach
0UWD3KZ	Revision of Nonautologous Tissue Substitute in Uterus and Cervix, Percutaneous Approach
0UWD40Z	Revision of Drainage Device in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD41Z	Revision of Radioactive Element in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD43Z	Revision of Infusion Device in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD47Z	Revision of Autologous Tissue Substitute in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD4CZ	Revision of Extraluminal Device in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD4DZ	Revision of Intraluminal Device in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD4HZ	Revision of Contraceptive Device in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD4JZ	Revision of Synthetic Substitute in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD4KZ	Revision of Nonautologous Tissue Substitute in Uterus and Cervix, Percutaneous Endoscopic Approach
0UWD70Z	Revision of Drainage Device in Uterus and Cervix, Via Natural or Artificial Opening
0UWD71Z	Revision of Radioactive Element in Uterus and Cervix, Via Natural or Artificial Opening
0UWD73Z	Revision of Infusion Device in Uterus and Cervix, Via Natural or Artificial Opening
0UWD77Z	Revision of Autologous Tissue Substitute in Uterus and Cervix, Via Natural or Artificial Opening
0UWD7CZ	Revision of Extraluminal Device in Uterus and Cervix, Via Natural or Artificial Opening
0UWD7DZ	Revision of Intraluminal Device in Uterus and Cervix, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0UWD7HZ	Revision of Contraceptive Device in Uterus and Cervix, Via Natural or Artificial Opening
0UWD7JZ	Revision of Synthetic Substitute in Uterus and Cervix, Via Natural or Artificial Opening
0UWD7KZ	Revision of Nonautologous Tissue Substitute in Uterus and Cervix, Via Natural or Artificial Opening
0UWD80Z	Revision of Drainage Device in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD81Z	Revision of Radioactive Element in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD83Z	Revision of Infusion Device in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD87Z	Revision of Autologous Tissue Substitute in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD8CZ	Revision of Extraluminal Device in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD8DZ	Revision of Intraluminal Device in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD8HZ	Revision of Contraceptive Device in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD8JZ	Revision of Synthetic Substitute in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWD8KZ	Revision of Nonautologous Tissue Substitute in Uterus and Cervix, Via Natural or Artificial Opening Endoscopic
0UWH70Z	Revision of Drainage Device in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH71Z	Revision of Radioactive Element in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH73Z	Revision of Infusion Device in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH77Z	Revision of Autologous Tissue Substitute in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH7DZ	Revision of Intraluminal Device in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH7JZ	Revision of Synthetic Substitute in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0UWH7KZ	Revision of Nonautologous Tissue Substitute in Vagina and Cul-de-sac, Via Natural or Artificial Opening
0W0N07Z	Alteration of Female Perineum with Autologous Tissue Substitute, Open Approach
0W0N0JZ	Alteration of Female Perineum with Synthetic Substitute, Open Approach
0W0N0KZ	Alteration of Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W0N0ZZ	Alteration of Female Perineum, Open Approach
0W1J0JJ	Bypass Pelvic Cavity to Pelvic Cavity with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
ICD-10 Code	Description
0WBNXZX	Excision of Female Perineum, External Approach, Diagnostic
0WBNXZZ	Excision of Female Perineum, External Approach
0WJN0ZZ	Inspection of Female Perineum, Open Approach
0WQN0ZZ	Repair Female Perineum, Open Approach
0WQN4ZZ	Repair Female Perineum, Percutaneous Endoscopic Approach
0WQNXZZ	Repair Female Perineum, External Approach
10A07ZW	Abortion of Products of Conception, Laminaria, Via Natural or Artificial Opening
10A07ZZ	Abortion of Products of Conception, Via Natural or Artificial Opening
10D17ZZ	Extraction of Products of Conception, Retained, Via Natural or Artificial Opening
2Y44X5Z	Packing of Female Genital Tract using Packing Material
2Y53X5Z	Removal of Anorectal Packing Material
3E0P73Z	Introduction of Anti-inflammatory into Female Reproductive, Via Natural or Artificial Opening
3E0P76Z	Introduction of Nutritional Substance into Female Reproductive, Via Natural or Artificial Opening
3E0P77Z	Introduction of Electrolytic and Water Balance Substance into Female Reproductive, Via Natural or Artificial Opening
3E0P7GC	Introduction of Other Therapeutic Substance into Female Reproductive, Via Natural or Artificial Opening
3E0P7LZ	Introduction of Sperm into Female Reproductive, Via Natural or Artificial Opening
3E0P7SF	Introduction of Other Gas into Female Reproductive, Via Natural or Artificial Opening
3E1P78Z	Irrigation of Female Reproductive using Irrigating Substance, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15819	Cervicoplasty
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
42450	Excision of sublingual gland
45560	Repair of rectocele (separate procedure)
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
CPT Code	Description
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49321	Laparoscopy, surgical; with biopsy (single or multiple)
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
53040	Drainage of deep periurethral abscess
53060	Drainage of Skene's gland abscess or cyst
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53270	Excision or fulguration; Skene's glands
53275	Excision or fulguration; urethral prolapse
55870	Electroejaculation
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56441	Lysis of labial adhesions
56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); one lesion
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	Colposcopy of the vulva;
56821	Colposcopy of the vulva; with biopsy(s)
57000	Colpotomy; with exploration
57010	Colpotomy; with drainage of pelvic abscess
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
CPT Code	Description
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57265	Combined anteroposterior colporrhaphy; with enterocele repair
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268	Repair of enterocele, vaginal approach (separate procedure)
57270	Repair of enterocele, abdominal approach (separate procedure)
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57410	Pelvic examination under anesthesia (other than local)
57420	Colposcopy of the entire vagina, with cervix if present;
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57452	Colposcopy of the cervix including upper/adjacent vagina;
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery, initial or repeat
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57540	Excision of cervical stump, abdominal approach;
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair
57556	Excision of cervical stump, vaginal approach; with repair of enterocele

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
57558	Dilation and curettage of cervical stump
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	Dilation of cervical canal, instrumental (separate procedure)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58321	Artificial insemination; intra-cervical
58322	Artificial insemination; intra-uterine
58323	Sperm washing for artificial insemination
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
CPT Code	Description
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	Laparoscopy, surgical; with fimbrioplasty
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58750	Tubotubal anastomosis
58752	Tubouterine implantation
58760	Fimbrioplasty
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	Drainage of ovarian abscess; vaginal approach, open
58822	Drainage of ovarian abscess; abdominal approach
58825	Transposition, ovary(s)
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)
58920	Wedge resection or bisection of ovary, unilateral or bilateral
58925	Ovarian cystectomy, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral;
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingec
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer, any method
58999	Unlisted procedure, female genital system (nonobstetrical)
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59160	Curettage, postpartum
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Female Genital Organs	
CPT Code	Description
59320	Cerclage of cervix, during pregnancy; vaginal
59325	Cerclage of cervix, during pregnancy; abdominal
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;with hysterotomy (failed medical evacuation)
59870	Uterine evacuation and curettage for hydatidiform mole
59871	Removal of cerclage suture under anesthesia (other than local)
74740	Hysterosalpingography, radiological supervision and interpretation
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
89250	Culture of egg(s)/embryo(s), less than 4 days;
89257	Sperm identification from aspiration (other than seminal fluid)
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89260	Sperm isolation; simple prep (eg, per col gradient, albumin gradient) for insemination or diagnosis with semen analysis
89261	Sperm isolation; complex prep (eg, per col gradient, albumin gradient) for insemination or diagnosis with semen analysis
89264	Sperm identification from testis tissue, fresh or cryopreserved
89272	Extended culture of egg(s)/embryo(s), 4-7 days



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Female Genital Organs	
CPT Code	Description
89281	Assisted egg fertilization, microtechnique; greater than 10 eggs
89321	Semen analysis, presence and/or motility of sperm
89337	Cryopreservation, mature egg(s)
89343	Storage, (per year); sperm/semens
89352	Thawing for cryopreserved; embryo(s)
89353	Thawing of cryopreserved; sperm/semens, each aliquot
89356	Thawing of cryopreserved; egg(s), each aliquot
99170	Anogenital examination with colposcopic magnification in childhood for suspected trauma



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07500ZZ	Destruction of Head Lymphatic, Open Approach
07503ZZ	Destruction of Head Lymphatic, Percutaneous Approach
07504ZZ	Destruction of Head Lymphatic, Percutaneous Endoscopic Approach
07510ZZ	Destruction of Right Neck Lymphatic, Open Approach
07513ZZ	Destruction of Right Neck Lymphatic, Percutaneous Approach
07514ZZ	Destruction of Right Neck Lymphatic, Percutaneous Endoscopic Approach
07520ZZ	Destruction of Left Neck Lymphatic, Open Approach
07523ZZ	Destruction of Left Neck Lymphatic, Percutaneous Approach
07524ZZ	Destruction of Left Neck Lymphatic, Percutaneous Endoscopic Approach
07530ZZ	Destruction of Right Upper Extremity Lymphatic, Open Approach
07533ZZ	Destruction of Right Upper Extremity Lymphatic, Percutaneous Approach
07534ZZ	Destruction of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07540ZZ	Destruction of Left Upper Extremity Lymphatic, Open Approach
07543ZZ	Destruction of Left Upper Extremity Lymphatic, Percutaneous Approach
07544ZZ	Destruction of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07550ZZ	Destruction of Right Axillary Lymphatic, Open Approach
07553ZZ	Destruction of Right Axillary Lymphatic, Percutaneous Approach
07554ZZ	Destruction of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07560ZZ	Destruction of Left Axillary Lymphatic, Open Approach
07563ZZ	Destruction of Left Axillary Lymphatic, Percutaneous Approach
07564ZZ	Destruction of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07570ZZ	Destruction of Thorax Lymphatic, Open Approach
07573ZZ	Destruction of Thorax Lymphatic, Percutaneous Approach
07574ZZ	Destruction of Thorax Lymphatic, Percutaneous Endoscopic Approach
07580ZZ	Destruction of Right Internal Mammary Lymphatic, Open Approach
07583ZZ	Destruction of Right Internal Mammary Lymphatic, Percutaneous Approach
07584ZZ	Destruction of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07590ZZ	Destruction of Left Internal Mammary Lymphatic, Open Approach
07593ZZ	Destruction of Left Internal Mammary Lymphatic, Percutaneous Approach
07594ZZ	Destruction of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
075B0ZZ	Destruction of Mesenteric Lymphatic, Open Approach
075B3ZZ	Destruction of Mesenteric Lymphatic, Percutaneous Approach
075B4ZZ	Destruction of Mesenteric Lymphatic, Percutaneous Endoscopic Approach
075C0ZZ	Destruction of Pelvis Lymphatic, Open Approach
075C3ZZ	Destruction of Pelvis Lymphatic, Percutaneous Approach
075C4ZZ	Destruction of Pelvis Lymphatic, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
075D0ZZ	Destruction of Aortic Lymphatic, Open Approach
075D3ZZ	Destruction of Aortic Lymphatic, Percutaneous Approach
075D4ZZ	Destruction of Aortic Lymphatic, Percutaneous Endoscopic Approach
075F0ZZ	Destruction of Right Lower Extremity Lymphatic, Open Approach
075F3ZZ	Destruction of Right Lower Extremity Lymphatic, Percutaneous Approach
075F4ZZ	Destruction of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
075G0ZZ	Destruction of Left Lower Extremity Lymphatic, Open Approach
075G3ZZ	Destruction of Left Lower Extremity Lymphatic, Percutaneous Approach
075G4ZZ	Destruction of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
075H0ZZ	Destruction of Right Inguinal Lymphatic, Open Approach
075H3ZZ	Destruction of Right Inguinal Lymphatic, Percutaneous Approach
075H4ZZ	Destruction of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
075J0ZZ	Destruction of Left Inguinal Lymphatic, Open Approach
075J3ZZ	Destruction of Left Inguinal Lymphatic, Percutaneous Approach
075J4ZZ	Destruction of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
079000Z	Drainage of Head Lymphatic with Drainage Device, Open Approach
07900ZX	Drainage of Head Lymphatic, Open Approach, Diagnostic
07900ZZ	Drainage of Head Lymphatic, Open Approach
079030Z	Drainage of Head Lymphatic with Drainage Device, Percutaneous Approach
07903ZX	Drainage of Head Lymphatic, Percutaneous Approach, Diagnostic
07903ZZ	Drainage of Head Lymphatic, Percutaneous Approach
079040Z	Drainage of Head Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07904ZX	Drainage of Head Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07904ZZ	Drainage of Head Lymphatic, Percutaneous Endoscopic Approach
079100Z	Drainage of Right Neck Lymphatic with Drainage Device, Open Approach
07910ZX	Drainage of Right Neck Lymphatic, Open Approach, Diagnostic
07910ZZ	Drainage of Right Neck Lymphatic, Open Approach
079130Z	Drainage of Right Neck Lymphatic with Drainage Device, Percutaneous Approach
07913ZX	Drainage of Right Neck Lymphatic, Percutaneous Approach, Diagnostic
07913ZZ	Drainage of Right Neck Lymphatic, Percutaneous Approach
079140Z	Drainage of Right Neck Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07914ZX	Drainage of Right Neck Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07914ZZ	Drainage of Right Neck Lymphatic, Percutaneous Endoscopic Approach
079200Z	Drainage of Left Neck Lymphatic with Drainage Device, Open Approach
07920ZX	Drainage of Left Neck Lymphatic, Open Approach, Diagnostic
07920ZZ	Drainage of Left Neck Lymphatic, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
079230Z	Drainage of Left Neck Lymphatic with Drainage Device, Percutaneous Approach
07923ZX	Drainage of Left Neck Lymphatic, Percutaneous Approach, Diagnostic
07923ZZ	Drainage of Left Neck Lymphatic, Percutaneous Approach
079240Z	Drainage of Left Neck Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07924ZX	Drainage of Left Neck Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07924ZZ	Drainage of Left Neck Lymphatic, Percutaneous Endoscopic Approach
079300Z	Drainage of Right Upper Extremity Lymphatic with Drainage Device, Open Approach
07930ZX	Drainage of Right Upper Extremity Lymphatic, Open Approach, Diagnostic
07930ZZ	Drainage of Right Upper Extremity Lymphatic, Open Approach
079330Z	Drainage of Right Upper Extremity Lymphatic with Drainage Device, Percutaneous Approach
07933ZX	Drainage of Right Upper Extremity Lymphatic, Percutaneous Approach, Diagnostic
07933ZZ	Drainage of Right Upper Extremity Lymphatic, Percutaneous Approach
079340Z	Drainage of Right Upper Extremity Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07934ZX	Drainage of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07934ZZ	Drainage of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
079400Z	Drainage of Left Upper Extremity Lymphatic with Drainage Device, Open Approach
07940ZX	Drainage of Left Upper Extremity Lymphatic, Open Approach, Diagnostic
07940ZZ	Drainage of Left Upper Extremity Lymphatic, Open Approach
079430Z	Drainage of Left Upper Extremity Lymphatic with Drainage Device, Percutaneous Approach
07943ZX	Drainage of Left Upper Extremity Lymphatic, Percutaneous Approach, Diagnostic
07943ZZ	Drainage of Left Upper Extremity Lymphatic, Percutaneous Approach
079440Z	Drainage of Left Upper Extremity Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07944ZX	Drainage of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07944ZZ	Drainage of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
079500Z	Drainage of Right Axillary Lymphatic with Drainage Device, Open Approach
07950ZX	Drainage of Right Axillary Lymphatic, Open Approach, Diagnostic
07950ZZ	Drainage of Right Axillary Lymphatic, Open Approach
079530Z	Drainage of Right Axillary Lymphatic with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07953ZX	Drainage of Right Axillary Lymphatic, Percutaneous Approach, Diagnostic
07953ZZ	Drainage of Right Axillary Lymphatic, Percutaneous Approach
079540Z	Drainage of Right Axillary Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07954ZX	Drainage of Right Axillary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07954ZZ	Drainage of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
079600Z	Drainage of Left Axillary Lymphatic with Drainage Device, Open Approach
07960ZX	Drainage of Left Axillary Lymphatic, Open Approach, Diagnostic
07960ZZ	Drainage of Left Axillary Lymphatic, Open Approach
079630Z	Drainage of Left Axillary Lymphatic with Drainage Device, Percutaneous Approach
07963ZX	Drainage of Left Axillary Lymphatic, Percutaneous Approach, Diagnostic
07963ZZ	Drainage of Left Axillary Lymphatic, Percutaneous Approach
079640Z	Drainage of Left Axillary Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07964ZX	Drainage of Left Axillary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07964ZZ	Drainage of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
079700Z	Drainage of Thorax Lymphatic with Drainage Device, Open Approach
07970ZX	Drainage of Thorax Lymphatic, Open Approach, Diagnostic
07970ZZ	Drainage of Thorax Lymphatic, Open Approach
079730Z	Drainage of Thorax Lymphatic with Drainage Device, Percutaneous Approach
07973ZX	Drainage of Thorax Lymphatic, Percutaneous Approach, Diagnostic
07973ZZ	Drainage of Thorax Lymphatic, Percutaneous Approach
079740Z	Drainage of Thorax Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07974ZX	Drainage of Thorax Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07974ZZ	Drainage of Thorax Lymphatic, Percutaneous Endoscopic Approach
079800Z	Drainage of Right Internal Mammary Lymphatic with Drainage Device, Open Approach
07980ZX	Drainage of Right Internal Mammary Lymphatic, Open Approach, Diagnostic
07980ZZ	Drainage of Right Internal Mammary Lymphatic, Open Approach
079830Z	Drainage of Right Internal Mammary Lymphatic with Drainage Device, Percutaneous Approach
07983ZX	Drainage of Right Internal Mammary Lymphatic, Percutaneous Approach, Diagnostic
07983ZZ	Drainage of Right Internal Mammary Lymphatic, Percutaneous Approach
079840Z	Drainage of Right Internal Mammary Lymphatic with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07984ZX	Drainage of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07984ZZ	Drainage of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
079900Z	Drainage of Left Internal Mammary Lymphatic with Drainage Device, Open Approach
07990ZX	Drainage of Left Internal Mammary Lymphatic, Open Approach, Diagnostic
07990ZZ	Drainage of Left Internal Mammary Lymphatic, Open Approach
079930Z	Drainage of Left Internal Mammary Lymphatic with Drainage Device, Percutaneous Approach
07993ZX	Drainage of Left Internal Mammary Lymphatic, Percutaneous Approach, Diagnostic
07993ZZ	Drainage of Left Internal Mammary Lymphatic, Percutaneous Approach
079940Z	Drainage of Left Internal Mammary Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
07994ZX	Drainage of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07994ZZ	Drainage of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
079B00Z	Drainage of Mesenteric Lymphatic with Drainage Device, Open Approach
079B0ZX	Drainage of Mesenteric Lymphatic, Open Approach, Diagnostic
079B0ZZ	Drainage of Mesenteric Lymphatic, Open Approach
079B30Z	Drainage of Mesenteric Lymphatic with Drainage Device, Percutaneous Approach
079B3ZX	Drainage of Mesenteric Lymphatic, Percutaneous Approach, Diagnostic
079B3ZZ	Drainage of Mesenteric Lymphatic, Percutaneous Approach
079B40Z	Drainage of Mesenteric Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079B4ZX	Drainage of Mesenteric Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079B4ZZ	Drainage of Mesenteric Lymphatic, Percutaneous Endoscopic Approach
079C00Z	Drainage of Pelvis Lymphatic with Drainage Device, Open Approach
079C0ZX	Drainage of Pelvis Lymphatic, Open Approach, Diagnostic
079C0ZZ	Drainage of Pelvis Lymphatic, Open Approach
079C30Z	Drainage of Pelvis Lymphatic with Drainage Device, Percutaneous Approach
079C3ZX	Drainage of Pelvis Lymphatic, Percutaneous Approach, Diagnostic
079C3ZZ	Drainage of Pelvis Lymphatic, Percutaneous Approach
079C40Z	Drainage of Pelvis Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079C4ZX	Drainage of Pelvis Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079C4ZZ	Drainage of Pelvis Lymphatic, Percutaneous Endoscopic Approach
079D00Z	Drainage of Aortic Lymphatic with Drainage Device, Open Approach
079D0ZX	Drainage of Aortic Lymphatic, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
079D0ZZ	Drainage of Aortic Lymphatic, Open Approach
079D30Z	Drainage of Aortic Lymphatic with Drainage Device, Percutaneous Approach
079D3ZX	Drainage of Aortic Lymphatic, Percutaneous Approach, Diagnostic
079D3ZZ	Drainage of Aortic Lymphatic, Percutaneous Approach
079D40Z	Drainage of Aortic Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079D4ZX	Drainage of Aortic Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079D4ZZ	Drainage of Aortic Lymphatic, Percutaneous Endoscopic Approach
079F00Z	Drainage of Right Lower Extremity Lymphatic with Drainage Device, Open Approach
079F0ZX	Drainage of Right Lower Extremity Lymphatic, Open Approach, Diagnostic
079F0ZZ	Drainage of Right Lower Extremity Lymphatic, Open Approach
079F30Z	Drainage of Right Lower Extremity Lymphatic with Drainage Device, Percutaneous Approach
079F3ZX	Drainage of Right Lower Extremity Lymphatic, Percutaneous Approach, Diagnostic
079F3ZZ	Drainage of Right Lower Extremity Lymphatic, Percutaneous Approach
079F40Z	Drainage of Right Lower Extremity Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079F4ZX	Drainage of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079F4ZZ	Drainage of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
079G00Z	Drainage of Left Lower Extremity Lymphatic with Drainage Device, Open Approach
079G0ZX	Drainage of Left Lower Extremity Lymphatic, Open Approach, Diagnostic
079G0ZZ	Drainage of Left Lower Extremity Lymphatic, Open Approach
079G30Z	Drainage of Left Lower Extremity Lymphatic with Drainage Device, Percutaneous Approach
079G3ZX	Drainage of Left Lower Extremity Lymphatic, Percutaneous Approach, Diagnostic
079G3ZZ	Drainage of Left Lower Extremity Lymphatic, Percutaneous Approach
079G40Z	Drainage of Left Lower Extremity Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079G4ZX	Drainage of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079G4ZZ	Drainage of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
079H00Z	Drainage of Right Inguinal Lymphatic with Drainage Device, Open Approach
079H0ZX	Drainage of Right Inguinal Lymphatic, Open Approach, Diagnostic
079H0ZZ	Drainage of Right Inguinal Lymphatic, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
079H30Z	Drainage of Right Inguinal Lymphatic with Drainage Device, Percutaneous Approach
079H3ZX	Drainage of Right Inguinal Lymphatic, Percutaneous Approach, Diagnostic
079H3ZZ	Drainage of Right Inguinal Lymphatic, Percutaneous Approach
079H40Z	Drainage of Right Inguinal Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079H4ZX	Drainage of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079H4ZZ	Drainage of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
079J00Z	Drainage of Left Inguinal Lymphatic with Drainage Device, Open Approach
079J0ZX	Drainage of Left Inguinal Lymphatic, Open Approach, Diagnostic
079J0ZZ	Drainage of Left Inguinal Lymphatic, Open Approach
079J30Z	Drainage of Left Inguinal Lymphatic with Drainage Device, Percutaneous Approach
079J3ZX	Drainage of Left Inguinal Lymphatic, Percutaneous Approach, Diagnostic
079J3ZZ	Drainage of Left Inguinal Lymphatic, Percutaneous Approach
079J40Z	Drainage of Left Inguinal Lymphatic with Drainage Device, Percutaneous Endoscopic Approach
079J4ZX	Drainage of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
079J4ZZ	Drainage of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
079K0ZX	Drainage of Thoracic Duct, Open Approach, Diagnostic
079K3ZX	Drainage of Thoracic Duct, Percutaneous Approach, Diagnostic
079K4ZX	Drainage of Thoracic Duct, Percutaneous Endoscopic Approach, Diagnostic
079L0ZX	Drainage of Cisterna Chyli, Open Approach, Diagnostic
079L3ZX	Drainage of Cisterna Chyli, Percutaneous Approach, Diagnostic
079L4ZX	Drainage of Cisterna Chyli, Percutaneous Endoscopic Approach, Diagnostic
079P30Z	Drainage of Spleen with Drainage Device, Percutaneous Approach
079P3ZX	Drainage of Spleen, Percutaneous Approach, Diagnostic
079P3ZZ	Drainage of Spleen, Percutaneous Approach
079P40Z	Drainage of Spleen with Drainage Device, Percutaneous Endoscopic Approach
079P4ZX	Drainage of Spleen, Percutaneous Endoscopic Approach, Diagnostic
079P4ZZ	Drainage of Spleen, Percutaneous Endoscopic Approach
079T00Z	Drainage of Bone Marrow with Drainage Device, Open Approach
079T0ZX	Drainage of Bone Marrow, Open Approach, Diagnostic
079T0ZZ	Drainage of Bone Marrow, Open Approach
079T30Z	Drainage of Bone Marrow with Drainage Device, Percutaneous Approach
079T3ZX	Drainage of Bone Marrow, Percutaneous Approach, Diagnostic
079T3ZZ	Drainage of Bone Marrow, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
079T40Z	Drainage of Bone Marrow with Drainage Device, Percutaneous Endoscopic Approach
079T4ZX	Drainage of Bone Marrow, Percutaneous Endoscopic Approach, Diagnostic
079T4ZZ	Drainage of Bone Marrow, Percutaneous Endoscopic Approach
07B00ZX	Excision of Head Lymphatic, Open Approach, Diagnostic
07B00ZZ	Excision of Head Lymphatic, Open Approach
07B03ZX	Excision of Head Lymphatic, Percutaneous Approach, Diagnostic
07B03ZZ	Excision of Head Lymphatic, Percutaneous Approach
07B04ZX	Excision of Head Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B04ZZ	Excision of Head Lymphatic, Percutaneous Endoscopic Approach
07B10ZX	Excision of Right Neck Lymphatic, Open Approach, Diagnostic
07B10ZZ	Excision of Right Neck Lymphatic, Open Approach
07B13ZX	Excision of Right Neck Lymphatic, Percutaneous Approach, Diagnostic
07B13ZZ	Excision of Right Neck Lymphatic, Percutaneous Approach
07B14ZX	Excision of Right Neck Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B14ZZ	Excision of Right Neck Lymphatic, Percutaneous Endoscopic Approach
07B20ZX	Excision of Left Neck Lymphatic, Open Approach, Diagnostic
07B20ZZ	Excision of Left Neck Lymphatic, Open Approach
07B23ZX	Excision of Left Neck Lymphatic, Percutaneous Approach, Diagnostic
07B23ZZ	Excision of Left Neck Lymphatic, Percutaneous Approach
07B24ZX	Excision of Left Neck Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B24ZZ	Excision of Left Neck Lymphatic, Percutaneous Endoscopic Approach
07B30ZX	Excision of Right Upper Extremity Lymphatic, Open Approach, Diagnostic
07B30ZZ	Excision of Right Upper Extremity Lymphatic, Open Approach
07B33ZX	Excision of Right Upper Extremity Lymphatic, Percutaneous Approach, Diagnostic
07B33ZZ	Excision of Right Upper Extremity Lymphatic, Percutaneous Approach
07B34ZX	Excision of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B34ZZ	Excision of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07B40ZX	Excision of Left Upper Extremity Lymphatic, Open Approach, Diagnostic
07B40ZZ	Excision of Left Upper Extremity Lymphatic, Open Approach
07B43ZX	Excision of Left Upper Extremity Lymphatic, Percutaneous Approach, Diagnostic
07B43ZZ	Excision of Left Upper Extremity Lymphatic, Percutaneous Approach
07B44ZX	Excision of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B44ZZ	Excision of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07B50ZX	Excision of Right Axillary Lymphatic, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07B50ZZ	Excision of Right Axillary Lymphatic, Open Approach
07B53ZX	Excision of Right Axillary Lymphatic, Percutaneous Approach, Diagnostic
07B53ZZ	Excision of Right Axillary Lymphatic, Percutaneous Approach
07B54ZX	Excision of Right Axillary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B54ZZ	Excision of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07B60ZX	Excision of Left Axillary Lymphatic, Open Approach, Diagnostic
07B60ZZ	Excision of Left Axillary Lymphatic, Open Approach
07B63ZX	Excision of Left Axillary Lymphatic, Percutaneous Approach, Diagnostic
07B63ZZ	Excision of Left Axillary Lymphatic, Percutaneous Approach
07B64ZX	Excision of Left Axillary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B64ZZ	Excision of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07B70ZX	Excision of Thorax Lymphatic, Open Approach, Diagnostic
07B70ZZ	Excision of Thorax Lymphatic, Open Approach
07B73ZX	Excision of Thorax Lymphatic, Percutaneous Approach, Diagnostic
07B73ZZ	Excision of Thorax Lymphatic, Percutaneous Approach
07B74ZX	Excision of Thorax Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B74ZZ	Excision of Thorax Lymphatic, Percutaneous Endoscopic Approach
07B80ZX	Excision of Right Internal Mammary Lymphatic, Open Approach, Diagnostic
07B80ZZ	Excision of Right Internal Mammary Lymphatic, Open Approach
07B83ZX	Excision of Right Internal Mammary Lymphatic, Percutaneous Approach, Diagnostic
07B83ZZ	Excision of Right Internal Mammary Lymphatic, Percutaneous Approach
07B84ZX	Excision of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B84ZZ	Excision of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07B90ZX	Excision of Left Internal Mammary Lymphatic, Open Approach, Diagnostic
07B90ZZ	Excision of Left Internal Mammary Lymphatic, Open Approach
07B93ZX	Excision of Left Internal Mammary Lymphatic, Percutaneous Approach, Diagnostic
07B93ZZ	Excision of Left Internal Mammary Lymphatic, Percutaneous Approach
07B94ZX	Excision of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07B94ZZ	Excision of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07BB0ZX	Excision of Mesenteric Lymphatic, Open Approach, Diagnostic
07BB0ZZ	Excision of Mesenteric Lymphatic, Open Approach
07BB3ZX	Excision of Mesenteric Lymphatic, Percutaneous Approach, Diagnostic
07BB3ZZ	Excision of Mesenteric Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07BB4ZX	Excision of Mesenteric Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BB4ZZ	Excision of Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07BC0ZX	Excision of Pelvis Lymphatic, Open Approach, Diagnostic
07BC3ZX	Excision of Pelvis Lymphatic, Percutaneous Approach, Diagnostic
07BC3ZZ	Excision of Pelvis Lymphatic, Percutaneous Approach
07BC4ZX	Excision of Pelvis Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BD0ZX	Excision of Aortic Lymphatic, Open Approach, Diagnostic
07BD3ZX	Excision of Aortic Lymphatic, Percutaneous Approach, Diagnostic
07BD3ZZ	Excision of Aortic Lymphatic, Percutaneous Approach
07BD4ZX	Excision of Aortic Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BD4ZZ	Excision of Aortic Lymphatic, Percutaneous Endoscopic Approach
07BF0ZX	Excision of Right Lower Extremity Lymphatic, Open Approach, Diagnostic
07BF0ZZ	Excision of Right Lower Extremity Lymphatic, Open Approach
07BF3ZX	Excision of Right Lower Extremity Lymphatic, Percutaneous Approach, Diagnostic
07BF3ZZ	Excision of Right Lower Extremity Lymphatic, Percutaneous Approach
07BF4ZX	Excision of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BF4ZZ	Excision of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07BG0ZX	Excision of Left Lower Extremity Lymphatic, Open Approach, Diagnostic
07BG0ZZ	Excision of Left Lower Extremity Lymphatic, Open Approach
07BG3ZX	Excision of Left Lower Extremity Lymphatic, Percutaneous Approach, Diagnostic
07BG3ZZ	Excision of Left Lower Extremity Lymphatic, Percutaneous Approach
07BG4ZX	Excision of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BG4ZZ	Excision of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07BH0ZX	Excision of Right Inguinal Lymphatic, Open Approach, Diagnostic
07BH0ZZ	Excision of Right Inguinal Lymphatic, Open Approach
07BH3ZX	Excision of Right Inguinal Lymphatic, Percutaneous Approach, Diagnostic
07BH3ZZ	Excision of Right Inguinal Lymphatic, Percutaneous Approach
07BH4ZX	Excision of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BH4ZZ	Excision of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07BJ0ZX	Excision of Left Inguinal Lymphatic, Open Approach, Diagnostic
07BJ0ZZ	Excision of Left Inguinal Lymphatic, Open Approach
07BJ3ZX	Excision of Left Inguinal Lymphatic, Percutaneous Approach, Diagnostic
07BJ3ZZ	Excision of Left Inguinal Lymphatic, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07BJ4ZX	Excision of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BJ4ZZ	Excision of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07BK0ZX	Excision of Thoracic Duct, Open Approach, Diagnostic
07BK3ZX	Excision of Thoracic Duct, Percutaneous Approach, Diagnostic
07BK4ZX	Excision of Thoracic Duct, Percutaneous Endoscopic Approach, Diagnostic
07BL0ZX	Excision of Cisterna Chyli, Open Approach, Diagnostic
07BL3ZX	Excision of Cisterna Chyli, Percutaneous Approach, Diagnostic
07BL4ZX	Excision of Cisterna Chyli, Percutaneous Endoscopic Approach, Diagnostic
07BP3ZX	Excision of Spleen, Percutaneous Approach, Diagnostic
07BP4ZX	Excision of Spleen, Percutaneous Endoscopic Approach, Diagnostic
07C00ZZ	Extirpation of Matter from Head Lymphatic, Open Approach
07C03ZZ	Extirpation of Matter from Head Lymphatic, Percutaneous Approach
07C04ZZ	Extirpation of Matter from Head Lymphatic, Percutaneous Endoscopic Approach
07C10ZZ	Extirpation of Matter from Right Neck Lymphatic, Open Approach
07C13ZZ	Extirpation of Matter from Right Neck Lymphatic, Percutaneous Approach
07C14ZZ	Extirpation of Matter from Right Neck Lymphatic, Percutaneous Endoscopic Approach
07C20ZZ	Extirpation of Matter from Left Neck Lymphatic, Open Approach
07C23ZZ	Extirpation of Matter from Left Neck Lymphatic, Percutaneous Approach
07C24ZZ	Extirpation of Matter from Left Neck Lymphatic, Percutaneous Endoscopic Approach
07C30ZZ	Extirpation of Matter from Right Upper Extremity Lymphatic, Open Approach
07C33ZZ	Extirpation of Matter from Right Upper Extremity Lymphatic, Percutaneous Approach
07C34ZZ	Extirpation of Matter from Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07C40ZZ	Extirpation of Matter from Left Upper Extremity Lymphatic, Open Approach
07C43ZZ	Extirpation of Matter from Left Upper Extremity Lymphatic, Percutaneous Approach
07C44ZZ	Extirpation of Matter from Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07C50ZZ	Extirpation of Matter from Right Axillary Lymphatic, Open Approach
07C53ZZ	Extirpation of Matter from Right Axillary Lymphatic, Percutaneous Approach
07C54ZZ	Extirpation of Matter from Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07C60ZZ	Extirpation of Matter from Left Axillary Lymphatic, Open Approach
07C63ZZ	Extirpation of Matter from Left Axillary Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07C64ZZ	Extirpation of Matter from Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07C70ZZ	Extirpation of Matter from Thorax Lymphatic, Open Approach
07C73ZZ	Extirpation of Matter from Thorax Lymphatic, Percutaneous Approach
07C74ZZ	Extirpation of Matter from Thorax Lymphatic, Percutaneous Endoscopic Approach
07C80ZZ	Extirpation of Matter from Right Internal Mammary Lymphatic, Open Approach
07C83ZZ	Extirpation of Matter from Right Internal Mammary Lymphatic, Percutaneous Approach
07C84ZZ	Extirpation of Matter from Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07C90ZZ	Extirpation of Matter from Left Internal Mammary Lymphatic, Open Approach
07C93ZZ	Extirpation of Matter from Left Internal Mammary Lymphatic, Percutaneous Approach
07C94ZZ	Extirpation of Matter from Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07CB0ZZ	Extirpation of Matter from Mesenteric Lymphatic, Open Approach
07CB3ZZ	Extirpation of Matter from Mesenteric Lymphatic, Percutaneous Approach
07CB4ZZ	Extirpation of Matter from Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07CC0ZZ	Extirpation of Matter from Pelvis Lymphatic, Open Approach
07CC3ZZ	Extirpation of Matter from Pelvis Lymphatic, Percutaneous Approach
07CC4ZZ	Extirpation of Matter from Pelvis Lymphatic, Percutaneous Endoscopic Approach
07CD0ZZ	Extirpation of Matter from Aortic Lymphatic, Open Approach
07CD3ZZ	Extirpation of Matter from Aortic Lymphatic, Percutaneous Approach
07CD4ZZ	Extirpation of Matter from Aortic Lymphatic, Percutaneous Endoscopic Approach
07CF0ZZ	Extirpation of Matter from Right Lower Extremity Lymphatic, Open Approach
07CF3ZZ	Extirpation of Matter from Right Lower Extremity Lymphatic, Percutaneous Approach
07CF4ZZ	Extirpation of Matter from Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07CG0ZZ	Extirpation of Matter from Left Lower Extremity Lymphatic, Open Approach
07CG3ZZ	Extirpation of Matter from Left Lower Extremity Lymphatic, Percutaneous Approach
07CG4ZZ	Extirpation of Matter from Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07CH0ZZ	Extirpation of Matter from Right Inguinal Lymphatic, Open Approach
07CH3ZZ	Extirpation of Matter from Right Inguinal Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07CH4ZZ	Extirpation of Matter from Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07CJ0ZZ	Extirpation of Matter from Left Inguinal Lymphatic, Open Approach
07CJ3ZZ	Extirpation of Matter from Left Inguinal Lymphatic, Percutaneous Approach
07CJ4ZZ	Extirpation of Matter from Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07CK0ZZ	Extirpation of Matter from Thoracic Duct, Open Approach
07CK3ZZ	Extirpation of Matter from Thoracic Duct, Percutaneous Approach
07CK4ZZ	Extirpation of Matter from Thoracic Duct, Percutaneous Endoscopic Approach
07CL0ZZ	Extirpation of Matter from Cisterna Chyli, Open Approach
07CL3ZZ	Extirpation of Matter from Cisterna Chyli, Percutaneous Approach
07CL4ZZ	Extirpation of Matter from Cisterna Chyli, Percutaneous Endoscopic Approach
07CP3ZZ	Extirpation of Matter from Spleen, Percutaneous Approach
07CP4ZZ	Extirpation of Matter from Spleen, Percutaneous Endoscopic Approach
07DQ0ZX	Extraction of Sternum Bone Marrow, Open Approach, Diagnostic
07DQ0ZZ	Extraction of Sternum Bone Marrow, Open Approach
07DQ3ZX	Extraction of Sternum Bone Marrow, Percutaneous Approach, Diagnostic
07DQ3ZZ	Extraction of Sternum Bone Marrow, Percutaneous Approach
07DR0ZX	Extraction of Iliac Bone Marrow, Open Approach, Diagnostic
07DR0ZZ	Extraction of Iliac Bone Marrow, Open Approach
07DR3ZX	Extraction of Iliac Bone Marrow, Percutaneous Approach, Diagnostic
07DR3ZZ	Extraction of Iliac Bone Marrow, Percutaneous Approach
07DS0ZX	Extraction of Vertebral Bone Marrow, Open Approach, Diagnostic
07DS0ZZ	Extraction of Vertebral Bone Marrow, Open Approach
07DS3ZX	Extraction of Vertebral Bone Marrow, Percutaneous Approach, Diagnostic
07DS3ZZ	Extraction of Vertebral Bone Marrow, Percutaneous Approach
07JK0ZZ	Inspection of Thoracic Duct, Open Approach
07JK3ZZ	Inspection of Thoracic Duct, Percutaneous Approach
07JK4ZZ	Inspection of Thoracic Duct, Percutaneous Endoscopic Approach
07JL0ZZ	Inspection of Cisterna Chyli, Open Approach
07JL3ZZ	Inspection of Cisterna Chyli, Percutaneous Approach
07JL4ZZ	Inspection of Cisterna Chyli, Percutaneous Endoscopic Approach
07JN0ZZ	Inspection of Lymphatic, Open Approach
07JN3ZZ	Inspection of Lymphatic, Percutaneous Approach
07JN4ZZ	Inspection of Lymphatic, Percutaneous Endoscopic Approach
07JP3ZZ	Inspection of Spleen, Percutaneous Approach
07JP4ZZ	Inspection of Spleen, Percutaneous Endoscopic Approach
07JT0ZZ	Inspection of Bone Marrow, Open Approach
07JT3ZZ	Inspection of Bone Marrow, Percutaneous Approach
07JT4ZZ	Inspection of Bone Marrow, Percutaneous Endoscopic Approach
07L00CZ	Occlusion of Head Lymphatic with Extraluminal Device, Open Approach
07L00DZ	Occlusion of Head Lymphatic with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07L00ZZ	Occlusion of Head Lymphatic, Open Approach
07L03CZ	Occlusion of Head Lymphatic with Extraluminal Device, Percutaneous Approach
07L03DZ	Occlusion of Head Lymphatic with Intraluminal Device, Percutaneous Approach
07L03ZZ	Occlusion of Head Lymphatic, Percutaneous Approach
07L04CZ	Occlusion of Head Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L04DZ	Occlusion of Head Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L04ZZ	Occlusion of Head Lymphatic, Percutaneous Endoscopic Approach
07L10CZ	Occlusion of Right Neck Lymphatic with Extraluminal Device, Open Approach
07L10DZ	Occlusion of Right Neck Lymphatic with Intraluminal Device, Open Approach
07L10ZZ	Occlusion of Right Neck Lymphatic, Open Approach
07L13CZ	Occlusion of Right Neck Lymphatic with Extraluminal Device, Percutaneous Approach
07L13DZ	Occlusion of Right Neck Lymphatic with Intraluminal Device, Percutaneous Approach
07L13ZZ	Occlusion of Right Neck Lymphatic, Percutaneous Approach
07L14CZ	Occlusion of Right Neck Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L14DZ	Occlusion of Right Neck Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L14ZZ	Occlusion of Right Neck Lymphatic, Percutaneous Endoscopic Approach
07L20CZ	Occlusion of Left Neck Lymphatic with Extraluminal Device, Open Approach
07L20DZ	Occlusion of Left Neck Lymphatic with Intraluminal Device, Open Approach
07L20ZZ	Occlusion of Left Neck Lymphatic, Open Approach
07L23CZ	Occlusion of Left Neck Lymphatic with Extraluminal Device, Percutaneous Approach
07L23DZ	Occlusion of Left Neck Lymphatic with Intraluminal Device, Percutaneous Approach
07L23ZZ	Occlusion of Left Neck Lymphatic, Percutaneous Approach
07L24CZ	Occlusion of Left Neck Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L24DZ	Occlusion of Left Neck Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L24ZZ	Occlusion of Left Neck Lymphatic, Percutaneous Endoscopic Approach
07L30CZ	Occlusion of Right Upper Extremity Lymphatic with Extraluminal Device, Open Approach
07L30DZ	Occlusion of Right Upper Extremity Lymphatic with Intraluminal Device, Open Approach
07L30ZZ	Occlusion of Right Upper Extremity Lymphatic, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07L33CZ	Occlusion of Right Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07L33DZ	Occlusion of Right Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07L33ZZ	Occlusion of Right Upper Extremity Lymphatic, Percutaneous Approach
07L34CZ	Occlusion of Right Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L34DZ	Occlusion of Right Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L34ZZ	Occlusion of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07L40CZ	Occlusion of Left Upper Extremity Lymphatic with Extraluminal Device, Open Approach
07L40DZ	Occlusion of Left Upper Extremity Lymphatic with Intraluminal Device, Open Approach
07L40ZZ	Occlusion of Left Upper Extremity Lymphatic, Open Approach
07L43CZ	Occlusion of Left Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07L43DZ	Occlusion of Left Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07L43ZZ	Occlusion of Left Upper Extremity Lymphatic, Percutaneous Approach
07L44CZ	Occlusion of Left Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L44DZ	Occlusion of Left Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L44ZZ	Occlusion of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07L50CZ	Occlusion of Right Axillary Lymphatic with Extraluminal Device, Open Approach
07L50DZ	Occlusion of Right Axillary Lymphatic with Intraluminal Device, Open Approach
07L50ZZ	Occlusion of Right Axillary Lymphatic, Open Approach
07L53CZ	Occlusion of Right Axillary Lymphatic with Extraluminal Device, Percutaneous Approach
07L53DZ	Occlusion of Right Axillary Lymphatic with Intraluminal Device, Percutaneous Approach
07L53ZZ	Occlusion of Right Axillary Lymphatic, Percutaneous Approach
07L54CZ	Occlusion of Right Axillary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L54DZ	Occlusion of Right Axillary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L54ZZ	Occlusion of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07L60CZ	Occlusion of Left Axillary Lymphatic with Extraluminal Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07L60DZ	Occlusion of Left Axillary Lymphatic with Intraluminal Device, Open Approach
07L60ZZ	Occlusion of Left Axillary Lymphatic, Open Approach
07L63CZ	Occlusion of Left Axillary Lymphatic with Extraluminal Device, Percutaneous Approach
07L63DZ	Occlusion of Left Axillary Lymphatic with Intraluminal Device, Percutaneous Approach
07L63ZZ	Occlusion of Left Axillary Lymphatic, Percutaneous Approach
07L64CZ	Occlusion of Left Axillary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L64DZ	Occlusion of Left Axillary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L64ZZ	Occlusion of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07L70CZ	Occlusion of Thorax Lymphatic with Extraluminal Device, Open Approach
07L70DZ	Occlusion of Thorax Lymphatic with Intraluminal Device, Open Approach
07L70ZZ	Occlusion of Thorax Lymphatic, Open Approach
07L73CZ	Occlusion of Thorax Lymphatic with Extraluminal Device, Percutaneous Approach
07L73DZ	Occlusion of Thorax Lymphatic with Intraluminal Device, Percutaneous Approach
07L73ZZ	Occlusion of Thorax Lymphatic, Percutaneous Approach
07L74CZ	Occlusion of Thorax Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L74DZ	Occlusion of Thorax Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L74ZZ	Occlusion of Thorax Lymphatic, Percutaneous Endoscopic Approach
07L80CZ	Occlusion of Right Internal Mammary Lymphatic with Extraluminal Device, Open Approach
07L80DZ	Occlusion of Right Internal Mammary Lymphatic with Intraluminal Device, Open Approach
07L80ZZ	Occlusion of Right Internal Mammary Lymphatic, Open Approach
07L83CZ	Occlusion of Right Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Approach
07L83DZ	Occlusion of Right Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Approach
07L83ZZ	Occlusion of Right Internal Mammary Lymphatic, Percutaneous Approach
07L84CZ	Occlusion of Right Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L84DZ	Occlusion of Right Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L84ZZ	Occlusion of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07L90CZ	Occlusion of Left Internal Mammary Lymphatic with Extraluminal Device, Open Approach
07L90DZ	Occlusion of Left Internal Mammary Lymphatic with Intraluminal Device, Open Approach
07L90ZZ	Occlusion of Left Internal Mammary Lymphatic, Open Approach
07L93CZ	Occlusion of Left Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Approach
07L93DZ	Occlusion of Left Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Approach
07L93ZZ	Occlusion of Left Internal Mammary Lymphatic, Percutaneous Approach
07L94CZ	Occlusion of Left Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07L94DZ	Occlusion of Left Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07L94ZZ	Occlusion of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07LB0CZ	Occlusion of Mesenteric Lymphatic with Extraluminal Device, Open Approach
07LB0DZ	Occlusion of Mesenteric Lymphatic with Intraluminal Device, Open Approach
07LB0ZZ	Occlusion of Mesenteric Lymphatic, Open Approach
07LB3CZ	Occlusion of Mesenteric Lymphatic with Extraluminal Device, Percutaneous Approach
07LB3DZ	Occlusion of Mesenteric Lymphatic with Intraluminal Device, Percutaneous Approach
07LB3ZZ	Occlusion of Mesenteric Lymphatic, Percutaneous Approach
07LB4CZ	Occlusion of Mesenteric Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LB4DZ	Occlusion of Mesenteric Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LB4ZZ	Occlusion of Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07LC0CZ	Occlusion of Pelvis Lymphatic with Extraluminal Device, Open Approach
07LC0DZ	Occlusion of Pelvis Lymphatic with Intraluminal Device, Open Approach
07LC0ZZ	Occlusion of Pelvis Lymphatic, Open Approach
07LC3CZ	Occlusion of Pelvis Lymphatic with Extraluminal Device, Percutaneous Approach
07LC3DZ	Occlusion of Pelvis Lymphatic with Intraluminal Device, Percutaneous Approach
07LC3ZZ	Occlusion of Pelvis Lymphatic, Percutaneous Approach
07LC4CZ	Occlusion of Pelvis Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LC4DZ	Occlusion of Pelvis Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LC4ZZ	Occlusion of Pelvis Lymphatic, Percutaneous Endoscopic Approach
07LD0CZ	Occlusion of Aortic Lymphatic with Extraluminal Device, Open Approach
07LD0DZ	Occlusion of Aortic Lymphatic with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07LD0ZZ	Occlusion of Aortic Lymphatic, Open Approach
07LD3CZ	Occlusion of Aortic Lymphatic with Extraluminal Device, Percutaneous Approach
07LD3DZ	Occlusion of Aortic Lymphatic with Intraluminal Device, Percutaneous Approach
07LD3ZZ	Occlusion of Aortic Lymphatic, Percutaneous Approach
07LD4CZ	Occlusion of Aortic Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LD4DZ	Occlusion of Aortic Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LD4ZZ	Occlusion of Aortic Lymphatic, Percutaneous Endoscopic Approach
07LF0CZ	Occlusion of Right Lower Extremity Lymphatic with Extraluminal Device, Open Approach
07LF0DZ	Occlusion of Right Lower Extremity Lymphatic with Intraluminal Device, Open Approach
07LF0ZZ	Occlusion of Right Lower Extremity Lymphatic, Open Approach
07LF3CZ	Occlusion of Right Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07LF3DZ	Occlusion of Right Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07LF3ZZ	Occlusion of Right Lower Extremity Lymphatic, Percutaneous Approach
07LF4CZ	Occlusion of Right Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LF4DZ	Occlusion of Right Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LF4ZZ	Occlusion of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07LG0CZ	Occlusion of Left Lower Extremity Lymphatic with Extraluminal Device, Open Approach
07LG0DZ	Occlusion of Left Lower Extremity Lymphatic with Intraluminal Device, Open Approach
07LG0ZZ	Occlusion of Left Lower Extremity Lymphatic, Open Approach
07LG3CZ	Occlusion of Left Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07LG3DZ	Occlusion of Left Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07LG3ZZ	Occlusion of Left Lower Extremity Lymphatic, Percutaneous Approach
07LG4CZ	Occlusion of Left Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LG4DZ	Occlusion of Left Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LG4ZZ	Occlusion of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07LH0CZ	Occlusion of Right Inguinal Lymphatic with Extraluminal Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07LH0DZ	Occlusion of Right Inguinal Lymphatic with Intraluminal Device, Open Approach
07LH0ZZ	Occlusion of Right Inguinal Lymphatic, Open Approach
07LH3CZ	Occlusion of Right Inguinal Lymphatic with Extraluminal Device, Percutaneous Approach
07LH3DZ	Occlusion of Right Inguinal Lymphatic with Intraluminal Device, Percutaneous Approach
07LH3ZZ	Occlusion of Right Inguinal Lymphatic, Percutaneous Approach
07LH4CZ	Occlusion of Right Inguinal Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LH4DZ	Occlusion of Right Inguinal Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LH4ZZ	Occlusion of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07LJ0CZ	Occlusion of Left Inguinal Lymphatic with Extraluminal Device, Open Approach
07LJ0DZ	Occlusion of Left Inguinal Lymphatic with Intraluminal Device, Open Approach
07LJ0ZZ	Occlusion of Left Inguinal Lymphatic, Open Approach
07LJ3CZ	Occlusion of Left Inguinal Lymphatic with Extraluminal Device, Percutaneous Approach
07LJ3DZ	Occlusion of Left Inguinal Lymphatic with Intraluminal Device, Percutaneous Approach
07LJ3ZZ	Occlusion of Left Inguinal Lymphatic, Percutaneous Approach
07LJ4CZ	Occlusion of Left Inguinal Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07LJ4DZ	Occlusion of Left Inguinal Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07LJ4ZZ	Occlusion of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07N00ZZ	Release Head Lymphatic, Open Approach
07N03ZZ	Release Head Lymphatic, Percutaneous Approach
07N04ZZ	Release Head Lymphatic, Percutaneous Endoscopic Approach
07N10ZZ	Release Right Neck Lymphatic, Open Approach
07N13ZZ	Release Right Neck Lymphatic, Percutaneous Approach
07N14ZZ	Release Right Neck Lymphatic, Percutaneous Endoscopic Approach
07N20ZZ	Release Left Neck Lymphatic, Open Approach
07N23ZZ	Release Left Neck Lymphatic, Percutaneous Approach
07N24ZZ	Release Left Neck Lymphatic, Percutaneous Endoscopic Approach
07N30ZZ	Release Right Upper Extremity Lymphatic, Open Approach
07N33ZZ	Release Right Upper Extremity Lymphatic, Percutaneous Approach
07N34ZZ	Release Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07N40ZZ	Release Left Upper Extremity Lymphatic, Open Approach
07N43ZZ	Release Left Upper Extremity Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07N44ZZ	Release Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07N50ZZ	Release Right Axillary Lymphatic, Open Approach
07N53ZZ	Release Right Axillary Lymphatic, Percutaneous Approach
07N54ZZ	Release Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07N60ZZ	Release Left Axillary Lymphatic, Open Approach
07N63ZZ	Release Left Axillary Lymphatic, Percutaneous Approach
07N64ZZ	Release Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07N70ZZ	Release Thorax Lymphatic, Open Approach
07N73ZZ	Release Thorax Lymphatic, Percutaneous Approach
07N74ZZ	Release Thorax Lymphatic, Percutaneous Endoscopic Approach
07N80ZZ	Release Right Internal Mammary Lymphatic, Open Approach
07N83ZZ	Release Right Internal Mammary Lymphatic, Percutaneous Approach
07N84ZZ	Release Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07N90ZZ	Release Left Internal Mammary Lymphatic, Open Approach
07N93ZZ	Release Left Internal Mammary Lymphatic, Percutaneous Approach
07N94ZZ	Release Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07NB0ZZ	Release Mesenteric Lymphatic, Open Approach
07NB3ZZ	Release Mesenteric Lymphatic, Percutaneous Approach
07NB4ZZ	Release Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07NC0ZZ	Release Pelvis Lymphatic, Open Approach
07NC3ZZ	Release Pelvis Lymphatic, Percutaneous Approach
07NC4ZZ	Release Pelvis Lymphatic, Percutaneous Endoscopic Approach
07ND0ZZ	Release Aortic Lymphatic, Open Approach
07ND3ZZ	Release Aortic Lymphatic, Percutaneous Approach
07ND4ZZ	Release Aortic Lymphatic, Percutaneous Endoscopic Approach
07NF0ZZ	Release Right Lower Extremity Lymphatic, Open Approach
07NF3ZZ	Release Right Lower Extremity Lymphatic, Percutaneous Approach
07NF4ZZ	Release Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07NG0ZZ	Release Left Lower Extremity Lymphatic, Open Approach
07NG3ZZ	Release Left Lower Extremity Lymphatic, Percutaneous Approach
07NG4ZZ	Release Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07NH0ZZ	Release Right Inguinal Lymphatic, Open Approach
07NH3ZZ	Release Right Inguinal Lymphatic, Percutaneous Approach
07NH4ZZ	Release Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07NJ0ZZ	Release Left Inguinal Lymphatic, Open Approach
07NJ3ZZ	Release Left Inguinal Lymphatic, Percutaneous Approach
07NJ4ZZ	Release Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07PK07Z	Removal of Autologous Tissue Substitute from Thoracic Duct, Open Approach
07PK0JZ	Removal of Synthetic Substitute from Thoracic Duct, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07PK0KZ	Removal of Nonautologous Tissue Substitute from Thoracic Duct, Open Approach
07PK37Z	Removal of Autologous Tissue Substitute from Thoracic Duct, Percutaneous Approach
07PK3JZ	Removal of Synthetic Substitute from Thoracic Duct, Percutaneous Approach
07PK3KZ	Removal of Nonautologous Tissue Substitute from Thoracic Duct, Percutaneous Approach
07PK47Z	Removal of Autologous Tissue Substitute from Thoracic Duct, Percutaneous Endoscopic Approach
07PK4JZ	Removal of Synthetic Substitute from Thoracic Duct, Percutaneous Endoscopic Approach
07PK4KZ	Removal of Nonautologous Tissue Substitute from Thoracic Duct, Percutaneous Endoscopic Approach
07PL07Z	Removal of Autologous Tissue Substitute from Cisterna Chyli, Open Approach
07PL0JZ	Removal of Synthetic Substitute from Cisterna Chyli, Open Approach
07PL0KZ	Removal of Nonautologous Tissue Substitute from Cisterna Chyli, Open Approach
07PL37Z	Removal of Autologous Tissue Substitute from Cisterna Chyli, Percutaneous Approach
07PL3JZ	Removal of Synthetic Substitute from Cisterna Chyli, Percutaneous Approach
07PL3KZ	Removal of Nonautologous Tissue Substitute from Cisterna Chyli, Percutaneous Approach
07PL47Z	Removal of Autologous Tissue Substitute from Cisterna Chyli, Percutaneous Endoscopic Approach
07PL4JZ	Removal of Synthetic Substitute from Cisterna Chyli, Percutaneous Endoscopic Approach
07PL4KZ	Removal of Nonautologous Tissue Substitute from Cisterna Chyli, Percutaneous Endoscopic Approach
07PN00Z	Removal of Drainage Device from Lymphatic, Open Approach
07PN03Z	Removal of Infusion Device from Lymphatic, Open Approach
07PN07Z	Removal of Autologous Tissue Substitute from Lymphatic, Open Approach
07PN0CZ	Removal of Extraluminal Device from Lymphatic, Open Approach
07PN0DZ	Removal of Intraluminal Device from Lymphatic, Open Approach
07PN0JZ	Removal of Synthetic Substitute from Lymphatic, Open Approach
07PN0KZ	Removal of Nonautologous Tissue Substitute from Lymphatic, Open Approach
07PN30Z	Removal of Drainage Device from Lymphatic, Percutaneous Approach
07PN33Z	Removal of Infusion Device from Lymphatic, Percutaneous Approach
07PN37Z	Removal of Autologous Tissue Substitute from Lymphatic, Percutaneous Approach
07PN3CZ	Removal of Extraluminal Device from Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07PN3DZ	Removal of Intraluminal Device from Lymphatic, Percutaneous Approach
07PN3JZ	Removal of Synthetic Substitute from Lymphatic, Percutaneous Approach
07PN3KZ	Removal of Nonautologous Tissue Substitute from Lymphatic, Percutaneous Approach
07PN40Z	Removal of Drainage Device from Lymphatic, Percutaneous Endoscopic Approach
07PN43Z	Removal of Infusion Device from Lymphatic, Percutaneous Endoscopic Approach
07PN47Z	Removal of Autologous Tissue Substitute from Lymphatic, Percutaneous Endoscopic Approach
07PN4CZ	Removal of Extraluminal Device from Lymphatic, Percutaneous Endoscopic Approach
07PN4DZ	Removal of Intraluminal Device from Lymphatic, Percutaneous Endoscopic Approach
07PN4JZ	Removal of Synthetic Substitute from Lymphatic, Percutaneous Endoscopic Approach
07PN4KZ	Removal of Nonautologous Tissue Substitute from Lymphatic, Percutaneous Endoscopic Approach
07PT00Z	Removal of Drainage Device from Bone Marrow, Open Approach
07PT30Z	Removal of Drainage Device from Bone Marrow, Percutaneous Approach
07PT40Z	Removal of Drainage Device from Bone Marrow, Percutaneous Endoscopic Approach
07Q00ZZ	Repair Head Lymphatic, Open Approach
07Q03ZZ	Repair Head Lymphatic, Percutaneous Approach
07Q04ZZ	Repair Head Lymphatic, Percutaneous Endoscopic Approach
07Q10ZZ	Repair Right Neck Lymphatic, Open Approach
07Q13ZZ	Repair Right Neck Lymphatic, Percutaneous Approach
07Q14ZZ	Repair Right Neck Lymphatic, Percutaneous Endoscopic Approach
07Q20ZZ	Repair Left Neck Lymphatic, Open Approach
07Q23ZZ	Repair Left Neck Lymphatic, Percutaneous Approach
07Q24ZZ	Repair Left Neck Lymphatic, Percutaneous Endoscopic Approach
07Q30ZZ	Repair Right Upper Extremity Lymphatic, Open Approach
07Q33ZZ	Repair Right Upper Extremity Lymphatic, Percutaneous Approach
07Q34ZZ	Repair Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07Q40ZZ	Repair Left Upper Extremity Lymphatic, Open Approach
07Q43ZZ	Repair Left Upper Extremity Lymphatic, Percutaneous Approach
07Q44ZZ	Repair Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07Q50ZZ	Repair Right Axillary Lymphatic, Open Approach
07Q53ZZ	Repair Right Axillary Lymphatic, Percutaneous Approach
07Q54ZZ	Repair Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07Q60ZZ	Repair Left Axillary Lymphatic, Open Approach
07Q63ZZ	Repair Left Axillary Lymphatic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07Q64ZZ	Repair Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07Q70ZZ	Repair Thorax Lymphatic, Open Approach
07Q73ZZ	Repair Thorax Lymphatic, Percutaneous Approach
07Q74ZZ	Repair Thorax Lymphatic, Percutaneous Endoscopic Approach
07Q80ZZ	Repair Right Internal Mammary Lymphatic, Open Approach
07Q83ZZ	Repair Right Internal Mammary Lymphatic, Percutaneous Approach
07Q84ZZ	Repair Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07Q90ZZ	Repair Left Internal Mammary Lymphatic, Open Approach
07Q93ZZ	Repair Left Internal Mammary Lymphatic, Percutaneous Approach
07Q94ZZ	Repair Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07QB0ZZ	Repair Mesenteric Lymphatic, Open Approach
07QB3ZZ	Repair Mesenteric Lymphatic, Percutaneous Approach
07QB4ZZ	Repair Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07QC0ZZ	Repair Pelvis Lymphatic, Open Approach
07QC3ZZ	Repair Pelvis Lymphatic, Percutaneous Approach
07QC4ZZ	Repair Pelvis Lymphatic, Percutaneous Endoscopic Approach
07QD0ZZ	Repair Aortic Lymphatic, Open Approach
07QD3ZZ	Repair Aortic Lymphatic, Percutaneous Approach
07QD4ZZ	Repair Aortic Lymphatic, Percutaneous Endoscopic Approach
07QF0ZZ	Repair Right Lower Extremity Lymphatic, Open Approach
07QF3ZZ	Repair Right Lower Extremity Lymphatic, Percutaneous Approach
07QF4ZZ	Repair Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07QG0ZZ	Repair Left Lower Extremity Lymphatic, Open Approach
07QG3ZZ	Repair Left Lower Extremity Lymphatic, Percutaneous Approach
07QG4ZZ	Repair Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07QH0ZZ	Repair Right Inguinal Lymphatic, Open Approach
07QH3ZZ	Repair Right Inguinal Lymphatic, Percutaneous Approach
07QH4ZZ	Repair Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07QJ0ZZ	Repair Left Inguinal Lymphatic, Open Approach
07QJ3ZZ	Repair Left Inguinal Lymphatic, Percutaneous Approach
07QJ4ZZ	Repair Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07T50ZZ	Resection of Right Axillary Lymphatic, Open Approach
07T54ZZ	Resection of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07T60ZZ	Resection of Left Axillary Lymphatic, Open Approach
07T64ZZ	Resection of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07U007Z	Supplement Head Lymphatic with Autologous Tissue Substitute, Open Approach
07U00JZ	Supplement Head Lymphatic with Synthetic Substitute, Open Approach
07U00KZ	Supplement Head Lymphatic with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07U047Z	Supplement Head Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U04JZ	Supplement Head Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U04KZ	Supplement Head Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U107Z	Supplement Right Neck Lymphatic with Autologous Tissue Substitute, Open Approach
07U10JZ	Supplement Right Neck Lymphatic with Synthetic Substitute, Open Approach
07U10KZ	Supplement Right Neck Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U147Z	Supplement Right Neck Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U14JZ	Supplement Right Neck Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U14KZ	Supplement Right Neck Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U207Z	Supplement Left Neck Lymphatic with Autologous Tissue Substitute, Open Approach
07U20JZ	Supplement Left Neck Lymphatic with Synthetic Substitute, Open Approach
07U20KZ	Supplement Left Neck Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U247Z	Supplement Left Neck Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U24JZ	Supplement Left Neck Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U24KZ	Supplement Left Neck Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U307Z	Supplement Right Upper Extremity Lymphatic with Autologous Tissue Substitute, Open Approach
07U30JZ	Supplement Right Upper Extremity Lymphatic with Synthetic Substitute, Open Approach
07U30KZ	Supplement Right Upper Extremity Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U347Z	Supplement Right Upper Extremity Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U34JZ	Supplement Right Upper Extremity Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U34KZ	Supplement Right Upper Extremity Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U407Z	Supplement Left Upper Extremity Lymphatic with Autologous Tissue Substitute, Open Approach
07U40JZ	Supplement Left Upper Extremity Lymphatic with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07U40KZ	Supplement Left Upper Extremity Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U447Z	Supplement Left Upper Extremity Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U44JZ	Supplement Left Upper Extremity Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U44KZ	Supplement Left Upper Extremity Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U507Z	Supplement Right Axillary Lymphatic with Autologous Tissue Substitute, Open Approach
07U50JZ	Supplement Right Axillary Lymphatic with Synthetic Substitute, Open Approach
07U50KZ	Supplement Right Axillary Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U547Z	Supplement Right Axillary Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U54JZ	Supplement Right Axillary Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U54KZ	Supplement Right Axillary Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U607Z	Supplement Left Axillary Lymphatic with Autologous Tissue Substitute, Open Approach
07U60JZ	Supplement Left Axillary Lymphatic with Synthetic Substitute, Open Approach
07U60KZ	Supplement Left Axillary Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U647Z	Supplement Left Axillary Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U64JZ	Supplement Left Axillary Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U64KZ	Supplement Left Axillary Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U707Z	Supplement Thorax Lymphatic with Autologous Tissue Substitute, Open Approach
07U70JZ	Supplement Thorax Lymphatic with Synthetic Substitute, Open Approach
07U70KZ	Supplement Thorax Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U747Z	Supplement Thorax Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U74JZ	Supplement Thorax Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U74KZ	Supplement Thorax Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U807Z	Supplement Right Internal Mammary Lymphatic with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07U80JZ	Supplement Right Internal Mammary Lymphatic with Synthetic Substitute, Open Approach
07U80KZ	Supplement Right Internal Mammary Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U847Z	Supplement Right Internal Mammary Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U84JZ	Supplement Right Internal Mammary Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U84KZ	Supplement Right Internal Mammary Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07U907Z	Supplement Left Internal Mammary Lymphatic with Autologous Tissue Substitute, Open Approach
07U90JZ	Supplement Left Internal Mammary Lymphatic with Synthetic Substitute, Open Approach
07U90KZ	Supplement Left Internal Mammary Lymphatic with Nonautologous Tissue Substitute, Open Approach
07U947Z	Supplement Left Internal Mammary Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07U94JZ	Supplement Left Internal Mammary Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07U94KZ	Supplement Left Internal Mammary Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UB07Z	Supplement Mesenteric Lymphatic with Autologous Tissue Substitute, Open Approach
07UB0JZ	Supplement Mesenteric Lymphatic with Synthetic Substitute, Open Approach
07UB0KZ	Supplement Mesenteric Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UB47Z	Supplement Mesenteric Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UB4JZ	Supplement Mesenteric Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UB4KZ	Supplement Mesenteric Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UC07Z	Supplement Pelvis Lymphatic with Autologous Tissue Substitute, Open Approach
07UC0JZ	Supplement Pelvis Lymphatic with Synthetic Substitute, Open Approach
07UC0KZ	Supplement Pelvis Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UC47Z	Supplement Pelvis Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UC4JZ	Supplement Pelvis Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UC4KZ	Supplement Pelvis Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07UD07Z	Supplement Aortic Lymphatic with Autologous Tissue Substitute, Open Approach
07UD0JZ	Supplement Aortic Lymphatic with Synthetic Substitute, Open Approach
07UD0KZ	Supplement Aortic Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UD47Z	Supplement Aortic Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UD4JZ	Supplement Aortic Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UD4KZ	Supplement Aortic Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UF07Z	Supplement Right Lower Extremity Lymphatic with Autologous Tissue Substitute, Open Approach
07UF0JZ	Supplement Right Lower Extremity Lymphatic with Synthetic Substitute, Open Approach
07UF0KZ	Supplement Right Lower Extremity Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UF47Z	Supplement Right Lower Extremity Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UF4JZ	Supplement Right Lower Extremity Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UF4KZ	Supplement Right Lower Extremity Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UG07Z	Supplement Left Lower Extremity Lymphatic with Autologous Tissue Substitute, Open Approach
07UG0JZ	Supplement Left Lower Extremity Lymphatic with Synthetic Substitute, Open Approach
07UG0KZ	Supplement Left Lower Extremity Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UG47Z	Supplement Left Lower Extremity Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UG4JZ	Supplement Left Lower Extremity Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UG4KZ	Supplement Left Lower Extremity Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UH07Z	Supplement Right Inguinal Lymphatic with Autologous Tissue Substitute, Open Approach
07UH0JZ	Supplement Right Inguinal Lymphatic with Synthetic Substitute, Open Approach
07UH0KZ	Supplement Right Inguinal Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UH47Z	Supplement Right Inguinal Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UH4JZ	Supplement Right Inguinal Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07UH4KZ	Supplement Right Inguinal Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07UJ07Z	Supplement Left Inguinal Lymphatic with Autologous Tissue Substitute, Open Approach
07UJ0JZ	Supplement Left Inguinal Lymphatic with Synthetic Substitute, Open Approach
07UJ0KZ	Supplement Left Inguinal Lymphatic with Nonautologous Tissue Substitute, Open Approach
07UJ47Z	Supplement Left Inguinal Lymphatic with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
07UJ4JZ	Supplement Left Inguinal Lymphatic with Synthetic Substitute, Percutaneous Endoscopic Approach
07UJ4KZ	Supplement Left Inguinal Lymphatic with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
07V00CZ	Restriction of Head Lymphatic with Extraluminal Device, Open Approach
07V00DZ	Restriction of Head Lymphatic with Intraluminal Device, Open Approach
07V00ZZ	Restriction of Head Lymphatic, Open Approach
07V03CZ	Restriction of Head Lymphatic with Extraluminal Device, Percutaneous Approach
07V03DZ	Restriction of Head Lymphatic with Intraluminal Device, Percutaneous Approach
07V03ZZ	Restriction of Head Lymphatic, Percutaneous Approach
07V04CZ	Restriction of Head Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V04DZ	Restriction of Head Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V04ZZ	Restriction of Head Lymphatic, Percutaneous Endoscopic Approach
07V10CZ	Restriction of Right Neck Lymphatic with Extraluminal Device, Open Approach
07V10DZ	Restriction of Right Neck Lymphatic with Intraluminal Device, Open Approach
07V10ZZ	Restriction of Right Neck Lymphatic, Open Approach
07V13CZ	Restriction of Right Neck Lymphatic with Extraluminal Device, Percutaneous Approach
07V13DZ	Restriction of Right Neck Lymphatic with Intraluminal Device, Percutaneous Approach
07V13ZZ	Restriction of Right Neck Lymphatic, Percutaneous Approach
07V14CZ	Restriction of Right Neck Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V14DZ	Restriction of Right Neck Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V14ZZ	Restriction of Right Neck Lymphatic, Percutaneous Endoscopic Approach
07V20CZ	Restriction of Left Neck Lymphatic with Extraluminal Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07V20DZ	Restriction of Left Neck Lymphatic with Intraluminal Device, Open Approach
07V20ZZ	Restriction of Left Neck Lymphatic, Open Approach
07V23CZ	Restriction of Left Neck Lymphatic with Extraluminal Device, Percutaneous Approach
07V23DZ	Restriction of Left Neck Lymphatic with Intraluminal Device, Percutaneous Approach
07V23ZZ	Restriction of Left Neck Lymphatic, Percutaneous Approach
07V24CZ	Restriction of Left Neck Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V24DZ	Restriction of Left Neck Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V24ZZ	Restriction of Left Neck Lymphatic, Percutaneous Endoscopic Approach
07V30CZ	Restriction of Right Upper Extremity Lymphatic with Extraluminal Device, Open Approach
07V30DZ	Restriction of Right Upper Extremity Lymphatic with Intraluminal Device, Open Approach
07V30ZZ	Restriction of Right Upper Extremity Lymphatic, Open Approach
07V33CZ	Restriction of Right Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07V33DZ	Restriction of Right Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07V33ZZ	Restriction of Right Upper Extremity Lymphatic, Percutaneous Approach
07V34CZ	Restriction of Right Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V34DZ	Restriction of Right Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V34ZZ	Restriction of Right Upper Extremity Lymphatic, Percutaneous Endoscopic Approach
07V40CZ	Restriction of Left Upper Extremity Lymphatic with Extraluminal Device, Open Approach
07V40DZ	Restriction of Left Upper Extremity Lymphatic with Intraluminal Device, Open Approach
07V40ZZ	Restriction of Left Upper Extremity Lymphatic, Open Approach
07V43CZ	Restriction of Left Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07V43DZ	Restriction of Left Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07V43ZZ	Restriction of Left Upper Extremity Lymphatic, Percutaneous Approach
07V44CZ	Restriction of Left Upper Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V44DZ	Restriction of Left Upper Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V44ZZ	Restriction of Left Upper Extremity Lymphatic, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07V50CZ	Restriction of Right Axillary Lymphatic with Extraluminal Device, Open Approach
07V50DZ	Restriction of Right Axillary Lymphatic with Intraluminal Device, Open Approach
07V50ZZ	Restriction of Right Axillary Lymphatic, Open Approach
07V53CZ	Restriction of Right Axillary Lymphatic with Extraluminal Device, Percutaneous Approach
07V53DZ	Restriction of Right Axillary Lymphatic with Intraluminal Device, Percutaneous Approach
07V53ZZ	Restriction of Right Axillary Lymphatic, Percutaneous Approach
07V54CZ	Restriction of Right Axillary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V54DZ	Restriction of Right Axillary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V54ZZ	Restriction of Right Axillary Lymphatic, Percutaneous Endoscopic Approach
07V60CZ	Restriction of Left Axillary Lymphatic with Extraluminal Device, Open Approach
07V60DZ	Restriction of Left Axillary Lymphatic with Intraluminal Device, Open Approach
07V60ZZ	Restriction of Left Axillary Lymphatic, Open Approach
07V63CZ	Restriction of Left Axillary Lymphatic with Extraluminal Device, Percutaneous Approach
07V63DZ	Restriction of Left Axillary Lymphatic with Intraluminal Device, Percutaneous Approach
07V63ZZ	Restriction of Left Axillary Lymphatic, Percutaneous Approach
07V64CZ	Restriction of Left Axillary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V64DZ	Restriction of Left Axillary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V64ZZ	Restriction of Left Axillary Lymphatic, Percutaneous Endoscopic Approach
07V70CZ	Restriction of Thorax Lymphatic with Extraluminal Device, Open Approach
07V70DZ	Restriction of Thorax Lymphatic with Intraluminal Device, Open Approach
07V70ZZ	Restriction of Thorax Lymphatic, Open Approach
07V73CZ	Restriction of Thorax Lymphatic with Extraluminal Device, Percutaneous Approach
07V73DZ	Restriction of Thorax Lymphatic with Intraluminal Device, Percutaneous Approach
07V73ZZ	Restriction of Thorax Lymphatic, Percutaneous Approach
07V74CZ	Restriction of Thorax Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V74DZ	Restriction of Thorax Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V74ZZ	Restriction of Thorax Lymphatic, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07V80CZ	Restriction of Right Internal Mammary Lymphatic with Extraluminal Device, Open Approach
07V80DZ	Restriction of Right Internal Mammary Lymphatic with Intraluminal Device, Open Approach
07V80ZZ	Restriction of Right Internal Mammary Lymphatic, Open Approach
07V83CZ	Restriction of Right Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Approach
07V83DZ	Restriction of Right Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Approach
07V83ZZ	Restriction of Right Internal Mammary Lymphatic, Percutaneous Approach
07V84CZ	Restriction of Right Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V84DZ	Restriction of Right Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V84ZZ	Restriction of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07V90CZ	Restriction of Left Internal Mammary Lymphatic with Extraluminal Device, Open Approach
07V90DZ	Restriction of Left Internal Mammary Lymphatic with Intraluminal Device, Open Approach
07V90ZZ	Restriction of Left Internal Mammary Lymphatic, Open Approach
07V93CZ	Restriction of Left Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Approach
07V93DZ	Restriction of Left Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Approach
07V93ZZ	Restriction of Left Internal Mammary Lymphatic, Percutaneous Approach
07V94CZ	Restriction of Left Internal Mammary Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07V94DZ	Restriction of Left Internal Mammary Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07V94ZZ	Restriction of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach
07VB0CZ	Restriction of Mesenteric Lymphatic with Extraluminal Device, Open Approach
07VB0DZ	Restriction of Mesenteric Lymphatic with Intraluminal Device, Open Approach
07VB0ZZ	Restriction of Mesenteric Lymphatic, Open Approach
07VB3CZ	Restriction of Mesenteric Lymphatic with Extraluminal Device, Percutaneous Approach
07VB3DZ	Restriction of Mesenteric Lymphatic with Intraluminal Device, Percutaneous Approach
07VB3ZZ	Restriction of Mesenteric Lymphatic, Percutaneous Approach
07VB4CZ	Restriction of Mesenteric Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07VB4DZ	Restriction of Mesenteric Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VB4ZZ	Restriction of Mesenteric Lymphatic, Percutaneous Endoscopic Approach
07VC0CZ	Restriction of Pelvis Lymphatic with Extraluminal Device, Open Approach
07VC0DZ	Restriction of Pelvis Lymphatic with Intraluminal Device, Open Approach
07VC0ZZ	Restriction of Pelvis Lymphatic, Open Approach
07VC3CZ	Restriction of Pelvis Lymphatic with Extraluminal Device, Percutaneous Approach
07VC3DZ	Restriction of Pelvis Lymphatic with Intraluminal Device, Percutaneous Approach
07VC3ZZ	Restriction of Pelvis Lymphatic, Percutaneous Approach
07VC4CZ	Restriction of Pelvis Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VC4DZ	Restriction of Pelvis Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VC4ZZ	Restriction of Pelvis Lymphatic, Percutaneous Endoscopic Approach
07VD0CZ	Restriction of Aortic Lymphatic with Extraluminal Device, Open Approach
07VD0DZ	Restriction of Aortic Lymphatic with Intraluminal Device, Open Approach
07VD0ZZ	Restriction of Aortic Lymphatic, Open Approach
07VD3CZ	Restriction of Aortic Lymphatic with Extraluminal Device, Percutaneous Approach
07VD3DZ	Restriction of Aortic Lymphatic with Intraluminal Device, Percutaneous Approach
07VD3ZZ	Restriction of Aortic Lymphatic, Percutaneous Approach
07VD4CZ	Restriction of Aortic Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VD4DZ	Restriction of Aortic Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VD4ZZ	Restriction of Aortic Lymphatic, Percutaneous Endoscopic Approach
07VF0CZ	Restriction of Right Lower Extremity Lymphatic with Extraluminal Device, Open Approach
07VF0DZ	Restriction of Right Lower Extremity Lymphatic with Intraluminal Device, Open Approach
07VF0ZZ	Restriction of Right Lower Extremity Lymphatic, Open Approach
07VF3CZ	Restriction of Right Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07VF3DZ	Restriction of Right Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07VF3ZZ	Restriction of Right Lower Extremity Lymphatic, Percutaneous Approach
07VF4CZ	Restriction of Right Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VF4DZ	Restriction of Right Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VF4ZZ	Restriction of Right Lower Extremity Lymphatic, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07VG0CZ	Restriction of Left Lower Extremity Lymphatic with Extraluminal Device, Open Approach
07VG0DZ	Restriction of Left Lower Extremity Lymphatic with Intraluminal Device, Open Approach
07VG0ZZ	Restriction of Left Lower Extremity Lymphatic, Open Approach
07VG3CZ	Restriction of Left Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Approach
07VG3DZ	Restriction of Left Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Approach
07VG3ZZ	Restriction of Left Lower Extremity Lymphatic, Percutaneous Approach
07VG4CZ	Restriction of Left Lower Extremity Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VG4DZ	Restriction of Left Lower Extremity Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VG4ZZ	Restriction of Left Lower Extremity Lymphatic, Percutaneous Endoscopic Approach
07VH0CZ	Restriction of Right Inguinal Lymphatic with Extraluminal Device, Open Approach
07VH0DZ	Restriction of Right Inguinal Lymphatic with Intraluminal Device, Open Approach
07VH0ZZ	Restriction of Right Inguinal Lymphatic, Open Approach
07VH3CZ	Restriction of Right Inguinal Lymphatic with Extraluminal Device, Percutaneous Approach
07VH3DZ	Restriction of Right Inguinal Lymphatic with Intraluminal Device, Percutaneous Approach
07VH3ZZ	Restriction of Right Inguinal Lymphatic, Percutaneous Approach
07VH4CZ	Restriction of Right Inguinal Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VH4DZ	Restriction of Right Inguinal Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach
07VH4ZZ	Restriction of Right Inguinal Lymphatic, Percutaneous Endoscopic Approach
07VJ0CZ	Restriction of Left Inguinal Lymphatic with Extraluminal Device, Open Approach
07VJ0DZ	Restriction of Left Inguinal Lymphatic with Intraluminal Device, Open Approach
07VJ0ZZ	Restriction of Left Inguinal Lymphatic, Open Approach
07VJ3CZ	Restriction of Left Inguinal Lymphatic with Extraluminal Device, Percutaneous Approach
07VJ3DZ	Restriction of Left Inguinal Lymphatic with Intraluminal Device, Percutaneous Approach
07VJ3ZZ	Restriction of Left Inguinal Lymphatic, Percutaneous Approach
07VJ4CZ	Restriction of Left Inguinal Lymphatic with Extraluminal Device, Percutaneous Endoscopic Approach
07VJ4DZ	Restriction of Left Inguinal Lymphatic with Intraluminal Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07VJ4ZZ	Restriction of Left Inguinal Lymphatic, Percutaneous Endoscopic Approach
07WK07Z	Revision of Autologous Tissue Substitute in Thoracic Duct, Open Approach
07WK0JZ	Revision of Synthetic Substitute in Thoracic Duct, Open Approach
07WK0KZ	Revision of Nonautologous Tissue Substitute in Thoracic Duct, Open Approach
07WK37Z	Revision of Autologous Tissue Substitute in Thoracic Duct, Percutaneous Approach
07WK3JZ	Revision of Synthetic Substitute in Thoracic Duct, Percutaneous Approach
07WK3KZ	Revision of Nonautologous Tissue Substitute in Thoracic Duct, Percutaneous Approach
07WK47Z	Revision of Autologous Tissue Substitute in Thoracic Duct, Percutaneous Endoscopic Approach
07WK4JZ	Revision of Synthetic Substitute in Thoracic Duct, Percutaneous Endoscopic Approach
07WK4KZ	Revision of Nonautologous Tissue Substitute in Thoracic Duct, Percutaneous Endoscopic Approach
07WL07Z	Revision of Autologous Tissue Substitute in Cisterna Chyli, Open Approach
07WL0JZ	Revision of Synthetic Substitute in Cisterna Chyli, Open Approach
07WL0KZ	Revision of Nonautologous Tissue Substitute in Cisterna Chyli, Open Approach
07WL37Z	Revision of Autologous Tissue Substitute in Cisterna Chyli, Percutaneous Approach
07WL3JZ	Revision of Synthetic Substitute in Cisterna Chyli, Percutaneous Approach
07WL3KZ	Revision of Nonautologous Tissue Substitute in Cisterna Chyli, Percutaneous Approach
07WL47Z	Revision of Autologous Tissue Substitute in Cisterna Chyli, Percutaneous Endoscopic Approach
07WL4JZ	Revision of Synthetic Substitute in Cisterna Chyli, Percutaneous Endoscopic Approach
07WL4KZ	Revision of Nonautologous Tissue Substitute in Cisterna Chyli, Percutaneous Endoscopic Approach
07WN00Z	Revision of Drainage Device in Lymphatic, Open Approach
07WN03Z	Revision of Infusion Device in Lymphatic, Open Approach
07WN07Z	Revision of Autologous Tissue Substitute in Lymphatic, Open Approach
07WN0CZ	Revision of Extraluminal Device in Lymphatic, Open Approach
07WN0DZ	Revision of Intraluminal Device in Lymphatic, Open Approach
07WN0JZ	Revision of Synthetic Substitute in Lymphatic, Open Approach
07WN0KZ	Revision of Nonautologous Tissue Substitute in Lymphatic, Open Approach
07WN30Z	Revision of Drainage Device in Lymphatic, Percutaneous Approach
07WN33Z	Revision of Infusion Device in Lymphatic, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
07WN37Z	Revision of Autologous Tissue Substitute in Lymphatic, Percutaneous Approach
07WN3CZ	Revision of Extraluminal Device in Lymphatic, Percutaneous Approach
07WN3DZ	Revision of Intraluminal Device in Lymphatic, Percutaneous Approach
07WN3JZ	Revision of Synthetic Substitute in Lymphatic, Percutaneous Approach
07WN3KZ	Revision of Nonautologous Tissue Substitute in Lymphatic, Percutaneous Approach
07WN40Z	Revision of Drainage Device in Lymphatic, Percutaneous Endoscopic Approach
07WN43Z	Revision of Infusion Device in Lymphatic, Percutaneous Endoscopic Approach
07WN47Z	Revision of Autologous Tissue Substitute in Lymphatic, Percutaneous Endoscopic Approach
07WN4CZ	Revision of Extraluminal Device in Lymphatic, Percutaneous Endoscopic Approach
07WN4DZ	Revision of Intraluminal Device in Lymphatic, Percutaneous Endoscopic Approach
07WN4JZ	Revision of Synthetic Substitute in Lymphatic, Percutaneous Endoscopic Approach
07WN4KZ	Revision of Nonautologous Tissue Substitute in Lymphatic, Percutaneous Endoscopic Approach
07WT00Z	Revision of Drainage Device in Bone Marrow, Open Approach
07WT30Z	Revision of Drainage Device in Bone Marrow, Percutaneous Approach
07WT40Z	Revision of Drainage Device in Bone Marrow, Percutaneous Endoscopic Approach
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach
30230G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Open Approach
30230X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Open Approach
30230X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open Approach
30230Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach
30233G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach
30233X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach
30233Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach
30240G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Open Approach
30240X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Open Approach
30240X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Open Approach
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open Approach
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach
30243X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach
30243Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach
30250X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Open Approach
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach
30250Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach
30253X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach
30253Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach
30260X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Open Approach
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach
30260Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Open Approach
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach
30263X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach
30263Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach
3E0A3GC	Introduction of Other Therapeutic Substance into Bone Marrow, Percutaneous Approach
3E0V0GB	Introduction of Recombinant Bone Morphogenetic Protein into Bones, Open Approach
3E0V33Z	Introduction of Anti-inflammatory into Bones, Percutaneous Approach
3E0V36Z	Introduction of Nutritional Substance into Bones, Percutaneous Approach
3E0V37Z	Introduction of Electrolytic and Water Balance Substance into Bones, Percutaneous Approach
3E0V3BZ	Introduction of Local Anesthetic into Bones, Percutaneous Approach
3E0V3GB	Introduction of Recombinant Bone Morphogenetic Protein into Bones, Percutaneous Approach
3E0V3HZ	Introduction of Radioactive Substance into Bones, Percutaneous Approach
3E0V3KZ	Introduction of Other Diagnostic Substance into Bones, Percutaneous Approach
3E0V3TZ	Introduction of Destructive Agent into Bones, Percutaneous Approach
4A0605Z	Measurement of Lymphatic Flow, Open Approach
4A060BZ	Measurement of Lymphatic Pressure, Open Approach
4A0635Z	Measurement of Lymphatic Flow, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
ICD-10 Code	Description
4A063BZ	Measurement of Lymphatic Pressure, Percutaneous Approach
4A1605Z	Monitoring of Lymphatic Flow, Open Approach
4A160BZ	Monitoring of Lymphatic Pressure, Open Approach
4A1635Z	Monitoring of Lymphatic Flow, Percutaneous Approach
4A163BZ	Monitoring of Lymphatic Pressure, Percutaneous Approach
6A550Z3	Pheresis of Plasma, Single
6A550ZT	Pheresis of Cord Blood Stem Cells, Single
6A550ZV	Pheresis of Hematopoietic Stem Cells, Single
6A551Z3	Pheresis of Plasma, Multiple
6A551ZT	Pheresis of Cord Blood Stem Cells, Multiple
6A551ZV	Pheresis of Hematopoietic Stem Cells, Multiple
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
CPT Code	Description
10021	Fine needle aspiration; without imaging guidance
19302	Mastectomy, partial (eg, lumpectomy, tyelectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
36680	Placement of needle for intraosseous infusion
38200	Injection procedure for splenoportography
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220	Bone marrow; aspiration only
38221	Bone marrow; biopsy, needle or trocar
38230	Bone marrow harvesting for transplantation
38232	Bone marrow harvesting for transplantation; autologous
38300	Drainage of lymph node abscess or lymphadenitis; simple
38305	Drainage of lymph node abscess or lymphadenitis; extensive
38308	Lymphangiomy or other operations on lymphatic channels
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542	Dissection, deep jugular node(s)
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Hemic & Lymphatic System	
CPT Code	Description
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38700	Suprahyoid lymphadenectomy
38740	Axillary lymphadenectomy; superficial
38745	Axillary lymphadenectomy; complete
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38790	Injection procedure; lymphangiography
38794	Cannulation, thoracic duct
38999	Unlisted procedure, hemic or lymphatic system
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
51570	Cystectomy, complete; (separate procedure)
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
CPT Code	Description
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
55810	Prostatectomy, perineal radical;
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55840	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
56630	Vulvectomy, radical, partial;
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633	Vulvectomy, radical, complete;
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
57106	Vaginectomy, partial removal of vaginal wall;
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical)
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110	Vaginectomy, complete removal of vaginal wall;
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Hemic & Lymphatic System	
CPT Code	Description
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
86617	<i>Borrelia burgdorferi</i> (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
87475	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia burgdorferi</i> , direct probe technique
87476	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia burgdorferi</i> , amplified probe technique
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
C9257	Injection, bevacizumab, 0.25 mg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2778	Injection, ranibizumab, 0.1 mg
J9035	Injection, bevacizumab, 10 mg



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
07HK03Z	Insertion of Infusion Device into Thoracic Duct, Open Approach
07HK33Z	Insertion of Infusion Device into Thoracic Duct, Percutaneous Approach
07HK43Z	Insertion of Infusion Device into Thoracic Duct, Percutaneous Endoscopic Approach
07HL03Z	Insertion of Infusion Device into Cisterna Chyli, Open Approach
07HL33Z	Insertion of Infusion Device into Cisterna Chyli, Percutaneous Approach
07HL43Z	Insertion of Infusion Device into Cisterna Chyli, Percutaneous Endoscopic Approach
07HM03Z	Insertion of Infusion Device into Thymus, Open Approach
07HM33Z	Insertion of Infusion Device into Thymus, Percutaneous Approach
07HM43Z	Insertion of Infusion Device into Thymus, Percutaneous Endoscopic Approach
07HN03Z	Insertion of Infusion Device into Lymphatic, Open Approach
07HN33Z	Insertion of Infusion Device into Lymphatic, Percutaneous Approach
07HN43Z	Insertion of Infusion Device into Lymphatic, Percutaneous Endoscopic Approach
07HP03Z	Insertion of Infusion Device into Spleen, Open Approach
07HP33Z	Insertion of Infusion Device into Spleen, Percutaneous Approach
07HP43Z	Insertion of Infusion Device into Spleen, Percutaneous Endoscopic Approach
07T50ZZ	Resection Of Right Axillary Lymphatic, Open Approach
07T60ZZ	Resection Of Left Axillary Lymphatic, Open Approach
09UK07Z	Supplement Nose With Autologous Tissue Substitute, Open Approach
0CQ00ZZ	Repair Upper Lip, Open Approach
0CQ0XZZ	Repair Upper Lip, External Approach
0FH003Z	Insertion of Infusion Device into Liver, Open Approach
0FH033Z	Insertion of Infusion Device into Liver, Percutaneous Approach
0FH043Z	Insertion of Infusion Device into Liver, Percutaneous Endoscopic Approach
0FH103Z	Insertion of Infusion Device into Right Lobe Liver, Open Approach
0FH133Z	Insertion of Infusion Device into Right Lobe Liver, Percutaneous Approach
0FH143Z	Insertion of Infusion Device into Right Lobe Liver, Percutaneous Endoscopic Approach
0FH203Z	Insertion of Infusion Device into Left Lobe Liver, Open Approach
0FH233Z	Insertion of Infusion Device into Left Lobe Liver, Percutaneous Approach
0FH243Z	Insertion of Infusion Device into Left Lobe Liver, Percutaneous Endoscopic Approach
0FH403Z	Insertion of Infusion Device into Gallbladder, Open Approach
0FH433Z	Insertion of Infusion Device into Gallbladder, Percutaneous Approach
0FH443Z	Insertion of Infusion Device into Gallbladder, Percutaneous Endoscopic Approach
0FHB03Z	Insertion of Infusion Device into Hepatobiliary Duct, Open Approach
0FHB33Z	Insertion of Infusion Device into Hepatobiliary Duct, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0FHB43Z	Insertion of Infusion Device into Hepatobiliary Duct, Percutaneous Endoscopic Approach
0FHB73Z	Insertion of Infusion Device into Hepatobiliary Duct, Via Natural or Artificial Opening
0FHB83Z	Insertion of Infusion Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FHD03Z	Insertion of Infusion Device into Pancreatic Duct, Open Approach
0FHD33Z	Insertion of Infusion Device into Pancreatic Duct, Percutaneous Approach
0FHD43Z	Insertion of Infusion Device into Pancreatic Duct, Percutaneous Endoscopic Approach
0FHD73Z	Insertion of Infusion Device into Pancreatic Duct, Via Natural or Artificial Opening
0FHD83Z	Insertion of Infusion Device into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FHG03Z	Insertion of Infusion Device into Pancreas, Open Approach
0FHG33Z	Insertion of Infusion Device into Pancreas, Percutaneous Approach
0FHG43Z	Insertion of Infusion Device into Pancreas, Percutaneous Endoscopic Approach
0H0T07Z	Alteration of Right Breast with Autologous Tissue Substitute, Open Approach
0H0T0JZ	Alteration of Right Breast with Synthetic Substitute, Open Approach
0H0T0KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Open Approach
0H0T0ZZ	Alteration of Right Breast, Open Approach
0H0T37Z	Alteration of Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0T3JZ	Alteration of Right Breast with Synthetic Substitute, Percutaneous Approach
0H0T3KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0T3ZZ	Alteration of Right Breast, Percutaneous Approach
0H0U07Z	Alteration of Left Breast with Autologous Tissue Substitute, Open Approach
0H0U0JZ	Alteration of Left Breast with Synthetic Substitute, Open Approach
0H0U0KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Open Approach
0H0U0ZZ	Alteration of Left Breast, Open Approach
0H0U37Z	Alteration of Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0U3JZ	Alteration of Left Breast with Synthetic Substitute, Percutaneous Approach
0H0U3KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0U3ZZ	Alteration of Left Breast, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H0V07Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0H0V0JZ	Alteration of Bilateral Breast with Synthetic Substitute, Open Approach
0H0V0KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0H0V0ZZ	Alteration of Bilateral Breast, Open Approach
0H0V37Z	Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0H0V3JZ	Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0H0V3KZ	Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0H0V3ZZ	Alteration of Bilateral Breast, Percutaneous Approach
0H50XZD	Destruction Of Scalp Skin, Multiple, External Approach
0H50XZZ	Destruction of Scalp Skin, External Approach
0H51XZD	Destruction Of Face Skin, Multiple, External Approach
0H51XZZ	Destruction of Face Skin, External Approach
0H54XZD	Destruction Of Neck Skin, Multiple, External Approach
0H54XZZ	Destruction of Neck Skin, External Approach
0H55XZD	Destruction Of Chest Skin, Multiple, External Approach
0H55XZZ	Destruction of Chest Skin, External Approach
0H56XZD	Destruction Of Back Skin, Multiple, External Approach
0H56XZZ	Destruction of Back Skin, External Approach
0H57XZD	Destruction Of Abdomen Skin, Multiple, External Approach
0H57XZZ	Destruction of Abdomen Skin, External Approach
0H58XZD	Destruction Of Buttock Skin, Multiple, External Approach
0H58XZZ	Destruction of Buttock Skin, External Approach
0H59XZD	Destruction Of Perineum Skin, Multiple, External Approach
0H5AXZD	Destruction Of Genitalia Skin, Multiple, External Approach
0H5AXZZ	Destruction of Genitalia Skin, External Approach
0H5BXZD	Destruction Of Right Upper Arm Skin, Multiple, External Approach
0H5BXZZ	Destruction of Right Upper Arm Skin, External Approach
0H5CXZD	Destruction Of Left Upper Arm Skin, Multiple, External Approach
0H5CXZZ	Destruction of Left Upper Arm Skin, External Approach
0H5DXZD	Destruction Of Right Lower Arm Skin, Multiple, External Approach
0H5DXZZ	Destruction of Right Lower Arm Skin, External Approach
0H5EXZD	Destruction Of Left Lower Arm Skin, Multiple, External Approach
0H5EXZZ	Destruction of Left Lower Arm Skin, External Approach
0H5FXZD	Destruction Of Right Hand Skin, Multiple, External Approach
0H5FXZZ	Destruction of Right Hand Skin, External Approach
0H5GXZD	Destruction Of Left Hand Skin, Multiple, External Approach
0H5GXZZ	Destruction of Left Hand Skin, External Approach
0H5HXZD	Destruction Of Right Upper Leg Skin, Multiple, External Approach
0H5HXZZ	Destruction of Right Upper Leg Skin, External Approach
0H5JXZD	Destruction Of Left Upper Leg Skin, Multiple, External Approach
0H5JXZZ	Destruction of Left Upper Leg Skin, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H5KXZD	Destruction Of Right Lower Leg Skin, Multiple, External Approach
0H5KXZZ	Destruction of Right Lower Leg Skin, External Approach
0H5LXZD	Destruction Of Left Lower Leg Skin, Multiple, External Approach
0H5LXZZ	Destruction of Left Lower Leg Skin, External Approach
0H5MXZD	Destruction Of Right Foot Skin, Multiple, External Approach
0H5MXZZ	Destruction of Right Foot Skin, External Approach
0H5NXZD	Destruction Of Left Foot Skin, Multiple, External Approach
0H5NXZZ	Destruction of Left Foot Skin, External Approach
0H5T0ZZ	Destruction of Right Breast, Open Approach
0H5T3ZZ	Destruction of Right Breast, Percutaneous Approach
0H5T7ZZ	Destruction of Right Breast, Via Natural or Artificial Opening
0H5T8ZZ	Destruction of Right Breast, Via Natural or Artificial Opening Endoscopic
0H5U0ZZ	Destruction of Left Breast, Open Approach
0H5U3ZZ	Destruction of Left Breast, Percutaneous Approach
0H5U7ZZ	Destruction of Left Breast, Via Natural or Artificial Opening
0H5U8ZZ	Destruction of Left Breast, Via Natural or Artificial Opening Endoscopic
0H5V0ZZ	Destruction of Bilateral Breast, Open Approach
0H5V3ZZ	Destruction of Bilateral Breast, Percutaneous Approach
0H5V7ZZ	Destruction of Bilateral Breast, Via Natural or Artificial Opening
0H5V8ZZ	Destruction of Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0H5W0ZZ	Destruction of Right Nipple, Open Approach
0H5W3ZZ	Destruction of Right Nipple, Percutaneous Approach
0H5W7ZZ	Destruction of Right Nipple, Via Natural or Artificial Opening
0H5W8ZZ	Destruction of Right Nipple, Via Natural or Artificial Opening Endoscopic
0H5WXZZ	Destruction of Right Nipple, External Approach
0H5X0ZZ	Destruction of Left Nipple, Open Approach
0H5X3ZZ	Destruction of Left Nipple, Percutaneous Approach
0H5X7ZZ	Destruction of Left Nipple, Via Natural or Artificial Opening
0H5X8ZZ	Destruction of Left Nipple, Via Natural or Artificial Opening Endoscopic
0H5XXZZ	Destruction of Left Nipple, External Approach
0H80XZZ	Division of Scalp Skin, External Approach
0H81XZZ	Division of Face Skin, External Approach
0H84XZZ	Division of Neck Skin, External Approach
0H85XZZ	Division of Chest Skin, External Approach
0H86XZZ	Division of Back Skin, External Approach
0H87XZZ	Division of Abdomen Skin, External Approach
0H88XZZ	Division of Buttock Skin, External Approach
0H89XZZ	Division of Perineum Skin, External Approach
0H8AXZZ	Division of Genitalia Skin, External Approach
0H8BXZZ	Division of Right Upper Arm Skin, External Approach
0H8CXZZ	Division of Left Upper Arm Skin, External Approach
0H8DXZZ	Division of Right Lower Arm Skin, External Approach
0H8EXZZ	Division of Left Lower Arm Skin, External Approach
0H8FXZZ	Division of Right Hand Skin, External Approach
0H8GXZZ	Division of Left Hand Skin, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H8HXZZ	Division of Right Upper Leg Skin, External Approach
0H8JXZZ	Division of Left Upper Leg Skin, External Approach
0H8KXZZ	Division of Right Lower Leg Skin, External Approach
0H8LXZZ	Division of Left Lower Leg Skin, External Approach
0H8MXZZ	Division of Right Foot Skin, External Approach
0H8NXZZ	Division of Left Foot Skin, External Approach
0H90X0Z	Drainage of Scalp Skin with Drainage Device, External Approach
0H90XZX	Drainage of Scalp Skin, External Approach, Diagnostic
0H90XZZ	Drainage of Scalp Skin, External Approach
0H91X0Z	Drainage of Face Skin with Drainage Device, External Approach
0H91XZX	Drainage of Face Skin, External Approach, Diagnostic
0H91XZZ	Drainage of Face Skin, External Approach
0H94X0Z	Drainage of Neck Skin with Drainage Device, External Approach
0H94XZX	Drainage of Neck Skin, External Approach, Diagnostic
0H94XZZ	Drainage of Neck Skin, External Approach
0H95X0Z	Drainage of Chest Skin with Drainage Device, External Approach
0H95XZX	Drainage of Chest Skin, External Approach, Diagnostic
0H95XZZ	Drainage of Chest Skin, External Approach
0H96X0Z	Drainage of Back Skin with Drainage Device, External Approach
0H96XZX	Drainage of Back Skin, External Approach, Diagnostic
0H96XZZ	Drainage of Back Skin, External Approach
0H97X0Z	Drainage of Abdomen Skin with Drainage Device, External Approach
0H97XZX	Drainage of Abdomen Skin, External Approach, Diagnostic
0H97XZZ	Drainage of Abdomen Skin, External Approach
0H98X0Z	Drainage of Buttock Skin with Drainage Device, External Approach
0H98XZX	Drainage of Buttock Skin, External Approach, Diagnostic
0H98XZZ	Drainage of Buttock Skin, External Approach
0H99XZX	Drainage of Perineum Skin, External Approach, Diagnostic
0H9AX0Z	Drainage of Genitalia Skin with Drainage Device, External Approach
0H9AXZX	Drainage of Genitalia Skin, External Approach, Diagnostic
0H9AXZZ	Drainage of Genitalia Skin, External Approach
0H9BX0Z	Drainage of Right Upper Arm Skin with Drainage Device, External Approach
0H9BXZX	Drainage of Right Upper Arm Skin, External Approach, Diagnostic
0H9BXZZ	Drainage of Right Upper Arm Skin, External Approach
0H9CX0Z	Drainage of Left Upper Arm Skin with Drainage Device, External Approach
0H9CXZX	Drainage of Left Upper Arm Skin, External Approach, Diagnostic
0H9CXZZ	Drainage of Left Upper Arm Skin, External Approach
0H9DX0Z	Drainage of Right Lower Arm Skin with Drainage Device, External Approach
0H9DXZX	Drainage of Right Lower Arm Skin, External Approach, Diagnostic
0H9DXZZ	Drainage of Right Lower Arm Skin, External Approach
0H9EX0Z	Drainage of Left Lower Arm Skin with Drainage Device, External Approach
0H9EXZX	Drainage of Left Lower Arm Skin, External Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H9EXZZ	Drainage of Left Lower Arm Skin, External Approach
0H9FX0Z	Drainage of Right Hand Skin with Drainage Device, External Approach
0H9FXZX	Drainage of Right Hand Skin, External Approach, Diagnostic
0H9FXZZ	Drainage of Right Hand Skin, External Approach
0H9GX0Z	Drainage of Left Hand Skin with Drainage Device, External Approach
0H9GXZX	Drainage of Left Hand Skin, External Approach, Diagnostic
0H9GXZZ	Drainage of Left Hand Skin, External Approach
0H9HX0Z	Drainage of Right Upper Leg Skin with Drainage Device, External Approach
0H9HXZX	Drainage of Right Upper Leg Skin, External Approach, Diagnostic
0H9HXZZ	Drainage of Right Upper Leg Skin, External Approach
0H9JX0Z	Drainage of Left Upper Leg Skin with Drainage Device, External Approach
0H9JXZX	Drainage of Left Upper Leg Skin, External Approach, Diagnostic
0H9JXZZ	Drainage of Left Upper Leg Skin, External Approach
0H9KX0Z	Drainage of Right Lower Leg Skin with Drainage Device, External Approach
0H9KXZX	Drainage of Right Lower Leg Skin, External Approach, Diagnostic
0H9KXZZ	Drainage of Right Lower Leg Skin, External Approach
0H9LX0Z	Drainage of Left Lower Leg Skin with Drainage Device, External Approach
0H9LXZX	Drainage of Left Lower Leg Skin, External Approach, Diagnostic
0H9LXZZ	Drainage of Left Lower Leg Skin, External Approach
0H9MX0Z	Drainage of Right Foot Skin with Drainage Device, External Approach
0H9MXZX	Drainage of Right Foot Skin, External Approach, Diagnostic
0H9MXZZ	Drainage of Right Foot Skin, External Approach
0H9NX0Z	Drainage of Left Foot Skin with Drainage Device, External Approach
0H9NXZX	Drainage of Left Foot Skin, External Approach, Diagnostic
0H9NXZZ	Drainage of Left Foot Skin, External Approach
0H9QX0Z	Drainage of Finger Nail with Drainage Device, External Approach
0H9QXZX	Drainage of Finger Nail, External Approach, Diagnostic
0H9QXZZ	Drainage of Finger Nail, External Approach
0H9RX0Z	Drainage of Toe Nail with Drainage Device, External Approach
0H9RXZX	Drainage of Toe Nail, External Approach, Diagnostic
0H9RXZZ	Drainage of Toe Nail, External Approach
0H9T0ZX	Drainage of Right Breast, Open Approach, Diagnostic
0H9T30Z	Drainage of Right Breast with Drainage Device, Percutaneous Approach
0H9T3ZX	Drainage of Right Breast, Percutaneous Approach, Diagnostic
0H9T3ZZ	Drainage of Right Breast, Percutaneous Approach
0H9T70Z	Drainage of Right Breast with Drainage Device, Via Natural or Artificial Opening
0H9T7ZX	Drainage of Right Breast, Via Natural or Artificial Opening, Diagnostic
0H9T7ZZ	Drainage of Right Breast, Via Natural or Artificial Opening
0H9T80Z	Drainage of Right Breast with Drainage Device, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H9T8ZX	Drainage of Right Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0H9T8ZZ	Drainage of Right Breast, Via Natural or Artificial Opening Endoscopic
0H9U0ZX	Drainage of Left Breast, Open Approach, Diagnostic
0H9U30Z	Drainage of Left Breast with Drainage Device, Percutaneous Approach
0H9U3ZX	Drainage of Left Breast, Percutaneous Approach, Diagnostic
0H9U3ZZ	Drainage of Left Breast, Percutaneous Approach
0H9U70Z	Drainage of Left Breast with Drainage Device, Via Natural or Artificial Opening
0H9U7ZX	Drainage of Left Breast, Via Natural or Artificial Opening, Diagnostic
0H9U7ZZ	Drainage of Left Breast, Via Natural or Artificial Opening
0H9U80Z	Drainage of Left Breast with Drainage Device, Via Natural or Artificial Opening Endoscopic
0H9U8ZX	Drainage of Left Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0H9U8ZZ	Drainage of Left Breast, Via Natural or Artificial Opening Endoscopic
0H9V0ZX	Drainage of Bilateral Breast, Open Approach, Diagnostic
0H9V30Z	Drainage of Bilateral Breast with Drainage Device, Percutaneous Approach
0H9V3ZX	Drainage of Bilateral Breast, Percutaneous Approach, Diagnostic
0H9V3ZZ	Drainage of Bilateral Breast, Percutaneous Approach
0H9V70Z	Drainage of Bilateral Breast with Drainage Device, Via Natural or Artificial Opening
0H9V7ZX	Drainage of Bilateral Breast, Via Natural or Artificial Opening, Diagnostic
0H9V7ZZ	Drainage of Bilateral Breast, Via Natural or Artificial Opening
0H9V80Z	Drainage of Bilateral Breast with Drainage Device, Via Natural or Artificial Opening Endoscopic
0H9V8ZX	Drainage of Bilateral Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0H9V8ZZ	Drainage of Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0H9W0ZX	Drainage of Right Nipple, Open Approach, Diagnostic
0H9W30Z	Drainage of Right Nipple with Drainage Device, Percutaneous Approach
0H9W3ZX	Drainage of Right Nipple, Percutaneous Approach, Diagnostic
0H9W3ZZ	Drainage of Right Nipple, Percutaneous Approach
0H9W70Z	Drainage of Right Nipple with Drainage Device, Via Natural or Artificial Opening
0H9W7ZX	Drainage of Right Nipple, Via Natural or Artificial Opening, Diagnostic
0H9W7ZZ	Drainage of Right Nipple, Via Natural or Artificial Opening
0H9W80Z	Drainage of Right Nipple with Drainage Device, Via Natural or Artificial Opening Endoscopic
0H9W8ZX	Drainage of Right Nipple, Via Natural or Artificial Opening Endoscopic, Diagnostic
0H9W8ZZ	Drainage of Right Nipple, Via Natural or Artificial Opening Endoscopic
0H9WXZX	Drainage of Right Nipple, External Approach, Diagnostic
0H9X0ZX	Drainage of Left Nipple, Open Approach, Diagnostic
0H9X30Z	Drainage of Left Nipple with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0H9X3ZX	Drainage of Left Nipple, Percutaneous Approach, Diagnostic
0H9X3ZZ	Drainage of Left Nipple, Percutaneous Approach
0H9X70Z	Drainage of Left Nipple with Drainage Device, Via Natural or Artificial Opening
0H9X7ZX	Drainage of Left Nipple, Via Natural or Artificial Opening, Diagnostic
0H9X7ZZ	Drainage of Left Nipple, Via Natural or Artificial Opening
0H9X80Z	Drainage of Left Nipple with Drainage Device, Via Natural or Artificial Opening Endoscopic
0H9X8ZX	Drainage of Left Nipple, Via Natural or Artificial Opening Endoscopic, Diagnostic
0H9X8ZZ	Drainage of Left Nipple, Via Natural or Artificial Opening Endoscopic
0H9XXZX	Drainage of Left Nipple, External Approach, Diagnostic
0HB0XZX	Excision of Scalp Skin, External Approach, Diagnostic
0HB0XZZ	Excision of Scalp Skin, External Approach
0HB1XZX	Excision of Face Skin, External Approach, Diagnostic
0HB1XZZ	Excision of Face Skin, External Approach
0HB4XZX	Excision of Neck Skin, External Approach, Diagnostic
0HB4XZZ	Excision of Neck Skin, External Approach
0HB5XZX	Excision of Chest Skin, External Approach, Diagnostic
0HB5XZZ	Excision of Chest Skin, External Approach
0HB6XZX	Excision of Back Skin, External Approach, Diagnostic
0HB6XZZ	Excision of Back Skin, External Approach
0HB7XZX	Excision of Abdomen Skin, External Approach, Diagnostic
0HB7XZZ	Excision of Abdomen Skin, External Approach
0HB8XZX	Excision of Buttock Skin, External Approach, Diagnostic
0HB8XZZ	Excision of Buttock Skin, External Approach
0HB9XZX	Excision of Perineum Skin, External Approach, Diagnostic
0HBAXZX	Excision of Genitalia Skin, External Approach, Diagnostic
0HBAXZZ	Excision of Genitalia Skin, External Approach
0HBBXZX	Excision of Right Upper Arm Skin, External Approach, Diagnostic
0HBBXZZ	Excision of Right Upper Arm Skin, External Approach
0HBCXZX	Excision of Left Upper Arm Skin, External Approach, Diagnostic
0HBCXZZ	Excision of Left Upper Arm Skin, External Approach
0HBDXZX	Excision of Right Lower Arm Skin, External Approach, Diagnostic
0HBDXZZ	Excision of Right Lower Arm Skin, External Approach
0HBEXZX	Excision of Left Lower Arm Skin, External Approach, Diagnostic
0HBEXZZ	Excision of Left Lower Arm Skin, External Approach
0HBFXZX	Excision of Right Hand Skin, External Approach, Diagnostic
0HBFXZZ	Excision of Right Hand Skin, External Approach
0HBGXZX	Excision of Left Hand Skin, External Approach, Diagnostic
0HBGXZZ	Excision of Left Hand Skin, External Approach
0HBHXZX	Excision of Right Upper Leg Skin, External Approach, Diagnostic
0HBHXZZ	Excision of Right Upper Leg Skin, External Approach
0HBJXZX	Excision of Left Upper Leg Skin, External Approach, Diagnostic
0HBJXZZ	Excision of Left Upper Leg Skin, External Approach
0HBKXZX	Excision of Right Lower Leg Skin, External Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HBKXZZ	Excision of Right Lower Leg Skin, External Approach
0HBLXZX	Excision of Left Lower Leg Skin, External Approach, Diagnostic
0HBLXZZ	Excision of Left Lower Leg Skin, External Approach
0HBMXZX	Excision of Right Foot Skin, External Approach, Diagnostic
0HBMXZZ	Excision of Right Foot Skin, External Approach
0HBNXZX	Excision of Left Foot Skin, External Approach, Diagnostic
0HBNXZZ	Excision of Left Foot Skin, External Approach
0HBQXZX	Excision of Finger Nail, External Approach, Diagnostic
0HBQXZZ	Excision of Finger Nail, External Approach
0HBRXZX	Excision of Toe Nail, External Approach, Diagnostic
0HBRXZZ	Excision of Toe Nail, External Approach
0HBT0ZX	Excision of Right Breast, Open Approach, Diagnostic
0HBT0ZZ	Excision of Right Breast, Open Approach
0HBT3ZX	Excision of Right Breast, Percutaneous Approach, Diagnostic
0HBT3ZZ	Excision of Right Breast, Percutaneous Approach
0HBT7ZX	Excision of Right Breast, Via Natural or Artificial Opening, Diagnostic
0HBT7ZZ	Excision of Right Breast, Via Natural or Artificial Opening
0HBT8ZX	Excision of Right Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0HBT8ZZ	Excision of Right Breast, Via Natural or Artificial Opening Endoscopic
0HBU0ZX	Excision of Left Breast, Open Approach, Diagnostic
0HBU0ZZ	Excision of Left Breast, Open Approach
0HBU3ZX	Excision of Left Breast, Percutaneous Approach, Diagnostic
0HBU3ZZ	Excision of Left Breast, Percutaneous Approach
0HBU7ZX	Excision of Left Breast, Via Natural or Artificial Opening, Diagnostic
0HBU7ZZ	Excision of Left Breast, Via Natural or Artificial Opening
0HBU8ZX	Excision of Left Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0HBU8ZZ	Excision of Left Breast, Via Natural or Artificial Opening Endoscopic
0HBV0ZX	Excision of Bilateral Breast, Open Approach, Diagnostic
0HBV0ZZ	Excision of Bilateral Breast, Open Approach
0HBV3ZX	Excision of Bilateral Breast, Percutaneous Approach, Diagnostic
0HBV3ZZ	Excision of Bilateral Breast, Percutaneous Approach
0HBV7ZX	Excision of Bilateral Breast, Via Natural or Artificial Opening, Diagnostic
0HBV7ZZ	Excision of Bilateral Breast, Via Natural or Artificial Opening
0HBV8ZX	Excision of Bilateral Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0HBV8ZZ	Excision of Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HBW0ZX	Excision of Right Nipple, Open Approach, Diagnostic
0HBW0ZZ	Excision of Right Nipple, Open Approach
0HBW3ZX	Excision of Right Nipple, Percutaneous Approach, Diagnostic
0HBW3ZZ	Excision of Right Nipple, Percutaneous Approach
0HBW7ZX	Excision of Right Nipple, Via Natural or Artificial Opening, Diagnostic
0HBW7ZZ	Excision of Right Nipple, Via Natural or Artificial Opening
0HBW8ZX	Excision of Right Nipple, Via Natural or Artificial Opening Endoscopic, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HBW8ZZ	Excision of Right Nipple, Via Natural or Artificial Opening Endoscopic
0HBWXZX	Excision of Right Nipple, External Approach, Diagnostic
0HBWXZZ	Excision of Right Nipple, External Approach
0HBX0ZX	Excision of Left Nipple, Open Approach, Diagnostic
0HBX0ZZ	Excision of Left Nipple, Open Approach
0HBX3ZX	Excision of Left Nipple, Percutaneous Approach, Diagnostic
0HBX3ZZ	Excision of Left Nipple, Percutaneous Approach
0HBX7ZX	Excision of Left Nipple, Via Natural or Artificial Opening, Diagnostic
0HBX7ZZ	Excision of Left Nipple, Via Natural or Artificial Opening
0HBX8ZX	Excision of Left Nipple, Via Natural or Artificial Opening Endoscopic, Diagnostic
0HBX8ZZ	Excision of Left Nipple, Via Natural or Artificial Opening Endoscopic
0HBXXZX	Excision of Left Nipple, External Approach, Diagnostic
0HBXXZZ	Excision of Left Nipple, External Approach
0HBY0ZX	Excision of Supernumerary Breast, Open Approach, Diagnostic
0HBY0ZZ	Excision of Supernumerary Breast, Open Approach
0HBY3ZX	Excision of Supernumerary Breast, Percutaneous Approach, Diagnostic
0HBY3ZZ	Excision of Supernumerary Breast, Percutaneous Approach
0HBY7ZX	Excision of Supernumerary Breast, Via Natural or Artificial Opening, Diagnostic
0HBY7ZZ	Excision of Supernumerary Breast, Via Natural or Artificial Opening
0HBY8ZX	Excision of Supernumerary Breast, Via Natural or Artificial Opening Endoscopic, Diagnostic
0HBY8ZZ	Excision of Supernumerary Breast, Via Natural or Artificial Opening Endoscopic
0HD0XZZ	Extraction of Scalp Skin, External Approach
0HD1XZZ	Extraction of Face Skin, External Approach
0HD4XZZ	Extraction of Neck Skin, External Approach
0HD5XZZ	Extraction of Chest Skin, External Approach
0HD6XZZ	Extraction of Back Skin, External Approach
0HD7XZZ	Extraction of Abdomen Skin, External Approach
0HD8XZZ	Extraction of Buttock Skin, External Approach
0HD9XZZ	Extraction of Perineum Skin, External Approach
0HDAXZZ	Extraction of Genitalia Skin, External Approach
0HDBXZZ	Extraction of Right Upper Arm Skin, External Approach
0HDCXZZ	Extraction of Left Upper Arm Skin, External Approach
0HDDXZZ	Extraction of Right Lower Arm Skin, External Approach
0HDEXZZ	Extraction of Left Lower Arm Skin, External Approach
0HDFXZZ	Extraction of Right Hand Skin, External Approach
0HDGXZZ	Extraction of Left Hand Skin, External Approach
0HDHXZZ	Extraction of Right Upper Leg Skin, External Approach
0HDJXZZ	Extraction of Left Upper Leg Skin, External Approach
0HDKXZZ	Extraction of Right Lower Leg Skin, External Approach
0HDLXZZ	Extraction of Left Lower Leg Skin, External Approach
0HDMXZZ	Extraction of Right Foot Skin, External Approach
0HDNXZZ	Extraction of Left Foot Skin, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HDQXZZ	Extraction of Finger Nail, External Approach
0HDRXZZ	Extraction of Toe Nail, External Approach
0HDSXZZ	Extraction of Hair, External Approach
0HHT0NZ	Insertion of Tissue Expander into Right Breast, Open Approach
0HHT3NZ	Insertion of Tissue Expander into Right Breast, Percutaneous Approach
0HHT7NZ	Insertion of Tissue Expander into Right Breast, Via Natural or Artificial Opening
0HHT8NZ	Insertion of Tissue Expander into Right Breast, Via Natural or Artificial Opening Endoscopic
0HHU0NZ	Insertion of Tissue Expander into Left Breast, Open Approach
0HHU3NZ	Insertion of Tissue Expander into Left Breast, Percutaneous Approach
0HHU7NZ	Insertion of Tissue Expander into Left Breast, Via Natural or Artificial Opening
0HHU8NZ	Insertion of Tissue Expander into Left Breast, Via Natural or Artificial Opening Endoscopic
0HHV0NZ	Insertion of Tissue Expander into Bilateral Breast, Open Approach
0HHV3NZ	Insertion of Tissue Expander into Bilateral Breast, Percutaneous Approach
0HHV7NZ	Insertion of Tissue Expander into Bilateral Breast, Via Natural or Artificial Opening
0HHV8NZ	Insertion of Tissue Expander into Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HHW0NZ	Insertion of Tissue Expander into Right Nipple, Open Approach
0HHW3NZ	Insertion of Tissue Expander into Right Nipple, Percutaneous Approach
0HHW7NZ	Insertion of Tissue Expander into Right Nipple, Via Natural or Artificial Opening
0HHW8NZ	Insertion of Tissue Expander into Right Nipple, Via Natural or Artificial Opening Endoscopic
0HHX0NZ	Insertion of Tissue Expander into Left Nipple, Open Approach
0HHX3NZ	Insertion of Tissue Expander into Left Nipple, Percutaneous Approach
0HHX7NZ	Insertion of Tissue Expander into Left Nipple, Via Natural or Artificial Opening
0HHX8NZ	Insertion of Tissue Expander into Left Nipple, Via Natural or Artificial Opening Endoscopic
0HJPXZZ	Inspection of Skin, External Approach
0HJQXZZ	Inspection of Finger Nail, External Approach
0HJRXZZ	Inspection of Toe Nail, External Approach
0HJT0ZZ	Inspection of Right Breast, Open Approach
0HJT3ZZ	Inspection of Right Breast, Percutaneous Approach
0HJT7ZZ	Inspection of Right Breast, Via Natural or Artificial Opening
0HJT8ZZ	Inspection of Right Breast, Via Natural or Artificial Opening Endoscopic
0HJU0ZZ	Inspection of Left Breast, Open Approach
0HJU3ZZ	Inspection of Left Breast, Percutaneous Approach
0HJU7ZZ	Inspection of Left Breast, Via Natural or Artificial Opening
0HJU8ZZ	Inspection of Left Breast, Via Natural or Artificial Opening Endoscopic
0HMOXZZ	Reattachment of Scalp Skin, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HM1XZZ	Reattachment of Face Skin, External Approach
0HM4XZZ	Reattachment of Neck Skin, External Approach
0HM5XZZ	Reattachment of Chest Skin, External Approach
0HM6XZZ	Reattachment of Back Skin, External Approach
0HM7XZZ	Reattachment of Abdomen Skin, External Approach
0HM8XZZ	Reattachment of Buttock Skin, External Approach
0HM9XZZ	Reattachment of Perineum Skin, External Approach
0HMAXZZ	Reattachment of Genitalia Skin, External Approach
0HMBXZZ	Reattachment of Right Upper Arm Skin, External Approach
0HMCXZZ	Reattachment of Left Upper Arm Skin, External Approach
0HMDXZZ	Reattachment of Right Lower Arm Skin, External Approach
0HMEXZZ	Reattachment of Left Lower Arm Skin, External Approach
0HMFXXZZ	Reattachment of Right Hand Skin, External Approach
0HMGXZZ	Reattachment of Left Hand Skin, External Approach
0HMHXZZ	Reattachment of Right Upper Leg Skin, External Approach
0HMJXZZ	Reattachment of Left Upper Leg Skin, External Approach
0HMKXZZ	Reattachment of Right Lower Leg Skin, External Approach
0HMLXZZ	Reattachment of Left Lower Leg Skin, External Approach
0HMMXZZ	Reattachment of Right Foot Skin, External Approach
0HMNXZZ	Reattachment of Left Foot Skin, External Approach
0HMTXZZ	Reattachment of Right Breast, External Approach
0HMUXZZ	Reattachment of Left Breast, External Approach
0HMOVXZZ	Reattachment of Bilateral Breast, External Approach
0HMWXZZ	Reattachment of Right Nipple, External Approach
0HMXXZZ	Reattachment of Left Nipple, External Approach
0HN0XZZ	Release Scalp Skin, External Approach
0HN1XZZ	Release Face Skin, External Approach
0HN4XZZ	Release Neck Skin, External Approach
0HN5XZZ	Release Chest Skin, External Approach
0HN6XZZ	Release Back Skin, External Approach
0HN7XZZ	Release Abdomen Skin, External Approach
0HN8XZZ	Release Buttock Skin, External Approach
0HN9XZZ	Release Perineum Skin, External Approach
0HNAXZZ	Release Genitalia Skin, External Approach
0HNBXZZ	Release Right Upper Arm Skin, External Approach
0HNCXZZ	Release Left Upper Arm Skin, External Approach
0HNDXZZ	Release Right Lower Arm Skin, External Approach
0HNEXZZ	Release Left Lower Arm Skin, External Approach
0HNFXXZZ	Release Right Hand Skin, External Approach
0HNGXZZ	Release Left Hand Skin, External Approach
0HNHXZZ	Release Right Upper Leg Skin, External Approach
0HNJXZZ	Release Left Upper Leg Skin, External Approach
0HNKXZZ	Release Right Lower Leg Skin, External Approach
0HNLXZZ	Release Left Lower Leg Skin, External Approach
0HNMXZZ	Release Right Foot Skin, External Approach
0HNXXZZ	Release Left Foot Skin, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HNQXZZ	Release Finger Nail, External Approach
0HNRXZZ	Release Toe Nail, External Approach
0HNT0ZZ	Release Right Breast, Open Approach
0HNT3ZZ	Release Right Breast, Percutaneous Approach
0HNT7ZZ	Release Right Breast, Via Natural or Artificial Opening
0HNT8ZZ	Release Right Breast, Via Natural or Artificial Opening Endoscopic
0HNTXZZ	Release Right Breast, External Approach
0HNU0ZZ	Release Left Breast, Open Approach
0HNU3ZZ	Release Left Breast, Percutaneous Approach
0HNU7ZZ	Release Left Breast, Via Natural or Artificial Opening
0HNU8ZZ	Release Left Breast, Via Natural or Artificial Opening Endoscopic
0HNV0ZZ	Release Bilateral Breast, Open Approach
0HNV3ZZ	Release Bilateral Breast, Percutaneous Approach
0HNV7ZZ	Release Bilateral Breast, Via Natural or Artificial Opening
0HNV8ZZ	Release Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HNVXZZ	Release Bilateral Breast, External Approach
0HNW0ZZ	Release Right Nipple, Open Approach
0HNW3ZZ	Release Right Nipple, Percutaneous Approach
0HNW7ZZ	Release Right Nipple, Via Natural or Artificial Opening
0HNW8ZZ	Release Right Nipple, Via Natural or Artificial Opening Endoscopic
0HNWXZZ	Release Right Nipple, External Approach
0HNX0ZZ	Release Left Nipple, Open Approach
0HNX3ZZ	Release Left Nipple, Percutaneous Approach
0HNX7ZZ	Release Left Nipple, Via Natural or Artificial Opening
0HNX8ZZ	Release Left Nipple, Via Natural or Artificial Opening Endoscopic
0HNXZZ	Release Left Nipple, External Approach
0HPPX7Z	Removal of Autologous Tissue Substitute from Skin, External Approach
0HPQX7Z	Removal of Autologous Tissue Substitute from Finger Nail, External Approach
0HPRX7Z	Removal of Autologous Tissue Substitute from Toe Nail, External Approach
0HPSX7Z	Removal of Autologous Tissue Substitute from Hair, External Approach
0HPT0JZ	Removal of Synthetic Substitute from Right Breast, Open Approach
0HPT0NZ	Removal of Tissue Expander from Right Breast, Open Approach
0HPT3JZ	Removal of Synthetic Substitute from Right Breast, Percutaneous Approach
0HPT3NZ	Removal of Tissue Expander from Right Breast, Percutaneous Approach
0HPU0JZ	Removal of Synthetic Substitute from Left Breast, Open Approach
0HPU0NZ	Removal of Tissue Expander from Left Breast, Open Approach
0HPU3JZ	Removal of Synthetic Substitute from Left Breast, Percutaneous Approach
0HPU3NZ	Removal of Tissue Expander from Left Breast, Percutaneous Approach
0HQ0XZZ	Repair Scalp Skin, External Approach
0HQ1XZZ	Repair Face Skin, External Approach
0HQ2XZZ	Repair Right Ear Skin, External Approach
0HQ3XZZ	Repair Left Ear Skin, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HQ4XZZ	Repair Neck Skin, External Approach
0HQ5XZZ	Repair Chest Skin, External Approach
0HQ6XZZ	Repair Back Skin, External Approach
0HQ7XZZ	Repair Abdomen Skin, External Approach
0HQ8XZZ	Repair Buttock Skin, External Approach
0HQ9XZZ	Repair Perineum Skin, External Approach
0HQAXZZ	Repair Genitalia Skin, External Approach
0HQBXXZZ	Repair Right Upper Arm Skin, External Approach
0HQCXZZ	Repair Left Upper Arm Skin, External Approach
0HQDXZZ	Repair Right Lower Arm Skin, External Approach
0HQEXZZ	Repair Left Lower Arm Skin, External Approach
0HQFXZZ	Repair Right Hand Skin, External Approach
0HQGXZZ	Repair Left Hand Skin, External Approach
0HQHXZZ	Repair Right Upper Leg Skin, External Approach
0HQJXZZ	Repair Left Upper Leg Skin, External Approach
0HQKXZZ	Repair Right Lower Leg Skin, External Approach
0HQLXZZ	Repair Left Lower Leg Skin, External Approach
0HQMXZZ	Repair Right Foot Skin, External Approach
0HQNXZZ	Repair Left Foot Skin, External Approach
0HQQXZZ	Repair Finger Nail, External Approach
0HQRXZZ	Repair Toe Nail, External Approach
0HQT0ZZ	Repair Right Breast, Open Approach
0HQT3ZZ	Repair Right Breast, Percutaneous Approach
0HQT7ZZ	Repair Right Breast, Via Natural or Artificial Opening
0HQT8ZZ	Repair Right Breast, Via Natural or Artificial Opening Endoscopic
0HQU0ZZ	Repair Left Breast, Open Approach
0HQU3ZZ	Repair Left Breast, Percutaneous Approach
0HQU7ZZ	Repair Left Breast, Via Natural or Artificial Opening
0HQU8ZZ	Repair Left Breast, Via Natural or Artificial Opening Endoscopic
0HQV0ZZ	Repair Bilateral Breast, Open Approach
0HQV3ZZ	Repair Bilateral Breast, Percutaneous Approach
0HQV7ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening
0HQV8ZZ	Repair Bilateral Breast, Via Natural or Artificial Opening Endoscopic
0HQW0ZZ	Repair Right Nipple, Open Approach
0HQW3ZZ	Repair Right Nipple, Percutaneous Approach
0HQW7ZZ	Repair Right Nipple, Via Natural or Artificial Opening
0HQW8ZZ	Repair Right Nipple, Via Natural or Artificial Opening Endoscopic
0HQWXZZ	Repair Right Nipple, External Approach
0HQX0ZZ	Repair Left Nipple, Open Approach
0HQX3ZZ	Repair Left Nipple, Percutaneous Approach
0HQX7ZZ	Repair Left Nipple, Via Natural or Artificial Opening
0HQX8ZZ	Repair Left Nipple, Via Natural or Artificial Opening Endoscopic
0HQXXZZ	Repair Left Nipple, External Approach
0HQY0ZZ	Repair Supernumerary Breast, Open Approach
0HQY3ZZ	Repair Supernumerary Breast, Percutaneous Approach
0HQY7ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HQY8ZZ	Repair Supernumerary Breast, Via Natural or Artificial Opening Endoscopic
0HR0X73	Replacement of Scalp Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR0X74	Replacement of Scalp Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR0XK3	Replacement of Scalp Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR0XK4	Replacement of Scalp Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR1X73	Replacement of Face Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR1X74	Replacement of Face Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR1XK3	Replacement of Face Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR1XK4	Replacement of Face Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR4X73	Replacement of Neck Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR4X74	Replacement of Neck Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR4XK3	Replacement of Neck Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR4XK4	Replacement of Neck Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR5X73	Replacement of Chest Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR5X74	Replacement of Chest Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR5XK3	Replacement of Chest Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR5XK4	Replacement of Chest Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR6X73	Replacement of Back Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR6X74	Replacement of Back Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR6XK3	Replacement of Back Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR6XK4	Replacement of Back Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR7X73	Replacement of Abdomen Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR7X74	Replacement of Abdomen Skin with Autologous Tissue Substitute, Partial Thickness, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HR7XK3	Replacement of Abdomen Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR7XK4	Replacement of Abdomen Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HR8X73	Replacement of Buttock Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HR8X74	Replacement of Buttock Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HR8XK3	Replacement of Buttock Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HR8XK4	Replacement of Buttock Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRAX73	Replacement of Genitalia Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRAX74	Replacement of Genitalia Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRAXK3	Replacement of Genitalia Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRAXK4	Replacement of Genitalia Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRBX73	Replacement of Right Upper Arm Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRBX74	Replacement of Right Upper Arm Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRBXK3	Replacement of Right Upper Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRBXK4	Replacement of Right Upper Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRCX73	Replacement of Left Upper Arm Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRCX74	Replacement of Left Upper Arm Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRCXK3	Replacement of Left Upper Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRCXK4	Replacement of Left Upper Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRDX73	Replacement of Right Lower Arm Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRDX74	Replacement of Right Lower Arm Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRDXK3	Replacement of Right Lower Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRDXK4	Replacement of Right Lower Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HREX73	Replacement of Left Lower Arm Skin with Autologous Tissue Substitute, Full Thickness, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HREX74	Replacement of Left Lower Arm Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HREXK3	Replacement of Left Lower Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HREXK4	Replacement of Left Lower Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRFX73	Replacement of Right Hand Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRFX74	Replacement of Right Hand Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRFXK3	Replacement of Right Hand Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRFXK4	Replacement of Right Hand Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRGX73	Replacement of Left Hand Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRGX74	Replacement of Left Hand Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRGXK3	Replacement of Left Hand Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRGXK4	Replacement of Left Hand Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRHX73	Replacement of Right Upper Leg Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRHX74	Replacement of Right Upper Leg Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRHXK3	Replacement of Right Upper Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRHXK4	Replacement of Right Upper Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRJX73	Replacement of Left Upper Leg Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRJX74	Replacement of Left Upper Leg Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRJXK3	Replacement of Left Upper Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRJXK4	Replacement of Left Upper Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRKX73	Replacement of Right Lower Leg Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRKX74	Replacement of Right Lower Leg Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRKXK3	Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRKXK4	Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HRLX73	Replacement of Left Lower Leg Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRLX74	Replacement of Left Lower Leg Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRLXK3	Replacement of Left Lower Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRLXK4	Replacement of Left Lower Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRMX73	Replacement of Right Foot Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRMX74	Replacement of Right Foot Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRMXK3	Replacement of Right Foot Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRMXK4	Replacement of Right Foot Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRNX73	Replacement of Left Foot Skin with Autologous Tissue Substitute, Full Thickness, External Approach
0HRNX74	Replacement of Left Foot Skin with Autologous Tissue Substitute, Partial Thickness, External Approach
0HRNXK3	Replacement of Left Foot Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach
0HRNXK4	Replacement of Left Foot Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach
0HRQX7Z	Replacement of Finger Nail with Autologous Tissue Substitute, External Approach
0HRQXJZ	Replacement of Finger Nail with Synthetic Substitute, External Approach
0HRQXKZ	Replacement of Finger Nail with Nonautologous Tissue Substitute, External Approach
0HRRX7Z	Replacement of Toe Nail with Autologous Tissue Substitute, External Approach
0HRRXJZ	Replacement of Toe Nail with Synthetic Substitute, External Approach
0HRRXKZ	Replacement of Toe Nail with Nonautologous Tissue Substitute, External Approach
0HR SX7Z	Replacement of Hair with Autologous Tissue Substitute, External Approach
0HR SXJZ	Replacement of Hair with Synthetic Substitute, External Approach
0HR SXKZ	Replacement of Hair with Nonautologous Tissue Substitute, External Approach
0HRT07Z	Replacement of Right Breast with Autologous Tissue Substitute, Open Approach
0HRT0JZ	Replacement of Right Breast with Synthetic Substitute, Open Approach
0HRT0KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach
0HRT37Z	Replacement of Right Breast with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HRT3JZ	Replacement of Right Breast with Synthetic Substitute, Percutaneous Approach
0HRT3KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRU07Z	Replacement of Left Breast with Autologous Tissue Substitute, Open Approach
0HRU0JZ	Replacement of Left Breast with Synthetic Substitute, Open Approach
0HRU0KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HRU37Z	Replacement of Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRU3JZ	Replacement of Left Breast with Synthetic Substitute, Percutaneous Approach
0HRU3KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRV07Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HRV0KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HRV37Z	Replacement of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0HRV3KZ	Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRW07Z	Replacement of Right Nipple with Autologous Tissue Substitute, Open Approach
0HRW0JZ	Replacement of Right Nipple with Synthetic Substitute, Open Approach
0HRW0KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HRW37Z	Replacement of Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRW3JZ	Replacement of Right Nipple with Synthetic Substitute, Percutaneous Approach
0HRW3KZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRWX7Z	Replacement of Right Nipple with Autologous Tissue Substitute, External Approach
0HRWXJZ	Replacement of Right Nipple with Synthetic Substitute, External Approach
0HRWXKZ	Replacement of Right Nipple with Nonautologous Tissue Substitute, External Approach
0HRX07Z	Replacement of Left Nipple with Autologous Tissue Substitute, Open Approach
0HRX0JZ	Replacement of Left Nipple with Synthetic Substitute, Open Approach
0HRX0KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0HRX37Z	Replacement of Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HRX3JZ	Replacement of Left Nipple with Synthetic Substitute, Percutaneous Approach
0HRX3KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRXX7Z	Replacement of Left Nipple with Autologous Tissue Substitute, External Approach
0HRXXJZ	Replacement of Left Nipple with Synthetic Substitute, External Approach
0HRXXKZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, External Approach
0HSSXZZ	Reposition Hair, External Approach
0HST0ZZ	Reposition Right Breast, Open Approach
0HSU0ZZ	Reposition Left Breast, Open Approach
0HSV0ZZ	Reposition Bilateral Breast, Open Approach
0HSWXZZ	Reposition Right Nipple, External Approach
0HSXXZZ	Reposition Left Nipple, External Approach
0HTQXZZ	Resection of Finger Nail, External Approach
0HTRXZZ	Resection of Toe Nail, External Approach
0HTT0ZZ	Resection of Right Breast, Open Approach
0HTU0ZZ	Resection Of Left Breast, Open Approach
0HTV0ZZ	Resection Of Bilateral Breast, Open Approach
0HTWXZZ	Resection of Right Nipple, External Approach
0HTXXZZ	Resection of Left Nipple, External Approach
0HTY0ZZ	Resection of Supernumerary Breast, Open Approach
0HUT07Z	Supplement Right Breast with Autologous Tissue Substitute, Open Approach
0HUT0JZ	Supplement Right Breast with Synthetic Substitute, Open Approach
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach
0HUT37Z	Supplement Right Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUT3JZ	Supplement Right Breast with Synthetic Substitute, Percutaneous Approach
0HUT3KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUT77Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUT7JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUT7KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUT87Z	Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUT8JZ	Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HUT8KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU07Z	Supplement Left Breast with Autologous Tissue Substitute, Open Approach
0HUU0JZ	Supplement Left Breast with Synthetic Substitute, Open Approach
0HUU0KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach
0HUU37Z	Supplement Left Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUU3JZ	Supplement Left Breast with Synthetic Substitute, Percutaneous Approach
0HUU3KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU77Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUU7JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUU7KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUU87Z	Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8JZ	Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUV07Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Open Approach
0HUV0JZ	Supplement Bilateral Breast with Synthetic Substitute, Open Approach
0HUV0KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Open Approach
0HUV37Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach
0HUV3JZ	Supplement Bilateral Breast with Synthetic Substitute, Percutaneous Approach
0HUV3KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUV77Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUV7JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening
0HUV7KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUV87Z	Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUV8JZ	Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HUV8KZ	Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU07Z	Supplement Right Nipple with Autologous Tissue Substitute, Open Approach
0HUU0JZ	Supplement Right Nipple with Synthetic Substitute, Open Approach
0HUU0KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HUU37Z	Supplement Right Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUU3JZ	Supplement Right Nipple with Synthetic Substitute, Percutaneous Approach
0HUU3KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU77Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUU7JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening
0HUU7KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUU87Z	Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8JZ	Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUU8KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUUWX7Z	Supplement Right Nipple with Autologous Tissue Substitute, External Approach
0HUUWXJZ	Supplement Right Nipple with Synthetic Substitute, External Approach
0HUUWXKZ	Supplement Right Nipple with Nonautologous Tissue Substitute, External Approach
0HUX07Z	Supplement Left Nipple with Autologous Tissue Substitute, Open Approach
0HUX0JZ	Supplement Left Nipple with Synthetic Substitute, Open Approach
0HUX0KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HUX37Z	Supplement Left Nipple with Autologous Tissue Substitute, Percutaneous Approach
0HUX3JZ	Supplement Left Nipple with Synthetic Substitute, Percutaneous Approach
0HUX3KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUX77Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening
0HUX7JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0HUX7KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0HUX87Z	Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8JZ	Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0HUX8KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0HUXX7Z	Supplement Left Nipple with Autologous Tissue Substitute, External Approach
0HUXXJZ	Supplement Left Nipple with Synthetic Substitute, External Approach
0HUXXKZ	Supplement Left Nipple with Nonautologous Tissue Substitute, External Approach
0HWT0JZ	Revision Of Synthetic Substitute In Right Breast, Open Approach
0HWT3JZ	Revision Of Synthetic Substitute In Right Breast, Percutaneous Approach
0HWU0JZ	Revision Of Synthetic Substitute In Left Breast, Open Approach
0HWU3JZ	Revision Of Synthetic Substitute In Left Breast, Percutaneous Approach
0J010ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Open Approach
0J013ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J050ZZ	Alteration Of Posterior Neck Subcutaneous Tissue And Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J060ZZ	Alteration Of Chest Subcutaneous Tissue And Fascia, Open Approach
0J063ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J070ZZ	Alteration Of Back Subcutaneous Tissue And Fascia, Open Approach
0J073ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J080ZZ	Alteration Of Abdomen Subcutaneous Tissue And Fascia, Open Approach
0J083ZZ	Alteration Of Abdomen Subcutaneous Tissue And Fascia, Percutaneous Approach
0J090ZZ	Alteration Of Buttock Subcutaneous Tissue And Fascia, Open Approach
0J093ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0D0ZZ	Alteration Of Right Upper Arm Subcutaneous Tissue And Fascia, Open Approach
0J0D3ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0J0F0ZZ	Alteration Of Left Upper Arm Subcutaneous Tissue And Fascia, Open Approach
0J0F3ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0G0ZZ	Alteration Of Right Lower Arm Subcutaneous Tissue And Fascia, Open Approach
0J0G3ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0H0ZZ	Alteration Of Left Lower Arm Subcutaneous Tissue And Fascia, Open Approach
0J0H3ZZ	Alteration Of Left Lower Arm Subcutaneous Tissue And Fascia, Percutaneous Approach
0J0L0ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0L3ZZ	Alteration Of Right Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J0M0ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0M3ZZ	Alteration Of Left Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J0N0ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0N3ZZ	Alteration Of Right Lower Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J0P0ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0P3ZZ	Alteration Of Left Lower Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J500ZZ	Destruction Of Scalp Subcutaneous Tissue And Fascia, Open Approach
0J503ZZ	Destruction Of Scalp Subcutaneous Tissue And Fascia, Percutaneous Approach
0J510ZZ	Destruction Of Face Subcutaneous Tissue And Fascia, Open Approach
0J513ZZ	Destruction Of Face Subcutaneous Tissue And Fascia, Percutaneous Approach
0J540ZZ	Destruction Of Anterior Neck Subcutaneous Tissue And Fascia, Open Approach
0J543ZZ	Destruction Of Anterior Neck Subcutaneous Tissue And Fascia, Percutaneous Approach
0J550ZZ	Destruction Of Posterior Neck Subcutaneous Tissue And Fascia, Open Approach
0J553ZZ	Destruction Of Posterior Neck Subcutaneous Tissue And Fascia, Percutaneous Approach
0J560ZZ	Destruction Of Chest Subcutaneous Tissue And Fascia, Open Approach
0J563ZZ	Destruction Of Chest Subcutaneous Tissue And Fascia, Percutaneous Approach
0J570ZZ	Destruction Of Back Subcutaneous Tissue And Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0J573ZZ	Destruction Of Back Subcutaneous Tissue And Fascia, Percutaneous Approach
0J580ZZ	Destruction Of Abdomen Subcutaneous Tissue And Fascia, Open Approach
0J583ZZ	Destruction Of Abdomen Subcutaneous Tissue And Fascia, Percutaneous Approach
0J590ZZ	Destruction Of Buttock Subcutaneous Tissue And Fascia, Open Approach
0J593ZZ	Destruction Of Buttock Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5B0ZZ	Destruction Of Perineum Subcutaneous Tissue And Fascia, Open Approach
0J5B3ZZ	Destruction Of Perineum Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5C0ZZ	Destruction Of Pelvic Region Subcutaneous Tissue And Fascia, Open Approach
0J5C3ZZ	Destruction Of Pelvic Region Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5D0ZZ	Destruction Of Right Upper Arm Subcutaneous Tissue And Fascia, Open Approach
0J5D3ZZ	Destruction Of Right Upper Arm Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5F0ZZ	Destruction Of Left Upper Arm Subcutaneous Tissue And Fascia, Open Approach
0J5F3ZZ	Destruction Of Left Upper Arm Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5G0ZZ	Destruction Of Right Lower Arm Subcutaneous Tissue And Fascia, Open Approach
0J5G3ZZ	Destruction Of Right Lower Arm Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5H0ZZ	Destruction Of Left Lower Arm Subcutaneous Tissue And Fascia, Open Approach
0J5H3ZZ	Destruction Of Left Lower Arm Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5J0ZZ	Destruction Of Right Hand Subcutaneous Tissue And Fascia, Open Approach
0J5J3ZZ	Destruction Of Right Hand Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5K0ZZ	Destruction Of Left Hand Subcutaneous Tissue And Fascia, Open Approach
0J5K3ZZ	Destruction Of Left Hand Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5L0ZZ	Destruction Of Right Upper Leg Subcutaneous Tissue And Fascia, Open Approach
0J5L3ZZ	Destruction Of Right Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0J5M0ZZ	Destruction Of Left Upper Leg Subcutaneous Tissue And Fascia, Open Approach
0J5M3ZZ	Destruction Of Left Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5N0ZZ	Destruction Of Right Lower Leg Subcutaneous Tissue And Fascia, Open Approach
0J5N3ZZ	Destruction Of Right Lower Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5P0ZZ	Destruction Of Left Lower Leg Subcutaneous Tissue And Fascia, Open Approach
0J5P3ZZ	Destruction Of Left Lower Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5Q0ZZ	Destruction Of Right Foot Subcutaneous Tissue And Fascia, Open Approach
0J5Q3ZZ	Destruction Of Right Foot Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5R0ZZ	Destruction Of Left Foot Subcutaneous Tissue And Fascia, Open Approach
0J5R3ZZ	Destruction Of Left Foot Subcutaneous Tissue And Fascia, Percutaneous Approach
0J9000Z	Drainage of Scalp Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J900ZX	Drainage of Scalp Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9030Z	Drainage of Scalp Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J903ZX	Drainage of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J903ZZ	Drainage of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0J910ZX	Drainage of Face Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J913ZX	Drainage of Face Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J913ZZ	Drainage of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9400Z	Drainage of Anterior Neck Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J940ZX	Drainage of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J940ZZ	Drainage of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J9430Z	Drainage of Anterior Neck Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J943ZX	Drainage of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0J943ZZ	Drainage of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9500Z	Drainage of Posterior Neck Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J950ZX	Drainage of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J950ZZ	Drainage of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J9530Z	Drainage of Posterior Neck Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J953ZX	Drainage of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J953ZZ	Drainage of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9600Z	Drainage of Chest Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J960ZX	Drainage of Chest Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J960ZZ	Drainage of Chest Subcutaneous Tissue and Fascia, Open Approach
0J9630Z	Drainage of Chest Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J963ZX	Drainage of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J963ZZ	Drainage of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9700Z	Drainage of Back Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J970ZX	Drainage of Back Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J970ZZ	Drainage of Back Subcutaneous Tissue and Fascia, Open Approach
0J9730Z	Drainage of Back Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J973ZX	Drainage of Back Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J973ZZ	Drainage of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9800Z	Drainage of Abdomen Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J980ZX	Drainage of Abdomen Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J980ZZ	Drainage of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J9830Z	Drainage of Abdomen Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J983ZX	Drainage of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0J983ZZ	Drainage of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9900Z	Drainage of Buttock Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J990ZX	Drainage of Buttock Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J990ZZ	Drainage of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J9930Z	Drainage of Buttock Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J993ZX	Drainage of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J993ZZ	Drainage of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9B00Z	Drainage of Perineum Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9B0ZX	Drainage of Perineum Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9B0ZZ	Drainage of Perineum Subcutaneous Tissue and Fascia, Open Approach
0J9B30Z	Drainage of Perineum Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9B3ZX	Drainage of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9B3ZZ	Drainage of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9C00Z	Drainage of Pelvic Region Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9C0ZX	Drainage of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9C0ZZ	Drainage of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0J9C30Z	Drainage of Pelvic Region Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9C3ZX	Drainage of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9C3ZZ	Drainage of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9D00Z	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9D0ZX	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9D0ZZ	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J9D30Z	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9D3ZX	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0J9D3ZZ	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9F00Z	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9F0ZX	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9F0ZZ	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J9F30Z	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9F3ZX	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9F3ZZ	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9G00Z	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9G0ZX	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9G0ZZ	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J9G30Z	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9G3ZX	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9G3ZZ	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9H00Z	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9H0ZX	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9H0ZZ	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J9H30Z	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9H3ZX	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9H3ZZ	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9J00Z	Drainage of Right Hand Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9J0ZX	Drainage of Right Hand Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9J0ZZ	Drainage of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0J9J3ZX	Drainage of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0J9J3ZZ	Drainage of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9K00Z	Drainage of Left Hand Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9K0ZX	Drainage of Left Hand Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9K0ZZ	Drainage of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0J9K3ZX	Drainage of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9K3ZZ	Drainage of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9L00Z	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9L0ZX	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9L0ZZ	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J9L30Z	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9L3ZX	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9L3ZZ	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9M00Z	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9M0ZX	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9M0ZZ	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J9M30Z	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9M3ZX	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9M3ZZ	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9N00Z	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9N0ZX	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9N0ZZ	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J9N30Z	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9N3ZX	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0J9N3ZZ	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9P00Z	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9P0ZX	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9P0ZZ	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J9P30Z	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9P3ZX	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9P3ZZ	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9Q00Z	Drainage of Right Foot Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9Q0ZX	Drainage of Right Foot Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9Q0ZZ	Drainage of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0J9Q30Z	Drainage of Right Foot Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9Q3ZX	Drainage of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9Q3ZZ	Drainage of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9R00Z	Drainage of Left Foot Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9R0ZX	Drainage of Left Foot Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0J9R0ZZ	Drainage of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0J9R30Z	Drainage of Left Foot Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9R3ZX	Drainage of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0J9R3ZZ	Drainage of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB00ZX	Excision of Scalp Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB03ZX	Excision of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB10ZX	Excision of Face Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB13ZX	Excision of Face Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JB40ZX	Excision of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB43ZX	Excision of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB50ZX	Excision of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB53ZX	Excision of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB60ZX	Excision of Chest Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB63ZX	Excision of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB70ZX	Excision of Back Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB73ZX	Excision of Back Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB80ZX	Excision of Abdomen Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB83ZX	Excision of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JB90ZX	Excision of Buttock Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JB93ZX	Excision of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBB0ZX	Excision of Perineum Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBB3ZX	Excision of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBC0ZX	Excision of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBC3ZX	Excision of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBD0ZX	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBD3ZX	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBF0ZX	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBF3ZX	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBG0ZX	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBG3ZX	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBH0ZX	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0JBH3ZX	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBJ0ZX	Excision of Right Hand Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBJ3ZX	Excision of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBK0ZX	Excision of Left Hand Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBK3ZX	Excision of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBL0ZX	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBL3ZX	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBM0ZX	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBM3ZX	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBN0ZX	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBN3ZX	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBP0ZX	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBP3ZX	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBQ0ZX	Excision of Right Foot Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBQ3ZX	Excision of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JBR0ZX	Excision of Left Foot Subcutaneous Tissue and Fascia, Open Approach, Diagnostic
0JBR3ZX	Excision of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach, Diagnostic
0JC00ZZ	Extirpation of Matter from Scalp Subcutaneous Tissue and Fascia, Open Approach
0JC03ZZ	Extirpation of Matter from Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC10ZZ	Extirpation of Matter from Face Subcutaneous Tissue and Fascia, Open Approach
0JC13ZZ	Extirpation of Matter from Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC40ZZ	Extirpation of Matter from Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JC43ZZ	Extirpation of Matter from Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0JC50ZZ	Extirpation of Matter from Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JC53ZZ	Extirpation of Matter from Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC60ZZ	Extirpation of Matter from Chest Subcutaneous Tissue and Fascia, Open Approach
0JC63ZZ	Extirpation of Matter from Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC70ZZ	Extirpation of Matter from Back Subcutaneous Tissue and Fascia, Open Approach
0JC73ZZ	Extirpation of Matter from Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC80ZZ	Extirpation of Matter from Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JC83ZZ	Extirpation of Matter from Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC90ZZ	Extirpation of Matter from Buttock Subcutaneous Tissue and Fascia, Open Approach
0JC93ZZ	Extirpation of Matter from Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCB0ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Open Approach
0JCB3ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCC0ZZ	Extirpation of Matter from Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JCC3ZZ	Extirpation of Matter from Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCD0ZZ	Extirpation of Matter from Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JCD3ZZ	Extirpation of Matter from Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCF0ZZ	Extirpation of Matter from Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JCF3ZZ	Extirpation of Matter from Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCG0ZZ	Extirpation of Matter from Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JCG3ZZ	Extirpation of Matter from Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCH0ZZ	Extirpation of Matter from Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JCH3ZZ	Extirpation of Matter from Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCJ0ZZ	Extirpation of Matter from Right Hand Subcutaneous Tissue and Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JCJ3ZZ	Extirpation of Matter from Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCK0ZZ	Extirpation of Matter from Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JCK3ZZ	Extirpation of Matter from Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCL0ZZ	Extirpation of Matter from Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JCL3ZZ	Extirpation of Matter from Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCM0ZZ	Extirpation of Matter from Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JCM3ZZ	Extirpation of Matter from Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCN0ZZ	Extirpation of Matter from Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JCN3ZZ	Extirpation of Matter from Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCP0ZZ	Extirpation of Matter from Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JCP3ZZ	Extirpation of Matter from Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCQ0ZZ	Extirpation of Matter from Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JCQ3ZZ	Extirpation of Matter from Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCR0ZZ	Extirpation of Matter from Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JCR3ZZ	Extirpation of Matter from Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JD00ZZ	Extraction of Scalp Subcutaneous Tissue and Fascia, Open Approach
0JD10ZZ	Extraction of Face Subcutaneous Tissue and Fascia, Open Approach
0JD40ZZ	Extraction of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JD50ZZ	Extraction of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JD60ZZ	Extraction of Chest Subcutaneous Tissue and Fascia, Open Approach
0JD70ZZ	Extraction of Back Subcutaneous Tissue and Fascia, Open Approach
0JD80ZZ	Extraction of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JD83ZZ	Extraction Of Abdomen Subcutaneous Tissue And Fascia, Percutaneous Approach
0JD90ZZ	Extraction of Buttock Subcutaneous Tissue and Fascia, Open Approach
0JD93ZZ	Extraction Of Buttock Subcutaneous Tissue And Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JDB0ZZ	Extraction of Perineum Subcutaneous Tissue and Fascia, Open Approach
0JDC0ZZ	Extraction of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JDD0ZZ	Extraction of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JDF0ZZ	Extraction of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JDG0ZZ	Extraction of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JDH0ZZ	Extraction of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JDJ0ZZ	Extraction of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JDK0ZZ	Extraction of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JDL0ZZ	Extraction of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JDL3ZZ	Extraction Of Right Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0JDM0ZZ	Extraction of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JDM3ZZ	Extraction Of Left Upper Leg Subcutaneous Tissue And Fascia, Percutaneous Approach
0JDN0ZZ	Extraction of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JDP0ZZ	Extraction of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JDQ0ZZ	Extraction of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JDR0ZZ	Extraction of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JH00NZ	Insertion of Tissue Expander into Scalp Subcutaneous Tissue and Fascia, Open Approach
0JH03NZ	Insertion of Tissue Expander into Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH10NZ	Insertion of Tissue Expander into Face Subcutaneous Tissue and Fascia, Open Approach
0JH13NZ	Insertion of Tissue Expander into Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH40NZ	Insertion of Tissue Expander into Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JH43NZ	Insertion of Tissue Expander into Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH50NZ	Insertion of Tissue Expander into Posterior Neck Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JH53NZ	Insertion of Tissue Expander into Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH602Z	Insertion of Monitoring Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60HZ	Insertion of Contraceptive Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60NZ	Insertion of Tissue Expander into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60VZ	Insertion of Infusion Pump into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60WZ	Insertion of Reservoir into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH60XZ	Insertion of Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH632Z	Insertion of Monitoring Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63HZ	Insertion of Contraceptive Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63NZ	Insertion of Tissue Expander into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63VZ	Insertion of Infusion Pump into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63WZ	Insertion of Reservoir into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH63XZ	Insertion of Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH70NZ	Insertion of Tissue Expander into Back Subcutaneous Tissue and Fascia, Open Approach
0JH70VZ	Insertion of Infusion Pump into Back Subcutaneous Tissue and Fascia, Open Approach
0JH73NZ	Insertion of Tissue Expander into Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH73VZ	Insertion of Infusion Pump into Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH802Z	Insertion of Monitoring Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80HZ	Insertion of Contraceptive Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80NZ	Insertion of Tissue Expander into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80VZ	Insertion of Infusion Pump into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80WZ	Insertion of Reservoir into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH80XZ	Insertion of Vascular Access Device into Abdomen Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JH832Z	Insertion of Monitoring Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83HZ	Insertion of Contraceptive Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83NZ	Insertion of Tissue Expander into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83VZ	Insertion of Infusion Pump into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83WZ	Insertion of Reservoir into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH83XZ	Insertion of Vascular Access Device into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH90NZ	Insertion of Tissue Expander into Buttock Subcutaneous Tissue and Fascia, Open Approach
0JH93NZ	Insertion of Tissue Expander into Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHB0NZ	Insertion of Tissue Expander into Perineum Subcutaneous Tissue and Fascia, Open Approach
0JHB3NZ	Insertion of Tissue Expander into Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHC0NZ	Insertion of Tissue Expander into Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JHC3NZ	Insertion of Tissue Expander into Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD0NZ	Insertion of Tissue Expander into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD0VZ	Insertion of Infusion Pump into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD0WZ	Insertion of Reservoir into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD0XZ	Insertion of Vascular Access Device into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD3NZ	Insertion of Tissue Expander into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD3VZ	Insertion of Infusion Pump into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD3WZ	Insertion of Reservoir into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHD3XZ	Insertion of Vascular Access Device into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF0NZ	Insertion of Tissue Expander into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF0VZ	Insertion of Infusion Pump into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF0WZ	Insertion of Reservoir into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JHF0XZ	Insertion of Vascular Access Device into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF3NZ	Insertion of Tissue Expander into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF3VZ	Insertion of Infusion Pump into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF3WZ	Insertion of Reservoir into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHF3XZ	Insertion of Vascular Access Device into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG0NZ	Insertion of Tissue Expander into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG0VZ	Insertion of Infusion Pump into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG0WZ	Insertion of Reservoir into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG0XZ	Insertion of Vascular Access Device into Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHG3NZ	Insertion of Tissue Expander into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG3VZ	Insertion of Infusion Pump into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG3WZ	Insertion of Reservoir into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHG3XZ	Insertion of Vascular Access Device into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHH0NZ	Insertion of Tissue Expander into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH0VZ	Insertion of Infusion Pump into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH0WZ	Insertion of Reservoir into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH0XZ	Insertion of Vascular Access Device into Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JHH3NZ	Insertion of Tissue Expander into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHH3VZ	Insertion of Infusion Pump into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHH3WZ	Insertion of Reservoir into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHH3XZ	Insertion of Vascular Access Device into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHJ0NZ	Insertion of Tissue Expander into Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JHJ3NZ	Insertion of Tissue Expander into Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JHK0NZ	Insertion of Tissue Expander into Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JHK3NZ	Insertion of Tissue Expander into Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL0NZ	Insertion of Tissue Expander into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL0VZ	Insertion of Infusion Pump into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL0WZ	Insertion of Reservoir into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL0XZ	Insertion of Vascular Access Device into Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHL3NZ	Insertion of Tissue Expander into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL3VZ	Insertion of Infusion Pump into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL3WZ	Insertion of Reservoir into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHL3XZ	Insertion of Vascular Access Device into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM0NZ	Insertion of Tissue Expander into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM0VZ	Insertion of Infusion Pump into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM0WZ	Insertion of Reservoir into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM0XZ	Insertion of Vascular Access Device into Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JHM3NZ	Insertion of Tissue Expander into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM3VZ	Insertion of Infusion Pump into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM3WZ	Insertion of Reservoir into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHM3XZ	Insertion of Vascular Access Device into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN0NZ	Insertion of Tissue Expander into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN0VZ	Insertion of Infusion Pump into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN0WZ	Insertion of Reservoir into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN0XZ	Insertion of Vascular Access Device into Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHN3HZ	Insertion of Contraceptive Device into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JHN3NZ	Insertion of Tissue Expander into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN3VZ	Insertion of Infusion Pump into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN3WZ	Insertion of Reservoir into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHN3XZ	Insertion of Vascular Access Device into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP0HZ	Insertion of Contraceptive Device into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP0NZ	Insertion of Tissue Expander into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP0VZ	Insertion of Infusion Pump into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP0WZ	Insertion of Reservoir into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP0XZ	Insertion of Vascular Access Device into Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JHP3HZ	Insertion of Contraceptive Device into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP3NZ	Insertion of Tissue Expander into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP3VZ	Insertion of Infusion Pump into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP3WZ	Insertion of Reservoir into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHP3XZ	Insertion of Vascular Access Device into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHQ0NZ	Insertion of Tissue Expander into Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JHQ3NZ	Insertion of Tissue Expander into Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHR0NZ	Insertion of Tissue Expander into Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JHR3NZ	Insertion of Tissue Expander into Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHS03Z	Insertion of Infusion Device into Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JHS33Z	Insertion of Infusion Device into Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHT03Z	Insertion of Infusion Device into Trunk Subcutaneous Tissue and Fascia, Open Approach
0JHT0VZ	Insertion of Infusion Pump into Trunk Subcutaneous Tissue and Fascia, Open Approach
0JHT33Z	Insertion of Infusion Device into Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JHT3VZ	Insertion of Infusion Pump into Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHV03Z	Insertion of Infusion Device into Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JHV33Z	Insertion of Infusion Device into Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JHW03Z	Insertion of Infusion Device into Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JHW33Z	Insertion of Infusion Device into Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJS0ZZ	Inspection of Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JJS3ZZ	Inspection of Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJT0ZZ	Inspection of Trunk Subcutaneous Tissue and Fascia, Open Approach
0JJT3ZZ	Inspection of Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJV0ZZ	Inspection of Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JJV3ZZ	Inspection of Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJW0ZZ	Inspection of Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JJW3ZZ	Inspection of Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS00Z	Removal of Drainage Device from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS01Z	Removal of Radioactive Element from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS03Z	Removal of Infusion Device from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS07Z	Removal of Autologous Tissue Substitute from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS0JZ	Removal of Synthetic Substitute from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS0KZ	Removal of Nonautologous Tissue Substitute from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS0NZ	Removal of Tissue Expander from Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JPS30Z	Removal of Drainage Device from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS31Z	Removal of Radioactive Element from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS33Z	Removal of Infusion Device from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0JPS37Z	Removal of Autologous Tissue Substitute from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS3JZ	Removal of Synthetic Substitute from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS3KZ	Removal of Nonautologous Tissue Substitute from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPS3NZ	Removal of Tissue Expander from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT00Z	Removal of Drainage Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT01Z	Removal of Radioactive Element from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT02Z	Removal of Monitoring Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT03Z	Removal of Infusion Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT07Z	Removal of Autologous Tissue Substitute from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0HZ	Removal of Contraceptive Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0JZ	Removal of Synthetic Substitute from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0KZ	Removal of Nonautologous Tissue Substitute from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0NZ	Removal of Tissue Expander from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0VZ	Removal of Infusion Pump from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0WZ	Removal of Reservoir from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0XZ	Removal of Vascular Access Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT30Z	Removal of Drainage Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT31Z	Removal of Radioactive Element from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT32Z	Removal of Monitoring Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT33Z	Removal of Infusion Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT37Z	Removal of Autologous Tissue Substitute from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3HZ	Removal of Contraceptive Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JPT3JZ	Removal of Synthetic Substitute from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3KZ	Removal of Nonautologous Tissue Substitute from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3NZ	Removal of Tissue Expander from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3VZ	Removal of Infusion Pump from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3WZ	Removal of Reservoir from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT3XZ	Removal of Vascular Access Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPTXVZ	Removal of Infusion Pump from Trunk Subcutaneous Tissue and Fascia, External Approach
0JPTXXZ	Removal of Vascular Access Device from Trunk Subcutaneous Tissue and Fascia, External Approach
0JPV00Z	Removal of Drainage Device from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV01Z	Removal of Radioactive Element from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV03Z	Removal of Infusion Device from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV07Z	Removal of Autologous Tissue Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0HZ	Removal of Contraceptive Device from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0JZ	Removal of Synthetic Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0KZ	Removal of Nonautologous Tissue Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0NZ	Removal of Tissue Expander from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0VZ	Removal of Infusion Pump from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0WZ	Removal of Reservoir from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV0XZ	Removal of Vascular Access Device from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPV30Z	Removal of Drainage Device from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV31Z	Removal of Radioactive Element from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV33Z	Removal of Infusion Device from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JPV37Z	Removal of Autologous Tissue Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3HZ	Removal of Contraceptive Device from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3JZ	Removal of Synthetic Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3KZ	Removal of Nonautologous Tissue Substitute from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3NZ	Removal of Tissue Expander from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3VZ	Removal of Infusion Pump from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3WZ	Removal of Reservoir from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPV3XZ	Removal of Vascular Access Device from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPVXHZ	Removal of Contraceptive Device from Upper Extremity Subcutaneous Tissue and Fascia, External Approach
0JPVXVZ	Removal of Infusion Pump from Upper Extremity Subcutaneous Tissue and Fascia, External Approach
0JPVXXZ	Removal of Vascular Access Device from Upper Extremity Subcutaneous Tissue and Fascia, External Approach
0JPW00Z	Removal of Drainage Device from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW01Z	Removal of Radioactive Element from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW03Z	Removal of Infusion Device from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW07Z	Removal of Autologous Tissue Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0HZ	Removal of Contraceptive Device from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0JZ	Removal of Synthetic Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0KZ	Removal of Nonautologous Tissue Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0NZ	Removal of Tissue Expander from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0VZ	Removal of Infusion Pump from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0WZ	Removal of Reservoir from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW0XZ	Removal of Vascular Access Device from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JPW30Z	Removal of Drainage Device from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0JPW31Z	Removal of Radioactive Element from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW33Z	Removal of Infusion Device from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW37Z	Removal of Autologous Tissue Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3HZ	Removal of Contraceptive Device from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3JZ	Removal of Synthetic Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3KZ	Removal of Nonautologous Tissue Substitute from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3NZ	Removal of Tissue Expander from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3VZ	Removal of Infusion Pump from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3WZ	Removal of Reservoir from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPW3XZ	Removal of Vascular Access Device from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPWXHZ	Removal of Contraceptive Device from Lower Extremity Subcutaneous Tissue and Fascia, External Approach
0JPWXVZ	Removal of Infusion Pump from Lower Extremity Subcutaneous Tissue and Fascia, External Approach
0JPWXXZ	Removal of Vascular Access Device from Lower Extremity Subcutaneous Tissue and Fascia, External Approach
0JQ00ZZ	Repair Scalp Subcutaneous Tissue and Fascia, Open Approach
0JQ03ZZ	Repair Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ10ZZ	Repair Face Subcutaneous Tissue and Fascia, Open Approach
0JQ13ZZ	Repair Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ40ZZ	Repair Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JQ43ZZ	Repair Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ50ZZ	Repair Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JQ53ZZ	Repair Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ60ZZ	Repair Chest Subcutaneous Tissue and Fascia, Open Approach
0JQ63ZZ	Repair Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ70ZZ	Repair Back Subcutaneous Tissue and Fascia, Open Approach
0JQ73ZZ	Repair Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ80ZZ	Repair Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JQ83ZZ	Repair Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ90ZZ	Repair Buttock Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JQ93ZZ	Repair Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQB0ZZ	Repair Perineum Subcutaneous Tissue and Fascia, Open Approach
0JQB3ZZ	Repair Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQC0ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JQC3ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQD0ZZ	Repair Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JQD3ZZ	Repair Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQF0ZZ	Repair Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JQF3ZZ	Repair Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQG0ZZ	Repair Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JQG3ZZ	Repair Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQH0ZZ	Repair Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JQH3ZZ	Repair Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQJ0ZZ	Repair Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JQJ3ZZ	Repair Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQK0ZZ	Repair Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JQK3ZZ	Repair Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQL0ZZ	Repair Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JQL3ZZ	Repair Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQM0ZZ	Repair Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JQM3ZZ	Repair Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQN0ZZ	Repair Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JQN3ZZ	Repair Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQP0ZZ	Repair Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JQP3ZZ	Repair Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQQ0ZZ	Repair Right Foot Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JQQ3ZZ	Repair Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQR0ZZ	Repair Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JQR3ZZ	Repair Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS00Z	Revision of Drainage Device in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS03Z	Revision of Infusion Device in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS07Z	Revision of Autologous Tissue Substitute in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS0JZ	Revision of Synthetic Substitute in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS0KZ	Revision of Nonautologous Tissue Substitute in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS0NZ	Revision of Tissue Expander in Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JWS30Z	Revision of Drainage Device in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS33Z	Revision of Infusion Device in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS37Z	Revision of Autologous Tissue Substitute in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS3JZ	Revision of Synthetic Substitute in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS3KZ	Revision of Nonautologous Tissue Substitute in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWS3NZ	Revision of Tissue Expander in Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWT00Z	Revision of Drainage Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT02Z	Revision of Monitoring Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT03Z	Revision of Infusion Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT07Z	Revision of Autologous Tissue Substitute in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT0HZ	Revision of Contraceptive Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT0JZ	Revision of Synthetic Substitute in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT0KZ	Revision of Nonautologous Tissue Substitute in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT0MZ	Revision of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JW00NZ	Revision of Tissue Expander in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JW00VZ	Revision of Infusion Pump in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JW00WZ	Revision of Reservoir in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JW00XZ	Revision of Vascular Access Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JW030Z	Revision of Drainage Device in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW032Z	Revision of Monitoring Device in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW033Z	Revision of Infusion Device in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW037Z	Revision of Autologous Tissue Substitute in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03HZ	Revision of Contraceptive Device in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03JZ	Revision of Synthetic Substitute in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03KZ	Revision of Nonautologous Tissue Substitute in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03MZ	Revision of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03NZ	Revision of Tissue Expander in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03VZ	Revision of Infusion Pump in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03WZ	Revision of Reservoir in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JW03XZ	Revision of Vascular Access Device in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV00Z	Revision of Drainage Device in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV03Z	Revision of Infusion Device in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV07Z	Revision of Autologous Tissue Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0HZ	Revision of Contraceptive Device in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0JZ	Revision of Synthetic Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0KZ	Revision of Nonautologous Tissue Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0NZ	Revision of Tissue Expander in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0JWV0VZ	Revision of Infusion Pump in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0WZ	Revision of Reservoir in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV0XZ	Revision of Vascular Access Device in Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWV30Z	Revision of Drainage Device in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV33Z	Revision of Infusion Device in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV37Z	Revision of Autologous Tissue Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3HZ	Revision of Contraceptive Device in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3JZ	Revision of Synthetic Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3KZ	Revision of Nonautologous Tissue Substitute in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3NZ	Revision of Tissue Expander in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3VZ	Revision of Infusion Pump in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3WZ	Revision of Reservoir in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWV3XZ	Revision of Vascular Access Device in Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW00Z	Revision of Drainage Device in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW03Z	Revision of Infusion Device in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW07Z	Revision of Autologous Tissue Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0HZ	Revision of Contraceptive Device in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0JZ	Revision of Synthetic Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0KZ	Revision of Nonautologous Tissue Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0NZ	Revision of Tissue Expander in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0VZ	Revision of Infusion Pump in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0WZ	Revision of Reservoir in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JWW0XZ	Revision of Vascular Access Device in Lower Extremity Subcutaneous Tissue and Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0JWW30Z	Revision of Drainage Device in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW33Z	Revision of Infusion Device in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW37Z	Revision of Autologous Tissue Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3HZ	Revision of Contraceptive Device in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3JZ	Revision of Synthetic Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3KZ	Revision of Nonautologous Tissue Substitute in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3NZ	Revision of Tissue Expander in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3VZ	Revision of Infusion Pump in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3WZ	Revision of Reservoir in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JWW3XZ	Revision of Vascular Access Device in Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0KTH0ZZ	Resection Of Right Thorax Muscle, Open Approach
0KTJ0ZZ	Resection Of Left Thorax Muscle, Open Approach
0KXH0ZZ	Transfer Right Thorax Muscle, Open Approach
0KXH4ZZ	Transfer Right Thorax Muscle, Percutaneous Endoscopic Approach
0KXJ0ZZ	Transfer Left Thorax Muscle, Open Approach
0KXJ4ZZ	Transfer Left Thorax Muscle, Percutaneous Endoscopic Approach
0NRB07Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Open Approach
0NRB0JZ	Replacement Of Nasal Bone With Synthetic Substitute, Open Approach
0NRB0KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Open Approach
0NRB37Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Percutaneous Approach
0NRB3JZ	Replacement Of Nasal Bone With Synthetic Substitute, Percutaneous Approach
0NRB3KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Approach
0NRB47Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRB4JZ	Replacement Of Nasal Bone With Synthetic Substitute, Percutaneous Endoscopic Approach
0NRB4KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUB0JZ	Supplement Nasal Bone With Synthetic Substitute, Open Approach
0NUB0KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0NUB37Z	Supplement Nasal Bone With Autologous Tissue Substitute, Percutaneous Approach
0NUB3JZ	Supplement Nasal Bone With Synthetic Substitute, Percutaneous Approach
0NUB3KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Approach
0NUB47Z	Supplement Nasal Bone With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUB4JZ	Supplement Nasal Bone With Synthetic Substitute, Percutaneous Endoscopic Approach
0NUB4KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RH003Z	Insertion of Infusion Device into Occipital-cervical Joint, Open Approach
0RH033Z	Insertion of Infusion Device into Occipital-cervical Joint, Percutaneous Approach
0RH043Z	Insertion of Infusion Device into Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RH103Z	Insertion of Infusion Device into Cervical Vertebral Joint, Open Approach
0RH133Z	Insertion of Infusion Device into Cervical Vertebral Joint, Percutaneous Approach
0RH143Z	Insertion of Infusion Device into Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RH303Z	Insertion of Infusion Device into Cervical Vertebral Disc, Open Approach
0RH333Z	Insertion of Infusion Device into Cervical Vertebral Disc, Percutaneous Approach
0RH343Z	Insertion of Infusion Device into Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RH403Z	Insertion of Infusion Device into Cervicothoracic Vertebral Joint, Open Approach
0RH433Z	Insertion of Infusion Device into Cervicothoracic Vertebral Joint, Percutaneous Approach
0RH443Z	Insertion of Infusion Device into Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RH503Z	Insertion of Infusion Device into Cervicothoracic Vertebral Disc, Open Approach
0RH533Z	Insertion of Infusion Device into Cervicothoracic Vertebral Disc, Percutaneous Approach
0RH543Z	Insertion of Infusion Device into Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RH603Z	Insertion of Infusion Device into Thoracic Vertebral Joint, Open Approach
0RH633Z	Insertion of Infusion Device into Thoracic Vertebral Joint, Percutaneous Approach
0RH643Z	Insertion of Infusion Device into Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RH903Z	Insertion of Infusion Device into Thoracic Vertebral Disc, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0RH933Z	Insertion of Infusion Device into Thoracic Vertebral Disc, Percutaneous Approach
0RH943Z	Insertion of Infusion Device into Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RHA03Z	Insertion of Infusion Device into Thoracolumbar Vertebral Joint, Open Approach
0RHA33Z	Insertion of Infusion Device into Thoracolumbar Vertebral Joint, Percutaneous Approach
0RHA43Z	Insertion of Infusion Device into Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RHB03Z	Insertion of Infusion Device into Thoracolumbar Vertebral Disc, Open Approach
0RHB33Z	Insertion of Infusion Device into Thoracolumbar Vertebral Disc, Percutaneous Approach
0RHB43Z	Insertion of Infusion Device into Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RHE03Z	Insertion of Infusion Device into Right Sternoclavicular Joint, Open Approach
0RHE33Z	Insertion of Infusion Device into Right Sternoclavicular Joint, Percutaneous Approach
0RHE43Z	Insertion of Infusion Device into Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RHF03Z	Insertion of Infusion Device into Left Sternoclavicular Joint, Open Approach
0RHF33Z	Insertion of Infusion Device into Left Sternoclavicular Joint, Percutaneous Approach
0RHF43Z	Insertion of Infusion Device into Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RHG03Z	Insertion of Infusion Device into Right Acromioclavicular Joint, Open Approach
0RHG33Z	Insertion of Infusion Device into Right Acromioclavicular Joint, Percutaneous Approach
0RHG43Z	Insertion of Infusion Device into Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RHH03Z	Insertion of Infusion Device into Left Acromioclavicular Joint, Open Approach
0RHH33Z	Insertion of Infusion Device into Left Acromioclavicular Joint, Percutaneous Approach
0RHH43Z	Insertion of Infusion Device into Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RHJ03Z	Insertion of Infusion Device into Right Shoulder Joint, Open Approach
0RHJ33Z	Insertion of Infusion Device into Right Shoulder Joint, Percutaneous Approach
0RHJ43Z	Insertion of Infusion Device into Right Shoulder Joint, Percutaneous Endoscopic Approach
0RHK03Z	Insertion of Infusion Device into Left Shoulder Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0RHK33Z	Insertion of Infusion Device into Left Shoulder Joint, Percutaneous Approach
0RHK43Z	Insertion of Infusion Device into Left Shoulder Joint, Percutaneous Endoscopic Approach
0RHL03Z	Insertion of Infusion Device into Right Elbow Joint, Open Approach
0RHL33Z	Insertion of Infusion Device into Right Elbow Joint, Percutaneous Approach
0RHL43Z	Insertion of Infusion Device into Right Elbow Joint, Percutaneous Endoscopic Approach
0RHM03Z	Insertion of Infusion Device into Left Elbow Joint, Open Approach
0RHM33Z	Insertion of Infusion Device into Left Elbow Joint, Percutaneous Approach
0RHM43Z	Insertion of Infusion Device into Left Elbow Joint, Percutaneous Endoscopic Approach
0RHN03Z	Insertion of Infusion Device into Right Wrist Joint, Open Approach
0RHN33Z	Insertion of Infusion Device into Right Wrist Joint, Percutaneous Approach
0RHN43Z	Insertion of Infusion Device into Right Wrist Joint, Percutaneous Endoscopic Approach
0RHP03Z	Insertion of Infusion Device into Left Wrist Joint, Open Approach
0RHP33Z	Insertion of Infusion Device into Left Wrist Joint, Percutaneous Approach
0RHP43Z	Insertion of Infusion Device into Left Wrist Joint, Percutaneous Endoscopic Approach
0RHQ03Z	Insertion of Infusion Device into Right Carpal Joint, Open Approach
0RHQ33Z	Insertion of Infusion Device into Right Carpal Joint, Percutaneous Approach
0RHQ43Z	Insertion of Infusion Device into Right Carpal Joint, Percutaneous Endoscopic Approach
0RHR03Z	Insertion of Infusion Device into Left Carpal Joint, Open Approach
0RHR33Z	Insertion of Infusion Device into Left Carpal Joint, Percutaneous Approach
0RHR43Z	Insertion of Infusion Device into Left Carpal Joint, Percutaneous Endoscopic Approach
0RHS03Z	Insertion of Infusion Device into Right Metacarpocarpal Joint, Open Approach
0RHS33Z	Insertion of Infusion Device into Right Metacarpocarpal Joint, Percutaneous Approach
0RHS43Z	Insertion of Infusion Device into Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHT03Z	Insertion of Infusion Device into Left Metacarpocarpal Joint, Open Approach
0RHT33Z	Insertion of Infusion Device into Left Metacarpocarpal Joint, Percutaneous Approach
0RHT43Z	Insertion of Infusion Device into Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHU03Z	Insertion of Infusion Device into Right Metacarpophalangeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0RHU33Z	Insertion of Infusion Device into Right Metacarpophalangeal Joint, Percutaneous Approach
0RHU43Z	Insertion of Infusion Device into Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHV03Z	Insertion of Infusion Device into Left Metacarpophalangeal Joint, Open Approach
0RHV33Z	Insertion of Infusion Device into Left Metacarpophalangeal Joint, Percutaneous Approach
0RHV43Z	Insertion of Infusion Device into Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHW03Z	Insertion of Infusion Device into Right Finger Phalangeal Joint, Open Approach
0RHW33Z	Insertion of Infusion Device into Right Finger Phalangeal Joint, Percutaneous Approach
0RHW43Z	Insertion of Infusion Device into Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RHX03Z	Insertion of Infusion Device into Left Finger Phalangeal Joint, Open Approach
0RHX33Z	Insertion of Infusion Device into Left Finger Phalangeal Joint, Percutaneous Approach
0RHX43Z	Insertion of Infusion Device into Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0SH003Z	Insertion of Infusion Device into Lumbar Vertebral Joint, Open Approach
0SH033Z	Insertion of Infusion Device into Lumbar Vertebral Joint, Percutaneous Approach
0SH043Z	Insertion of Infusion Device into Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SH203Z	Insertion of Infusion Device into Lumbar Vertebral Disc, Open Approach
0SH233Z	Insertion of Infusion Device into Lumbar Vertebral Disc, Percutaneous Approach
0SH243Z	Insertion of Infusion Device into Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SH303Z	Insertion of Infusion Device into Lumbosacral Joint, Open Approach
0SH333Z	Insertion of Infusion Device into Lumbosacral Joint, Percutaneous Approach
0SH343Z	Insertion of Infusion Device into Lumbosacral Joint, Percutaneous Endoscopic Approach
0SH403Z	Insertion of Infusion Device into Lumbosacral Disc, Open Approach
0SH433Z	Insertion of Infusion Device into Lumbosacral Disc, Percutaneous Approach
0SH443Z	Insertion of Infusion Device into Lumbosacral Disc, Percutaneous Endoscopic Approach
0SH503Z	Insertion of Infusion Device into Sacrococcygeal Joint, Open Approach
0SH533Z	Insertion of Infusion Device into Sacrococcygeal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0SH543Z	Insertion of Infusion Device into Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SH603Z	Insertion of Infusion Device into Coccygeal Joint, Open Approach
0SH633Z	Insertion of Infusion Device into Coccygeal Joint, Percutaneous Approach
0SH643Z	Insertion of Infusion Device into Coccygeal Joint, Percutaneous Endoscopic Approach
0SH703Z	Insertion of Infusion Device into Right Sacroiliac Joint, Open Approach
0SH733Z	Insertion of Infusion Device into Right Sacroiliac Joint, Percutaneous Approach
0SH743Z	Insertion of Infusion Device into Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SH803Z	Insertion of Infusion Device into Left Sacroiliac Joint, Open Approach
0SH833Z	Insertion of Infusion Device into Left Sacroiliac Joint, Percutaneous Approach
0SH843Z	Insertion of Infusion Device into Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SH903Z	Insertion of Infusion Device into Right Hip Joint, Open Approach
0SH933Z	Insertion of Infusion Device into Right Hip Joint, Percutaneous Approach
0SH943Z	Insertion of Infusion Device into Right Hip Joint, Percutaneous Endoscopic Approach
0SHB03Z	Insertion of Infusion Device into Left Hip Joint, Open Approach
0SHB33Z	Insertion of Infusion Device into Left Hip Joint, Percutaneous Approach
0SHB43Z	Insertion of Infusion Device into Left Hip Joint, Percutaneous Endoscopic Approach
0SHC03Z	Insertion of Infusion Device into Right Knee Joint, Open Approach
0SHC33Z	Insertion of Infusion Device into Right Knee Joint, Percutaneous Approach
0SHC43Z	Insertion of Infusion Device into Right Knee Joint, Percutaneous Endoscopic Approach
0SHD03Z	Insertion of Infusion Device into Left Knee Joint, Open Approach
0SHD33Z	Insertion of Infusion Device into Left Knee Joint, Percutaneous Approach
0SHD43Z	Insertion of Infusion Device into Left Knee Joint, Percutaneous Endoscopic Approach
0SHF03Z	Insertion of Infusion Device into Right Ankle Joint, Open Approach
0SHF33Z	Insertion of Infusion Device into Right Ankle Joint, Percutaneous Approach
0SHF43Z	Insertion of Infusion Device into Right Ankle Joint, Percutaneous Endoscopic Approach
0SHG03Z	Insertion of Infusion Device into Left Ankle Joint, Open Approach
0SHG33Z	Insertion of Infusion Device into Left Ankle Joint, Percutaneous Approach
0SHG43Z	Insertion of Infusion Device into Left Ankle Joint, Percutaneous Endoscopic Approach
0SHH03Z	Insertion of Infusion Device into Right Tarsal Joint, Open Approach
0SHH33Z	Insertion of Infusion Device into Right Tarsal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0SHH43Z	Insertion of Infusion Device into Right Tarsal Joint, Percutaneous Endoscopic Approach
0SHJ03Z	Insertion of Infusion Device into Left Tarsal Joint, Open Approach
0SHJ33Z	Insertion of Infusion Device into Left Tarsal Joint, Percutaneous Approach
0SHJ43Z	Insertion of Infusion Device into Left Tarsal Joint, Percutaneous Endoscopic Approach
0SHK03Z	Insertion of Infusion Device into Right Metatarsal-Tarsal Joint, Open Approach
0SHK33Z	Insertion of Infusion Device into Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SHK43Z	Insertion of Infusion Device into Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHL03Z	Insertion of Infusion Device into Left Metatarsal-Tarsal Joint, Open Approach
0SHL33Z	Insertion of Infusion Device into Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SHL43Z	Insertion of Infusion Device into Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHM03Z	Insertion of Infusion Device into Right Metatarsal-Phalangeal Joint, Open Approach
0SHM33Z	Insertion of Infusion Device into Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHM43Z	Insertion of Infusion Device into Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHN03Z	Insertion of Infusion Device into Left Metatarsal-Phalangeal Joint, Open Approach
0SHN33Z	Insertion of Infusion Device into Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHN43Z	Insertion of Infusion Device into Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHP03Z	Insertion of Infusion Device into Right Toe Phalangeal Joint, Open Approach
0SHP33Z	Insertion of Infusion Device into Right Toe Phalangeal Joint, Percutaneous Approach
0SHP43Z	Insertion of Infusion Device into Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SHQ03Z	Insertion of Infusion Device into Left Toe Phalangeal Joint, Open Approach
0SHQ33Z	Insertion of Infusion Device into Left Toe Phalangeal Joint, Percutaneous Approach
0SHQ43Z	Insertion of Infusion Device into Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0TH503Z	Insertion of Infusion Device into Kidney, Open Approach
0TH533Z	Insertion of Infusion Device into Kidney, Percutaneous Approach
0TH543Z	Insertion of Infusion Device into Kidney, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0TH573Z	Insertion of Infusion Device into Kidney, Via Natural or Artificial Opening
0TH583Z	Insertion of Infusion Device into Kidney, Via Natural or Artificial Opening Endoscopic
0TH903Z	Insertion of Infusion Device into Ureter, Open Approach
0TH933Z	Insertion of Infusion Device into Ureter, Percutaneous Approach
0TH943Z	Insertion of Infusion Device into Ureter, Percutaneous Endoscopic Approach
0TH973Z	Insertion of Infusion Device into Ureter, Via Natural or Artificial Opening
0TH983Z	Insertion of Infusion Device into Ureter, Via Natural or Artificial Opening Endoscopic
0THB03Z	Insertion of Infusion Device into Bladder, Open Approach
0THB33Z	Insertion of Infusion Device into Bladder, Percutaneous Approach
0THB43Z	Insertion of Infusion Device into Bladder, Percutaneous Endoscopic Approach
0THB73Z	Insertion of Infusion Device into Bladder, Via Natural or Artificial Opening
0THB83Z	Insertion of Infusion Device into Bladder, Via Natural or Artificial Opening Endoscopic
0THD03Z	Insertion of Infusion Device into Urethra, Open Approach
0THD33Z	Insertion of Infusion Device into Urethra, Percutaneous Approach
0THD43Z	Insertion of Infusion Device into Urethra, Percutaneous Endoscopic Approach
0THD73Z	Insertion of Infusion Device into Urethra, Via Natural or Artificial Opening
0THD83Z	Insertion of Infusion Device into Urethra, Via Natural or Artificial Opening Endoscopic
0THDX3Z	Insertion of Infusion Device into Urethra, External Approach
0UBM0ZZ	Excision Of Vulva, Open Approach
0UH303Z	Insertion of Infusion Device into Ovary, Open Approach
0UH333Z	Insertion of Infusion Device into Ovary, Percutaneous Approach
0UH343Z	Insertion of Infusion Device into Ovary, Percutaneous Endoscopic Approach
0UH803Z	Insertion of Infusion Device into Fallopian Tube, Open Approach
0UH833Z	Insertion of Infusion Device into Fallopian Tube, Percutaneous Approach
0UH843Z	Insertion of Infusion Device into Fallopian Tube, Percutaneous Endoscopic Approach
0UH873Z	Insertion of Infusion Device into Fallopian Tube, Via Natural or Artificial Opening
0UH883Z	Insertion of Infusion Device into Fallopian Tube, Via Natural or Artificial Opening Endoscopic
0UTM0ZZ	Resection Of Vulva, Open Approach
0UTMXZZ	Resection Of Vulva, External Approach
0VH403Z	Insertion of Infusion Device into Prostate and Seminal Vesicles, Open Approach
0VH433Z	Insertion of Infusion Device into Prostate and Seminal Vesicles, Percutaneous Approach
0VH443Z	Insertion of Infusion Device into Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0VH473Z	Insertion of Infusion Device into Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VH483Z	Insertion of Infusion Device into Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VH803Z	Insertion of Infusion Device into Scrotum and Tunica Vaginalis, Open Approach
0VH833Z	Insertion of Infusion Device into Scrotum and Tunica Vaginalis, Percutaneous Approach
0VH843Z	Insertion of Infusion Device into Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VH873Z	Insertion of Infusion Device into Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VH883Z	Insertion of Infusion Device into Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VHD03Z	Insertion of Infusion Device into Testis, Open Approach
0VHD33Z	Insertion of Infusion Device into Testis, Percutaneous Approach
0VHD43Z	Insertion of Infusion Device into Testis, Percutaneous Endoscopic Approach
0VHD73Z	Insertion of Infusion Device into Testis, Via Natural or Artificial Opening
0VHD83Z	Insertion of Infusion Device into Testis, Via Natural or Artificial Opening Endoscopic
0VHM03Z	Insertion of Infusion Device into Epididymis and Spermatic Cord, Open Approach
0VHM33Z	Insertion of Infusion Device into Epididymis and Spermatic Cord, Percutaneous Approach
0VHM43Z	Insertion of Infusion Device into Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VHM73Z	Insertion of Infusion Device into Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VHM83Z	Insertion of Infusion Device into Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VHR03Z	Insertion of Infusion Device into Vas Deferens, Open Approach
0VHR33Z	Insertion of Infusion Device into Vas Deferens, Percutaneous Approach
0VHR43Z	Insertion of Infusion Device into Vas Deferens, Percutaneous Endoscopic Approach
0VHR73Z	Insertion of Infusion Device into Vas Deferens, Via Natural or Artificial Opening
0VHR83Z	Insertion of Infusion Device into Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VHS03Z	Insertion of Infusion Device into Penis, Open Approach
0VHS33Z	Insertion of Infusion Device into Penis, Percutaneous Approach
0VHS43Z	Insertion of Infusion Device into Penis, Percutaneous Endoscopic Approach
0VHSX3Z	Insertion of Infusion Device into Penis, External Approach
0W0007Z	Alteration of Head with Autologous Tissue Substitute, Open Approach
0W000JZ	Alteration of Head with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0W000KZ	Alteration of Head with Nonautologous Tissue Substitute, Open Approach
0W000ZZ	Alteration of Head, Open Approach
0W0037Z	Alteration of Head with Autologous Tissue Substitute, Percutaneous Approach
0W003JZ	Alteration of Head with Synthetic Substitute, Percutaneous Approach
0W003KZ	Alteration of Head with Nonautologous Tissue Substitute, Percutaneous Approach
0W003ZZ	Alteration of Head, Percutaneous Approach
0W0047Z	Alteration of Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W004JZ	Alteration of Head with Synthetic Substitute, Percutaneous Endoscopic Approach
0W004KZ	Alteration of Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W004ZZ	Alteration of Head, Percutaneous Endoscopic Approach
0W0207Z	Alteration of Face with Autologous Tissue Substitute, Open Approach
0W020JZ	Alteration of Face with Synthetic Substitute, Open Approach
0W020KZ	Alteration of Face with Nonautologous Tissue Substitute, Open Approach
0W020ZZ	Alteration of Face, Open Approach
0W0237Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Approach
0W023JZ	Alteration of Face with Synthetic Substitute, Percutaneous Approach
0W023KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Approach
0W023ZZ	Alteration of Face, Percutaneous Approach
0W0247Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024JZ	Alteration of Face with Synthetic Substitute, Percutaneous Endoscopic Approach
0W024KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024ZZ	Alteration of Face, Percutaneous Endoscopic Approach
0W0607Z	Alteration of Neck with Autologous Tissue Substitute, Open Approach
0W060JZ	Alteration of Neck with Synthetic Substitute, Open Approach
0W060KZ	Alteration of Neck with Nonautologous Tissue Substitute, Open Approach
0W060ZZ	Alteration of Neck, Open Approach
0W0637Z	Alteration of Neck with Autologous Tissue Substitute, Percutaneous Approach
0W063JZ	Alteration of Neck with Synthetic Substitute, Percutaneous Approach
0W063KZ	Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Approach
0W063ZZ	Alteration of Neck, Percutaneous Approach
0W0647Z	Alteration of Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W064JZ	Alteration of Neck with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0W064KZ	Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W064ZZ	Alteration of Neck, Percutaneous Endoscopic Approach
0W0807Z	Alteration of Chest Wall with Autologous Tissue Substitute, Open Approach
0W080JZ	Alteration of Chest Wall with Synthetic Substitute, Open Approach
0W080KZ	Alteration of Chest Wall with Nonautologous Tissue Substitute, Open Approach
0W080ZZ	Alteration of Chest Wall, Open Approach
0W0837Z	Alteration of Chest Wall with Autologous Tissue Substitute, Percutaneous Approach
0W083JZ	Alteration of Chest Wall with Synthetic Substitute, Percutaneous Approach
0W083KZ	Alteration of Chest Wall with Nonautologous Tissue Substitute, Percutaneous Approach
0W083ZZ	Alteration of Chest Wall, Percutaneous Approach
0W0847Z	Alteration of Chest Wall with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W084JZ	Alteration of Chest Wall with Synthetic Substitute, Percutaneous Endoscopic Approach
0W084KZ	Alteration of Chest Wall with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W084ZZ	Alteration of Chest Wall, Percutaneous Endoscopic Approach
0W0F07Z	Alteration of Abdominal Wall with Autologous Tissue Substitute, Open Approach
0W0F0JZ	Alteration of Abdominal Wall with Synthetic Substitute, Open Approach
0W0F0KZ	Alteration of Abdominal Wall with Nonautologous Tissue Substitute, Open Approach
0W0F0ZZ	Alteration of Abdominal Wall, Open Approach
0W0F37Z	Alteration of Abdominal Wall with Autologous Tissue Substitute, Percutaneous Approach
0W0F3JZ	Alteration of Abdominal Wall with Synthetic Substitute, Percutaneous Approach
0W0F3KZ	Alteration of Abdominal Wall with Nonautologous Tissue Substitute, Percutaneous Approach
0W0F3ZZ	Alteration of Abdominal Wall, Percutaneous Approach
0W0F47Z	Alteration of Abdominal Wall with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0F4JZ	Alteration of Abdominal Wall with Synthetic Substitute, Percutaneous Endoscopic Approach
0W0F4KZ	Alteration of Abdominal Wall with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0F4ZZ	Alteration of Abdominal Wall, Percutaneous Endoscopic Approach
0W0K07Z	Alteration of Upper Back with Autologous Tissue Substitute, Open Approach
0W0K0JZ	Alteration of Upper Back with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0W0K0KZ	Alteration of Upper Back with Nonautologous Tissue Substitute, Open Approach
0W0K0ZZ	Alteration of Upper Back, Open Approach
0W0K37Z	Alteration of Upper Back with Autologous Tissue Substitute, Percutaneous Approach
0W0K3JZ	Alteration of Upper Back with Synthetic Substitute, Percutaneous Approach
0W0K3KZ	Alteration of Upper Back with Nonautologous Tissue Substitute, Percutaneous Approach
0W0K3ZZ	Alteration of Upper Back, Percutaneous Approach
0W0K47Z	Alteration of Upper Back with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0K4JZ	Alteration of Upper Back with Synthetic Substitute, Percutaneous Endoscopic Approach
0W0K4KZ	Alteration of Upper Back with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0K4ZZ	Alteration of Upper Back, Percutaneous Endoscopic Approach
0W0L07Z	Alteration of Lower Back with Autologous Tissue Substitute, Open Approach
0W0L0JZ	Alteration of Lower Back with Synthetic Substitute, Open Approach
0W0L0KZ	Alteration of Lower Back with Nonautologous Tissue Substitute, Open Approach
0W0L0ZZ	Alteration of Lower Back, Open Approach
0W0L37Z	Alteration of Lower Back with Autologous Tissue Substitute, Percutaneous Approach
0W0L3JZ	Alteration of Lower Back with Synthetic Substitute, Percutaneous Approach
0W0L3KZ	Alteration of Lower Back with Nonautologous Tissue Substitute, Percutaneous Approach
0W0L3ZZ	Alteration of Lower Back, Percutaneous Approach
0W0L47Z	Alteration of Lower Back with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0L4JZ	Alteration of Lower Back with Synthetic Substitute, Percutaneous Endoscopic Approach
0W0L4KZ	Alteration of Lower Back with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0L4ZZ	Alteration of Lower Back, Percutaneous Endoscopic Approach
0W0M07Z	Alteration of Male Perineum with Autologous Tissue Substitute, Open Approach
0W0M0JZ	Alteration of Male Perineum with Synthetic Substitute, Open Approach
0W0M0KZ	Alteration of Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W0M0ZZ	Alteration of Male Perineum, Open Approach
0W0M37Z	Alteration of Male Perineum with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0W0M3JZ	Alteration of Male Perineum with Synthetic Substitute, Percutaneous Approach
0W0M3KZ	Alteration of Male Perineum with Nonautologous Tissue Substitute, Percutaneous Approach
0W0M3ZZ	Alteration of Male Perineum, Percutaneous Approach
0W0M47Z	Alteration of Male Perineum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0M4JZ	Alteration of Male Perineum with Synthetic Substitute, Percutaneous Endoscopic Approach
0W0M4KZ	Alteration of Male Perineum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0M4ZZ	Alteration of Male Perineum, Percutaneous Endoscopic Approach
0W9000Z	Drainage of Head with Drainage Device, Open Approach
0W900ZX	Drainage of Head, Open Approach, Diagnostic
0W900ZZ	Drainage of Head, Open Approach
0W9030Z	Drainage of Head with Drainage Device, Percutaneous Approach
0W903ZX	Drainage of Head, Percutaneous Approach, Diagnostic
0W903ZZ	Drainage of Head, Percutaneous Approach
0W9040Z	Drainage of Head with Drainage Device, Percutaneous Endoscopic Approach
0W904ZX	Drainage of Head, Percutaneous Endoscopic Approach, Diagnostic
0W904ZZ	Drainage of Head, Percutaneous Endoscopic Approach
0W920ZX	Drainage of Face, Open Approach, Diagnostic
0W923ZX	Drainage of Face, Percutaneous Approach, Diagnostic
0W924ZX	Drainage of Face, Percutaneous Endoscopic Approach, Diagnostic
0W960ZX	Drainage of Neck, Open Approach, Diagnostic
0W963ZX	Drainage of Neck, Percutaneous Approach, Diagnostic
0W964ZX	Drainage of Neck, Percutaneous Endoscopic Approach, Diagnostic
0W9K00Z	Drainage of Upper Back with Drainage Device, Open Approach
0W9K0ZX	Drainage of Upper Back, Open Approach, Diagnostic
0W9K0ZZ	Drainage of Upper Back, Open Approach
0W9K30Z	Drainage of Upper Back with Drainage Device, Percutaneous Approach
0W9K3ZX	Drainage of Upper Back, Percutaneous Approach, Diagnostic
0W9K3ZZ	Drainage of Upper Back, Percutaneous Approach
0W9K40Z	Drainage of Upper Back with Drainage Device, Percutaneous Endoscopic Approach
0W9K4ZX	Drainage of Upper Back, Percutaneous Endoscopic Approach, Diagnostic
0W9K4ZZ	Drainage of Upper Back, Percutaneous Endoscopic Approach
0W9L00Z	Drainage of Lower Back with Drainage Device, Open Approach
0W9L0ZX	Drainage of Lower Back, Open Approach, Diagnostic
0W9L0ZZ	Drainage of Lower Back, Open Approach
0W9L30Z	Drainage of Lower Back with Drainage Device, Percutaneous Approach
0W9L3ZX	Drainage of Lower Back, Percutaneous Approach, Diagnostic
0W9L3ZZ	Drainage of Lower Back, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0W9L40Z	Drainage of Lower Back with Drainage Device, Percutaneous Endoscopic Approach
0W9L4ZX	Drainage of Lower Back, Percutaneous Endoscopic Approach, Diagnostic
0W9L4ZZ	Drainage of Lower Back, Percutaneous Endoscopic Approach
0W9M00Z	Drainage of Male Perineum with Drainage Device, Open Approach
0W9M0ZX	Drainage of Male Perineum, Open Approach, Diagnostic
0W9M0ZZ	Drainage of Male Perineum, Open Approach
0W9M30Z	Drainage of Male Perineum with Drainage Device, Percutaneous Approach
0W9M3ZX	Drainage of Male Perineum, Percutaneous Approach, Diagnostic
0W9M3ZZ	Drainage of Male Perineum, Percutaneous Approach
0W9M40Z	Drainage of Male Perineum with Drainage Device, Percutaneous Endoscopic Approach
0W9M4ZX	Drainage of Male Perineum, Percutaneous Endoscopic Approach, Diagnostic
0W9M4ZZ	Drainage of Male Perineum, Percutaneous Endoscopic Approach
0W9N0ZX	Drainage of Female Perineum, Open Approach, Diagnostic
0W9N3ZX	Drainage of Female Perineum, Percutaneous Approach, Diagnostic
0W9N4ZX	Drainage of Female Perineum, Percutaneous Endoscopic Approach, Diagnostic
0WB00ZX	Excision of Head, Open Approach, Diagnostic
0WB03ZX	Excision of Head, Percutaneous Approach, Diagnostic
0WB04ZX	Excision of Head, Percutaneous Endoscopic Approach, Diagnostic
0WB0XZX	Excision of Head, External Approach, Diagnostic
0WB20ZX	Excision of Face, Open Approach, Diagnostic
0WB23ZX	Excision of Face, Percutaneous Approach, Diagnostic
0WB24ZX	Excision of Face, Percutaneous Endoscopic Approach, Diagnostic
0WB2XZX	Excision of Face, External Approach, Diagnostic
0WB40ZX	Excision of Upper Jaw, Open Approach, Diagnostic
0WB43ZX	Excision of Upper Jaw, Percutaneous Approach, Diagnostic
0WB44ZX	Excision of Upper Jaw, Percutaneous Endoscopic Approach, Diagnostic
0WB4XZX	Excision of Upper Jaw, External Approach, Diagnostic
0WB50ZX	Excision of Lower Jaw, Open Approach, Diagnostic
0WB53ZX	Excision of Lower Jaw, Percutaneous Approach, Diagnostic
0WB54ZX	Excision of Lower Jaw, Percutaneous Endoscopic Approach, Diagnostic
0WB5XZX	Excision of Lower Jaw, External Approach, Diagnostic
0WB60ZX	Excision of Neck, Open Approach, Diagnostic
0WB63ZX	Excision of Neck, Percutaneous Approach, Diagnostic
0WB64ZX	Excision of Neck, Percutaneous Endoscopic Approach, Diagnostic
0WB6XZX	Excision of Neck, External Approach, Diagnostic
0WBK0ZX	Excision of Upper Back, Open Approach, Diagnostic
0WBK3ZX	Excision of Upper Back, Percutaneous Approach, Diagnostic
0WBK4ZX	Excision of Upper Back, Percutaneous Endoscopic Approach, Diagnostic
0WBKXZX	Excision of Upper Back, External Approach, Diagnostic
0WBL0ZX	Excision of Lower Back, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WBL3ZX	Excision of Lower Back, Percutaneous Approach, Diagnostic
0WBL4ZX	Excision of Lower Back, Percutaneous Endoscopic Approach, Diagnostic
0WBLXZX	Excision of Lower Back, External Approach, Diagnostic
0WBM0ZX	Excision of Male Perineum, Open Approach, Diagnostic
0WBM3ZX	Excision of Male Perineum, Percutaneous Approach, Diagnostic
0WBM4ZX	Excision of Male Perineum, Percutaneous Endoscopic Approach, Diagnostic
0WBMXZX	Excision of Male Perineum, External Approach, Diagnostic
0WH003Z	Insertion of Infusion Device into Head, Open Approach
0WH00YZ	Insertion of Other Device into Head, Open Approach
0WH033Z	Insertion of Infusion Device into Head, Percutaneous Approach
0WH03YZ	Insertion of Other Device into Head, Percutaneous Approach
0WH043Z	Insertion of Infusion Device into Head, Percutaneous Endoscopic Approach
0WH04YZ	Insertion of Other Device into Head, Percutaneous Endoscopic Approach
0WH203Z	Insertion of Infusion Device into Face, Open Approach
0WH20YZ	Insertion of Other Device into Face, Open Approach
0WH233Z	Insertion of Infusion Device into Face, Percutaneous Approach
0WH23YZ	Insertion of Other Device into Face, Percutaneous Approach
0WH243Z	Insertion of Infusion Device into Face, Percutaneous Endoscopic Approach
0WH24YZ	Insertion of Other Device into Face, Percutaneous Endoscopic Approach
0WH403Z	Insertion of Infusion Device into Upper Jaw, Open Approach
0WH40YZ	Insertion of Other Device into Upper Jaw, Open Approach
0WH433Z	Insertion of Infusion Device into Upper Jaw, Percutaneous Approach
0WH43YZ	Insertion of Other Device into Upper Jaw, Percutaneous Approach
0WH443Z	Insertion of Infusion Device into Upper Jaw, Percutaneous Endoscopic Approach
0WH44YZ	Insertion of Other Device into Upper Jaw, Percutaneous Endoscopic Approach
0WH503Z	Insertion of Infusion Device into Lower Jaw, Open Approach
0WH50YZ	Insertion of Other Device into Lower Jaw, Open Approach
0WH533Z	Insertion of Infusion Device into Lower Jaw, Percutaneous Approach
0WH53YZ	Insertion of Other Device into Lower Jaw, Percutaneous Approach
0WH543Z	Insertion of Infusion Device into Lower Jaw, Percutaneous Endoscopic Approach
0WH54YZ	Insertion of Other Device into Lower Jaw, Percutaneous Endoscopic Approach
0WH603Z	Insertion of Infusion Device into Neck, Open Approach
0WH60YZ	Insertion of Other Device into Neck, Open Approach
0WH633Z	Insertion of Infusion Device into Neck, Percutaneous Approach
0WH63YZ	Insertion of Other Device into Neck, Percutaneous Approach
0WH643Z	Insertion of Infusion Device into Neck, Percutaneous Endoscopic Approach
0WH64YZ	Insertion of Other Device into Neck, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WHK03Z	Insertion of Infusion Device into Upper Back, Open Approach
0WHK0YZ	Insertion of Other Device into Upper Back, Open Approach
0WHK33Z	Insertion of Infusion Device into Upper Back, Percutaneous Approach
0WHK3YZ	Insertion of Other Device into Upper Back, Percutaneous Approach
0WHK43Z	Insertion of Infusion Device into Upper Back, Percutaneous Endoscopic Approach
0WHK4YZ	Insertion of Other Device into Upper Back, Percutaneous Endoscopic Approach
0WHL03Z	Insertion of Infusion Device into Lower Back, Open Approach
0WHL0YZ	Insertion of Other Device into Lower Back, Open Approach
0WHL33Z	Insertion of Infusion Device into Lower Back, Percutaneous Approach
0WHL3YZ	Insertion of Other Device into Lower Back, Percutaneous Approach
0WHL43Z	Insertion of Infusion Device into Lower Back, Percutaneous Endoscopic Approach
0WHL4YZ	Insertion of Other Device into Lower Back, Percutaneous Endoscopic Approach
0WHM03Z	Insertion of Infusion Device into Male Perineum, Open Approach
0WHM0YZ	Insertion of Other Device into Male Perineum, Open Approach
0WHM33Z	Insertion of Infusion Device into Male Perineum, Percutaneous Approach
0WHM3YZ	Insertion of Other Device into Male Perineum, Percutaneous Approach
0WHM43Z	Insertion of Infusion Device into Male Perineum, Percutaneous Endoscopic Approach
0WHM4YZ	Insertion of Other Device into Male Perineum, Percutaneous Endoscopic Approach
0WJ00ZZ	Inspection of Head, Open Approach
0WJ03ZZ	Inspection of Head, Percutaneous Approach
0WJ04ZZ	Inspection of Head, Percutaneous Endoscopic Approach
0WJ20ZZ	Inspection of Face, Open Approach
0WJ23ZZ	Inspection of Face, Percutaneous Approach
0WJ24ZZ	Inspection of Face, Percutaneous Endoscopic Approach
0WJ40ZZ	Inspection of Upper Jaw, Open Approach
0WJ43ZZ	Inspection of Upper Jaw, Percutaneous Approach
0WJ44ZZ	Inspection of Upper Jaw, Percutaneous Endoscopic Approach
0WJ50ZZ	Inspection of Lower Jaw, Open Approach
0WJ53ZZ	Inspection of Lower Jaw, Percutaneous Approach
0WJ54ZZ	Inspection of Lower Jaw, Percutaneous Endoscopic Approach
0WJK0ZZ	Inspection of Upper Back, Open Approach
0WJK3ZZ	Inspection of Upper Back, Percutaneous Approach
0WJK4ZZ	Inspection of Upper Back, Percutaneous Endoscopic Approach
0WJL0ZZ	Inspection of Lower Back, Open Approach
0WJL3ZZ	Inspection of Lower Back, Percutaneous Approach
0WJL4ZZ	Inspection of Lower Back, Percutaneous Endoscopic Approach
0WJM0ZZ	Inspection of Male Perineum, Open Approach
0WJM3ZZ	Inspection of Male Perineum, Percutaneous Approach
0WJM4ZZ	Inspection of Male Perineum, Percutaneous Endoscopic Approach
0WM20ZZ	Reattachment of Face, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0WM40ZZ	Reattachment of Upper Jaw, Open Approach
0WM50ZZ	Reattachment of Lower Jaw, Open Approach
0WM60ZZ	Reattachment of Neck, Open Approach
0WMK0ZZ	Reattachment of Upper Back, Open Approach
0WML0ZZ	Reattachment of Lower Back, Open Approach
0WMM0ZZ	Reattachment of Male Perineum, Open Approach
0WP000Z	Removal of Drainage Device from Head, Open Approach
0WP001Z	Removal of Radioactive Element from Head, Open Approach
0WP003Z	Removal of Infusion Device from Head, Open Approach
0WP007Z	Removal of Autologous Tissue Substitute from Head, Open Approach
0WP00JZ	Removal of Synthetic Substitute from Head, Open Approach
0WP00KZ	Removal of Nonautologous Tissue Substitute from Head, Open Approach
0WP00YZ	Removal of Other Device from Head, Open Approach
0WP030Z	Removal of Drainage Device from Head, Percutaneous Approach
0WP031Z	Removal of Radioactive Element from Head, Percutaneous Approach
0WP033Z	Removal of Infusion Device from Head, Percutaneous Approach
0WP037Z	Removal of Autologous Tissue Substitute from Head, Percutaneous Approach
0WP03JZ	Removal of Synthetic Substitute from Head, Percutaneous Approach
0WP03KZ	Removal of Nonautologous Tissue Substitute from Head, Percutaneous Approach
0WP03YZ	Removal of Other Device from Head, Percutaneous Approach
0WP040Z	Removal of Drainage Device from Head, Percutaneous Endoscopic Approach
0WP041Z	Removal of Radioactive Element from Head, Percutaneous Endoscopic Approach
0WP043Z	Removal of Infusion Device from Head, Percutaneous Endoscopic Approach
0WP047Z	Removal of Autologous Tissue Substitute from Head, Percutaneous Endoscopic Approach
0WP04JZ	Removal of Synthetic Substitute from Head, Percutaneous Endoscopic Approach
0WP04KZ	Removal of Nonautologous Tissue Substitute from Head, Percutaneous Endoscopic Approach
0WP04YZ	Removal of Other Device from Head, Percutaneous Endoscopic Approach
0WP0X7Z	Removal of Autologous Tissue Substitute from Head, External Approach
0WP0XJZ	Removal of Synthetic Substitute from Head, External Approach
0WP0XKZ	Removal of Nonautologous Tissue Substitute from Head, External Approach
0WP200Z	Removal of Drainage Device from Face, Open Approach
0WP201Z	Removal of Radioactive Element from Face, Open Approach
0WP203Z	Removal of Infusion Device from Face, Open Approach
0WP207Z	Removal of Autologous Tissue Substitute from Face, Open Approach
0WP20JZ	Removal of Synthetic Substitute from Face, Open Approach
0WP20KZ	Removal of Nonautologous Tissue Substitute from Face, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0WP20YZ	Removal of Other Device from Face, Open Approach
0WP230Z	Removal of Drainage Device from Face, Percutaneous Approach
0WP231Z	Removal of Radioactive Element from Face, Percutaneous Approach
0WP233Z	Removal of Infusion Device from Face, Percutaneous Approach
0WP237Z	Removal of Autologous Tissue Substitute from Face, Percutaneous Approach
0WP23JZ	Removal of Synthetic Substitute from Face, Percutaneous Approach
0WP23KZ	Removal of Nonautologous Tissue Substitute from Face, Percutaneous Approach
0WP23YZ	Removal of Other Device from Face, Percutaneous Approach
0WP240Z	Removal of Drainage Device from Face, Percutaneous Endoscopic Approach
0WP241Z	Removal of Radioactive Element from Face, Percutaneous Endoscopic Approach
0WP243Z	Removal of Infusion Device from Face, Percutaneous Endoscopic Approach
0WP247Z	Removal of Autologous Tissue Substitute from Face, Percutaneous Endoscopic Approach
0WP24JZ	Removal of Synthetic Substitute from Face, Percutaneous Endoscopic Approach
0WP24KZ	Removal of Nonautologous Tissue Substitute from Face, Percutaneous Endoscopic Approach
0WP24YZ	Removal of Other Device from Face, Percutaneous Endoscopic Approach
0WP2X7Z	Removal of Autologous Tissue Substitute from Face, External Approach
0WP2XJZ	Removal of Synthetic Substitute from Face, External Approach
0WP2XKZ	Removal of Nonautologous Tissue Substitute from Face, External Approach
0WP400Z	Removal of Drainage Device from Upper Jaw, Open Approach
0WP401Z	Removal of Radioactive Element from Upper Jaw, Open Approach
0WP403Z	Removal of Infusion Device from Upper Jaw, Open Approach
0WP407Z	Removal of Autologous Tissue Substitute from Upper Jaw, Open Approach
0WP40JZ	Removal of Synthetic Substitute from Upper Jaw, Open Approach
0WP40KZ	Removal of Nonautologous Tissue Substitute from Upper Jaw, Open Approach
0WP40YZ	Removal of Other Device from Upper Jaw, Open Approach
0WP430Z	Removal of Drainage Device from Upper Jaw, Percutaneous Approach
0WP431Z	Removal of Radioactive Element from Upper Jaw, Percutaneous Approach
0WP433Z	Removal of Infusion Device from Upper Jaw, Percutaneous Approach
0WP437Z	Removal of Autologous Tissue Substitute from Upper Jaw, Percutaneous Approach
0WP43JZ	Removal of Synthetic Substitute from Upper Jaw, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WP43KZ	Removal of Nonautologous Tissue Substitute from Upper Jaw, Percutaneous Approach
0WP43YZ	Removal of Other Device from Upper Jaw, Percutaneous Approach
0WP440Z	Removal of Drainage Device from Upper Jaw, Percutaneous Endoscopic Approach
0WP441Z	Removal of Radioactive Element from Upper Jaw, Percutaneous Endoscopic Approach
0WP443Z	Removal of Infusion Device from Upper Jaw, Percutaneous Endoscopic Approach
0WP447Z	Removal of Autologous Tissue Substitute from Upper Jaw, Percutaneous Endoscopic Approach
0WP44JZ	Removal of Synthetic Substitute from Upper Jaw, Percutaneous Endoscopic Approach
0WP44KZ	Removal of Nonautologous Tissue Substitute from Upper Jaw, Percutaneous Endoscopic Approach
0WP44YZ	Removal of Other Device from Upper Jaw, Percutaneous Endoscopic Approach
0WP4X7Z	Removal of Autologous Tissue Substitute from Upper Jaw, External Approach
0WP4XJZ	Removal of Synthetic Substitute from Upper Jaw, External Approach
0WP4XKZ	Removal of Nonautologous Tissue Substitute from Upper Jaw, External Approach
0WP500Z	Removal of Drainage Device from Lower Jaw, Open Approach
0WP501Z	Removal of Radioactive Element from Lower Jaw, Open Approach
0WP503Z	Removal of Infusion Device from Lower Jaw, Open Approach
0WP507Z	Removal of Autologous Tissue Substitute from Lower Jaw, Open Approach
0WP50JZ	Removal of Synthetic Substitute from Lower Jaw, Open Approach
0WP50KZ	Removal of Nonautologous Tissue Substitute from Lower Jaw, Open Approach
0WP50YZ	Removal of Other Device from Lower Jaw, Open Approach
0WP530Z	Removal of Drainage Device from Lower Jaw, Percutaneous Approach
0WP531Z	Removal of Radioactive Element from Lower Jaw, Percutaneous Approach
0WP533Z	Removal of Infusion Device from Lower Jaw, Percutaneous Approach
0WP537Z	Removal of Autologous Tissue Substitute from Lower Jaw, Percutaneous Approach
0WP53JZ	Removal of Synthetic Substitute from Lower Jaw, Percutaneous Approach
0WP53KZ	Removal of Nonautologous Tissue Substitute from Lower Jaw, Percutaneous Approach
0WP53YZ	Removal of Other Device from Lower Jaw, Percutaneous Approach
0WP540Z	Removal of Drainage Device from Lower Jaw, Percutaneous Endoscopic Approach
0WP541Z	Removal of Radioactive Element from Lower Jaw, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WP543Z	Removal of Infusion Device from Lower Jaw, Percutaneous Endoscopic Approach
0WP547Z	Removal of Autologous Tissue Substitute from Lower Jaw, Percutaneous Endoscopic Approach
0WP54JZ	Removal of Synthetic Substitute from Lower Jaw, Percutaneous Endoscopic Approach
0WP54KZ	Removal of Nonautologous Tissue Substitute from Lower Jaw, Percutaneous Endoscopic Approach
0WP54YZ	Removal of Other Device from Lower Jaw, Percutaneous Endoscopic Approach
0WP5X7Z	Removal of Autologous Tissue Substitute from Lower Jaw, External Approach
0WP5XJZ	Removal of Synthetic Substitute from Lower Jaw, External Approach
0WP5XKZ	Removal of Nonautologous Tissue Substitute from Lower Jaw, External Approach
0WP600Z	Removal of Drainage Device from Neck, Open Approach
0WP601Z	Removal of Radioactive Element from Neck, Open Approach
0WP603Z	Removal of Infusion Device from Neck, Open Approach
0WP607Z	Removal of Autologous Tissue Substitute from Neck, Open Approach
0WP60JZ	Removal of Synthetic Substitute from Neck, Open Approach
0WP60KZ	Removal of Nonautologous Tissue Substitute from Neck, Open Approach
0WP60YZ	Removal of Other Device from Neck, Open Approach
0WP630Z	Removal of Drainage Device from Neck, Percutaneous Approach
0WP631Z	Removal of Radioactive Element from Neck, Percutaneous Approach
0WP633Z	Removal of Infusion Device from Neck, Percutaneous Approach
0WP637Z	Removal of Autologous Tissue Substitute from Neck, Percutaneous Approach
0WP63JZ	Removal of Synthetic Substitute from Neck, Percutaneous Approach
0WP63KZ	Removal of Nonautologous Tissue Substitute from Neck, Percutaneous Approach
0WP63YZ	Removal of Other Device from Neck, Percutaneous Approach
0WP640Z	Removal of Drainage Device from Neck, Percutaneous Endoscopic Approach
0WP641Z	Removal of Radioactive Element from Neck, Percutaneous Endoscopic Approach
0WP643Z	Removal of Infusion Device from Neck, Percutaneous Endoscopic Approach
0WP647Z	Removal of Autologous Tissue Substitute from Neck, Percutaneous Endoscopic Approach
0WP64JZ	Removal of Synthetic Substitute from Neck, Percutaneous Endoscopic Approach
0WP64KZ	Removal of Nonautologous Tissue Substitute from Neck, Percutaneous Endoscopic Approach
0WP64YZ	Removal of Other Device from Neck, Percutaneous Endoscopic Approach
0WP6X7Z	Removal of Autologous Tissue Substitute from Neck, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WP6XJZ	Removal of Synthetic Substitute from Neck, External Approach
0WP6XKZ	Removal of Nonautologous Tissue Substitute from Neck, External Approach
0WPK00Z	Removal of Drainage Device from Upper Back, Open Approach
0WPK01Z	Removal of Radioactive Element from Upper Back, Open Approach
0WPK03Z	Removal of Infusion Device from Upper Back, Open Approach
0WPK07Z	Removal of Autologous Tissue Substitute from Upper Back, Open Approach
0WPK0JZ	Removal of Synthetic Substitute from Upper Back, Open Approach
0WPK0KZ	Removal of Nonautologous Tissue Substitute from Upper Back, Open Approach
0WPK0YZ	Removal of Other Device from Upper Back, Open Approach
0WPK30Z	Removal of Drainage Device from Upper Back, Percutaneous Approach
0WPK31Z	Removal of Radioactive Element from Upper Back, Percutaneous Approach
0WPK33Z	Removal of Infusion Device from Upper Back, Percutaneous Approach
0WPK37Z	Removal of Autologous Tissue Substitute from Upper Back, Percutaneous Approach
0WPK3JZ	Removal of Synthetic Substitute from Upper Back, Percutaneous Approach
0WPK3KZ	Removal of Nonautologous Tissue Substitute from Upper Back, Percutaneous Approach
0WPK3YZ	Removal of Other Device from Upper Back, Percutaneous Approach
0WPK40Z	Removal of Drainage Device from Upper Back, Percutaneous Endoscopic Approach
0WPK41Z	Removal of Radioactive Element from Upper Back, Percutaneous Endoscopic Approach
0WPK43Z	Removal of Infusion Device from Upper Back, Percutaneous Endoscopic Approach
0WPK47Z	Removal of Autologous Tissue Substitute from Upper Back, Percutaneous Endoscopic Approach
0WPK4JZ	Removal of Synthetic Substitute from Upper Back, Percutaneous Endoscopic Approach
0WPK4KZ	Removal of Nonautologous Tissue Substitute from Upper Back, Percutaneous Endoscopic Approach
0WPK4YZ	Removal of Other Device from Upper Back, Percutaneous Endoscopic Approach
0WPKX7Z	Removal of Autologous Tissue Substitute from Upper Back, External Approach
0WPKXJZ	Removal of Synthetic Substitute from Upper Back, External Approach
0WPKXKZ	Removal of Nonautologous Tissue Substitute from Upper Back, External Approach
0WPL00Z	Removal of Drainage Device from Lower Back, Open Approach
0WPL01Z	Removal of Radioactive Element from Lower Back, Open Approach
0WPL03Z	Removal of Infusion Device from Lower Back, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WPL07Z	Removal of Autologous Tissue Substitute from Lower Back, Open Approach
0WPL0JZ	Removal of Synthetic Substitute from Lower Back, Open Approach
0WPL0KZ	Removal of Nonautologous Tissue Substitute from Lower Back, Open Approach
0WPL0YZ	Removal of Other Device from Lower Back, Open Approach
0WPL30Z	Removal of Drainage Device from Lower Back, Percutaneous Approach
0WPL31Z	Removal of Radioactive Element from Lower Back, Percutaneous Approach
0WPL33Z	Removal of Infusion Device from Lower Back, Percutaneous Approach
0WPL37Z	Removal of Autologous Tissue Substitute from Lower Back, Percutaneous Approach
0WPL3JZ	Removal of Synthetic Substitute from Lower Back, Percutaneous Approach
0WPL3KZ	Removal of Nonautologous Tissue Substitute from Lower Back, Percutaneous Approach
0WPL3YZ	Removal of Other Device from Lower Back, Percutaneous Approach
0WPL40Z	Removal of Drainage Device from Lower Back, Percutaneous Endoscopic Approach
0WPL41Z	Removal of Radioactive Element from Lower Back, Percutaneous Endoscopic Approach
0WPL43Z	Removal of Infusion Device from Lower Back, Percutaneous Endoscopic Approach
0WPL47Z	Removal of Autologous Tissue Substitute from Lower Back, Percutaneous Endoscopic Approach
0WPL4JZ	Removal of Synthetic Substitute from Lower Back, Percutaneous Endoscopic Approach
0WPL4KZ	Removal of Nonautologous Tissue Substitute from Lower Back, Percutaneous Endoscopic Approach
0WPL4YZ	Removal of Other Device from Lower Back, Percutaneous Endoscopic Approach
0WPLX7Z	Removal of Autologous Tissue Substitute from Lower Back, External Approach
0WPLXJZ	Removal of Synthetic Substitute from Lower Back, External Approach
0WPLXKZ	Removal of Nonautologous Tissue Substitute from Lower Back, External Approach
0WPM00Z	Removal of Drainage Device from Male Perineum, Open Approach
0WPM01Z	Removal of Radioactive Element from Male Perineum, Open Approach
0WPM03Z	Removal of Infusion Device from Male Perineum, Open Approach
0WPM0JZ	Removal of Synthetic Substitute from Male Perineum, Open Approach
0WPM0YZ	Removal of Other Device from Male Perineum, Open Approach
0WPM30Z	Removal of Drainage Device from Male Perineum, Percutaneous Approach
0WPM31Z	Removal of Radioactive Element from Male Perineum, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WPM33Z	Removal of Infusion Device from Male Perineum, Percutaneous Approach
0WPM3JZ	Removal of Synthetic Substitute from Male Perineum, Percutaneous Approach
0WPM3YZ	Removal of Other Device from Male Perineum, Percutaneous Approach
0WPM40Z	Removal of Drainage Device from Male Perineum, Percutaneous Endoscopic Approach
0WPM41Z	Removal of Radioactive Element from Male Perineum, Percutaneous Endoscopic Approach
0WPM43Z	Removal of Infusion Device from Male Perineum, Percutaneous Endoscopic Approach
0WPM4JZ	Removal of Synthetic Substitute from Male Perineum, Percutaneous Endoscopic Approach
0WPM4YZ	Removal of Other Device from Male Perineum, Percutaneous Endoscopic Approach
0WQ00ZZ	Repair Head, Open Approach
0WQ03ZZ	Repair Head, Percutaneous Approach
0WQ04ZZ	Repair Head, Percutaneous Endoscopic Approach
0WQ0XZZ	Repair Head, External Approach
0WQ20ZZ	Repair Face, Open Approach
0WQ23ZZ	Repair Face, Percutaneous Approach
0WQ24ZZ	Repair Face, Percutaneous Endoscopic Approach
0WQ2XZZ	Repair Face, External Approach
0WQ40ZZ	Repair Upper Jaw, Open Approach
0WQ43ZZ	Repair Upper Jaw, Percutaneous Approach
0WQ44ZZ	Repair Upper Jaw, Percutaneous Endoscopic Approach
0WQ4XZZ	Repair Upper Jaw, External Approach
0WQ50ZZ	Repair Lower Jaw, Open Approach
0WQ53ZZ	Repair Lower Jaw, Percutaneous Approach
0WQ54ZZ	Repair Lower Jaw, Percutaneous Endoscopic Approach
0WQ5XZZ	Repair Lower Jaw, External Approach
0WQ60ZZ	Repair Neck, Open Approach
0WQ63ZZ	Repair Neck, Percutaneous Approach
0WQ64ZZ	Repair Neck, Percutaneous Endoscopic Approach
0WQ6XZZ	Repair Neck, External Approach
0WQK0ZZ	Repair Upper Back, Open Approach
0WQK3ZZ	Repair Upper Back, Percutaneous Approach
0WQK4ZZ	Repair Upper Back, Percutaneous Endoscopic Approach
0WQKXZZ	Repair Upper Back, External Approach
0WQL0ZZ	Repair Lower Back, Open Approach
0WQL3ZZ	Repair Lower Back, Percutaneous Approach
0WQL4ZZ	Repair Lower Back, Percutaneous Endoscopic Approach
0WQLXZZ	Repair Lower Back, External Approach
0WQM0ZZ	Repair Male Perineum, Open Approach
0WQM3ZZ	Repair Male Perineum, Percutaneous Approach
0WQM4ZZ	Repair Male Perineum, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WQMXZZ	Repair Male Perineum, External Approach
0WU007Z	Supplement Head with Autologous Tissue Substitute, Open Approach
0WU00JZ	Supplement Head with Synthetic Substitute, Open Approach
0WU00KZ	Supplement Head with Nonautologous Tissue Substitute, Open Approach
0WU047Z	Supplement Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU04JZ	Supplement Head with Synthetic Substitute, Percutaneous Endoscopic Approach
0WU04KZ	Supplement Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU207Z	Supplement Face with Autologous Tissue Substitute, Open Approach
0WU20JZ	Supplement Face with Synthetic Substitute, Open Approach
0WU20KZ	Supplement Face with Nonautologous Tissue Substitute, Open Approach
0WU247Z	Supplement Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU24JZ	Supplement Face with Synthetic Substitute, Percutaneous Endoscopic Approach
0WU24KZ	Supplement Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU407Z	Supplement Upper Jaw with Autologous Tissue Substitute, Open Approach
0WU447Z	Supplement Upper Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU507Z	Supplement Lower Jaw with Autologous Tissue Substitute, Open Approach
0WU547Z	Supplement Lower Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU607Z	Supplement Neck with Autologous Tissue Substitute, Open Approach
0WU60JZ	Supplement Neck with Synthetic Substitute, Open Approach
0WU60KZ	Supplement Neck with Nonautologous Tissue Substitute, Open Approach
0WU647Z	Supplement Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU64JZ	Supplement Neck with Synthetic Substitute, Percutaneous Endoscopic Approach
0WU64KZ	Supplement Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUK07Z	Supplement Upper Back with Autologous Tissue Substitute, Open Approach
0WUK0JZ	Supplement Upper Back with Synthetic Substitute, Open Approach
0WUK0KZ	Supplement Upper Back with Nonautologous Tissue Substitute, Open Approach
0WUK47Z	Supplement Upper Back with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUK4JZ	Supplement Upper Back with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WUK4KZ	Supplement Upper Back with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUL07Z	Supplement Lower Back with Autologous Tissue Substitute, Open Approach
0WUL0JZ	Supplement Lower Back with Synthetic Substitute, Open Approach
0WUL0KZ	Supplement Lower Back with Nonautologous Tissue Substitute, Open Approach
0WUL47Z	Supplement Lower Back with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUL4JZ	Supplement Lower Back with Synthetic Substitute, Percutaneous Endoscopic Approach
0WUL4KZ	Supplement Lower Back with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WUM0JZ	Supplement Male Perineum with Synthetic Substitute, Open Approach
0WUM0KZ	Supplement Male Perineum with Nonautologous Tissue Substitute, Open Approach
0WUM4JZ	Supplement Male Perineum with Synthetic Substitute, Percutaneous Endoscopic Approach
0WUM4KZ	Supplement Male Perineum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WW000Z	Revision of Drainage Device in Head, Open Approach
0WW001Z	Revision of Radioactive Element in Head, Open Approach
0WW003Z	Revision of Infusion Device in Head, Open Approach
0WW007Z	Revision of Autologous Tissue Substitute in Head, Open Approach
0WW00JZ	Revision of Synthetic Substitute in Head, Open Approach
0WW00KZ	Revision of Nonautologous Tissue Substitute in Head, Open Approach
0WW00YZ	Revision of Other Device in Head, Open Approach
0WW030Z	Revision of Drainage Device in Head, Percutaneous Approach
0WW031Z	Revision of Radioactive Element in Head, Percutaneous Approach
0WW033Z	Revision of Infusion Device in Head, Percutaneous Approach
0WW037Z	Revision of Autologous Tissue Substitute in Head, Percutaneous Approach
0WW03JZ	Revision of Synthetic Substitute in Head, Percutaneous Approach
0WW03KZ	Revision of Nonautologous Tissue Substitute in Head, Percutaneous Approach
0WW03YZ	Revision of Other Device in Head, Percutaneous Approach
0WW040Z	Revision of Drainage Device in Head, Percutaneous Endoscopic Approach
0WW041Z	Revision of Radioactive Element in Head, Percutaneous Endoscopic Approach
0WW043Z	Revision of Infusion Device in Head, Percutaneous Endoscopic Approach
0WW047Z	Revision of Autologous Tissue Substitute in Head, Percutaneous Endoscopic Approach
0WW04JZ	Revision of Synthetic Substitute in Head, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WW04KZ	Revision of Nonautologous Tissue Substitute in Head, Percutaneous Endoscopic Approach
0WW04YZ	Revision of Other Device in Head, Percutaneous Endoscopic Approach
0WW200Z	Revision of Drainage Device in Face, Open Approach
0WW201Z	Revision of Radioactive Element in Face, Open Approach
0WW203Z	Revision of Infusion Device in Face, Open Approach
0WW207Z	Revision of Autologous Tissue Substitute in Face, Open Approach
0WW20JZ	Revision of Synthetic Substitute in Face, Open Approach
0WW20KZ	Revision of Nonautologous Tissue Substitute in Face, Open Approach
0WW20YZ	Revision of Other Device in Face, Open Approach
0WW230Z	Revision of Drainage Device in Face, Percutaneous Approach
0WW231Z	Revision of Radioactive Element in Face, Percutaneous Approach
0WW233Z	Revision of Infusion Device in Face, Percutaneous Approach
0WW237Z	Revision of Autologous Tissue Substitute in Face, Percutaneous Approach
0WW23JZ	Revision of Synthetic Substitute in Face, Percutaneous Approach
0WW23KZ	Revision of Nonautologous Tissue Substitute in Face, Percutaneous Approach
0WW23YZ	Revision of Other Device in Face, Percutaneous Approach
0WW240Z	Revision of Drainage Device in Face, Percutaneous Endoscopic Approach
0WW241Z	Revision of Radioactive Element in Face, Percutaneous Endoscopic Approach
0WW243Z	Revision of Infusion Device in Face, Percutaneous Endoscopic Approach
0WW247Z	Revision of Autologous Tissue Substitute in Face, Percutaneous Endoscopic Approach
0WW24JZ	Revision of Synthetic Substitute in Face, Percutaneous Endoscopic Approach
0WW24KZ	Revision of Nonautologous Tissue Substitute in Face, Percutaneous Endoscopic Approach
0WW24YZ	Revision of Other Device in Face, Percutaneous Endoscopic Approach
0WW400Z	Revision of Drainage Device in Upper Jaw, Open Approach
0WW401Z	Revision of Radioactive Element in Upper Jaw, Open Approach
0WW403Z	Revision of Infusion Device in Upper Jaw, Open Approach
0WW407Z	Revision of Autologous Tissue Substitute in Upper Jaw, Open Approach
0WW40JZ	Revision of Synthetic Substitute in Upper Jaw, Open Approach
0WW40KZ	Revision of Nonautologous Tissue Substitute in Upper Jaw, Open Approach
0WW40YZ	Revision of Other Device in Upper Jaw, Open Approach
0WW430Z	Revision of Drainage Device in Upper Jaw, Percutaneous Approach
0WW431Z	Revision of Radioactive Element in Upper Jaw, Percutaneous Approach
0WW433Z	Revision of Infusion Device in Upper Jaw, Percutaneous Approach
0WW437Z	Revision of Autologous Tissue Substitute in Upper Jaw, Percutaneous Approach
0WW43JZ	Revision of Synthetic Substitute in Upper Jaw, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WW43KZ	Revision of Nonautologous Tissue Substitute in Upper Jaw, Percutaneous Approach
0WW43YZ	Revision of Other Device in Upper Jaw, Percutaneous Approach
0WW440Z	Revision of Drainage Device in Upper Jaw, Percutaneous Endoscopic Approach
0WW441Z	Revision of Radioactive Element in Upper Jaw, Percutaneous Endoscopic Approach
0WW443Z	Revision of Infusion Device in Upper Jaw, Percutaneous Endoscopic Approach
0WW447Z	Revision of Autologous Tissue Substitute in Upper Jaw, Percutaneous Endoscopic Approach
0WW44JZ	Revision of Synthetic Substitute in Upper Jaw, Percutaneous Endoscopic Approach
0WW44KZ	Revision of Nonautologous Tissue Substitute in Upper Jaw, Percutaneous Endoscopic Approach
0WW44YZ	Revision of Other Device in Upper Jaw, Percutaneous Endoscopic Approach
0WW500Z	Revision of Drainage Device in Lower Jaw, Open Approach
0WW501Z	Revision of Radioactive Element in Lower Jaw, Open Approach
0WW503Z	Revision of Infusion Device in Lower Jaw, Open Approach
0WW507Z	Revision of Autologous Tissue Substitute in Lower Jaw, Open Approach
0WW50JZ	Revision of Synthetic Substitute in Lower Jaw, Open Approach
0WW50KZ	Revision of Nonautologous Tissue Substitute in Lower Jaw, Open Approach
0WW50YZ	Revision of Other Device in Lower Jaw, Open Approach
0WW530Z	Revision of Drainage Device in Lower Jaw, Percutaneous Approach
0WW531Z	Revision of Radioactive Element in Lower Jaw, Percutaneous Approach
0WW533Z	Revision of Infusion Device in Lower Jaw, Percutaneous Approach
0WW537Z	Revision of Autologous Tissue Substitute in Lower Jaw, Percutaneous Approach
0WW53JZ	Revision of Synthetic Substitute in Lower Jaw, Percutaneous Approach
0WW53KZ	Revision of Nonautologous Tissue Substitute in Lower Jaw, Percutaneous Approach
0WW53YZ	Revision of Other Device in Lower Jaw, Percutaneous Approach
0WW540Z	Revision of Drainage Device in Lower Jaw, Percutaneous Endoscopic Approach
0WW541Z	Revision of Radioactive Element in Lower Jaw, Percutaneous Endoscopic Approach
0WW543Z	Revision of Infusion Device in Lower Jaw, Percutaneous Endoscopic Approach
0WW547Z	Revision of Autologous Tissue Substitute in Lower Jaw, Percutaneous Endoscopic Approach
0WW54JZ	Revision of Synthetic Substitute in Lower Jaw, Percutaneous Endoscopic Approach
0WW54KZ	Revision of Nonautologous Tissue Substitute in Lower Jaw, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WW54YZ	Revision of Other Device in Lower Jaw, Percutaneous Endoscopic Approach
0WW600Z	Revision of Drainage Device in Neck, Open Approach
0WW601Z	Revision of Radioactive Element in Neck, Open Approach
0WW603Z	Revision of Infusion Device in Neck, Open Approach
0WW607Z	Revision of Autologous Tissue Substitute in Neck, Open Approach
0WW60JZ	Revision of Synthetic Substitute in Neck, Open Approach
0WW60KZ	Revision of Nonautologous Tissue Substitute in Neck, Open Approach
0WW60YZ	Revision of Other Device in Neck, Open Approach
0WW630Z	Revision of Drainage Device in Neck, Percutaneous Approach
0WW631Z	Revision of Radioactive Element in Neck, Percutaneous Approach
0WW633Z	Revision of Infusion Device in Neck, Percutaneous Approach
0WW637Z	Revision of Autologous Tissue Substitute in Neck, Percutaneous Approach
0WW63JZ	Revision of Synthetic Substitute in Neck, Percutaneous Approach
0WW63KZ	Revision of Nonautologous Tissue Substitute in Neck, Percutaneous Approach
0WW63YZ	Revision of Other Device in Neck, Percutaneous Approach
0WW640Z	Revision of Drainage Device in Neck, Percutaneous Endoscopic Approach
0WW641Z	Revision of Radioactive Element in Neck, Percutaneous Endoscopic Approach
0WW643Z	Revision of Infusion Device in Neck, Percutaneous Endoscopic Approach
0WW647Z	Revision of Autologous Tissue Substitute in Neck, Percutaneous Endoscopic Approach
0WW64JZ	Revision of Synthetic Substitute in Neck, Percutaneous Endoscopic Approach
0WW64KZ	Revision of Nonautologous Tissue Substitute in Neck, Percutaneous Endoscopic Approach
0WW64YZ	Revision of Other Device in Neck, Percutaneous Endoscopic Approach
0WWK00Z	Revision of Drainage Device in Upper Back, Open Approach
0WWK01Z	Revision of Radioactive Element in Upper Back, Open Approach
0WWK03Z	Revision of Infusion Device in Upper Back, Open Approach
0WWK07Z	Revision of Autologous Tissue Substitute in Upper Back, Open Approach
0WWK0JZ	Revision of Synthetic Substitute in Upper Back, Open Approach
0WWK0KZ	Revision of Nonautologous Tissue Substitute in Upper Back, Open Approach
0WWK0YZ	Revision of Other Device in Upper Back, Open Approach
0WWK30Z	Revision of Drainage Device in Upper Back, Percutaneous Approach
0WWK31Z	Revision of Radioactive Element in Upper Back, Percutaneous Approach
0WWK33Z	Revision of Infusion Device in Upper Back, Percutaneous Approach
0WWK37Z	Revision of Autologous Tissue Substitute in Upper Back, Percutaneous Approach
0WWK3JZ	Revision of Synthetic Substitute in Upper Back, Percutaneous Approach
0WWK3KZ	Revision of Nonautologous Tissue Substitute in Upper Back, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WWK3YZ	Revision of Other Device in Upper Back, Percutaneous Approach
0WWK40Z	Revision of Drainage Device in Upper Back, Percutaneous Endoscopic Approach
0WWK41Z	Revision of Radioactive Element in Upper Back, Percutaneous Endoscopic Approach
0WWK43Z	Revision of Infusion Device in Upper Back, Percutaneous Endoscopic Approach
0WWK47Z	Revision of Autologous Tissue Substitute in Upper Back, Percutaneous Endoscopic Approach
0WWK4JZ	Revision of Synthetic Substitute in Upper Back, Percutaneous Endoscopic Approach
0WWK4KZ	Revision of Nonautologous Tissue Substitute in Upper Back, Percutaneous Endoscopic Approach
0WWK4YZ	Revision of Other Device in Upper Back, Percutaneous Endoscopic Approach
0WWL00Z	Revision of Drainage Device in Lower Back, Open Approach
0WWL01Z	Revision of Radioactive Element in Lower Back, Open Approach
0WWL03Z	Revision of Infusion Device in Lower Back, Open Approach
0WWL07Z	Revision of Autologous Tissue Substitute in Lower Back, Open Approach
0WWL0JZ	Revision of Synthetic Substitute in Lower Back, Open Approach
0WWL0KZ	Revision of Nonautologous Tissue Substitute in Lower Back, Open Approach
0WWL0YZ	Revision of Other Device in Lower Back, Open Approach
0WWL30Z	Revision of Drainage Device in Lower Back, Percutaneous Approach
0WWL31Z	Revision of Radioactive Element in Lower Back, Percutaneous Approach
0WWL33Z	Revision of Infusion Device in Lower Back, Percutaneous Approach
0WWL37Z	Revision of Autologous Tissue Substitute in Lower Back, Percutaneous Approach
0WWL3JZ	Revision of Synthetic Substitute in Lower Back, Percutaneous Approach
0WWL3KZ	Revision of Nonautologous Tissue Substitute in Lower Back, Percutaneous Approach
0WWL3YZ	Revision of Other Device in Lower Back, Percutaneous Approach
0WWL40Z	Revision of Drainage Device in Lower Back, Percutaneous Endoscopic Approach
0WWL41Z	Revision of Radioactive Element in Lower Back, Percutaneous Endoscopic Approach
0WWL43Z	Revision of Infusion Device in Lower Back, Percutaneous Endoscopic Approach
0WWL47Z	Revision of Autologous Tissue Substitute in Lower Back, Percutaneous Endoscopic Approach
0WWL4JZ	Revision of Synthetic Substitute in Lower Back, Percutaneous Endoscopic Approach
0WWL4KZ	Revision of Nonautologous Tissue Substitute in Lower Back, Percutaneous Endoscopic Approach
0WWL4YZ	Revision of Other Device in Lower Back, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0WWM00Z	Revision of Drainage Device in Male Perineum, Open Approach
0WWM01Z	Revision of Radioactive Element in Male Perineum, Open Approach
0WWM03Z	Revision of Infusion Device in Male Perineum, Open Approach
0WWM0JZ	Revision of Synthetic Substitute in Male Perineum, Open Approach
0WWM0YZ	Revision of Other Device in Male Perineum, Open Approach
0WWM30Z	Revision of Drainage Device in Male Perineum, Percutaneous Approach
0WWM31Z	Revision of Radioactive Element in Male Perineum, Percutaneous Approach
0WWM33Z	Revision of Infusion Device in Male Perineum, Percutaneous Approach
0WWM3JZ	Revision of Synthetic Substitute in Male Perineum, Percutaneous Approach
0WWM3YZ	Revision of Other Device in Male Perineum, Percutaneous Approach
0WWM40Z	Revision of Drainage Device in Male Perineum, Percutaneous Endoscopic Approach
0WWM41Z	Revision of Radioactive Element in Male Perineum, Percutaneous Endoscopic Approach
0WWM43Z	Revision of Infusion Device in Male Perineum, Percutaneous Endoscopic Approach
0WWM4JZ	Revision of Synthetic Substitute in Male Perineum, Percutaneous Endoscopic Approach
0WWM4YZ	Revision of Other Device in Male Perineum, Percutaneous Endoscopic Approach
0X0207Z	Alteration Of Right Shoulder Region With Autologous Tissue Substitute, Open Approach
0X020JZ	Alteration Of Right Shoulder Region With Synthetic Substitute, Open Approach
0X020ZZ	Alteration Of Right Shoulder Region, Open Approach
0X023ZZ	Alteration Of Right Shoulder Region, Percutaneous Approach
0X024ZZ	Alteration Of Right Shoulder Region, Percutaneous Endoscopic Approach
0X030JZ	Alteration Of Left Shoulder Region With Synthetic Substitute, Open Approach
0X030ZZ	Alteration Of Left Shoulder Region, Open Approach
0X033ZZ	Alteration Of Left Shoulder Region, Percutaneous Approach
0X034ZZ	Alteration Of Left Shoulder Region, Percutaneous Endoscopic Approach
0X040ZZ	Alteration Of Right Axilla, Open Approach
0X043ZZ	Alteration Of Right Axilla, Percutaneous Approach
0X044ZZ	Alteration Of Right Axilla, Percutaneous Endoscopic Approach
0X050ZZ	Alteration Of Left Axilla, Open Approach
0X053ZZ	Alteration Of Left Axilla, Percutaneous Approach
0X054ZZ	Alteration Of Left Axilla, Percutaneous Endoscopic Approach
0X060ZZ	Alteration Of Right Upper Extremity, Open Approach
0X063ZZ	Alteration Of Right Upper Extremity, Percutaneous Approach
0X064ZZ	Alteration Of Right Upper Extremity, Percutaneous Endoscopic Approach
0X070ZZ	Alteration Of Left Upper Extremity, Open Approach
0X073ZZ	Alteration Of Left Upper Extremity, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0X074ZZ	Alteration Of Left Upper Extremity, Percutaneous Endoscopic Approach
0X080ZZ	Alteration Of Right Upper Arm, Open Approach
0X083ZZ	Alteration Of Right Upper Arm, Percutaneous Approach
0X084ZZ	Alteration Of Right Upper Arm, Percutaneous Endoscopic Approach
0X090ZZ	Alteration Of Left Upper Arm, Open Approach
0X093ZZ	Alteration Of Left Upper Arm, Percutaneous Approach
0X094ZZ	Alteration Of Left Upper Arm, Percutaneous Endoscopic Approach
0X0B0ZZ	Alteration Of Right Elbow Region, Open Approach
0X0B3ZZ	Alteration Of Right Elbow Region, Percutaneous Approach
0X0B4ZZ	Alteration Of Right Elbow Region, Percutaneous Endoscopic Approach
0X0C0ZZ	Alteration Of Left Elbow Region, Open Approach
0X0C3ZZ	Alteration Of Left Elbow Region, Percutaneous Approach
0X0C4ZZ	Alteration Of Left Elbow Region, Percutaneous Endoscopic Approach
0X0D0ZZ	Alteration Of Right Lower Arm, Open Approach
0X0D3ZZ	Alteration Of Right Lower Arm, Percutaneous Approach
0X0D4ZZ	Alteration Of Right Lower Arm, Percutaneous Endoscopic Approach
0X0F0ZZ	Alteration Of Left Lower Arm, Open Approach
0X0F3ZZ	Alteration Of Left Lower Arm, Percutaneous Approach
0X0F4ZZ	Alteration Of Left Lower Arm, Percutaneous Endoscopic Approach
0X0G0ZZ	Alteration Of Right Wrist Region, Open Approach
0X0G3ZZ	Alteration Of Right Wrist Region, Percutaneous Approach
0X0G4ZZ	Alteration Of Right Wrist Region, Percutaneous Endoscopic Approach
0X0H0ZZ	Alteration Of Left Wrist Region, Open Approach
0X0H3ZZ	Alteration Of Left Wrist Region, Percutaneous Approach
0X0H4ZZ	Alteration Of Left Wrist Region, Percutaneous Endoscopic Approach
0X9200Z	Drainage of Right Shoulder Region with Drainage Device, Open Approach
0X920ZX	Drainage of Right Shoulder Region, Open Approach, Diagnostic
0X920ZZ	Drainage of Right Shoulder Region, Open Approach
0X9230Z	Drainage of Right Shoulder Region with Drainage Device, Percutaneous Approach
0X923ZX	Drainage of Right Shoulder Region, Percutaneous Approach, Diagnostic
0X923ZZ	Drainage of Right Shoulder Region, Percutaneous Approach
0X9240Z	Drainage of Right Shoulder Region with Drainage Device, Percutaneous Endoscopic Approach
0X924ZX	Drainage of Right Shoulder Region, Percutaneous Endoscopic Approach, Diagnostic
0X924ZZ	Drainage of Right Shoulder Region, Percutaneous Endoscopic Approach
0X9300Z	Drainage of Left Shoulder Region with Drainage Device, Open Approach
0X930ZX	Drainage of Left Shoulder Region, Open Approach, Diagnostic
0X930ZZ	Drainage of Left Shoulder Region, Open Approach
0X9330Z	Drainage of Left Shoulder Region with Drainage Device, Percutaneous Approach
0X933ZX	Drainage of Left Shoulder Region, Percutaneous Approach, Diagnostic
0X933ZZ	Drainage of Left Shoulder Region, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0X9340Z	Drainage of Left Shoulder Region with Drainage Device, Percutaneous Endoscopic Approach
0X934ZX	Drainage of Left Shoulder Region, Percutaneous Endoscopic Approach, Diagnostic
0X934ZZ	Drainage of Left Shoulder Region, Percutaneous Endoscopic Approach
0X9400Z	Drainage of Right Axilla with Drainage Device, Open Approach
0X940ZX	Drainage of Right Axilla, Open Approach, Diagnostic
0X940ZZ	Drainage of Right Axilla, Open Approach
0X9430Z	Drainage of Right Axilla with Drainage Device, Percutaneous Approach
0X943ZX	Drainage of Right Axilla, Percutaneous Approach, Diagnostic
0X943ZZ	Drainage of Right Axilla, Percutaneous Approach
0X9440Z	Drainage of Right Axilla with Drainage Device, Percutaneous Endoscopic Approach
0X944ZX	Drainage of Right Axilla, Percutaneous Endoscopic Approach, Diagnostic
0X944ZZ	Drainage of Right Axilla, Percutaneous Endoscopic Approach
0X9500Z	Drainage of Left Axilla with Drainage Device, Open Approach
0X950ZX	Drainage of Left Axilla, Open Approach, Diagnostic
0X950ZZ	Drainage of Left Axilla, Open Approach
0X9530Z	Drainage of Left Axilla with Drainage Device, Percutaneous Approach
0X953ZX	Drainage of Left Axilla, Percutaneous Approach, Diagnostic
0X953ZZ	Drainage of Left Axilla, Percutaneous Approach
0X9540Z	Drainage of Left Axilla with Drainage Device, Percutaneous Endoscopic Approach
0X954ZX	Drainage of Left Axilla, Percutaneous Endoscopic Approach, Diagnostic
0X954ZZ	Drainage of Left Axilla, Percutaneous Endoscopic Approach
0X9600Z	Drainage of Right Upper Extremity with Drainage Device, Open Approach
0X960ZX	Drainage of Right Upper Extremity, Open Approach, Diagnostic
0X960ZZ	Drainage of Right Upper Extremity, Open Approach
0X9630Z	Drainage of Right Upper Extremity with Drainage Device, Percutaneous Approach
0X963ZX	Drainage of Right Upper Extremity, Percutaneous Approach, Diagnostic
0X963ZZ	Drainage of Right Upper Extremity, Percutaneous Approach
0X9640Z	Drainage of Right Upper Extremity with Drainage Device, Percutaneous Endoscopic Approach
0X964ZX	Drainage of Right Upper Extremity, Percutaneous Endoscopic Approach, Diagnostic
0X964ZZ	Drainage of Right Upper Extremity, Percutaneous Endoscopic Approach
0X9700Z	Drainage of Left Upper Extremity with Drainage Device, Open Approach
0X970ZX	Drainage of Left Upper Extremity, Open Approach, Diagnostic
0X970ZZ	Drainage of Left Upper Extremity, Open Approach
0X9730Z	Drainage of Left Upper Extremity with Drainage Device, Percutaneous Approach
0X973ZX	Drainage of Left Upper Extremity, Percutaneous Approach, Diagnostic
0X973ZZ	Drainage of Left Upper Extremity, Percutaneous Approach
0X9740Z	Drainage of Left Upper Extremity with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0X974ZX	Drainage of Left Upper Extremity, Percutaneous Endoscopic Approach, Diagnostic
0X974ZZ	Drainage of Left Upper Extremity, Percutaneous Endoscopic Approach
0X9800Z	Drainage of Right Upper Arm with Drainage Device, Open Approach
0X980ZX	Drainage of Right Upper Arm, Open Approach, Diagnostic
0X980ZZ	Drainage of Right Upper Arm, Open Approach
0X9830Z	Drainage of Right Upper Arm with Drainage Device, Percutaneous Approach
0X983ZX	Drainage of Right Upper Arm, Percutaneous Approach, Diagnostic
0X983ZZ	Drainage of Right Upper Arm, Percutaneous Approach
0X9840Z	Drainage of Right Upper Arm with Drainage Device, Percutaneous Endoscopic Approach
0X984ZX	Drainage of Right Upper Arm, Percutaneous Endoscopic Approach, Diagnostic
0X984ZZ	Drainage of Right Upper Arm, Percutaneous Endoscopic Approach
0X9900Z	Drainage of Left Upper Arm with Drainage Device, Open Approach
0X990ZX	Drainage of Left Upper Arm, Open Approach, Diagnostic
0X990ZZ	Drainage of Left Upper Arm, Open Approach
0X9930Z	Drainage of Left Upper Arm with Drainage Device, Percutaneous Approach
0X993ZX	Drainage of Left Upper Arm, Percutaneous Approach, Diagnostic
0X993ZZ	Drainage of Left Upper Arm, Percutaneous Approach
0X9940Z	Drainage of Left Upper Arm with Drainage Device, Percutaneous Endoscopic Approach
0X994ZX	Drainage of Left Upper Arm, Percutaneous Endoscopic Approach, Diagnostic
0X994ZZ	Drainage of Left Upper Arm, Percutaneous Endoscopic Approach
0X9B00Z	Drainage of Right Elbow Region with Drainage Device, Open Approach
0X9B0ZX	Drainage of Right Elbow Region, Open Approach, Diagnostic
0X9B0ZZ	Drainage of Right Elbow Region, Open Approach
0X9B30Z	Drainage of Right Elbow Region with Drainage Device, Percutaneous Approach
0X9B3ZX	Drainage of Right Elbow Region, Percutaneous Approach, Diagnostic
0X9B3ZZ	Drainage of Right Elbow Region, Percutaneous Approach
0X9B40Z	Drainage of Right Elbow Region with Drainage Device, Percutaneous Endoscopic Approach
0X9B4ZX	Drainage of Right Elbow Region, Percutaneous Endoscopic Approach, Diagnostic
0X9B4ZZ	Drainage of Right Elbow Region, Percutaneous Endoscopic Approach
0X9C00Z	Drainage of Left Elbow Region with Drainage Device, Open Approach
0X9C0ZX	Drainage of Left Elbow Region, Open Approach, Diagnostic
0X9C0ZZ	Drainage of Left Elbow Region, Open Approach
0X9C30Z	Drainage of Left Elbow Region with Drainage Device, Percutaneous Approach
0X9C3ZX	Drainage of Left Elbow Region, Percutaneous Approach, Diagnostic
0X9C3ZZ	Drainage of Left Elbow Region, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0X9C40Z	Drainage of Left Elbow Region with Drainage Device, Percutaneous Endoscopic Approach
0X9C4ZX	Drainage of Left Elbow Region, Percutaneous Endoscopic Approach, Diagnostic
0X9C4ZZ	Drainage of Left Elbow Region, Percutaneous Endoscopic Approach
0X9D00Z	Drainage of Right Lower Arm with Drainage Device, Open Approach
0X9D0ZX	Drainage of Right Lower Arm, Open Approach, Diagnostic
0X9D0ZZ	Drainage of Right Lower Arm, Open Approach
0X9D30Z	Drainage of Right Lower Arm with Drainage Device, Percutaneous Approach
0X9D3ZX	Drainage of Right Lower Arm, Percutaneous Approach, Diagnostic
0X9D3ZZ	Drainage of Right Lower Arm, Percutaneous Approach
0X9D40Z	Drainage of Right Lower Arm with Drainage Device, Percutaneous Endoscopic Approach
0X9D4ZX	Drainage of Right Lower Arm, Percutaneous Endoscopic Approach, Diagnostic
0X9D4ZZ	Drainage of Right Lower Arm, Percutaneous Endoscopic Approach
0X9F00Z	Drainage of Left Lower Arm with Drainage Device, Open Approach
0X9F0ZX	Drainage of Left Lower Arm, Open Approach, Diagnostic
0X9F0ZZ	Drainage of Left Lower Arm, Open Approach
0X9F30Z	Drainage of Left Lower Arm with Drainage Device, Percutaneous Approach
0X9F3ZX	Drainage of Left Lower Arm, Percutaneous Approach, Diagnostic
0X9F3ZZ	Drainage of Left Lower Arm, Percutaneous Approach
0X9F40Z	Drainage of Left Lower Arm with Drainage Device, Percutaneous Endoscopic Approach
0X9F4ZX	Drainage of Left Lower Arm, Percutaneous Endoscopic Approach, Diagnostic
0X9F4ZZ	Drainage of Left Lower Arm, Percutaneous Endoscopic Approach
0X9G00Z	Drainage of Right Wrist Region with Drainage Device, Open Approach
0X9G0ZX	Drainage of Right Wrist Region, Open Approach, Diagnostic
0X9G0ZZ	Drainage of Right Wrist Region, Open Approach
0X9G30Z	Drainage of Right Wrist Region with Drainage Device, Percutaneous Approach
0X9G3ZX	Drainage of Right Wrist Region, Percutaneous Approach, Diagnostic
0X9G3ZZ	Drainage of Right Wrist Region, Percutaneous Approach
0X9G40Z	Drainage of Right Wrist Region with Drainage Device, Percutaneous Endoscopic Approach
0X9G4ZX	Drainage of Right Wrist Region, Percutaneous Endoscopic Approach, Diagnostic
0X9G4ZZ	Drainage of Right Wrist Region, Percutaneous Endoscopic Approach
0X9H00Z	Drainage of Left Wrist Region with Drainage Device, Open Approach
0X9H0ZX	Drainage of Left Wrist Region, Open Approach, Diagnostic
0X9H0ZZ	Drainage of Left Wrist Region, Open Approach
0X9H30Z	Drainage of Left Wrist Region with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0X9H3ZX	Drainage of Left Wrist Region, Percutaneous Approach, Diagnostic
0X9H3ZZ	Drainage of Left Wrist Region, Percutaneous Approach
0X9H40Z	Drainage of Left Wrist Region with Drainage Device, Percutaneous Endoscopic Approach
0X9H4ZX	Drainage of Left Wrist Region, Percutaneous Endoscopic Approach, Diagnostic
0X9H4ZZ	Drainage of Left Wrist Region, Percutaneous Endoscopic Approach
0X9J0ZX	Drainage of Right Hand, Open Approach, Diagnostic
0X9J3ZX	Drainage of Right Hand, Percutaneous Approach, Diagnostic
0X9J4ZX	Drainage of Right Hand, Percutaneous Endoscopic Approach, Diagnostic
0X9K0ZX	Drainage of Left Hand, Open Approach, Diagnostic
0X9K3ZX	Drainage of Left Hand, Percutaneous Approach, Diagnostic
0X9K4ZX	Drainage of Left Hand, Percutaneous Endoscopic Approach, Diagnostic
0XB20ZX	Excision of Right Shoulder Region, Open Approach, Diagnostic
0XB23ZX	Excision of Right Shoulder Region, Percutaneous Approach, Diagnostic
0XB24ZX	Excision of Right Shoulder Region, Percutaneous Endoscopic Approach, Diagnostic
0XB30ZX	Excision of Left Shoulder Region, Open Approach, Diagnostic
0XB33ZX	Excision of Left Shoulder Region, Percutaneous Approach, Diagnostic
0XB34ZX	Excision of Left Shoulder Region, Percutaneous Endoscopic Approach, Diagnostic
0XB40ZX	Excision of Right Axilla, Open Approach, Diagnostic
0XB43ZX	Excision of Right Axilla, Percutaneous Approach, Diagnostic
0XB44ZX	Excision of Right Axilla, Percutaneous Endoscopic Approach, Diagnostic
0XB50ZX	Excision of Left Axilla, Open Approach, Diagnostic
0XB53ZX	Excision of Left Axilla, Percutaneous Approach, Diagnostic
0XB54ZX	Excision of Left Axilla, Percutaneous Endoscopic Approach, Diagnostic
0XB60ZX	Excision of Right Upper Extremity, Open Approach, Diagnostic
0XB63ZX	Excision of Right Upper Extremity, Percutaneous Approach, Diagnostic
0XB64ZX	Excision of Right Upper Extremity, Percutaneous Endoscopic Approach, Diagnostic
0XB70ZX	Excision of Left Upper Extremity, Open Approach, Diagnostic
0XB73ZX	Excision of Left Upper Extremity, Percutaneous Approach, Diagnostic
0XB74ZX	Excision of Left Upper Extremity, Percutaneous Endoscopic Approach, Diagnostic
0XB80ZX	Excision of Right Upper Arm, Open Approach, Diagnostic
0XB83ZX	Excision of Right Upper Arm, Percutaneous Approach, Diagnostic
0XB84ZX	Excision of Right Upper Arm, Percutaneous Endoscopic Approach, Diagnostic
0XB90ZX	Excision of Left Upper Arm, Open Approach, Diagnostic
0XB93ZX	Excision of Left Upper Arm, Percutaneous Approach, Diagnostic
0XB94ZX	Excision of Left Upper Arm, Percutaneous Endoscopic Approach, Diagnostic
0XBB0ZX	Excision of Right Elbow Region, Open Approach, Diagnostic
0XBB3ZX	Excision of Right Elbow Region, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XBB4ZX	Excision of Right Elbow Region, Percutaneous Endoscopic Approach, Diagnostic
0XBC0ZX	Excision of Left Elbow Region, Open Approach, Diagnostic
0XBC3ZX	Excision of Left Elbow Region, Percutaneous Approach, Diagnostic
0XBC4ZX	Excision of Left Elbow Region, Percutaneous Endoscopic Approach, Diagnostic
0XBD0ZX	Excision of Right Lower Arm, Open Approach, Diagnostic
0XBD3ZX	Excision of Right Lower Arm, Percutaneous Approach, Diagnostic
0XBD4ZX	Excision of Right Lower Arm, Percutaneous Endoscopic Approach, Diagnostic
0XBF0ZX	Excision of Left Lower Arm, Open Approach, Diagnostic
0XBF3ZX	Excision of Left Lower Arm, Percutaneous Approach, Diagnostic
0XBF4ZX	Excision of Left Lower Arm, Percutaneous Endoscopic Approach, Diagnostic
0XBG0ZX	Excision of Right Wrist Region, Open Approach, Diagnostic
0XBG3ZX	Excision of Right Wrist Region, Percutaneous Approach, Diagnostic
0XBG4ZX	Excision of Right Wrist Region, Percutaneous Endoscopic Approach, Diagnostic
0XBH0ZX	Excision of Left Wrist Region, Open Approach, Diagnostic
0XBH3ZX	Excision of Left Wrist Region, Percutaneous Approach, Diagnostic
0XBH4ZX	Excision of Left Wrist Region, Percutaneous Endoscopic Approach, Diagnostic
0XBJ0ZX	Excision of Right Hand, Open Approach, Diagnostic
0XBJ3ZX	Excision of Right Hand, Percutaneous Approach, Diagnostic
0XBJ4ZX	Excision of Right Hand, Percutaneous Endoscopic Approach, Diagnostic
0XBK0ZX	Excision of Left Hand, Open Approach, Diagnostic
0XBK3ZX	Excision of Left Hand, Percutaneous Approach, Diagnostic
0XBK4ZX	Excision of Left Hand, Percutaneous Endoscopic Approach, Diagnostic
0XH203Z	Insertion of Infusion Device into Right Shoulder Region, Open Approach
0XH20YZ	Insertion of Other Device into Right Shoulder Region, Open Approach
0XH233Z	Insertion of Infusion Device into Right Shoulder Region, Percutaneous Approach
0XH23YZ	Insertion of Other Device into Right Shoulder Region, Percutaneous Approach
0XH243Z	Insertion of Infusion Device into Right Shoulder Region, Percutaneous Endoscopic Approach
0XH24YZ	Insertion of Other Device into Right Shoulder Region, Percutaneous Endoscopic Approach
0XH303Z	Insertion of Infusion Device into Left Shoulder Region, Open Approach
0XH30YZ	Insertion of Other Device into Left Shoulder Region, Open Approach
0XH333Z	Insertion of Infusion Device into Left Shoulder Region, Percutaneous Approach
0XH33YZ	Insertion of Other Device into Left Shoulder Region, Percutaneous Approach
0XH343Z	Insertion of Infusion Device into Left Shoulder Region, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XH34YZ	Insertion of Other Device into Left Shoulder Region, Percutaneous Endoscopic Approach
0XH403Z	Insertion of Infusion Device into Right Axilla, Open Approach
0XH40YZ	Insertion of Other Device into Right Axilla, Open Approach
0XH433Z	Insertion of Infusion Device into Right Axilla, Percutaneous Approach
0XH43YZ	Insertion of Other Device into Right Axilla, Percutaneous Approach
0XH443Z	Insertion of Infusion Device into Right Axilla, Percutaneous Endoscopic Approach
0XH44YZ	Insertion of Other Device into Right Axilla, Percutaneous Endoscopic Approach
0XH503Z	Insertion of Infusion Device into Left Axilla, Open Approach
0XH50YZ	Insertion of Other Device into Left Axilla, Open Approach
0XH533Z	Insertion of Infusion Device into Left Axilla, Percutaneous Approach
0XH53YZ	Insertion of Other Device into Left Axilla, Percutaneous Approach
0XH543Z	Insertion of Infusion Device into Left Axilla, Percutaneous Endoscopic Approach
0XH54YZ	Insertion of Other Device into Left Axilla, Percutaneous Endoscopic Approach
0XH603Z	Insertion of Infusion Device into Right Upper Extremity, Open Approach
0XH60YZ	Insertion of Other Device into Right Upper Extremity, Open Approach
0XH633Z	Insertion of Infusion Device into Right Upper Extremity, Percutaneous Approach
0XH63YZ	Insertion of Other Device into Right Upper Extremity, Percutaneous Approach
0XH643Z	Insertion of Infusion Device into Right Upper Extremity, Percutaneous Endoscopic Approach
0XH64YZ	Insertion of Other Device into Right Upper Extremity, Percutaneous Endoscopic Approach
0XH703Z	Insertion of Infusion Device into Left Upper Extremity, Open Approach
0XH70YZ	Insertion of Other Device into Left Upper Extremity, Open Approach
0XH733Z	Insertion of Infusion Device into Left Upper Extremity, Percutaneous Approach
0XH73YZ	Insertion of Other Device into Left Upper Extremity, Percutaneous Approach
0XH743Z	Insertion of Infusion Device into Left Upper Extremity, Percutaneous Endoscopic Approach
0XH74YZ	Insertion of Other Device into Left Upper Extremity, Percutaneous Endoscopic Approach
0XH803Z	Insertion of Infusion Device into Right Upper Arm, Open Approach
0XH80YZ	Insertion of Other Device into Right Upper Arm, Open Approach
0XH833Z	Insertion of Infusion Device into Right Upper Arm, Percutaneous Approach
0XH83YZ	Insertion of Other Device into Right Upper Arm, Percutaneous Approach
0XH843Z	Insertion of Infusion Device into Right Upper Arm, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XH84YZ	Insertion of Other Device into Right Upper Arm, Percutaneous Endoscopic Approach
0XH903Z	Insertion of Infusion Device into Left Upper Arm, Open Approach
0XH90YZ	Insertion of Other Device into Left Upper Arm, Open Approach
0XH933Z	Insertion of Infusion Device into Left Upper Arm, Percutaneous Approach
0XH93YZ	Insertion of Other Device into Left Upper Arm, Percutaneous Approach
0XH943Z	Insertion of Infusion Device into Left Upper Arm, Percutaneous Endoscopic Approach
0XH94YZ	Insertion of Other Device into Left Upper Arm, Percutaneous Endoscopic Approach
0XHB03Z	Insertion of Infusion Device into Right Elbow Region, Open Approach
0XHB0YZ	Insertion of Other Device into Right Elbow Region, Open Approach
0XHB33Z	Insertion of Infusion Device into Right Elbow Region, Percutaneous Approach
0XHB3YZ	Insertion of Other Device into Right Elbow Region, Percutaneous Approach
0XHB43Z	Insertion of Infusion Device into Right Elbow Region, Percutaneous Endoscopic Approach
0XHB4YZ	Insertion of Other Device into Right Elbow Region, Percutaneous Endoscopic Approach
0XHC03Z	Insertion of Infusion Device into Left Elbow Region, Open Approach
0XHC0YZ	Insertion of Other Device into Left Elbow Region, Open Approach
0XHC33Z	Insertion of Infusion Device into Left Elbow Region, Percutaneous Approach
0XHC3YZ	Insertion of Other Device into Left Elbow Region, Percutaneous Approach
0XHC43Z	Insertion of Infusion Device into Left Elbow Region, Percutaneous Endoscopic Approach
0XHC4YZ	Insertion of Other Device into Left Elbow Region, Percutaneous Endoscopic Approach
0XHD03Z	Insertion of Infusion Device into Right Lower Arm, Open Approach
0XHD0YZ	Insertion of Other Device into Right Lower Arm, Open Approach
0XHD33Z	Insertion of Infusion Device into Right Lower Arm, Percutaneous Approach
0XHD3YZ	Insertion of Other Device into Right Lower Arm, Percutaneous Approach
0XHD43Z	Insertion of Infusion Device into Right Lower Arm, Percutaneous Endoscopic Approach
0XHD4YZ	Insertion of Other Device into Right Lower Arm, Percutaneous Endoscopic Approach
0XHF03Z	Insertion of Infusion Device into Left Lower Arm, Open Approach
0XHF0YZ	Insertion of Other Device into Left Lower Arm, Open Approach
0XHF33Z	Insertion of Infusion Device into Left Lower Arm, Percutaneous Approach
0XHF3YZ	Insertion of Other Device into Left Lower Arm, Percutaneous Approach
0XHF43Z	Insertion of Infusion Device into Left Lower Arm, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XHF4YZ	Insertion of Other Device into Left Lower Arm, Percutaneous Endoscopic Approach
0XHG03Z	Insertion of Infusion Device into Right Wrist Region, Open Approach
0XHG0YZ	Insertion of Other Device into Right Wrist Region, Open Approach
0XHG33Z	Insertion of Infusion Device into Right Wrist Region, Percutaneous Approach
0XHG3YZ	Insertion of Other Device into Right Wrist Region, Percutaneous Approach
0XHG43Z	Insertion of Infusion Device into Right Wrist Region, Percutaneous Endoscopic Approach
0XHG4YZ	Insertion of Other Device into Right Wrist Region, Percutaneous Endoscopic Approach
0XHH03Z	Insertion of Infusion Device into Left Wrist Region, Open Approach
0XHH0YZ	Insertion of Other Device into Left Wrist Region, Open Approach
0XHH33Z	Insertion of Infusion Device into Left Wrist Region, Percutaneous Approach
0XHH3YZ	Insertion of Other Device into Left Wrist Region, Percutaneous Approach
0XHH43Z	Insertion of Infusion Device into Left Wrist Region, Percutaneous Endoscopic Approach
0XHH4YZ	Insertion of Other Device into Left Wrist Region, Percutaneous Endoscopic Approach
0XHJ03Z	Insertion of Infusion Device into Right Hand, Open Approach
0XHJ0YZ	Insertion of Other Device into Right Hand, Open Approach
0XHJ33Z	Insertion of Infusion Device into Right Hand, Percutaneous Approach
0XHJ3YZ	Insertion of Other Device into Right Hand, Percutaneous Approach
0XHJ43Z	Insertion of Infusion Device into Right Hand, Percutaneous Endoscopic Approach
0XHJ4YZ	Insertion of Other Device into Right Hand, Percutaneous Endoscopic Approach
0XHK03Z	Insertion of Infusion Device into Left Hand, Open Approach
0XHK0YZ	Insertion of Other Device into Left Hand, Open Approach
0XHK33Z	Insertion of Infusion Device into Left Hand, Percutaneous Approach
0XHK3YZ	Insertion of Other Device into Left Hand, Percutaneous Approach
0XHK43Z	Insertion of Infusion Device into Left Hand, Percutaneous Endoscopic Approach
0XHK4YZ	Insertion of Other Device into Left Hand, Percutaneous Endoscopic Approach
0XJ20ZZ	Inspection of Right Shoulder Region, Open Approach
0XJ23ZZ	Inspection of Right Shoulder Region, Percutaneous Approach
0XJ24ZZ	Inspection of Right Shoulder Region, Percutaneous Endoscopic Approach
0XJ30ZZ	Inspection of Left Shoulder Region, Open Approach
0XJ33ZZ	Inspection of Left Shoulder Region, Percutaneous Approach
0XJ34ZZ	Inspection of Left Shoulder Region, Percutaneous Endoscopic Approach
0XJ40ZZ	Inspection of Right Axilla, Open Approach
0XJ43ZZ	Inspection of Right Axilla, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XJ44ZZ	Inspection of Right Axilla, Percutaneous Endoscopic Approach
0XJ50ZZ	Inspection of Left Axilla, Open Approach
0XJ53ZZ	Inspection of Left Axilla, Percutaneous Approach
0XJ54ZZ	Inspection of Left Axilla, Percutaneous Endoscopic Approach
0XJ60ZZ	Inspection of Right Upper Extremity, Open Approach
0XJ63ZZ	Inspection of Right Upper Extremity, Percutaneous Approach
0XJ64ZZ	Inspection of Right Upper Extremity, Percutaneous Endoscopic Approach
0XJ70ZZ	Inspection of Left Upper Extremity, Open Approach
0XJ73ZZ	Inspection of Left Upper Extremity, Percutaneous Approach
0XJ74ZZ	Inspection of Left Upper Extremity, Percutaneous Endoscopic Approach
0XJ80ZZ	Inspection of Right Upper Arm, Open Approach
0XJ83ZZ	Inspection of Right Upper Arm, Percutaneous Approach
0XJ84ZZ	Inspection of Right Upper Arm, Percutaneous Endoscopic Approach
0XJ90ZZ	Inspection of Left Upper Arm, Open Approach
0XJ93ZZ	Inspection of Left Upper Arm, Percutaneous Approach
0XJ94ZZ	Inspection of Left Upper Arm, Percutaneous Endoscopic Approach
0XJB0ZZ	Inspection of Right Elbow Region, Open Approach
0XJB3ZZ	Inspection of Right Elbow Region, Percutaneous Approach
0XJB4ZZ	Inspection of Right Elbow Region, Percutaneous Endoscopic Approach
0XJC0ZZ	Inspection of Left Elbow Region, Open Approach
0XJC3ZZ	Inspection of Left Elbow Region, Percutaneous Approach
0XJC4ZZ	Inspection of Left Elbow Region, Percutaneous Endoscopic Approach
0XJD0ZZ	Inspection of Right Lower Arm, Open Approach
0XJD3ZZ	Inspection of Right Lower Arm, Percutaneous Approach
0XJD4ZZ	Inspection of Right Lower Arm, Percutaneous Endoscopic Approach
0XJF0ZZ	Inspection of Left Lower Arm, Open Approach
0XJF3ZZ	Inspection of Left Lower Arm, Percutaneous Approach
0XJF4ZZ	Inspection of Left Lower Arm, Percutaneous Endoscopic Approach
0XJG0ZZ	Inspection of Right Wrist Region, Open Approach
0XJG3ZZ	Inspection of Right Wrist Region, Percutaneous Approach
0XJG4ZZ	Inspection of Right Wrist Region, Percutaneous Endoscopic Approach
0XJH0ZZ	Inspection of Left Wrist Region, Open Approach
0XJH3ZZ	Inspection of Left Wrist Region, Percutaneous Approach
0XJH4ZZ	Inspection of Left Wrist Region, Percutaneous Endoscopic Approach
0XJJ0ZZ	Inspection of Right Hand, Open Approach
0XJK0ZZ	Inspection of Left Hand, Open Approach
0XP600Z	Removal of Drainage Device from Right Upper Extremity, Open Approach
0XP601Z	Removal of Radioactive Element from Right Upper Extremity, Open Approach
0XP603Z	Removal of Infusion Device from Right Upper Extremity, Open Approach
0XP607Z	Removal of Autologous Tissue Substitute from Right Upper Extremity, Open Approach
0XP60JZ	Removal of Synthetic Substitute from Right Upper Extremity, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XP60KZ	Removal of Nonautologous Tissue Substitute from Right Upper Extremity, Open Approach
0XP60YZ	Removal of Other Device from Right Upper Extremity, Open Approach
0XP630Z	Removal of Drainage Device from Right Upper Extremity, Percutaneous Approach
0XP631Z	Removal of Radioactive Element from Right Upper Extremity, Percutaneous Approach
0XP633Z	Removal of Infusion Device from Right Upper Extremity, Percutaneous Approach
0XP637Z	Removal of Autologous Tissue Substitute from Right Upper Extremity, Percutaneous Approach
0XP63JZ	Removal of Synthetic Substitute from Right Upper Extremity, Percutaneous Approach
0XP63KZ	Removal of Nonautologous Tissue Substitute from Right Upper Extremity, Percutaneous Approach
0XP63YZ	Removal of Other Device from Right Upper Extremity, Percutaneous Approach
0XP640Z	Removal of Drainage Device from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP641Z	Removal of Radioactive Element from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP643Z	Removal of Infusion Device from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP647Z	Removal of Autologous Tissue Substitute from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP64JZ	Removal of Synthetic Substitute from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP64KZ	Removal of Nonautologous Tissue Substitute from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP64YZ	Removal of Other Device from Right Upper Extremity, Percutaneous Endoscopic Approach
0XP6X7Z	Removal of Autologous Tissue Substitute from Right Upper Extremity, External Approach
0XP6XKZ	Removal of Nonautologous Tissue Substitute from Right Upper Extremity, External Approach
0XP700Z	Removal of Drainage Device from Left Upper Extremity, Open Approach
0XP701Z	Removal of Radioactive Element from Left Upper Extremity, Open Approach
0XP703Z	Removal of Infusion Device from Left Upper Extremity, Open Approach
0XP707Z	Removal of Autologous Tissue Substitute from Left Upper Extremity, Open Approach
0XP70JZ	Removal of Synthetic Substitute from Left Upper Extremity, Open Approach
0XP70KZ	Removal of Nonautologous Tissue Substitute from Left Upper Extremity, Open Approach
0XP70YZ	Removal of Other Device from Left Upper Extremity, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XP730Z	Removal of Drainage Device from Left Upper Extremity, Percutaneous Approach
0XP731Z	Removal of Radioactive Element from Left Upper Extremity, Percutaneous Approach
0XP733Z	Removal of Infusion Device from Left Upper Extremity, Percutaneous Approach
0XP737Z	Removal of Autologous Tissue Substitute from Left Upper Extremity, Percutaneous Approach
0XP73JZ	Removal of Synthetic Substitute from Left Upper Extremity, Percutaneous Approach
0XP73KZ	Removal of Nonautologous Tissue Substitute from Left Upper Extremity, Percutaneous Approach
0XP73YZ	Removal of Other Device from Left Upper Extremity, Percutaneous Approach
0XP740Z	Removal of Drainage Device from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP741Z	Removal of Radioactive Element from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP743Z	Removal of Infusion Device from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP747Z	Removal of Autologous Tissue Substitute from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP74JZ	Removal of Synthetic Substitute from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP74KZ	Removal of Nonautologous Tissue Substitute from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP74YZ	Removal of Other Device from Left Upper Extremity, Percutaneous Endoscopic Approach
0XP7X7Z	Removal of Autologous Tissue Substitute from Left Upper Extremity, External Approach
0XP7XKZ	Removal of Nonautologous Tissue Substitute from Left Upper Extremity, External Approach
0XU207Z	Supplement Right Shoulder Region with Autologous Tissue Substitute, Open Approach
0XU20JZ	Supplement Right Shoulder Region with Synthetic Substitute, Open Approach
0XU20KZ	Supplement Right Shoulder Region with Nonautologous Tissue Substitute, Open Approach
0XU247Z	Supplement Right Shoulder Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU24JZ	Supplement Right Shoulder Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU24KZ	Supplement Right Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU307Z	Supplement Left Shoulder Region with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
0XU30JZ	Supplement Left Shoulder Region with Synthetic Substitute, Open Approach
0XU30KZ	Supplement Left Shoulder Region with Nonautologous Tissue Substitute, Open Approach
0XU347Z	Supplement Left Shoulder Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU34JZ	Supplement Left Shoulder Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU34KZ	Supplement Left Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU407Z	Supplement Right Axilla with Autologous Tissue Substitute, Open Approach
0XU40JZ	Supplement Right Axilla with Synthetic Substitute, Open Approach
0XU40KZ	Supplement Right Axilla with Nonautologous Tissue Substitute, Open Approach
0XU447Z	Supplement Right Axilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU44JZ	Supplement Right Axilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU44KZ	Supplement Right Axilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU507Z	Supplement Left Axilla with Autologous Tissue Substitute, Open Approach
0XU50JZ	Supplement Left Axilla with Synthetic Substitute, Open Approach
0XU50KZ	Supplement Left Axilla with Nonautologous Tissue Substitute, Open Approach
0XU547Z	Supplement Left Axilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU54JZ	Supplement Left Axilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU54KZ	Supplement Left Axilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU607Z	Supplement Right Upper Extremity with Autologous Tissue Substitute, Open Approach
0XU60JZ	Supplement Right Upper Extremity with Synthetic Substitute, Open Approach
0XU60KZ	Supplement Right Upper Extremity with Nonautologous Tissue Substitute, Open Approach
0XU647Z	Supplement Right Upper Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU64JZ	Supplement Right Upper Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU64KZ	Supplement Right Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU707Z	Supplement Left Upper Extremity with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XU70JZ	Supplement Left Upper Extremity with Synthetic Substitute, Open Approach
0XU70KZ	Supplement Left Upper Extremity with Nonautologous Tissue Substitute, Open Approach
0XU747Z	Supplement Left Upper Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU74JZ	Supplement Left Upper Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU74KZ	Supplement Left Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU807Z	Supplement Right Upper Arm with Autologous Tissue Substitute, Open Approach
0XU80JZ	Supplement Right Upper Arm with Synthetic Substitute, Open Approach
0XU80KZ	Supplement Right Upper Arm with Nonautologous Tissue Substitute, Open Approach
0XU847Z	Supplement Right Upper Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU84JZ	Supplement Right Upper Arm with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU84KZ	Supplement Right Upper Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU907Z	Supplement Left Upper Arm with Autologous Tissue Substitute, Open Approach
0XU90JZ	Supplement Left Upper Arm with Synthetic Substitute, Open Approach
0XU90KZ	Supplement Left Upper Arm with Nonautologous Tissue Substitute, Open Approach
0XU947Z	Supplement Left Upper Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XU94JZ	Supplement Left Upper Arm with Synthetic Substitute, Percutaneous Endoscopic Approach
0XU94KZ	Supplement Left Upper Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUB07Z	Supplement Right Elbow Region with Autologous Tissue Substitute, Open Approach
0XUB0JZ	Supplement Right Elbow Region with Synthetic Substitute, Open Approach
0XUB0KZ	Supplement Right Elbow Region with Nonautologous Tissue Substitute, Open Approach
0XUB47Z	Supplement Right Elbow Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUB4JZ	Supplement Right Elbow Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUB4KZ	Supplement Right Elbow Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUC07Z	Supplement Left Elbow Region with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XUC0JZ	Supplement Left Elbow Region with Synthetic Substitute, Open Approach
0XUC0KZ	Supplement Left Elbow Region with Nonautologous Tissue Substitute, Open Approach
0XUC47Z	Supplement Left Elbow Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUC4JZ	Supplement Left Elbow Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUC4KZ	Supplement Left Elbow Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUD07Z	Supplement Right Lower Arm with Autologous Tissue Substitute, Open Approach
0XUD0JZ	Supplement Right Lower Arm with Synthetic Substitute, Open Approach
0XUD0KZ	Supplement Right Lower Arm with Nonautologous Tissue Substitute, Open Approach
0XUD47Z	Supplement Right Lower Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUD4JZ	Supplement Right Lower Arm with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUD4KZ	Supplement Right Lower Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUF07Z	Supplement Left Lower Arm with Autologous Tissue Substitute, Open Approach
0XUF0JZ	Supplement Left Lower Arm with Synthetic Substitute, Open Approach
0XUF0KZ	Supplement Left Lower Arm with Nonautologous Tissue Substitute, Open Approach
0XUF47Z	Supplement Left Lower Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUF4JZ	Supplement Left Lower Arm with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUF4KZ	Supplement Left Lower Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUG07Z	Supplement Right Wrist Region with Autologous Tissue Substitute, Open Approach
0XUG0JZ	Supplement Right Wrist Region with Synthetic Substitute, Open Approach
0XUG0KZ	Supplement Right Wrist Region with Nonautologous Tissue Substitute, Open Approach
0XUG47Z	Supplement Right Wrist Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUG4JZ	Supplement Right Wrist Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUG4KZ	Supplement Right Wrist Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUH07Z	Supplement Left Wrist Region with Autologous Tissue Substitute, Open Approach
0XUH0JZ	Supplement Left Wrist Region with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XUH0KZ	Supplement Left Wrist Region with Nonautologous Tissue Substitute, Open Approach
0XUH47Z	Supplement Left Wrist Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUH4JZ	Supplement Left Wrist Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUH4KZ	Supplement Left Wrist Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUJ07Z	Supplement Right Hand with Autologous Tissue Substitute, Open Approach
0XUJ0JZ	Supplement Right Hand with Synthetic Substitute, Open Approach
0XUJ0KZ	Supplement Right Hand with Nonautologous Tissue Substitute, Open Approach
0XUJ47Z	Supplement Right Hand with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUJ4JZ	Supplement Right Hand with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUJ4KZ	Supplement Right Hand with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUK07Z	Supplement Left Hand with Autologous Tissue Substitute, Open Approach
0XUK0JZ	Supplement Left Hand with Synthetic Substitute, Open Approach
0XUK0KZ	Supplement Left Hand with Nonautologous Tissue Substitute, Open Approach
0XUK47Z	Supplement Left Hand with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUK4JZ	Supplement Left Hand with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUK4KZ	Supplement Left Hand with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUL07Z	Supplement Right Thumb with Autologous Tissue Substitute, Open Approach
0XUL0JZ	Supplement Right Thumb with Synthetic Substitute, Open Approach
0XUL0KZ	Supplement Right Thumb with Nonautologous Tissue Substitute, Open Approach
0XUL47Z	Supplement Right Thumb with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUL4JZ	Supplement Right Thumb with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUL4KZ	Supplement Right Thumb with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUM07Z	Supplement Left Thumb with Autologous Tissue Substitute, Open Approach
0XUM0JZ	Supplement Left Thumb with Synthetic Substitute, Open Approach
0XUM0KZ	Supplement Left Thumb with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XUM47Z	Supplement Left Thumb with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUM4JZ	Supplement Left Thumb with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUM4KZ	Supplement Left Thumb with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUN07Z	Supplement Right Index Finger with Autologous Tissue Substitute, Open Approach
0XUN0JZ	Supplement Right Index Finger with Synthetic Substitute, Open Approach
0XUN0KZ	Supplement Right Index Finger with Nonautologous Tissue Substitute, Open Approach
0XUN47Z	Supplement Right Index Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUN4JZ	Supplement Right Index Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUN4KZ	Supplement Right Index Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUP07Z	Supplement Left Index Finger with Autologous Tissue Substitute, Open Approach
0XUP0JZ	Supplement Left Index Finger with Synthetic Substitute, Open Approach
0XUP0KZ	Supplement Left Index Finger with Nonautologous Tissue Substitute, Open Approach
0XUP47Z	Supplement Left Index Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUP4JZ	Supplement Left Index Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUP4KZ	Supplement Left Index Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUQ07Z	Supplement Right Middle Finger with Autologous Tissue Substitute, Open Approach
0XUQ0JZ	Supplement Right Middle Finger with Synthetic Substitute, Open Approach
0XUQ0KZ	Supplement Right Middle Finger with Nonautologous Tissue Substitute, Open Approach
0XUQ47Z	Supplement Right Middle Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUQ4JZ	Supplement Right Middle Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUQ4KZ	Supplement Right Middle Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUR07Z	Supplement Left Middle Finger with Autologous Tissue Substitute, Open Approach
0XUR0JZ	Supplement Left Middle Finger with Synthetic Substitute, Open Approach
0XUR0KZ	Supplement Left Middle Finger with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XUR47Z	Supplement Left Middle Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUR4JZ	Supplement Left Middle Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUR4KZ	Supplement Left Middle Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUS07Z	Supplement Right Ring Finger with Autologous Tissue Substitute, Open Approach
0XUS0JZ	Supplement Right Ring Finger with Synthetic Substitute, Open Approach
0XUS0KZ	Supplement Right Ring Finger with Nonautologous Tissue Substitute, Open Approach
0XUS47Z	Supplement Right Ring Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUS4JZ	Supplement Right Ring Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUS4KZ	Supplement Right Ring Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUT07Z	Supplement Left Ring Finger with Autologous Tissue Substitute, Open Approach
0XUT0JZ	Supplement Left Ring Finger with Synthetic Substitute, Open Approach
0XUT0KZ	Supplement Left Ring Finger with Nonautologous Tissue Substitute, Open Approach
0XUT47Z	Supplement Left Ring Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUT4JZ	Supplement Left Ring Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUT4KZ	Supplement Left Ring Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUV07Z	Supplement Right Little Finger with Autologous Tissue Substitute, Open Approach
0XUV0JZ	Supplement Right Little Finger with Synthetic Substitute, Open Approach
0XUV0KZ	Supplement Right Little Finger with Nonautologous Tissue Substitute, Open Approach
0XUV47Z	Supplement Right Little Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUV4JZ	Supplement Right Little Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUV4KZ	Supplement Right Little Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XUW07Z	Supplement Left Little Finger with Autologous Tissue Substitute, Open Approach
0XUW0JZ	Supplement Left Little Finger with Synthetic Substitute, Open Approach
0XUW0KZ	Supplement Left Little Finger with Nonautologous Tissue Substitute, Open Approach
0XUW47Z	Supplement Left Little Finger with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XUW4JZ	Supplement Left Little Finger with Synthetic Substitute, Percutaneous Endoscopic Approach
0XUW4KZ	Supplement Left Little Finger with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0XW600Z	Revision of Drainage Device in Right Upper Extremity, Open Approach
0XW603Z	Revision of Infusion Device in Right Upper Extremity, Open Approach
0XW607Z	Revision of Autologous Tissue Substitute in Right Upper Extremity, Open Approach
0XW60JZ	Revision of Synthetic Substitute in Right Upper Extremity, Open Approach
0XW60KZ	Revision of Nonautologous Tissue Substitute in Right Upper Extremity, Open Approach
0XW60YZ	Revision of Other Device in Right Upper Extremity, Open Approach
0XW630Z	Revision of Drainage Device in Right Upper Extremity, Percutaneous Approach
0XW633Z	Revision of Infusion Device in Right Upper Extremity, Percutaneous Approach
0XW637Z	Revision of Autologous Tissue Substitute in Right Upper Extremity, Percutaneous Approach
0XW63JZ	Revision of Synthetic Substitute in Right Upper Extremity, Percutaneous Approach
0XW63KZ	Revision of Nonautologous Tissue Substitute in Right Upper Extremity, Percutaneous Approach
0XW63YZ	Revision of Other Device in Right Upper Extremity, Percutaneous Approach
0XW640Z	Revision of Drainage Device in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW643Z	Revision of Infusion Device in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW647Z	Revision of Autologous Tissue Substitute in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW64JZ	Revision of Synthetic Substitute in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW64KZ	Revision of Nonautologous Tissue Substitute in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW64YZ	Revision of Other Device in Right Upper Extremity, Percutaneous Endoscopic Approach
0XW700Z	Revision of Drainage Device in Left Upper Extremity, Open Approach
0XW703Z	Revision of Infusion Device in Left Upper Extremity, Open Approach
0XW707Z	Revision of Autologous Tissue Substitute in Left Upper Extremity, Open Approach
0XW70JZ	Revision of Synthetic Substitute in Left Upper Extremity, Open Approach
0XW70KZ	Revision of Nonautologous Tissue Substitute in Left Upper Extremity, Open Approach
0XW70YZ	Revision of Other Device in Left Upper Extremity, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0XW730Z	Revision of Drainage Device in Left Upper Extremity, Percutaneous Approach
0XW733Z	Revision of Infusion Device in Left Upper Extremity, Percutaneous Approach
0XW737Z	Revision of Autologous Tissue Substitute in Left Upper Extremity, Percutaneous Approach
0XW73JZ	Revision of Synthetic Substitute in Left Upper Extremity, Percutaneous Approach
0XW73KZ	Revision of Nonautologous Tissue Substitute in Left Upper Extremity, Percutaneous Approach
0XW73YZ	Revision of Other Device in Left Upper Extremity, Percutaneous Approach
0XW740Z	Revision of Drainage Device in Left Upper Extremity, Percutaneous Endoscopic Approach
0XW743Z	Revision of Infusion Device in Left Upper Extremity, Percutaneous Endoscopic Approach
0XW747Z	Revision of Autologous Tissue Substitute in Left Upper Extremity, Percutaneous Endoscopic Approach
0XW74JZ	Revision of Synthetic Substitute in Left Upper Extremity, Percutaneous Endoscopic Approach
0XW74KZ	Revision of Nonautologous Tissue Substitute in Left Upper Extremity, Percutaneous Endoscopic Approach
0XW74YZ	Revision of Other Device in Left Upper Extremity, Percutaneous Endoscopic Approach
0Y000ZZ	Alteration Of Right Buttock, Open Approach
0Y003ZZ	Alteration Of Right Buttock, Percutaneous Approach
0Y004ZZ	Alteration Of Right Buttock, Percutaneous Endoscopic Approach
0Y010ZZ	Alteration Of Left Buttock, Open Approach
0Y013ZZ	Alteration Of Left Buttock, Percutaneous Approach
0Y014ZZ	Alteration Of Left Buttock, Percutaneous Endoscopic Approach
0Y090ZZ	Alteration Of Right Lower Extremity, Open Approach
0Y093ZZ	Alteration Of Right Lower Extremity, Percutaneous Approach
0Y094ZZ	Alteration Of Right Lower Extremity, Percutaneous Endoscopic Approach
0Y0B0ZZ	Alteration Of Left Lower Extremity, Open Approach
0Y0B3ZZ	Alteration Of Left Lower Extremity, Percutaneous Approach
0Y0B4ZZ	Alteration Of Left Lower Extremity, Percutaneous Endoscopic Approach
0Y0C0ZZ	Alteration Of Right Upper Leg, Open Approach
0Y0C3ZZ	Alteration Of Right Upper Leg, Percutaneous Approach
0Y0C4ZZ	Alteration Of Right Upper Leg, Percutaneous Endoscopic Approach
0Y0D0ZZ	Alteration Of Left Upper Leg, Open Approach
0Y0D3ZZ	Alteration Of Left Upper Leg, Percutaneous Approach
0Y0D4ZZ	Alteration Of Left Upper Leg, Percutaneous Endoscopic Approach
0Y0F0ZZ	Alteration Of Right Knee Region, Open Approach
0Y0F3ZZ	Alteration Of Right Knee Region, Percutaneous Approach
0Y0F4ZZ	Alteration Of Right Knee Region, Percutaneous Endoscopic Approach
0Y0G0ZZ	Alteration Of Left Knee Region, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0Y0G3ZZ	Alteration Of Left Knee Region, Percutaneous Approach
0Y0G4ZZ	Alteration Of Left Knee Region, Percutaneous Endoscopic Approach
0Y0H0ZZ	Alteration Of Right Lower Leg, Open Approach
0Y0H3ZZ	Alteration Of Right Lower Leg, Percutaneous Approach
0Y0H4ZZ	Alteration Of Right Lower Leg, Percutaneous Endoscopic Approach
0Y0J0ZZ	Alteration Of Left Lower Leg, Open Approach
0Y0J3ZZ	Alteration Of Left Lower Leg, Percutaneous Approach
0Y0J4ZZ	Alteration Of Left Lower Leg, Percutaneous Endoscopic Approach
0Y0K0ZZ	Alteration Of Right Ankle Region, Open Approach
0Y0K3ZZ	Alteration Of Right Ankle Region, Percutaneous Approach
0Y0K4ZZ	Alteration Of Right Ankle Region, Percutaneous Endoscopic Approach
0Y0L0ZZ	Alteration Of Left Ankle Region, Open Approach
0Y0L3ZZ	Alteration Of Left Ankle Region, Percutaneous Approach
0Y0L4ZZ	Alteration Of Left Ankle Region, Percutaneous Endoscopic Approach
0Y9000Z	Drainage of Right Buttock with Drainage Device, Open Approach
0Y900ZX	Drainage of Right Buttock, Open Approach, Diagnostic
0Y900ZZ	Drainage of Right Buttock, Open Approach
0Y9030Z	Drainage of Right Buttock with Drainage Device, Percutaneous Approach
0Y903ZX	Drainage of Right Buttock, Percutaneous Approach, Diagnostic
0Y903ZZ	Drainage of Right Buttock, Percutaneous Approach
0Y9040Z	Drainage of Right Buttock with Drainage Device, Percutaneous Endoscopic Approach
0Y904ZX	Drainage of Right Buttock, Percutaneous Endoscopic Approach, Diagnostic
0Y904ZZ	Drainage of Right Buttock, Percutaneous Endoscopic Approach
0Y9100Z	Drainage of Left Buttock with Drainage Device, Open Approach
0Y910ZX	Drainage of Left Buttock, Open Approach, Diagnostic
0Y910ZZ	Drainage of Left Buttock, Open Approach
0Y9130Z	Drainage of Left Buttock with Drainage Device, Percutaneous Approach
0Y913ZX	Drainage of Left Buttock, Percutaneous Approach, Diagnostic
0Y913ZZ	Drainage of Left Buttock, Percutaneous Approach
0Y9140Z	Drainage of Left Buttock with Drainage Device, Percutaneous Endoscopic Approach
0Y914ZX	Drainage of Left Buttock, Percutaneous Endoscopic Approach, Diagnostic
0Y914ZZ	Drainage of Left Buttock, Percutaneous Endoscopic Approach
0Y9700Z	Drainage of Right Femoral Region with Drainage Device, Open Approach
0Y970ZX	Drainage of Right Femoral Region, Open Approach, Diagnostic
0Y970ZZ	Drainage of Right Femoral Region, Open Approach
0Y9730Z	Drainage of Right Femoral Region with Drainage Device, Percutaneous Approach
0Y973ZX	Drainage of Right Femoral Region, Percutaneous Approach, Diagnostic
0Y973ZZ	Drainage of Right Femoral Region, Percutaneous Approach
0Y9740Z	Drainage of Right Femoral Region with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0Y974ZX	Drainage of Right Femoral Region, Percutaneous Endoscopic Approach, Diagnostic
0Y974ZZ	Drainage of Right Femoral Region, Percutaneous Endoscopic Approach
0Y9800Z	Drainage of Left Femoral Region with Drainage Device, Open Approach
0Y980ZX	Drainage of Left Femoral Region, Open Approach, Diagnostic
0Y980ZZ	Drainage of Left Femoral Region, Open Approach
0Y9830Z	Drainage of Left Femoral Region with Drainage Device, Percutaneous Approach
0Y983ZX	Drainage of Left Femoral Region, Percutaneous Approach, Diagnostic
0Y983ZZ	Drainage of Left Femoral Region, Percutaneous Approach
0Y9840Z	Drainage of Left Femoral Region with Drainage Device, Percutaneous Endoscopic Approach
0Y984ZX	Drainage of Left Femoral Region, Percutaneous Endoscopic Approach, Diagnostic
0Y984ZZ	Drainage of Left Femoral Region, Percutaneous Endoscopic Approach
0Y9900Z	Drainage of Right Lower Extremity with Drainage Device, Open Approach
0Y990ZX	Drainage of Right Lower Extremity, Open Approach, Diagnostic
0Y990ZZ	Drainage of Right Lower Extremity, Open Approach
0Y9930Z	Drainage of Right Lower Extremity with Drainage Device, Percutaneous Approach
0Y993ZX	Drainage of Right Lower Extremity, Percutaneous Approach, Diagnostic
0Y993ZZ	Drainage of Right Lower Extremity, Percutaneous Approach
0Y9940Z	Drainage of Right Lower Extremity with Drainage Device, Percutaneous Endoscopic Approach
0Y994ZX	Drainage of Right Lower Extremity, Percutaneous Endoscopic Approach, Diagnostic
0Y994ZZ	Drainage of Right Lower Extremity, Percutaneous Endoscopic Approach
0Y9B00Z	Drainage of Left Lower Extremity with Drainage Device, Open Approach
0Y9B0ZX	Drainage of Left Lower Extremity, Open Approach, Diagnostic
0Y9B0ZZ	Drainage of Left Lower Extremity, Open Approach
0Y9B30Z	Drainage of Left Lower Extremity with Drainage Device, Percutaneous Approach
0Y9B3ZX	Drainage of Left Lower Extremity, Percutaneous Approach, Diagnostic
0Y9B3ZZ	Drainage of Left Lower Extremity, Percutaneous Approach
0Y9B40Z	Drainage of Left Lower Extremity with Drainage Device, Percutaneous Endoscopic Approach
0Y9B4ZX	Drainage of Left Lower Extremity, Percutaneous Endoscopic Approach, Diagnostic
0Y9B4ZZ	Drainage of Left Lower Extremity, Percutaneous Endoscopic Approach
0Y9C00Z	Drainage of Right Upper Leg with Drainage Device, Open Approach
0Y9C0ZX	Drainage of Right Upper Leg, Open Approach, Diagnostic
0Y9C0ZZ	Drainage of Right Upper Leg, Open Approach
0Y9C30Z	Drainage of Right Upper Leg with Drainage Device, Percutaneous Approach
0Y9C3ZX	Drainage of Right Upper Leg, Percutaneous Approach, Diagnostic
0Y9C3ZZ	Drainage of Right Upper Leg, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0Y9C40Z	Drainage of Right Upper Leg with Drainage Device, Percutaneous Endoscopic Approach
0Y9C4ZX	Drainage of Right Upper Leg, Percutaneous Endoscopic Approach, Diagnostic
0Y9C4ZZ	Drainage of Right Upper Leg, Percutaneous Endoscopic Approach
0Y9D00Z	Drainage of Left Upper Leg with Drainage Device, Open Approach
0Y9D0ZX	Drainage of Left Upper Leg, Open Approach, Diagnostic
0Y9D0ZZ	Drainage of Left Upper Leg, Open Approach
0Y9D30Z	Drainage of Left Upper Leg with Drainage Device, Percutaneous Approach
0Y9D3ZX	Drainage of Left Upper Leg, Percutaneous Approach, Diagnostic
0Y9D3ZZ	Drainage of Left Upper Leg, Percutaneous Approach
0Y9D40Z	Drainage of Left Upper Leg with Drainage Device, Percutaneous Endoscopic Approach
0Y9D4ZX	Drainage of Left Upper Leg, Percutaneous Endoscopic Approach, Diagnostic
0Y9D4ZZ	Drainage of Left Upper Leg, Percutaneous Endoscopic Approach
0Y9F00Z	Drainage of Right Knee Region with Drainage Device, Open Approach
0Y9F0ZX	Drainage of Right Knee Region, Open Approach, Diagnostic
0Y9F0ZZ	Drainage of Right Knee Region, Open Approach
0Y9F30Z	Drainage of Right Knee Region with Drainage Device, Percutaneous Approach
0Y9F3ZX	Drainage of Right Knee Region, Percutaneous Approach, Diagnostic
0Y9F3ZZ	Drainage of Right Knee Region, Percutaneous Approach
0Y9F40Z	Drainage of Right Knee Region with Drainage Device, Percutaneous Endoscopic Approach
0Y9F4ZX	Drainage of Right Knee Region, Percutaneous Endoscopic Approach, Diagnostic
0Y9F4ZZ	Drainage of Right Knee Region, Percutaneous Endoscopic Approach
0Y9G00Z	Drainage of Left Knee Region with Drainage Device, Open Approach
0Y9G0ZX	Drainage of Left Knee Region, Open Approach, Diagnostic
0Y9G0ZZ	Drainage of Left Knee Region, Open Approach
0Y9G30Z	Drainage of Left Knee Region with Drainage Device, Percutaneous Approach
0Y9G3ZX	Drainage of Left Knee Region, Percutaneous Approach, Diagnostic
0Y9G3ZZ	Drainage of Left Knee Region, Percutaneous Approach
0Y9G40Z	Drainage of Left Knee Region with Drainage Device, Percutaneous Endoscopic Approach
0Y9G4ZX	Drainage of Left Knee Region, Percutaneous Endoscopic Approach, Diagnostic
0Y9G4ZZ	Drainage of Left Knee Region, Percutaneous Endoscopic Approach
0Y9H00Z	Drainage of Right Lower Leg with Drainage Device, Open Approach
0Y9H0ZX	Drainage of Right Lower Leg, Open Approach, Diagnostic
0Y9H0ZZ	Drainage of Right Lower Leg, Open Approach
0Y9H30Z	Drainage of Right Lower Leg with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0Y9H3ZX	Drainage of Right Lower Leg, Percutaneous Approach, Diagnostic
0Y9H3ZZ	Drainage of Right Lower Leg, Percutaneous Approach
0Y9H40Z	Drainage of Right Lower Leg with Drainage Device, Percutaneous Endoscopic Approach
0Y9H4ZX	Drainage of Right Lower Leg, Percutaneous Endoscopic Approach, Diagnostic
0Y9H4ZZ	Drainage of Right Lower Leg, Percutaneous Endoscopic Approach
0Y9J00Z	Drainage of Left Lower Leg with Drainage Device, Open Approach
0Y9J0ZX	Drainage of Left Lower Leg, Open Approach, Diagnostic
0Y9J0ZZ	Drainage of Left Lower Leg, Open Approach
0Y9J30Z	Drainage of Left Lower Leg with Drainage Device, Percutaneous Approach
0Y9J3ZX	Drainage of Left Lower Leg, Percutaneous Approach, Diagnostic
0Y9J3ZZ	Drainage of Left Lower Leg, Percutaneous Approach
0Y9J40Z	Drainage of Left Lower Leg with Drainage Device, Percutaneous Endoscopic Approach
0Y9J4ZX	Drainage of Left Lower Leg, Percutaneous Endoscopic Approach, Diagnostic
0Y9J4ZZ	Drainage of Left Lower Leg, Percutaneous Endoscopic Approach
0Y9K00Z	Drainage of Right Ankle Region with Drainage Device, Open Approach
0Y9K0ZX	Drainage of Right Ankle Region, Open Approach, Diagnostic
0Y9K0ZZ	Drainage of Right Ankle Region, Open Approach
0Y9K30Z	Drainage of Right Ankle Region with Drainage Device, Percutaneous Approach
0Y9K3ZX	Drainage of Right Ankle Region, Percutaneous Approach, Diagnostic
0Y9K3ZZ	Drainage of Right Ankle Region, Percutaneous Approach
0Y9K40Z	Drainage of Right Ankle Region with Drainage Device, Percutaneous Endoscopic Approach
0Y9K4ZX	Drainage of Right Ankle Region, Percutaneous Endoscopic Approach, Diagnostic
0Y9K4ZZ	Drainage of Right Ankle Region, Percutaneous Endoscopic Approach
0Y9L00Z	Drainage of Left Ankle Region with Drainage Device, Open Approach
0Y9L0ZX	Drainage of Left Ankle Region, Open Approach, Diagnostic
0Y9L0ZZ	Drainage of Left Ankle Region, Open Approach
0Y9L30Z	Drainage of Left Ankle Region with Drainage Device, Percutaneous Approach
0Y9L3ZX	Drainage of Left Ankle Region, Percutaneous Approach, Diagnostic
0Y9L3ZZ	Drainage of Left Ankle Region, Percutaneous Approach
0Y9L40Z	Drainage of Left Ankle Region with Drainage Device, Percutaneous Endoscopic Approach
0Y9L4ZX	Drainage of Left Ankle Region, Percutaneous Endoscopic Approach, Diagnostic
0Y9L4ZZ	Drainage of Left Ankle Region, Percutaneous Endoscopic Approach
0Y9M00Z	Drainage of Right Foot with Drainage Device, Open Approach
0Y9M0ZX	Drainage of Right Foot, Open Approach, Diagnostic
0Y9M0ZZ	Drainage of Right Foot, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0Y9M30Z	Drainage of Right Foot with Drainage Device, Percutaneous Approach
0Y9M3ZX	Drainage of Right Foot, Percutaneous Approach, Diagnostic
0Y9M3ZZ	Drainage of Right Foot, Percutaneous Approach
0Y9M40Z	Drainage of Right Foot with Drainage Device, Percutaneous Endoscopic Approach
0Y9M4ZX	Drainage of Right Foot, Percutaneous Endoscopic Approach, Diagnostic
0Y9M4ZZ	Drainage of Right Foot, Percutaneous Endoscopic Approach
0Y9N00Z	Drainage of Left Foot with Drainage Device, Open Approach
0Y9N0ZX	Drainage of Left Foot, Open Approach, Diagnostic
0Y9N0ZZ	Drainage of Left Foot, Open Approach
0Y9N30Z	Drainage of Left Foot with Drainage Device, Percutaneous Approach
0Y9N3ZX	Drainage of Left Foot, Percutaneous Approach, Diagnostic
0Y9N3ZZ	Drainage of Left Foot, Percutaneous Approach
0Y9N40Z	Drainage of Left Foot with Drainage Device, Percutaneous Endoscopic Approach
0Y9N4ZX	Drainage of Left Foot, Percutaneous Endoscopic Approach, Diagnostic
0Y9N4ZZ	Drainage of Left Foot, Percutaneous Endoscopic Approach
0YB00ZX	Excision of Right Buttock, Open Approach, Diagnostic
0YB03ZX	Excision of Right Buttock, Percutaneous Approach, Diagnostic
0YB04ZX	Excision of Right Buttock, Percutaneous Endoscopic Approach, Diagnostic
0YB10ZX	Excision of Left Buttock, Open Approach, Diagnostic
0YB13ZX	Excision of Left Buttock, Percutaneous Approach, Diagnostic
0YB14ZX	Excision of Left Buttock, Percutaneous Endoscopic Approach, Diagnostic
0YB90ZX	Excision of Right Lower Extremity, Open Approach, Diagnostic
0YB93ZX	Excision of Right Lower Extremity, Percutaneous Approach, Diagnostic
0YB94ZX	Excision of Right Lower Extremity, Percutaneous Endoscopic Approach, Diagnostic
0YBB0ZX	Excision of Left Lower Extremity, Open Approach, Diagnostic
0YBB3ZX	Excision of Left Lower Extremity, Percutaneous Approach, Diagnostic
0YBB4ZX	Excision of Left Lower Extremity, Percutaneous Endoscopic Approach, Diagnostic
0YBC0ZX	Excision of Right Upper Leg, Open Approach, Diagnostic
0YBC3ZX	Excision of Right Upper Leg, Percutaneous Approach, Diagnostic
0YBC4ZX	Excision of Right Upper Leg, Percutaneous Endoscopic Approach, Diagnostic
0YBD0ZX	Excision of Left Upper Leg, Open Approach, Diagnostic
0YBD3ZX	Excision of Left Upper Leg, Percutaneous Approach, Diagnostic
0YBD4ZX	Excision of Left Upper Leg, Percutaneous Endoscopic Approach, Diagnostic
0YBF0ZX	Excision of Right Knee Region, Open Approach, Diagnostic
0YBF3ZX	Excision of Right Knee Region, Percutaneous Approach, Diagnostic
0YBF4ZX	Excision of Right Knee Region, Percutaneous Endoscopic Approach, Diagnostic
0YBG0ZX	Excision of Left Knee Region, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YBG3ZX	Excision of Left Knee Region, Percutaneous Approach, Diagnostic
0YBG4ZX	Excision of Left Knee Region, Percutaneous Endoscopic Approach, Diagnostic
0YBH0ZX	Excision of Right Lower Leg, Open Approach, Diagnostic
0YBH3ZX	Excision of Right Lower Leg, Percutaneous Approach, Diagnostic
0YBH4ZX	Excision of Right Lower Leg, Percutaneous Endoscopic Approach, Diagnostic
0YBJ0ZX	Excision of Left Lower Leg, Open Approach, Diagnostic
0YBJ3ZX	Excision of Left Lower Leg, Percutaneous Approach, Diagnostic
0YBJ4ZX	Excision of Left Lower Leg, Percutaneous Endoscopic Approach, Diagnostic
0YBK0ZX	Excision of Right Ankle Region, Open Approach, Diagnostic
0YBK3ZX	Excision of Right Ankle Region, Percutaneous Approach, Diagnostic
0YBK4ZX	Excision of Right Ankle Region, Percutaneous Endoscopic Approach, Diagnostic
0YBL0ZX	Excision of Left Ankle Region, Open Approach, Diagnostic
0YBL3ZX	Excision of Left Ankle Region, Percutaneous Approach, Diagnostic
0YBL4ZX	Excision of Left Ankle Region, Percutaneous Endoscopic Approach, Diagnostic
0YBM0ZX	Excision of Right Foot, Open Approach, Diagnostic
0YBM3ZX	Excision of Right Foot, Percutaneous Approach, Diagnostic
0YBM4ZX	Excision of Right Foot, Percutaneous Endoscopic Approach, Diagnostic
0YBN0ZX	Excision of Left Foot, Open Approach, Diagnostic
0YBN3ZX	Excision of Left Foot, Percutaneous Approach, Diagnostic
0YBN4ZX	Excision of Left Foot, Percutaneous Endoscopic Approach, Diagnostic
0YH003Z	Insertion of Infusion Device into Right Buttock, Open Approach
0YH00YZ	Insertion of Other Device into Right Buttock, Open Approach
0YH033Z	Insertion of Infusion Device into Right Buttock, Percutaneous Approach
0YH03YZ	Insertion of Other Device into Right Buttock, Percutaneous Approach
0YH043Z	Insertion of Infusion Device into Right Buttock, Percutaneous Endoscopic Approach
0YH04YZ	Insertion of Other Device into Right Buttock, Percutaneous Endoscopic Approach
0YH103Z	Insertion of Infusion Device into Left Buttock, Open Approach
0YH10YZ	Insertion of Other Device into Left Buttock, Open Approach
0YH133Z	Insertion of Infusion Device into Left Buttock, Percutaneous Approach
0YH13YZ	Insertion of Other Device into Left Buttock, Percutaneous Approach
0YH143Z	Insertion of Infusion Device into Left Buttock, Percutaneous Endoscopic Approach
0YH14YZ	Insertion of Other Device into Left Buttock, Percutaneous Endoscopic Approach
0YH503Z	Insertion of Infusion Device into Right Inguinal Region, Open Approach
0YH50YZ	Insertion of Other Device into Right Inguinal Region, Open Approach
0YH533Z	Insertion of Infusion Device into Right Inguinal Region, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YH53YZ	Insertion of Other Device into Right Inguinal Region, Percutaneous Approach
0YH543Z	Insertion of Infusion Device into Right Inguinal Region, Percutaneous Endoscopic Approach
0YH54YZ	Insertion of Other Device into Right Inguinal Region, Percutaneous Endoscopic Approach
0YH603Z	Insertion of Infusion Device into Left Inguinal Region, Open Approach
0YH60YZ	Insertion of Other Device into Left Inguinal Region, Open Approach
0YH633Z	Insertion of Infusion Device into Left Inguinal Region, Percutaneous Approach
0YH63YZ	Insertion of Other Device into Left Inguinal Region, Percutaneous Approach
0YH643Z	Insertion of Infusion Device into Left Inguinal Region, Percutaneous Endoscopic Approach
0YH64YZ	Insertion of Other Device into Left Inguinal Region, Percutaneous Endoscopic Approach
0YH703Z	Insertion of Infusion Device into Right Femoral Region, Open Approach
0YH70YZ	Insertion of Other Device into Right Femoral Region, Open Approach
0YH733Z	Insertion of Infusion Device into Right Femoral Region, Percutaneous Approach
0YH73YZ	Insertion of Other Device into Right Femoral Region, Percutaneous Approach
0YH743Z	Insertion of Infusion Device into Right Femoral Region, Percutaneous Endoscopic Approach
0YH74YZ	Insertion of Other Device into Right Femoral Region, Percutaneous Endoscopic Approach
0YH803Z	Insertion of Infusion Device into Left Femoral Region, Open Approach
0YH80YZ	Insertion of Other Device into Left Femoral Region, Open Approach
0YH833Z	Insertion of Infusion Device into Left Femoral Region, Percutaneous Approach
0YH83YZ	Insertion of Other Device into Left Femoral Region, Percutaneous Approach
0YH843Z	Insertion of Infusion Device into Left Femoral Region, Percutaneous Endoscopic Approach
0YH84YZ	Insertion of Other Device into Left Femoral Region, Percutaneous Endoscopic Approach
0YH903Z	Insertion of Infusion Device into Right Lower Extremity, Open Approach
0YH90YZ	Insertion of Other Device into Right Lower Extremity, Open Approach
0YH933Z	Insertion of Infusion Device into Right Lower Extremity, Percutaneous Approach
0YH93YZ	Insertion of Other Device into Right Lower Extremity, Percutaneous Approach
0YH943Z	Insertion of Infusion Device into Right Lower Extremity, Percutaneous Endoscopic Approach
0YH94YZ	Insertion of Other Device into Right Lower Extremity, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YHB03Z	Insertion of Infusion Device into Left Lower Extremity, Open Approach
0YHB0YZ	Insertion of Other Device into Left Lower Extremity, Open Approach
0YHB33Z	Insertion of Infusion Device into Left Lower Extremity, Percutaneous Approach
0YHB3YZ	Insertion of Other Device into Left Lower Extremity, Percutaneous Approach
0YHB43Z	Insertion of Infusion Device into Left Lower Extremity, Percutaneous Endoscopic Approach
0YHB4YZ	Insertion of Other Device into Left Lower Extremity, Percutaneous Endoscopic Approach
0YHC03Z	Insertion of Infusion Device into Right Upper Leg, Open Approach
0YHC0YZ	Insertion of Other Device into Right Upper Leg, Open Approach
0YHC33Z	Insertion of Infusion Device into Right Upper Leg, Percutaneous Approach
0YHC3YZ	Insertion of Other Device into Right Upper Leg, Percutaneous Approach
0YHC43Z	Insertion of Infusion Device into Right Upper Leg, Percutaneous Endoscopic Approach
0YHC4YZ	Insertion of Other Device into Right Upper Leg, Percutaneous Endoscopic Approach
0YHD03Z	Insertion of Infusion Device into Left Upper Leg, Open Approach
0YHD0YZ	Insertion of Other Device into Left Upper Leg, Open Approach
0YHD33Z	Insertion of Infusion Device into Left Upper Leg, Percutaneous Approach
0YHD3YZ	Insertion of Other Device into Left Upper Leg, Percutaneous Approach
0YHD43Z	Insertion of Infusion Device into Left Upper Leg, Percutaneous Endoscopic Approach
0YHD4YZ	Insertion of Other Device into Left Upper Leg, Percutaneous Endoscopic Approach
0YHF03Z	Insertion of Infusion Device into Right Knee Region, Open Approach
0YHF0YZ	Insertion of Other Device into Right Knee Region, Open Approach
0YHF33Z	Insertion of Infusion Device into Right Knee Region, Percutaneous Approach
0YHF3YZ	Insertion of Other Device into Right Knee Region, Percutaneous Approach
0YHF43Z	Insertion of Infusion Device into Right Knee Region, Percutaneous Endoscopic Approach
0YHF4YZ	Insertion of Other Device into Right Knee Region, Percutaneous Endoscopic Approach
0YHG03Z	Insertion of Infusion Device into Left Knee Region, Open Approach
0YHG0YZ	Insertion of Other Device into Left Knee Region, Open Approach
0YHG33Z	Insertion of Infusion Device into Left Knee Region, Percutaneous Approach
0YHG3YZ	Insertion of Other Device into Left Knee Region, Percutaneous Approach
0YHG43Z	Insertion of Infusion Device into Left Knee Region, Percutaneous Endoscopic Approach
0YHG4YZ	Insertion of Other Device into Left Knee Region, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YHH03Z	Insertion of Infusion Device into Right Lower Leg, Open Approach
0YHH0YZ	Insertion of Other Device into Right Lower Leg, Open Approach
0YHH33Z	Insertion of Infusion Device into Right Lower Leg, Percutaneous Approach
0YHH3YZ	Insertion of Other Device into Right Lower Leg, Percutaneous Approach
0YHH43Z	Insertion of Infusion Device into Right Lower Leg, Percutaneous Endoscopic Approach
0YHH4YZ	Insertion of Other Device into Right Lower Leg, Percutaneous Endoscopic Approach
0YHJ03Z	Insertion of Infusion Device into Left Lower Leg, Open Approach
0YHJ0YZ	Insertion of Other Device into Left Lower Leg, Open Approach
0YHJ33Z	Insertion of Infusion Device into Left Lower Leg, Percutaneous Approach
0YHJ3YZ	Insertion of Other Device into Left Lower Leg, Percutaneous Approach
0YHJ43Z	Insertion of Infusion Device into Left Lower Leg, Percutaneous Endoscopic Approach
0YHJ4YZ	Insertion of Other Device into Left Lower Leg, Percutaneous Endoscopic Approach
0YHK03Z	Insertion of Infusion Device into Right Ankle Region, Open Approach
0YHK0YZ	Insertion of Other Device into Right Ankle Region, Open Approach
0YHK33Z	Insertion of Infusion Device into Right Ankle Region, Percutaneous Approach
0YHK3YZ	Insertion of Other Device into Right Ankle Region, Percutaneous Approach
0YHK43Z	Insertion of Infusion Device into Right Ankle Region, Percutaneous Endoscopic Approach
0YHK4YZ	Insertion of Other Device into Right Ankle Region, Percutaneous Endoscopic Approach
0YHL03Z	Insertion of Infusion Device into Left Ankle Region, Open Approach
0YHL0YZ	Insertion of Other Device into Left Ankle Region, Open Approach
0YHL33Z	Insertion of Infusion Device into Left Ankle Region, Percutaneous Approach
0YHL3YZ	Insertion of Other Device into Left Ankle Region, Percutaneous Approach
0YHL43Z	Insertion of Infusion Device into Left Ankle Region, Percutaneous Endoscopic Approach
0YHL4YZ	Insertion of Other Device into Left Ankle Region, Percutaneous Endoscopic Approach
0YHM03Z	Insertion of Infusion Device into Right Foot, Open Approach
0YHM0YZ	Insertion of Other Device into Right Foot, Open Approach
0YHM33Z	Insertion of Infusion Device into Right Foot, Percutaneous Approach
0YHM3YZ	Insertion of Other Device into Right Foot, Percutaneous Approach
0YHM43Z	Insertion of Infusion Device into Right Foot, Percutaneous Endoscopic Approach
0YHM4YZ	Insertion of Other Device into Right Foot, Percutaneous Endoscopic Approach
0YHN03Z	Insertion of Infusion Device into Left Foot, Open Approach
0YHN0YZ	Insertion of Other Device into Left Foot, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YHN33Z	Insertion of Infusion Device into Left Foot, Percutaneous Approach
0YHN3YZ	Insertion of Other Device into Left Foot, Percutaneous Approach
0YHN43Z	Insertion of Infusion Device into Left Foot, Percutaneous Endoscopic Approach
0YHN4YZ	Insertion of Other Device into Left Foot, Percutaneous Endoscopic Approach
0YJ00ZZ	Inspection of Right Buttock, Open Approach
0YJ03ZZ	Inspection of Right Buttock, Percutaneous Approach
0YJ04ZZ	Inspection of Right Buttock, Percutaneous Endoscopic Approach
0YJ10ZZ	Inspection of Left Buttock, Open Approach
0YJ13ZZ	Inspection of Left Buttock, Percutaneous Approach
0YJ14ZZ	Inspection of Left Buttock, Percutaneous Endoscopic Approach
0YJ80ZZ	Inspection of Left Femoral Region, Open Approach
0YJ90ZZ	Inspection of Right Lower Extremity, Open Approach
0YJ93ZZ	Inspection of Right Lower Extremity, Percutaneous Approach
0YJ94ZZ	Inspection of Right Lower Extremity, Percutaneous Endoscopic Approach
0YJB0ZZ	Inspection of Left Lower Extremity, Open Approach
0YJB3ZZ	Inspection of Left Lower Extremity, Percutaneous Approach
0YJB4ZZ	Inspection of Left Lower Extremity, Percutaneous Endoscopic Approach
0YJC0ZZ	Inspection of Right Upper Leg, Open Approach
0YJC3ZZ	Inspection of Right Upper Leg, Percutaneous Approach
0YJC4ZZ	Inspection of Right Upper Leg, Percutaneous Endoscopic Approach
0YJD0ZZ	Inspection of Left Upper Leg, Open Approach
0YJD3ZZ	Inspection of Left Upper Leg, Percutaneous Approach
0YJD4ZZ	Inspection of Left Upper Leg, Percutaneous Endoscopic Approach
0YJE0ZZ	Inspection of Bilateral Femoral Region, Open Approach
0YJF0ZZ	Inspection of Right Knee Region, Open Approach
0YJF3ZZ	Inspection of Right Knee Region, Percutaneous Approach
0YJF4ZZ	Inspection of Right Knee Region, Percutaneous Endoscopic Approach
0YJG0ZZ	Inspection of Left Knee Region, Open Approach
0YJG3ZZ	Inspection of Left Knee Region, Percutaneous Approach
0YJG4ZZ	Inspection of Left Knee Region, Percutaneous Endoscopic Approach
0YJH0ZZ	Inspection of Right Lower Leg, Open Approach
0YJH3ZZ	Inspection of Right Lower Leg, Percutaneous Approach
0YJH4ZZ	Inspection of Right Lower Leg, Percutaneous Endoscopic Approach
0YJJ0ZZ	Inspection of Left Lower Leg, Open Approach
0YJJ3ZZ	Inspection of Left Lower Leg, Percutaneous Approach
0YJJ4ZZ	Inspection of Left Lower Leg, Percutaneous Endoscopic Approach
0YJK0ZZ	Inspection of Right Ankle Region, Open Approach
0YJK3ZZ	Inspection of Right Ankle Region, Percutaneous Approach
0YJK4ZZ	Inspection of Right Ankle Region, Percutaneous Endoscopic Approach
0YJL0ZZ	Inspection of Left Ankle Region, Open Approach
0YJL3ZZ	Inspection of Left Ankle Region, Percutaneous Approach
0YJL4ZZ	Inspection of Left Ankle Region, Percutaneous Endoscopic Approach
0YJM0ZZ	Inspection of Right Foot, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YJM3ZZ	Inspection of Right Foot, Percutaneous Approach
0YJM4ZZ	Inspection of Right Foot, Percutaneous Endoscopic Approach
0YJN0ZZ	Inspection of Left Foot, Open Approach
0YJN3ZZ	Inspection of Left Foot, Percutaneous Approach
0YJN4ZZ	Inspection of Left Foot, Percutaneous Endoscopic Approach
0YM00ZZ	Reattachment of Right Buttock, Open Approach
0YM10ZZ	Reattachment of Left Buttock, Open Approach
0YP900Z	Removal of Drainage Device from Right Lower Extremity, Open Approach
0YP901Z	Removal of Radioactive Element from Right Lower Extremity, Open Approach
0YP903Z	Removal of Infusion Device from Right Lower Extremity, Open Approach
0YP907Z	Removal of Autologous Tissue Substitute from Right Lower Extremity, Open Approach
0YP90JZ	Removal of Synthetic Substitute from Right Lower Extremity, Open Approach
0YP90KZ	Removal of Nonautologous Tissue Substitute from Right Lower Extremity, Open Approach
0YP90YZ	Removal of Other Device from Right Lower Extremity, Open Approach
0YP930Z	Removal of Drainage Device from Right Lower Extremity, Percutaneous Approach
0YP931Z	Removal of Radioactive Element from Right Lower Extremity, Percutaneous Approach
0YP933Z	Removal of Infusion Device from Right Lower Extremity, Percutaneous Approach
0YP937Z	Removal of Autologous Tissue Substitute from Right Lower Extremity, Percutaneous Approach
0YP93JZ	Removal of Synthetic Substitute from Right Lower Extremity, Percutaneous Approach
0YP93KZ	Removal of Nonautologous Tissue Substitute from Right Lower Extremity, Percutaneous Approach
0YP93YZ	Removal of Other Device from Right Lower Extremity, Percutaneous Approach
0YP940Z	Removal of Drainage Device from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP941Z	Removal of Radioactive Element from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP943Z	Removal of Infusion Device from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP947Z	Removal of Autologous Tissue Substitute from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP94JZ	Removal of Synthetic Substitute from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP94KZ	Removal of Nonautologous Tissue Substitute from Right Lower Extremity, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YP94YZ	Removal of Other Device from Right Lower Extremity, Percutaneous Endoscopic Approach
0YP9X7Z	Removal of Autologous Tissue Substitute from Right Lower Extremity, External Approach
0YP9XKZ	Removal of Nonautologous Tissue Substitute from Right Lower Extremity, External Approach
0YPB00Z	Removal of Drainage Device from Left Lower Extremity, Open Approach
0YPB01Z	Removal of Radioactive Element from Left Lower Extremity, Open Approach
0YPB03Z	Removal of Infusion Device from Left Lower Extremity, Open Approach
0YPB07Z	Removal of Autologous Tissue Substitute from Left Lower Extremity, Open Approach
0YPB0JZ	Removal of Synthetic Substitute from Left Lower Extremity, Open Approach
0YPB0KZ	Removal of Nonautologous Tissue Substitute from Left Lower Extremity, Open Approach
0YPB0YZ	Removal of Other Device from Left Lower Extremity, Open Approach
0YPB30Z	Removal of Drainage Device from Left Lower Extremity, Percutaneous Approach
0YPB31Z	Removal of Radioactive Element from Left Lower Extremity, Percutaneous Approach
0YPB33Z	Removal of Infusion Device from Left Lower Extremity, Percutaneous Approach
0YPB37Z	Removal of Autologous Tissue Substitute from Left Lower Extremity, Percutaneous Approach
0YPB3JZ	Removal of Synthetic Substitute from Left Lower Extremity, Percutaneous Approach
0YPB3KZ	Removal of Nonautologous Tissue Substitute from Left Lower Extremity, Percutaneous Approach
0YPB3YZ	Removal of Other Device from Left Lower Extremity, Percutaneous Approach
0YPB40Z	Removal of Drainage Device from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB41Z	Removal of Radioactive Element from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB43Z	Removal of Infusion Device from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB47Z	Removal of Autologous Tissue Substitute from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB4JZ	Removal of Synthetic Substitute from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB4KZ	Removal of Nonautologous Tissue Substitute from Left Lower Extremity, Percutaneous Endoscopic Approach
0YPB4YZ	Removal of Other Device from Left Lower Extremity, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YPBX7Z	Removal of Autologous Tissue Substitute from Left Lower Extremity, External Approach
0YPBKZ	Removal of Nonautologous Tissue Substitute from Left Lower Extremity, External Approach
0YU007Z	Supplement Right Buttock with Autologous Tissue Substitute, Open Approach
0YU00JZ	Supplement Right Buttock with Synthetic Substitute, Open Approach
0YU00KZ	Supplement Right Buttock with Nonautologous Tissue Substitute, Open Approach
0YU047Z	Supplement Right Buttock with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU04JZ	Supplement Right Buttock with Synthetic Substitute, Percutaneous Endoscopic Approach
0YU04KZ	Supplement Right Buttock with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU107Z	Supplement Left Buttock with Autologous Tissue Substitute, Open Approach
0YU10JZ	Supplement Left Buttock with Synthetic Substitute, Open Approach
0YU10KZ	Supplement Left Buttock with Nonautologous Tissue Substitute, Open Approach
0YU147Z	Supplement Left Buttock with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU14JZ	Supplement Left Buttock with Synthetic Substitute, Percutaneous Endoscopic Approach
0YU14KZ	Supplement Left Buttock with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU907Z	Supplement Right Lower Extremity with Autologous Tissue Substitute, Open Approach
0YU90JZ	Supplement Right Lower Extremity with Synthetic Substitute, Open Approach
0YU90KZ	Supplement Right Lower Extremity with Nonautologous Tissue Substitute, Open Approach
0YU947Z	Supplement Right Lower Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YU94JZ	Supplement Right Lower Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach
0YU94KZ	Supplement Right Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUB07Z	Supplement Left Lower Extremity with Autologous Tissue Substitute, Open Approach
0YUB0JZ	Supplement Left Lower Extremity with Synthetic Substitute, Open Approach
0YUB0KZ	Supplement Left Lower Extremity with Nonautologous Tissue Substitute, Open Approach
0YUB47Z	Supplement Left Lower Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YUB4JZ	Supplement Left Lower Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUB4KZ	Supplement Left Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUC07Z	Supplement Right Upper Leg with Autologous Tissue Substitute, Open Approach
0YUC0JZ	Supplement Right Upper Leg with Synthetic Substitute, Open Approach
0YUC0KZ	Supplement Right Upper Leg with Nonautologous Tissue Substitute, Open Approach
0YUC47Z	Supplement Right Upper Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUC4JZ	Supplement Right Upper Leg with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUC4KZ	Supplement Right Upper Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUD07Z	Supplement Left Upper Leg with Autologous Tissue Substitute, Open Approach
0YUD0JZ	Supplement Left Upper Leg with Synthetic Substitute, Open Approach
0YUD0KZ	Supplement Left Upper Leg with Nonautologous Tissue Substitute, Open Approach
0YUD47Z	Supplement Left Upper Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUD4JZ	Supplement Left Upper Leg with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUD4KZ	Supplement Left Upper Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUF07Z	Supplement Right Knee Region with Autologous Tissue Substitute, Open Approach
0YUF0JZ	Supplement Right Knee Region with Synthetic Substitute, Open Approach
0YUF0KZ	Supplement Right Knee Region with Nonautologous Tissue Substitute, Open Approach
0YUF47Z	Supplement Right Knee Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUF4JZ	Supplement Right Knee Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUF4KZ	Supplement Right Knee Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUG07Z	Supplement Left Knee Region with Autologous Tissue Substitute, Open Approach
0YUG0JZ	Supplement Left Knee Region with Synthetic Substitute, Open Approach
0YUG0KZ	Supplement Left Knee Region with Nonautologous Tissue Substitute, Open Approach
0YUG47Z	Supplement Left Knee Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YUG4JZ	Supplement Left Knee Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUG4KZ	Supplement Left Knee Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUH07Z	Supplement Right Lower Leg with Autologous Tissue Substitute, Open Approach
0YUH0JZ	Supplement Right Lower Leg with Synthetic Substitute, Open Approach
0YUH0KZ	Supplement Right Lower Leg with Nonautologous Tissue Substitute, Open Approach
0YUH47Z	Supplement Right Lower Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUH4JZ	Supplement Right Lower Leg with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUH4KZ	Supplement Right Lower Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUJ07Z	Supplement Left Lower Leg with Autologous Tissue Substitute, Open Approach
0YUJ0JZ	Supplement Left Lower Leg with Synthetic Substitute, Open Approach
0YUJ0KZ	Supplement Left Lower Leg with Nonautologous Tissue Substitute, Open Approach
0YUJ47Z	Supplement Left Lower Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUJ4JZ	Supplement Left Lower Leg with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUJ4KZ	Supplement Left Lower Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUK07Z	Supplement Right Ankle Region with Autologous Tissue Substitute, Open Approach
0YUK0JZ	Supplement Right Ankle Region with Synthetic Substitute, Open Approach
0YUK0KZ	Supplement Right Ankle Region with Nonautologous Tissue Substitute, Open Approach
0YUK47Z	Supplement Right Ankle Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUK4JZ	Supplement Right Ankle Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUK4KZ	Supplement Right Ankle Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUL07Z	Supplement Left Ankle Region with Autologous Tissue Substitute, Open Approach
0YUL0JZ	Supplement Left Ankle Region with Synthetic Substitute, Open Approach
0YUL0KZ	Supplement Left Ankle Region with Nonautologous Tissue Substitute, Open Approach
0YUL47Z	Supplement Left Ankle Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YUL4JZ	Supplement Left Ankle Region with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUL4KZ	Supplement Left Ankle Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUM07Z	Supplement Right Foot with Autologous Tissue Substitute, Open Approach
0YUM0JZ	Supplement Right Foot with Synthetic Substitute, Open Approach
0YUM0KZ	Supplement Right Foot with Nonautologous Tissue Substitute, Open Approach
0YUM47Z	Supplement Right Foot with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUM4JZ	Supplement Right Foot with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUM4KZ	Supplement Right Foot with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUN07Z	Supplement Left Foot with Autologous Tissue Substitute, Open Approach
0YUN0JZ	Supplement Left Foot with Synthetic Substitute, Open Approach
0YUN0KZ	Supplement Left Foot with Nonautologous Tissue Substitute, Open Approach
0YUN47Z	Supplement Left Foot with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUN4JZ	Supplement Left Foot with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUN4KZ	Supplement Left Foot with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUP07Z	Supplement Right 1st Toe with Autologous Tissue Substitute, Open Approach
0YUP0JZ	Supplement Right 1st Toe with Synthetic Substitute, Open Approach
0YUP0KZ	Supplement Right 1st Toe with Nonautologous Tissue Substitute, Open Approach
0YUP47Z	Supplement Right 1st Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUP4JZ	Supplement Right 1st Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUP4KZ	Supplement Right 1st Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUQ07Z	Supplement Left 1st Toe with Autologous Tissue Substitute, Open Approach
0YUQ0JZ	Supplement Left 1st Toe with Synthetic Substitute, Open Approach
0YUQ0KZ	Supplement Left 1st Toe with Nonautologous Tissue Substitute, Open Approach
0YUQ47Z	Supplement Left 1st Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUQ4JZ	Supplement Left 1st Toe with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YUQ4KZ	Supplement Left 1st Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUR07Z	Supplement Right 2nd Toe with Autologous Tissue Substitute, Open Approach
0YUR0JZ	Supplement Right 2nd Toe with Synthetic Substitute, Open Approach
0YUR0KZ	Supplement Right 2nd Toe with Nonautologous Tissue Substitute, Open Approach
0YUR47Z	Supplement Right 2nd Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUR4JZ	Supplement Right 2nd Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUR4KZ	Supplement Right 2nd Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUS07Z	Supplement Left 2nd Toe with Autologous Tissue Substitute, Open Approach
0YUS0JZ	Supplement Left 2nd Toe with Synthetic Substitute, Open Approach
0YUS0KZ	Supplement Left 2nd Toe with Nonautologous Tissue Substitute, Open Approach
0YUS47Z	Supplement Left 2nd Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUS4JZ	Supplement Left 2nd Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUS4KZ	Supplement Left 2nd Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUT07Z	Supplement Right 3rd Toe with Autologous Tissue Substitute, Open Approach
0YUT0JZ	Supplement Right 3rd Toe with Synthetic Substitute, Open Approach
0YUT0KZ	Supplement Right 3rd Toe with Nonautologous Tissue Substitute, Open Approach
0YUT47Z	Supplement Right 3rd Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUT4JZ	Supplement Right 3rd Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUT4KZ	Supplement Right 3rd Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUU07Z	Supplement Left 3rd Toe with Autologous Tissue Substitute, Open Approach
0YUU0JZ	Supplement Left 3rd Toe with Synthetic Substitute, Open Approach
0YUU0KZ	Supplement Left 3rd Toe with Nonautologous Tissue Substitute, Open Approach
0YUU47Z	Supplement Left 3rd Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUU4JZ	Supplement Left 3rd Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUU4KZ	Supplement Left 3rd Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YUV07Z	Supplement Right 4th Toe with Autologous Tissue Substitute, Open Approach
0YUV0JZ	Supplement Right 4th Toe with Synthetic Substitute, Open Approach
0YUV0KZ	Supplement Right 4th Toe with Nonautologous Tissue Substitute, Open Approach
0YUV47Z	Supplement Right 4th Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUV4JZ	Supplement Right 4th Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUV4KZ	Supplement Right 4th Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUW07Z	Supplement Left 4th Toe with Autologous Tissue Substitute, Open Approach
0YUW0JZ	Supplement Left 4th Toe with Synthetic Substitute, Open Approach
0YUW0KZ	Supplement Left 4th Toe with Nonautologous Tissue Substitute, Open Approach
0YUW47Z	Supplement Left 4th Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUW4JZ	Supplement Left 4th Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUW4KZ	Supplement Left 4th Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUX07Z	Supplement Right 5th Toe with Autologous Tissue Substitute, Open Approach
0YUX0JZ	Supplement Right 5th Toe with Synthetic Substitute, Open Approach
0YUX0KZ	Supplement Right 5th Toe with Nonautologous Tissue Substitute, Open Approach
0YUX47Z	Supplement Right 5th Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUX4JZ	Supplement Right 5th Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUX4KZ	Supplement Right 5th Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUY07Z	Supplement Left 5th Toe with Autologous Tissue Substitute, Open Approach
0YUY0JZ	Supplement Left 5th Toe with Synthetic Substitute, Open Approach
0YUY0KZ	Supplement Left 5th Toe with Nonautologous Tissue Substitute, Open Approach
0YUY47Z	Supplement Left 5th Toe with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0YUY4JZ	Supplement Left 5th Toe with Synthetic Substitute, Percutaneous Endoscopic Approach
0YUY4KZ	Supplement Left 5th Toe with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0YW900Z	Revision of Drainage Device in Right Lower Extremity, Open Approach
0YW903Z	Revision of Infusion Device in Right Lower Extremity, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YW907Z	Revision of Autologous Tissue Substitute in Right Lower Extremity, Open Approach
0YW90JZ	Revision of Synthetic Substitute in Right Lower Extremity, Open Approach
0YW90KZ	Revision of Nonautologous Tissue Substitute in Right Lower Extremity, Open Approach
0YW90YZ	Revision of Other Device in Right Lower Extremity, Open Approach
0YW930Z	Revision of Drainage Device in Right Lower Extremity, Percutaneous Approach
0YW933Z	Revision of Infusion Device in Right Lower Extremity, Percutaneous Approach
0YW937Z	Revision of Autologous Tissue Substitute in Right Lower Extremity, Percutaneous Approach
0YW93JZ	Revision of Synthetic Substitute in Right Lower Extremity, Percutaneous Approach
0YW93KZ	Revision of Nonautologous Tissue Substitute in Right Lower Extremity, Percutaneous Approach
0YW93YZ	Revision of Other Device in Right Lower Extremity, Percutaneous Approach
0YW940Z	Revision of Drainage Device in Right Lower Extremity, Percutaneous Endoscopic Approach
0YW943Z	Revision of Infusion Device in Right Lower Extremity, Percutaneous Endoscopic Approach
0YW947Z	Revision of Autologous Tissue Substitute in Right Lower Extremity, Percutaneous Endoscopic Approach
0YW94JZ	Revision of Synthetic Substitute in Right Lower Extremity, Percutaneous Endoscopic Approach
0YW94KZ	Revision of Nonautologous Tissue Substitute in Right Lower Extremity, Percutaneous Endoscopic Approach
0YW94YZ	Revision of Other Device in Right Lower Extremity, Percutaneous Endoscopic Approach
0YWB00Z	Revision of Drainage Device in Left Lower Extremity, Open Approach
0YWB03Z	Revision of Infusion Device in Left Lower Extremity, Open Approach
0YWB07Z	Revision of Autologous Tissue Substitute in Left Lower Extremity, Open Approach
0YWB0JZ	Revision of Synthetic Substitute in Left Lower Extremity, Open Approach
0YWB0KZ	Revision of Nonautologous Tissue Substitute in Left Lower Extremity, Open Approach
0YWB0YZ	Revision of Other Device in Left Lower Extremity, Open Approach
0YWB30Z	Revision of Drainage Device in Left Lower Extremity, Percutaneous Approach
0YWB33Z	Revision of Infusion Device in Left Lower Extremity, Percutaneous Approach
0YWB37Z	Revision of Autologous Tissue Substitute in Left Lower Extremity, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
0YWB3JZ	Revision of Synthetic Substitute in Left Lower Extremity, Percutaneous Approach
0YWB3KZ	Revision of Nonautologous Tissue Substitute in Left Lower Extremity, Percutaneous Approach
0YWB3YZ	Revision of Other Device in Left Lower Extremity, Percutaneous Approach
0YWB40Z	Revision of Drainage Device in Left Lower Extremity, Percutaneous Endoscopic Approach
0YWB43Z	Revision of Infusion Device in Left Lower Extremity, Percutaneous Endoscopic Approach
0YWB47Z	Revision of Autologous Tissue Substitute in Left Lower Extremity, Percutaneous Endoscopic Approach
0YWB4JZ	Revision of Synthetic Substitute in Left Lower Extremity, Percutaneous Endoscopic Approach
0YWB4KZ	Revision of Nonautologous Tissue Substitute in Left Lower Extremity, Percutaneous Endoscopic Approach
0YWB4YZ	Revision of Other Device in Left Lower Extremity, Percutaneous Endoscopic Approach
3E00X3Z	Introduction of Anti-inflammatory into Skin and Mucous Membranes, External Approach
3E00X4Z	Introduction of Serum, Toxoid and Vaccine into Skin and Mucous Membranes, External Approach
3E00XBZ	Introduction of Local Anesthetic into Skin and Mucous Membranes, External Approach
3E00XGC	Introduction of Other Therapeutic Substance into Skin and Mucous Membranes, External Approach
3E00XKZ	Introduction of Other Diagnostic Substance into Skin and Mucous Membranes, External Approach
3E00XMZ	Introduction of Pigment into Skin and Mucous Membranes, External Approach
3E00XTZ	Introduction of Destructive Agent into Skin and Mucous Membranes, External Approach
3E013GC	Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach
3E1038Z	Irrigation of Skin and Mucous Membranes using Irrigating Substance, Percutaneous Approach
3E10X8Z	Irrigation of Skin and Mucous Membranes using Irrigating Substance
B00B0ZZ	Plain Radiography of Spinal Cord using High Osmolar Contrast
B00B1ZZ	Plain Radiography of Spinal Cord using Low Osmolar Contrast
B00BYZZ	Plain Radiography of Spinal Cord using Other Contrast
B00BZZZ	Plain Radiography of Spinal Cord
B01B0ZZ	Fluoroscopy of Spinal Cord using High Osmolar Contrast
B01B1ZZ	Fluoroscopy of Spinal Cord using Low Osmolar Contrast
B01BYZZ	Fluoroscopy of Spinal Cord using Other Contrast
B01BZZZ	Fluoroscopy of Spinal Cord



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
B02000Z	Computerized Tomography (CT Scan) of Brain using High Osmolar Contrast, Unenhanced and Enhanced
B0200ZZ	Computerized Tomography (CT Scan) of Brain using High Osmolar Contrast
B02010Z	Computerized Tomography (CT Scan) of Brain using Low Osmolar Contrast, Unenhanced and Enhanced
B0201ZZ	Computerized Tomography (CT Scan) of Brain using Low Osmolar Contrast
B020Y0Z	Computerized Tomography (CT Scan) of Brain using Other Contrast, Unenhanced and Enhanced
B020YZZ	Computerized Tomography (CT Scan) of Brain using Other Contrast
B020ZZZ	Computerized Tomography (CT Scan) of Brain
B02700Z	Computerized Tomography (CT Scan) of Cisterna using High Osmolar Contrast, Unenhanced and Enhanced
B0270ZZ	Computerized Tomography (CT Scan) of Cisterna using High Osmolar Contrast
B02710Z	Computerized Tomography (CT Scan) of Cisterna using Low Osmolar Contrast, Unenhanced and Enhanced
B0271ZZ	Computerized Tomography (CT Scan) of Cisterna using Low Osmolar Contrast
B027Y0Z	Computerized Tomography (CT Scan) of Cisterna using Other Contrast, Unenhanced and Enhanced
B027YZZ	Computerized Tomography (CT Scan) of Cisterna using Other Contrast
B027ZZZ	Computerized Tomography (CT Scan) of Cisterna
B02800Z	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using High Osmolar Contrast, Unenhanced and Enhanced
B0280ZZ	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using High Osmolar Contrast
B02810Z	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using Low Osmolar Contrast, Unenhanced and Enhanced
B0281ZZ	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using Low Osmolar Contrast
B028Y0Z	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using Other Contrast, Unenhanced and Enhanced
B028YZZ	Computerized Tomography (CT Scan) of Cerebral Ventricle(s) using Other Contrast
B028ZZZ	Computerized Tomography (CT Scan) of Cerebral Ventricle(s)
B02900Z	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using High Osmolar Contrast, Unenhanced and Enhanced
B0290ZZ	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using High Osmolar Contrast
B02910Z	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using Low Osmolar Contrast, Unenhanced and Enhanced
B0291ZZ	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using Low Osmolar Contrast



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
B029Y0Z	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using Other Contrast, Unenhanced and Enhanced
B029YZZ	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland using Other Contrast
B029ZZZ	Computerized Tomography (CT Scan) of Sella Turcica/Pituitary Gland
B02B00Z	Computerized Tomography (CT Scan) of Spinal Cord using High Osmolar Contrast, Unenhanced and Enhanced
B02B0ZZ	Computerized Tomography (CT Scan) of Spinal Cord using High Osmolar Contrast
B02B10Z	Computerized Tomography (CT Scan) of Spinal Cord using Low Osmolar Contrast, Unenhanced and Enhanced
B02B1ZZ	Computerized Tomography (CT Scan) of Spinal Cord using Low Osmolar Contrast
B02BY0Z	Computerized Tomography (CT Scan) of Spinal Cord using Other Contrast, Unenhanced and Enhanced
B02BYZZ	Computerized Tomography (CT Scan) of Spinal Cord using Other Contrast
B02BZZZ	Computerized Tomography (CT Scan) of Spinal Cord
B32R0ZZ	Computerized Tomography (CT Scan) of Intracranial Arteries using High Osmolar Contrast
B32R1ZZ	Computerized Tomography (CT Scan) of Intracranial Arteries using Low Osmolar Contrast
B32RYZZ	Computerized Tomography (CT Scan) of Intracranial Arteries using Other Contrast
B32RZZZ	Computerized Tomography (CT Scan) of Intracranial Arteries
B7040ZZ	Plain Radiography of Head and Neck Lymphatics using High Osmolar Contrast
B7041ZZ	Plain Radiography of Head and Neck Lymphatics using Low Osmolar Contrast
B704YZZ	Plain Radiography of Head and Neck Lymphatics using Other Contrast
B8000ZZ	Plain Radiography of Right Lacrimal Duct using High Osmolar Contrast
B8001ZZ	Plain Radiography of Right Lacrimal Duct using Low Osmolar Contrast
B800YZZ	Plain Radiography of Right Lacrimal Duct using Other Contrast
B8010ZZ	Plain Radiography of Left Lacrimal Duct using High Osmolar Contrast
B8011ZZ	Plain Radiography of Left Lacrimal Duct using Low Osmolar Contrast
B801YZZ	Plain Radiography of Left Lacrimal Duct using Other Contrast
B8020ZZ	Plain Radiography of Bilateral Lacrimal Ducts using High Osmolar Contrast
B8021ZZ	Plain Radiography of Bilateral Lacrimal Ducts using Low Osmolar Contrast
B802YZZ	Plain Radiography of Bilateral Lacrimal Ducts using Other Contrast
B902ZZZ	Plain Radiography of Paranasal Sinuses
B9040ZZ	Plain Radiography of Right Parotid Gland using High Osmolar Contrast
B9041ZZ	Plain Radiography of Right Parotid Gland using Low Osmolar Contrast
B904YZZ	Plain Radiography of Right Parotid Gland using Other Contrast
B9050ZZ	Plain Radiography of Left Parotid Gland using High Osmolar Contrast

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
B9051ZZ	Plain Radiography of Left Parotid Gland using Low Osmolar Contrast
B905YZZ	Plain Radiography of Left Parotid Gland using Other Contrast
B9060ZZ	Plain Radiography of Bilateral Parotid Glands using High Osmolar Contrast
B9061ZZ	Plain Radiography of Bilateral Parotid Glands using Low Osmolar Contrast
B906YZZ	Plain Radiography of Bilateral Parotid Glands using Other Contrast
B9070ZZ	Plain Radiography of Right Submandibular Gland using High Osmolar Contrast
B9071ZZ	Plain Radiography of Right Submandibular Gland using Low Osmolar Contrast
B907YZZ	Plain Radiography of Right Submandibular Gland using Other Contrast
B9080ZZ	Plain Radiography of Left Submandibular Gland using High Osmolar Contrast
B9081ZZ	Plain Radiography of Left Submandibular Gland using Low Osmolar Contrast
B908YZZ	Plain Radiography of Left Submandibular Gland using Other Contrast
B9090ZZ	Plain Radiography of Bilateral Submandibular Glands using High Osmolar Contrast
B9091ZZ	Plain Radiography of Bilateral Submandibular Glands using Low Osmolar Contrast
B909YZZ	Plain Radiography of Bilateral Submandibular Glands using Other Contrast
B90B0ZZ	Plain Radiography of Right Salivary Gland using High Osmolar Contrast
B90B1ZZ	Plain Radiography of Right Salivary Gland using Low Osmolar Contrast
B90BYZZ	Plain Radiography of Right Salivary Gland using Other Contrast
B90C0ZZ	Plain Radiography of Left Salivary Gland using High Osmolar Contrast
B90C1ZZ	Plain Radiography of Left Salivary Gland using Low Osmolar Contrast
B90CYZZ	Plain Radiography of Left Salivary Gland using Other Contrast
B90D0ZZ	Plain Radiography of Bilateral Salivary Glands using High Osmolar Contrast
B90D1ZZ	Plain Radiography of Bilateral Salivary Glands using Low Osmolar Contrast
B90DYZZ	Plain Radiography of Bilateral Salivary Glands using Other Contrast
B90FZZZ	Plain Radiography of Nasopharynx/Oropharynx
B90HZZZ	Plain Radiography of Mastoids
B91GYZZ	Fluoroscopy of Pharynx and Epiglottis using Other Contrast
B91GZZZ	Fluoroscopy of Pharynx and Epiglottis
B91JYZZ	Fluoroscopy of Larynx using Other Contrast
B91JZZZ	Fluoroscopy of Larynx
B92000Z	Computerized Tomography (CT Scan) of Ear using High Osmolar Contrast, Unenhanced and Enhanced
B9200ZZ	Computerized Tomography (CT Scan) of Ear using High Osmolar Contrast
B92010Z	Computerized Tomography (CT Scan) of Ear using Low Osmolar Contrast, Unenhanced and Enhanced

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
B9201ZZ	Computerized Tomography (CT Scan) of Ear using Low Osmolar Contrast
B920Y0Z	Computerized Tomography (CT Scan) of Ear using Other Contrast, Unenhanced and Enhanced
B920YZZ	Computerized Tomography (CT Scan) of Ear using Other Contrast
B920ZZZ	Computerized Tomography (CT Scan) of Ear
B92200Z	Computerized Tomography (CT Scan) of Paranasal Sinuses using High Osmolar Contrast, Unenhanced and Enhanced
B9220ZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses using High Osmolar Contrast
B92210Z	Computerized Tomography (CT Scan) of Paranasal Sinuses using Low Osmolar Contrast, Unenhanced and Enhanced
B9221ZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses using Low Osmolar Contrast
B922Y0Z	Computerized Tomography (CT Scan) of Paranasal Sinuses using Other Contrast, Unenhanced and Enhanced
B922YZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses using Other Contrast
B922ZZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses
B92600Z	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using High Osmolar Contrast, Unenhanced and Enhanced
B9260ZZ	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using High Osmolar Contrast
B92610Z	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using Low Osmolar Contrast, Unenhanced and Enhanced
B9261ZZ	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using Low Osmolar Contrast
B926Y0Z	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using Other Contrast, Unenhanced and Enhanced
B926YZZ	Computerized Tomography (CT Scan) of Bilateral Parotid Glands using Other Contrast
B926ZZZ	Computerized Tomography (CT Scan) of Bilateral Parotid Glands
B92900Z	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using High Osmolar Contrast, Unenhanced and Enhanced
B9290ZZ	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using High Osmolar Contrast
B92910Z	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using Low Osmolar Contrast, Unenhanced and Enhanced
B9291ZZ	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using Low Osmolar Contrast
B929Y0Z	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using Other Contrast, Unenhanced and Enhanced
B929YZZ	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands using Other Contrast
B929ZZZ	Computerized Tomography (CT Scan) of Bilateral Submandibular Glands



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
B92D00Z	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using High Osmolar Contrast, Unenhanced and Enhanced
B92D0ZZ	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using High Osmolar Contrast
B92D10Z	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using Low Osmolar Contrast, Unenhanced and Enhanced
B92D1ZZ	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using Low Osmolar Contrast
B92DY0Z	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using Other Contrast, Unenhanced and Enhanced
B92DYZZ	Computerized Tomography (CT Scan) of Bilateral Salivary Glands using Other Contrast
B92DZZZ	Computerized Tomography (CT Scan) of Bilateral Salivary Glands
B92FZZZ	Computerized Tomography (CT Scan) of Nasopharynx/Oropharynx
B92JZZZ	Computerized Tomography (CT Scan) of Larynx
BB0DZZZ	Plain Radiography of Upper Airways
BD11ZZZ	Fluoroscopy of Esophagus
BD1BYZZ	Fluoroscopy of Mouth/Oropharynx using Other Contrast
BD1BZZZ	Fluoroscopy of Mouth/Oropharynx
BF030ZZ	Plain Radiography of Gallbladder and Bile Ducts using High Osmolar Contrast
BF031ZZ	Plain Radiography of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF03YZZ	Plain Radiography of Gallbladder and Bile Ducts using Other Contrast
BF0C0ZZ	Plain Radiography of Hepatobiliary System, All using High Osmolar Contrast
BF0C1ZZ	Plain Radiography of Hepatobiliary System, All using Low Osmolar Contrast
BF0CYZZ	Plain Radiography of Hepatobiliary System, All using Other Contrast
BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
BF110ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using High Osmolar Contrast
BF111ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Low Osmolar Contrast
BF11YZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Other Contrast
BF120ZZ	Fluoroscopy of Gallbladder using High Osmolar Contrast
BF121ZZ	Fluoroscopy of Gallbladder using Low Osmolar Contrast
BF12YZZ	Fluoroscopy of Gallbladder using Other Contrast
BF130ZZ	Fluoroscopy of Gallbladder and Bile Ducts using High Osmolar Contrast
BF131ZZ	Fluoroscopy of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF13YZZ	Fluoroscopy of Gallbladder and Bile Ducts using Other Contrast
BF140ZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using High Osmolar Contrast



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
ICD-10 Code	Description
BF141ZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using Low Osmolar Contrast
BF14YZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using Other Contrast
BF180ZZ	Fluoroscopy of Pancreatic Ducts using High Osmolar Contrast
BF181ZZ	Fluoroscopy of Pancreatic Ducts using Low Osmolar Contrast
BF18YZZ	Fluoroscopy of Pancreatic Ducts using Other Contrast
BN00ZZZ	Plain Radiography of Skull
BN01ZZZ	Plain Radiography of Right Orbit
BN02ZZZ	Plain Radiography of Left Orbit
BN03ZZZ	Plain Radiography of Bilateral Orbits
BN04ZZZ	Plain Radiography of Nasal Bones
BN05ZZZ	Plain Radiography of Facial Bones
BN06ZZZ	Plain Radiography of Mandible
BN070ZZ	Plain Radiography of Right Temporomandibular Joint using High Osmolar Contrast
BN071ZZ	Plain Radiography of Right Temporomandibular Joint using Low Osmolar Contrast
BN07YZZ	Plain Radiography of Right Temporomandibular Joint using Other Contrast
BN07ZZZ	Plain Radiography of Right Temporomandibular Joint
BN080ZZ	Plain Radiography of Left Temporomandibular Joint using High Osmolar Contrast
BN081ZZ	Plain Radiography of Left Temporomandibular Joint using Low Osmolar Contrast
BN08YZZ	Plain Radiography of Left Temporomandibular Joint using Other Contrast
BN08ZZZ	Plain Radiography of Left Temporomandibular Joint
BN090ZZ	Plain Radiography of Bilateral Temporomandibular Joints using High Osmolar Contrast
BN091ZZ	Plain Radiography of Bilateral Temporomandibular Joints using Low Osmolar Contrast
BN09YZZ	Plain Radiography of Bilateral Temporomandibular Joints using Other Contrast
BN09ZZZ	Plain Radiography of Bilateral Temporomandibular Joints
BN0BZZZ	Plain Radiography of Right Zygomatic Arch
BN0CZZZ	Plain Radiography of Left Zygomatic Arch
BN0DZZZ	Plain Radiography of Bilateral Zygomatic Arches
BN0GZZZ	Plain Radiography of Single Tooth
BN0HZZZ	Plain Radiography of Multiple Teeth
BN0JZZZ	Plain Radiography of All Teeth
BN170ZZ	Fluoroscopy of Right Temporomandibular Joint using High Osmolar Contrast
BN171ZZ	Fluoroscopy of Right Temporomandibular Joint using Low Osmolar Contrast
BN17YZZ	Fluoroscopy of Right Temporomandibular Joint using Other Contrast
BN17ZZZ	Fluoroscopy of Right Temporomandibular Joint

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
BN180ZZ	Fluoroscopy of Left Temporomandibular Joint using High Osmolar Contrast
BN181ZZ	Fluoroscopy of Left Temporomandibular Joint using Low Osmolar Contrast
BN18YZZ	Fluoroscopy of Left Temporomandibular Joint using Other Contrast
BN18ZZZ	Fluoroscopy of Left Temporomandibular Joint
BN190ZZ	Fluoroscopy of Bilateral Temporomandibular Joints using High Osmolar Contrast
BN191ZZ	Fluoroscopy of Bilateral Temporomandibular Joints using Low Osmolar Contrast
BN19YZZ	Fluoroscopy of Bilateral Temporomandibular Joints using Other Contrast
BN19ZZZ	Fluoroscopy of Bilateral Temporomandibular Joints
BN200ZZ	Computerized Tomography (CT Scan) of Skull using High Osmolar Contrast
BN201ZZ	Computerized Tomography (CT Scan) of Skull using Low Osmolar Contrast
BN20YZZ	Computerized Tomography (CT Scan) of Skull using Other Contrast
BN20ZZZ	Computerized Tomography (CT Scan) of Skull
BN230ZZ	Computerized Tomography (CT Scan) of Bilateral Orbits using High Osmolar Contrast
BN231ZZ	Computerized Tomography (CT Scan) of Bilateral Orbits using Low Osmolar Contrast
BN23YZZ	Computerized Tomography (CT Scan) of Bilateral Orbits using Other Contrast
BN23ZZZ	Computerized Tomography (CT Scan) of Bilateral Orbits
BN250ZZ	Computerized Tomography (CT Scan) of Facial Bones using High Osmolar Contrast
BN251ZZ	Computerized Tomography (CT Scan) of Facial Bones using Low Osmolar Contrast
BN25YZZ	Computerized Tomography (CT Scan) of Facial Bones using Other Contrast
BN25ZZZ	Computerized Tomography (CT Scan) of Facial Bones
BN260ZZ	Computerized Tomography (CT Scan) of Mandible using High Osmolar Contrast
BN261ZZ	Computerized Tomography (CT Scan) of Mandible using Low Osmolar Contrast
BN26YZZ	Computerized Tomography (CT Scan) of Mandible using Other Contrast
BN26ZZZ	Computerized Tomography (CT Scan) of Mandible
BN290ZZ	Computerized Tomography (CT Scan) of Bilateral Temporomandibular Joints using High Osmolar Contrast
BN291ZZ	Computerized Tomography (CT Scan) of Bilateral Temporomandibular Joints using Low Osmolar Contrast
BN29YZZ	Computerized Tomography (CT Scan) of Bilateral Temporomandibular Joints using Other Contrast
BN29ZZZ	Computerized Tomography (CT Scan) of Bilateral Temporomandibular Joints

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
BN2F0ZZ	Computerized Tomography (CT Scan) of Temporal Bones using High Osmolar Contrast
BN2F1ZZ	Computerized Tomography (CT Scan) of Temporal Bones using Low Osmolar Contrast
BN2FYZZ	Computerized Tomography (CT Scan) of Temporal Bones using Other Contrast
BN2FZZZ	Computerized Tomography (CT Scan) of Temporal Bones
BN39YZZ	Magnetic Resonance Imaging (MRI) of Bilateral Temporomandibular Joints using Other Contrast
BN39ZZZ	Magnetic Resonance Imaging (MRI) of Bilateral Temporomandibular Joints
BR00ZZZ	Plain Radiography of Cervical Spine
BR010ZZ	Plain Radiography of Cervical Disc(s) using High Osmolar Contrast
BR011ZZ	Plain Radiography of Cervical Disc(s) using Low Osmolar Contrast
BR01YZZ	Plain Radiography of Cervical Disc(s) using Other Contrast
BR01ZZZ	Plain Radiography of Cervical Disc(s)
BR020ZZ	Plain Radiography of Thoracic Disc(s) using High Osmolar Contrast
BR021ZZ	Plain Radiography of Thoracic Disc(s) using Low Osmolar Contrast
BR02YZZ	Plain Radiography of Thoracic Disc(s) using Other Contrast
BR02ZZZ	Plain Radiography of Thoracic Disc(s)
BR030ZZ	Plain Radiography of Lumbar Disc(s) using High Osmolar Contrast
BR031ZZ	Plain Radiography of Lumbar Disc(s) using Low Osmolar Contrast
BR03YZZ	Plain Radiography of Lumbar Disc(s) using Other Contrast
BR03ZZZ	Plain Radiography of Lumbar Disc(s)
BR040ZZ	Plain Radiography of Cervical Facet Joint(s) using High Osmolar Contrast
BR041ZZ	Plain Radiography of Cervical Facet Joint(s) using Low Osmolar Contrast
BR04YZZ	Plain Radiography of Cervical Facet Joint(s) using Other Contrast
BR04ZZZ	Plain Radiography of Cervical Facet Joint(s)
BR050ZZ	Plain Radiography of Thoracic Facet Joint(s) using High Osmolar Contrast
BR051ZZ	Plain Radiography of Thoracic Facet Joint(s) using Low Osmolar Contrast
BR05YZZ	Plain Radiography of Thoracic Facet Joint(s) using Other Contrast
BR05ZZZ	Plain Radiography of Thoracic Facet Joint(s)
BR060ZZ	Plain Radiography of Lumbar Facet Joint(s) using High Osmolar Contrast
BR061ZZ	Plain Radiography of Lumbar Facet Joint(s) using Low Osmolar Contrast
BR06YZZ	Plain Radiography of Lumbar Facet Joint(s) using Other Contrast
BR06ZZZ	Plain Radiography of Lumbar Facet Joint(s)
BR07ZZZ	Plain Radiography of Thoracic Spine
BR08ZZZ	Plain Radiography of Thoracolumbar Joint
BR09ZZZ	Plain Radiography of Lumbar Spine
BR0BZZZ	Plain Radiography of Lumbosacral Joint
BR0D0ZZ	Plain Radiography of Sacroiliac Joints using High Osmolar Contrast
BR0D1ZZ	Plain Radiography of Sacroiliac Joints using Low Osmolar Contrast

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
BR0DYZZ	Plain Radiography of Sacroiliac Joints using Other Contrast
BR0DZZZ	Plain Radiography of Sacroiliac Joints
BR0FZZZ	Plain Radiography of Sacrum and Coccyx
BR0GZZZ	Plain Radiography of Whole Spine
BR100ZZ	Fluoroscopy of Cervical Spine using High Osmolar Contrast
BR101ZZ	Fluoroscopy of Cervical Spine using Low Osmolar Contrast
BR10YZZ	Fluoroscopy of Cervical Spine using Other Contrast
BR10ZZZ	Fluoroscopy of Cervical Spine
BR110ZZ	Fluoroscopy of Cervical Disc(s) using High Osmolar Contrast
BR111ZZ	Fluoroscopy of Cervical Disc(s) using Low Osmolar Contrast
BR11YZZ	Fluoroscopy of Cervical Disc(s) using Other Contrast
BR11ZZZ	Fluoroscopy of Cervical Disc(s)
BR120ZZ	Fluoroscopy of Thoracic Disc(s) using High Osmolar Contrast
BR121ZZ	Fluoroscopy of Thoracic Disc(s) using Low Osmolar Contrast
BR12YZZ	Fluoroscopy of Thoracic Disc(s) using Other Contrast
BR12ZZZ	Fluoroscopy of Thoracic Disc(s)
BR130ZZ	Fluoroscopy of Lumbar Disc(s) using High Osmolar Contrast
BR131ZZ	Fluoroscopy of Lumbar Disc(s) using Low Osmolar Contrast
BR13YZZ	Fluoroscopy of Lumbar Disc(s) using Other Contrast
BR13ZZZ	Fluoroscopy of Lumbar Disc(s)
BR140ZZ	Fluoroscopy of Cervical Facet Joint(s) using High Osmolar Contrast
BR141ZZ	Fluoroscopy of Cervical Facet Joint(s) using Low Osmolar Contrast
BR14YZZ	Fluoroscopy of Cervical Facet Joint(s) using Other Contrast
BR14ZZZ	Fluoroscopy of Cervical Facet Joint(s)
BR150ZZ	Fluoroscopy of Thoracic Facet Joint(s) using High Osmolar Contrast
BR151ZZ	Fluoroscopy of Thoracic Facet Joint(s) using Low Osmolar Contrast
BR15YZZ	Fluoroscopy of Thoracic Facet Joint(s) using Other Contrast
BR15ZZZ	Fluoroscopy of Thoracic Facet Joint(s)
BR160ZZ	Fluoroscopy of Lumbar Facet Joint(s) using High Osmolar Contrast
BR161ZZ	Fluoroscopy of Lumbar Facet Joint(s) using Low Osmolar Contrast
BR16YZZ	Fluoroscopy of Lumbar Facet Joint(s) using Other Contrast
BR16ZZZ	Fluoroscopy of Lumbar Facet Joint(s)
BR170ZZ	Fluoroscopy of Thoracic Spine using High Osmolar Contrast
BR171ZZ	Fluoroscopy of Thoracic Spine using Low Osmolar Contrast
BR17YZZ	Fluoroscopy of Thoracic Spine using Other Contrast
BR17ZZZ	Fluoroscopy of Thoracic Spine
BR180ZZ	Fluoroscopy of Thoracolumbar Joint using High Osmolar Contrast
BR181ZZ	Fluoroscopy of Thoracolumbar Joint using Low Osmolar Contrast
BR18YZZ	Fluoroscopy of Thoracolumbar Joint using Other Contrast
BR18ZZZ	Fluoroscopy of Thoracolumbar Joint
BR190ZZ	Fluoroscopy of Lumbar Spine using High Osmolar Contrast
BR191ZZ	Fluoroscopy of Lumbar Spine using Low Osmolar Contrast
BR19YZZ	Fluoroscopy of Lumbar Spine using Other Contrast
BR19ZZZ	Fluoroscopy of Lumbar Spine
BR1B0ZZ	Fluoroscopy of Lumbosacral Joint using High Osmolar Contrast
BR1B1ZZ	Fluoroscopy of Lumbosacral Joint using Low Osmolar Contrast

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
BR1BYZZ	Fluoroscopy of Lumbosacral Joint using Other Contrast
BR1BZZZ	Fluoroscopy of Lumbosacral Joint
BR1D0ZZ	Fluoroscopy of Sacroiliac Joints using High Osmolar Contrast
BR1D1ZZ	Fluoroscopy of Sacroiliac Joints using Low Osmolar Contrast
BR1DYZZ	Fluoroscopy of Sacroiliac Joints using Other Contrast
BR1DZZZ	Fluoroscopy of Sacroiliac Joints
BR1F0ZZ	Fluoroscopy of Sacrum and Coccyx using High Osmolar Contrast
BR1F1ZZ	Fluoroscopy of Sacrum and Coccyx using Low Osmolar Contrast
BR1FYZZ	Fluoroscopy of Sacrum and Coccyx using Other Contrast
BR1FZZZ	Fluoroscopy of Sacrum and Coccyx
BR1G0ZZ	Fluoroscopy of Whole Spine using High Osmolar Contrast
BR1G1ZZ	Fluoroscopy of Whole Spine using Low Osmolar Contrast
BR1GYZZ	Fluoroscopy of Whole Spine using Other Contrast
BR1GZZZ	Fluoroscopy of Whole Spine
BW190ZZ	Fluoroscopy of Head and Neck using High Osmolar Contrast
BW191ZZ	Fluoroscopy of Head and Neck using Low Osmolar Contrast
BW19YZZ	Fluoroscopy of Head and Neck using Other Contrast
BW19ZZZ	Fluoroscopy of Head and Neck
BW2800Z	Computerized Tomography (CT Scan) of Head using High Osmolar Contrast, Unenhanced and Enhanced
BW280ZZ	Computerized Tomography (CT Scan) of Head using High Osmolar Contrast
BW2810Z	Computerized Tomography (CT Scan) of Head using Low Osmolar Contrast, Unenhanced and Enhanced
BW281ZZ	Computerized Tomography (CT Scan) of Head using Low Osmolar Contrast
BW28Y0Z	Computerized Tomography (CT Scan) of Head using Other Contrast, Unenhanced and Enhanced
BW28YZZ	Computerized Tomography (CT Scan) of Head using Other Contrast
BW28ZZZ	Computerized Tomography (CT Scan) of Head
BW2900Z	Computerized Tomography (CT Scan) of Head and Neck using High Osmolar Contrast, Unenhanced and Enhanced
BW290ZZ	Computerized Tomography (CT Scan) of Head and Neck using High Osmolar Contrast
BW2910Z	Computerized Tomography (CT Scan) of Head and Neck using Low Osmolar Contrast, Unenhanced and Enhanced
BW291ZZ	Computerized Tomography (CT Scan) of Head and Neck using Low Osmolar Contrast
BW29Y0Z	Computerized Tomography (CT Scan) of Head and Neck using Other Contrast, Unenhanced and Enhanced
BW29YZZ	Computerized Tomography (CT Scan) of Head and Neck using Other Contrast
BW29ZZZ	Computerized Tomography (CT Scan) of Head and Neck
CG121ZZ	Planar Nuclear Medicine Imaging of Thyroid Gland using Technetium 99m (Tc-99m)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
ICD-10 Code	Description
CG12FZZ	Planar Nuclear Medicine Imaging of Thyroid Gland using Iodine 123 (I-123)
CG12GZZ	Planar Nuclear Medicine Imaging of Thyroid Gland using Iodine 131 (I-131)
CG12YZZ	Planar Nuclear Medicine Imaging of Thyroid Gland using Other Radionuclide
CG211ZZ	Tomographic (Tomo) Nuclear Medicine Imaging of Parathyroid Glands using Technetium 99m (Tc-99m)
CG21SZZ	Tomographic (Tomo) Nuclear Medicine Imaging of Parathyroid Glands using Thallium 201 (TI-201)
CG21YZZ	Tomographic (Tomo) Nuclear Medicine Imaging of Parathyroid Glands using Other Radionuclide
CG2YYZZ	Tomographic (Tomo) Nuclear Medicine Imaging of Endocrine System using Other Radionuclide
CG421ZZ	Nonimaging Nuclear Medicine Uptake of Thyroid Gland using Technetium 99m (Tc-99m)
CG42FZZ	Nonimaging Nuclear Medicine Uptake of Thyroid Gland using Iodine 123 (I-123)
CG42GZZ	Nonimaging Nuclear Medicine Uptake of Thyroid Gland using Iodine 131 (I-131)
CG42YZZ	Nonimaging Nuclear Medicine Uptake of Thyroid Gland using Other Radionuclide



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	Incision and drainage of pilonidal cyst; simple
10081	Incision and drainage of pilonidal cyst; complicated
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	Evacuation of subungual hematoma
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Repair of nail bed
11762	Reconstruction of nail bed with graft
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	Excision of pilonidal cyst or sinus; simple
11771	Excision of pilonidal cyst or sinus; extensive
11772	Excision of pilonidal cyst or sinus; complicated
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14350	Filletted finger or toe flap, including preparation of recipient site
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1 % of body area of infants and children (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15819	Cervicoplasty



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	Graft for facial nerve paralysis; regional muscle transfer
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	Excision, sacral pressure ulcer, with primary suture;
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	Excision, sacral pressure ulcer, with skin flap closure;



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	Excision, ischial pressure ulcer, with primary suture;
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	Excision, ischial pressure ulcer, with skin flap closure;
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	Excision, trochanteric pressure ulcer, with primary suture;
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
16035	Escharotomy; initial incision
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (eg, acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	Puncture aspiration of cyst of breast;
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	Mastotomy with exploration or drainage of abscess, deep
19030	Injection procedure only for mammary ductogram or galactogram
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	Biopsy of breast; open, incisional
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19300	Mastectomy for gynecomastia
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19316	Mastopexy
19318	Reduction mammoplasty
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
19499	Unlisted procedure, breast
20100	Exploration of penetrating wound (separate procedure); neck
20101	Exploration of penetrating wound (separate procedure); chest
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	Exploration of penetrating wound (separate procedure); extremity
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
21116	Injection procedure for temporomandibular joint arthrography
23075	Excision, soft tissue tumor, shoulder area; subcutaneous
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23330	Removal of foreign body, shoulder; subcutaneous
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (eg, felon)
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26560	Repair of syndactyly (web finger) each web space; with skin flaps
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26596	Excision of constricting ring of finger, with multiple Z-plasties
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
30120	Excision or surgical planing of skin of nose for rhinophyma
31830	Revision of tracheostomy scar
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	Revision of implanted intra-arterial infusion pump
36262	Removal of implanted intra-arterial infusion pump
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
40818	Excision of mucosa of vestibule of mouth as donor graft
42550	Injection procedure for sialography
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62290	Injection procedure for discography, each level; lumbar
62291	Injection procedure for discography, each level; cervical or thoracic
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
63655	Laminectomy for implantation of neurostimulator electrode plate/paddle; epidural
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
68850	Injection of contrast medium for dacryocystography
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
70010	Myelography, posterior fossa, radiological supervision and interpretation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
70015	Cisternography, positive contrast, radiological supervision and interpretation
70100	Radiologic examination, mandible; partial, less than 4 views
70110	Radiologic examination, mandible; complete, minimum of 4 views
70120	Radiologic examination, mastoids; less than 3 views per side
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side
70134	Radiologic examination, internal auditory meati, complete
70140	Radiologic examination, facial bones; less than 3 views
70150	Radiologic examination, facial bones; complete, minimum of 3 views
70160	Radiologic examination, nasal bones, complete, minimum of 3 views
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	Radiologic examination; optic foramina
70200	Radiologic examination; orbits, complete, minimum of 4 views
70210	Radiologic examination, sinuses, paranasal, less than 3 views
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views
70240	Radiologic examination, sella turcica
70250	Radiologic examination, skull; less than 4 views
70260	Radiologic examination, skull; complete, minimum of 4 views
70300	Radiologic examination, teeth; single view
70310	Radiologic examination, teeth; partial examination, less than full mouth
70320	Radiologic examination, teeth; complete, full mouth
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70350	Cephalogram, orthodontic
70355	Orthopantogram
70360	Radiologic examination; neck, soft tissue
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70380	Radiologic examination, salivary gland for calculus
70390	Sialography, radiological supervision and interpretation
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; 2 or 3 views



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
72050	Radiologic examination, spine, cervical; minimum of 4 views
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72070	Radiologic examination, spine; thoracic, 2 views
72072	Radiologic examination, spine; thoracic, 3 views
72074	Radiologic examination, spine; thoracic, minimum of 4 views
72080	Radiologic examination, spine; thoracolumbar, 2 views
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
72114	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views
72240	Myelography, cervical, radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical,
72275	Epidurography, radiological supervision and interpretation
72285	Discography, cervical or thoracic, radiological supervision and interpretation
72295	Discography, lumbar, radiological supervision and interpretation
74210	Radiologic examination; pharynx and/or cervical esophagus
74230	Swallowing function, with cineradiography/videoradiography
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sac)
77011	Computed tomography guidance for stereotactic localization



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Integumentary System	
CPT Code	Description
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	Computed tomography guidance for placement of radiation therapy fields
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	Patch or application test(s) (specify number of tests)
95971	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Integumentary System	
CPT Code	Description
95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	Negative pressure wound therapy (e.g., vacuum-assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Negative pressure wound therapy (e.g., vacuum-assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
0468T	Removal of chest wall respiratory sensor electrode or electrode array
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0HXAXZZ	Transfer Genitalia Skin, External Approach
0V1N07J	Bypass Right Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Open Approach
0V1N07K	Bypass Right Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Open Approach
0V1N07N	Bypass Right Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1N07P	Bypass Right Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1N0JJ	Bypass Right Vas Deferens to Right Epididymis with Synthetic Substitute, Open Approach
0V1N0JK	Bypass Right Vas Deferens to Left Epididymis with Synthetic Substitute, Open Approach
0V1N0JN	Bypass Right Vas Deferens to Right Vas Deferens with Synthetic Substitute, Open Approach
0V1N0JP	Bypass Right Vas Deferens to Left Vas Deferens with Synthetic Substitute, Open Approach
0V1N0KJ	Bypass Right Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1N0KK	Bypass Right Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1N0KN	Bypass Right Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1N0KP	Bypass Right Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1N0ZJ	Bypass Right Vas Deferens to Right Epididymis, Open Approach
0V1N0ZK	Bypass Right Vas Deferens to Left Epididymis, Open Approach
0V1N0ZN	Bypass Right Vas Deferens to Right Vas Deferens, Open Approach
0V1N0ZP	Bypass Right Vas Deferens to Left Vas Deferens, Open Approach
0V1N47J	Bypass Right Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N47K	Bypass Right Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N47N	Bypass Right Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N47P	Bypass Right Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N4JJ	Bypass Right Vas Deferens to Right Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1N4JK	Bypass Right Vas Deferens to Left Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1N4JN	Bypass Right Vas Deferens to Right Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1N4JP	Bypass Right Vas Deferens to Left Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V1N4KJ	Bypass Right Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N4KK	Bypass Right Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N4KN	Bypass Right Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N4KP	Bypass Right Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1N4ZJ	Bypass Right Vas Deferens to Right Epididymis, Percutaneous Endoscopic Approach
0V1N4ZK	Bypass Right Vas Deferens to Left Epididymis, Percutaneous Endoscopic Approach
0V1N4ZN	Bypass Right Vas Deferens to Right Vas Deferens, Percutaneous Endoscopic Approach
0V1N4ZP	Bypass Right Vas Deferens to Left Vas Deferens, Percutaneous Endoscopic Approach
0V1P07J	Bypass Left Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Open Approach
0V1P07K	Bypass Left Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Open Approach
0V1P07N	Bypass Left Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1P07P	Bypass Left Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1P0JJ	Bypass Left Vas Deferens to Right Epididymis with Synthetic Substitute, Open Approach
0V1P0JK	Bypass Left Vas Deferens to Left Epididymis with Synthetic Substitute, Open Approach
0V1P0JN	Bypass Left Vas Deferens to Right Vas Deferens with Synthetic Substitute, Open Approach
0V1P0JP	Bypass Left Vas Deferens to Left Vas Deferens with Synthetic Substitute, Open Approach
0V1P0KJ	Bypass Left Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1P0KK	Bypass Left Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1P0KN	Bypass Left Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1P0KP	Bypass Left Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1P0ZJ	Bypass Left Vas Deferens to Right Epididymis, Open Approach
0V1P0ZK	Bypass Left Vas Deferens to Left Epididymis, Open Approach
0V1P0ZN	Bypass Left Vas Deferens to Right Vas Deferens, Open Approach
0V1P0ZP	Bypass Left Vas Deferens to Left Vas Deferens, Open Approach
0V1P47J	Bypass Left Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V1P47K	Bypass Left Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P47N	Bypass Left Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P47P	Bypass Left Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P4JJ	Bypass Left Vas Deferens to Right Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1P4JK	Bypass Left Vas Deferens to Left Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1P4JN	Bypass Left Vas Deferens to Right Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1P4JP	Bypass Left Vas Deferens to Left Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1P4KJ	Bypass Left Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P4KK	Bypass Left Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P4KN	Bypass Left Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P4KP	Bypass Left Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1P4ZJ	Bypass Left Vas Deferens to Right Epididymis, Percutaneous Endoscopic Approach
0V1P4ZK	Bypass Left Vas Deferens to Left Epididymis, Percutaneous Endoscopic Approach
0V1P4ZN	Bypass Left Vas Deferens to Right Vas Deferens, Percutaneous Endoscopic Approach
0V1P4ZP	Bypass Left Vas Deferens to Left Vas Deferens, Percutaneous Endoscopic Approach
0V1Q07J	Bypass Bilateral Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Open Approach
0V1Q07K	Bypass Bilateral Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Open Approach
0V1Q07N	Bypass Bilateral Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1Q07P	Bypass Bilateral Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Open Approach
0V1Q0JJ	Bypass Bilateral Vas Deferens to Right Epididymis with Synthetic Substitute, Open Approach
0V1Q0JK	Bypass Bilateral Vas Deferens to Left Epididymis with Synthetic Substitute, Open Approach
0V1Q0JN	Bypass Bilateral Vas Deferens to Right Vas Deferens with Synthetic Substitute, Open Approach
0V1Q0JP	Bypass Bilateral Vas Deferens to Left Vas Deferens with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V1Q0KJ	Bypass Bilateral Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1Q0KK	Bypass Bilateral Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Open Approach
0V1Q0KN	Bypass Bilateral Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1Q0KP	Bypass Bilateral Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0V1Q0ZJ	Bypass Bilateral Vas Deferens to Right Epididymis, Open Approach
0V1Q0ZK	Bypass Bilateral Vas Deferens to Left Epididymis, Open Approach
0V1Q0ZN	Bypass Bilateral Vas Deferens to Right Vas Deferens, Open Approach
0V1Q0ZP	Bypass Bilateral Vas Deferens to Left Vas Deferens, Open Approach
0V1Q47J	Bypass Bilateral Vas Deferens to Right Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q47K	Bypass Bilateral Vas Deferens to Left Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q47N	Bypass Bilateral Vas Deferens to Right Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q47P	Bypass Bilateral Vas Deferens to Left Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q4JJ	Bypass Bilateral Vas Deferens to Right Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1Q4JK	Bypass Bilateral Vas Deferens to Left Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1Q4JN	Bypass Bilateral Vas Deferens to Right Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1Q4JP	Bypass Bilateral Vas Deferens to Left Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0V1Q4KJ	Bypass Bilateral Vas Deferens to Right Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q4KK	Bypass Bilateral Vas Deferens to Left Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q4KN	Bypass Bilateral Vas Deferens to Right Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q4KP	Bypass Bilateral Vas Deferens to Left Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0V1Q4ZJ	Bypass Bilateral Vas Deferens to Right Epididymis, Percutaneous Endoscopic Approach
0V1Q4ZK	Bypass Bilateral Vas Deferens to Left Epididymis, Percutaneous Endoscopic Approach
0V1Q4ZN	Bypass Bilateral Vas Deferens to Right Vas Deferens, Percutaneous Endoscopic Approach
0V1Q4ZP	Bypass Bilateral Vas Deferens to Left Vas Deferens, Percutaneous Endoscopic Approach
0V507ZZ	Destruction of Prostate, Via Natural or Artificial Opening
0V508ZZ	Destruction of Prostate, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V510ZZ	Destruction of Right Seminal Vesicle, Open Approach
0V513ZZ	Destruction of Right Seminal Vesicle, Percutaneous Approach
0V514ZZ	Destruction of Right Seminal Vesicle, Percutaneous Endoscopic Approach
0V520ZZ	Destruction of Left Seminal Vesicle, Open Approach
0V523ZZ	Destruction of Left Seminal Vesicle, Percutaneous Approach
0V524ZZ	Destruction of Left Seminal Vesicle, Percutaneous Endoscopic Approach
0V530ZZ	Destruction of Bilateral Seminal Vesicles, Open Approach
0V533ZZ	Destruction of Bilateral Seminal Vesicles, Percutaneous Approach
0V534ZZ	Destruction of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0V550ZZ	Destruction of Scrotum, Open Approach
0V553ZZ	Destruction of Scrotum, Percutaneous Approach
0V554ZZ	Destruction of Scrotum, Percutaneous Endoscopic Approach
0V55XZZ	Destruction of Scrotum, External Approach
0V560ZZ	Destruction of Right Tunica Vaginalis, Open Approach
0V563ZZ	Destruction of Right Tunica Vaginalis, Percutaneous Approach
0V564ZZ	Destruction of Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0V570ZZ	Destruction of Left Tunica Vaginalis, Open Approach
0V573ZZ	Destruction of Left Tunica Vaginalis, Percutaneous Approach
0V574ZZ	Destruction of Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0V590ZZ	Destruction of Right Testis, Open Approach
0V593ZZ	Destruction of Right Testis, Percutaneous Approach
0V594ZZ	Destruction of Right Testis, Percutaneous Endoscopic Approach
0V5B0ZZ	Destruction of Left Testis, Open Approach
0V5B3ZZ	Destruction of Left Testis, Percutaneous Approach
0V5B4ZZ	Destruction of Left Testis, Percutaneous Endoscopic Approach
0V5C0ZZ	Destruction of Bilateral Testes, Open Approach
0V5C3ZZ	Destruction of Bilateral Testes, Percutaneous Approach
0V5C4ZZ	Destruction of Bilateral Testes, Percutaneous Endoscopic Approach
0V5F0ZZ	Destruction of Right Spermatic Cord, Open Approach
0V5F3ZZ	Destruction of Right Spermatic Cord, Percutaneous Approach
0V5F4ZZ	Destruction of Right Spermatic Cord, Percutaneous Endoscopic Approach
0V5G0ZZ	Destruction of Left Spermatic Cord, Open Approach
0V5G3ZZ	Destruction of Left Spermatic Cord, Percutaneous Approach
0V5G4ZZ	Destruction of Left Spermatic Cord, Percutaneous Endoscopic Approach
0V5H0ZZ	Destruction of Bilateral Spermatic Cords, Open Approach
0V5H3ZZ	Destruction of Bilateral Spermatic Cords, Percutaneous Approach
0V5H4ZZ	Destruction of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0V5J0ZZ	Destruction of Right Epididymis, Open Approach
0V5J3ZZ	Destruction of Right Epididymis, Percutaneous Approach
0V5J4ZZ	Destruction of Right Epididymis, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V5K0ZZ	Destruction of Left Epididymis, Open Approach
0V5K3ZZ	Destruction of Left Epididymis, Percutaneous Approach
0V5K4ZZ	Destruction of Left Epididymis, Percutaneous Endoscopic Approach
0V5L0ZZ	Destruction of Bilateral Epididymis, Open Approach
0V5L3ZZ	Destruction of Bilateral Epididymis, Percutaneous Approach
0V5L4ZZ	Destruction of Bilateral Epididymis, Percutaneous Endoscopic Approach
0V5N0ZZ	Destruction of Right Vas Deferens, Open Approach
0V5N3ZZ	Destruction of Right Vas Deferens, Percutaneous Approach
0V5N4ZZ	Destruction of Right Vas Deferens, Percutaneous Endoscopic Approach
0V5P0ZZ	Destruction of Left Vas Deferens, Open Approach
0V5P3ZZ	Destruction of Left Vas Deferens, Percutaneous Approach
0V5P4ZZ	Destruction of Left Vas Deferens, Percutaneous Endoscopic Approach
0V5Q0ZZ	Destruction of Bilateral Vas Deferens, Open Approach
0V5Q3ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Approach
0V5Q4ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0V5S0ZZ	Destruction of Penis, Open Approach
0V5S3ZZ	Destruction of Penis, Percutaneous Approach
0V5S4ZZ	Destruction of Penis, Percutaneous Endoscopic Approach
0V5SXZZ	Destruction of Penis, External Approach
0V5T0ZZ	Destruction of Prepuce, Open Approach
0V5T3ZZ	Destruction of Prepuce, Percutaneous Approach
0V5T4ZZ	Destruction of Prepuce, Percutaneous Endoscopic Approach
0V5TXZZ	Destruction of Prepuce, External Approach
0V7N0DZ	Dilation of Right Vas Deferens with Intraluminal Device, Open Approach
0V7N0ZZ	Dilation of Right Vas Deferens, Open Approach
0V7N3DZ	Dilation of Right Vas Deferens with Intraluminal Device, Percutaneous Approach
0V7N3ZZ	Dilation of Right Vas Deferens, Percutaneous Approach
0V7N4DZ	Dilation of Right Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach
0V7N4ZZ	Dilation of Right Vas Deferens, Percutaneous Endoscopic Approach
0V7P0DZ	Dilation of Left Vas Deferens with Intraluminal Device, Open Approach
0V7P0ZZ	Dilation of Left Vas Deferens, Open Approach
0V7P3DZ	Dilation of Left Vas Deferens with Intraluminal Device, Percutaneous Approach
0V7P3ZZ	Dilation of Left Vas Deferens, Percutaneous Approach
0V7P4DZ	Dilation of Left Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach
0V7P4ZZ	Dilation of Left Vas Deferens, Percutaneous Endoscopic Approach
0V7Q0DZ	Dilation of Bilateral Vas Deferens with Intraluminal Device, Open Approach
0V7Q0ZZ	Dilation of Bilateral Vas Deferens, Open Approach
0V7Q3DZ	Dilation of Bilateral Vas Deferens with Intraluminal Device, Percutaneous Approach
0V7Q3ZZ	Dilation of Bilateral Vas Deferens, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V7Q4DZ	Dilation of Bilateral Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach
0V7Q4ZZ	Dilation of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0V9000Z	Drainage of Prostate with Drainage Device, Open Approach
0V900ZX	Drainage of Prostate, Open Approach, Diagnostic
0V900ZZ	Drainage of Prostate, Open Approach
0V9030Z	Drainage of Prostate with Drainage Device, Percutaneous Approach
0V903ZX	Drainage of Prostate, Percutaneous Approach, Diagnostic
0V903ZZ	Drainage of Prostate, Percutaneous Approach
0V9040Z	Drainage of Prostate with Drainage Device, Percutaneous Endoscopic Approach
0V904ZX	Drainage of Prostate, Percutaneous Endoscopic Approach, Diagnostic
0V904ZZ	Drainage of Prostate, Percutaneous Endoscopic Approach
0V9070Z	Drainage of Prostate with Drainage Device, Via Natural or Artificial Opening
0V907ZX	Drainage of Prostate, Via Natural or Artificial Opening, Diagnostic
0V907ZZ	Drainage of Prostate, Via Natural or Artificial Opening
0V9080Z	Drainage of Prostate with Drainage Device, Via Natural or Artificial Opening Endoscopic
0V908ZX	Drainage of Prostate, Via Natural or Artificial Opening Endoscopic, Diagnostic
0V908ZZ	Drainage of Prostate, Via Natural or Artificial Opening Endoscopic
0V9100Z	Drainage of Right Seminal Vesicle with Drainage Device, Open Approach
0V910ZX	Drainage of Right Seminal Vesicle, Open Approach, Diagnostic
0V910ZZ	Drainage of Right Seminal Vesicle, Open Approach
0V9130Z	Drainage of Right Seminal Vesicle with Drainage Device, Percutaneous Approach
0V913ZX	Drainage of Right Seminal Vesicle, Percutaneous Approach, Diagnostic
0V913ZZ	Drainage of Right Seminal Vesicle, Percutaneous Approach
0V9140Z	Drainage of Right Seminal Vesicle with Drainage Device, Percutaneous Endoscopic Approach
0V914ZX	Drainage of Right Seminal Vesicle, Percutaneous Endoscopic Approach, Diagnostic
0V914ZZ	Drainage of Right Seminal Vesicle, Percutaneous Endoscopic Approach
0V9200Z	Drainage of Left Seminal Vesicle with Drainage Device, Open Approach
0V920ZX	Drainage of Left Seminal Vesicle, Open Approach, Diagnostic
0V920ZZ	Drainage of Left Seminal Vesicle, Open Approach
0V9230Z	Drainage of Left Seminal Vesicle with Drainage Device, Percutaneous Approach
0V923ZX	Drainage of Left Seminal Vesicle, Percutaneous Approach, Diagnostic
0V923ZZ	Drainage of Left Seminal Vesicle, Percutaneous Approach
0V9240Z	Drainage of Left Seminal Vesicle with Drainage Device, Percutaneous Endoscopic Approach
0V924ZX	Drainage of Left Seminal Vesicle, Percutaneous Endoscopic Approach, Diagnostic
0V924ZZ	Drainage of Left Seminal Vesicle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V9300Z	Drainage of Bilateral Seminal Vesicles with Drainage Device, Open Approach
0V930ZX	Drainage of Bilateral Seminal Vesicles, Open Approach, Diagnostic
0V930ZZ	Drainage of Bilateral Seminal Vesicles, Open Approach
0V9330Z	Drainage of Bilateral Seminal Vesicles with Drainage Device, Percutaneous Approach
0V933ZX	Drainage of Bilateral Seminal Vesicles, Percutaneous Approach, Diagnostic
0V933ZZ	Drainage of Bilateral Seminal Vesicles, Percutaneous Approach
0V9340Z	Drainage of Bilateral Seminal Vesicles with Drainage Device, Percutaneous Endoscopic Approach
0V934ZX	Drainage of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach, Diagnostic
0V934ZZ	Drainage of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0V9500Z	Drainage of Scrotum with Drainage Device, Open Approach
0V950ZX	Drainage of Scrotum, Open Approach, Diagnostic
0V950ZZ	Drainage of Scrotum, Open Approach
0V9530Z	Drainage of Scrotum with Drainage Device, Percutaneous Approach
0V953ZX	Drainage of Scrotum, Percutaneous Approach, Diagnostic
0V953ZZ	Drainage of Scrotum, Percutaneous Approach
0V9540Z	Drainage of Scrotum with Drainage Device, Percutaneous Endoscopic Approach
0V954ZX	Drainage of Scrotum, Percutaneous Endoscopic Approach, Diagnostic
0V954ZZ	Drainage of Scrotum, Percutaneous Endoscopic Approach
0V95X0Z	Drainage of Scrotum with Drainage Device, External Approach
0V95XZX	Drainage of Scrotum, External Approach, Diagnostic
0V95XZZ	Drainage of Scrotum, External Approach
0V9600Z	Drainage of Right Tunica Vaginalis with Drainage Device, Open Approach
0V960ZX	Drainage of Right Tunica Vaginalis, Open Approach, Diagnostic
0V960ZZ	Drainage of Right Tunica Vaginalis, Open Approach
0V9630Z	Drainage of Right Tunica Vaginalis with Drainage Device, Percutaneous Approach
0V963ZX	Drainage of Right Tunica Vaginalis, Percutaneous Approach, Diagnostic
0V963ZZ	Drainage of Right Tunica Vaginalis, Percutaneous Approach
0V9640Z	Drainage of Right Tunica Vaginalis with Drainage Device, Percutaneous Endoscopic Approach
0V964ZX	Drainage of Right Tunica Vaginalis, Percutaneous Endoscopic Approach, Diagnostic
0V964ZZ	Drainage of Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0V9700Z	Drainage of Left Tunica Vaginalis with Drainage Device, Open Approach
0V970ZX	Drainage of Left Tunica Vaginalis, Open Approach, Diagnostic
0V970ZZ	Drainage of Left Tunica Vaginalis, Open Approach
0V9730Z	Drainage of Left Tunica Vaginalis with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V973ZX	Drainage of Left Tunica Vaginalis, Percutaneous Approach, Diagnostic
0V973ZZ	Drainage of Left Tunica Vaginalis, Percutaneous Approach
0V9740Z	Drainage of Left Tunica Vaginalis with Drainage Device, Percutaneous Endoscopic Approach
0V974ZX	Drainage of Left Tunica Vaginalis, Percutaneous Endoscopic Approach, Diagnostic
0V974ZZ	Drainage of Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0V9900Z	Drainage of Right Testis with Drainage Device, Open Approach
0V990ZX	Drainage of Right Testis, Open Approach, Diagnostic
0V990ZZ	Drainage of Right Testis, Open Approach
0V9930Z	Drainage of Right Testis with Drainage Device, Percutaneous Approach
0V993ZX	Drainage of Right Testis, Percutaneous Approach, Diagnostic
0V993ZZ	Drainage of Right Testis, Percutaneous Approach
0V9940Z	Drainage of Right Testis with Drainage Device, Percutaneous Endoscopic Approach
0V994ZX	Drainage of Right Testis, Percutaneous Endoscopic Approach, Diagnostic
0V994ZZ	Drainage of Right Testis, Percutaneous Endoscopic Approach
0V9B00Z	Drainage of Left Testis with Drainage Device, Open Approach
0V9B0ZX	Drainage of Left Testis, Open Approach, Diagnostic
0V9B0ZZ	Drainage of Left Testis, Open Approach
0V9B30Z	Drainage of Left Testis with Drainage Device, Percutaneous Approach
0V9B3ZX	Drainage of Left Testis, Percutaneous Approach, Diagnostic
0V9B3ZZ	Drainage of Left Testis, Percutaneous Approach
0V9B40Z	Drainage of Left Testis with Drainage Device, Percutaneous Endoscopic Approach
0V9B4ZX	Drainage of Left Testis, Percutaneous Endoscopic Approach, Diagnostic
0V9B4ZZ	Drainage of Left Testis, Percutaneous Endoscopic Approach
0V9C00Z	Drainage of Bilateral Testes with Drainage Device, Open Approach
0V9C0ZX	Drainage of Bilateral Testes, Open Approach, Diagnostic
0V9C0ZZ	Drainage of Bilateral Testes, Open Approach
0V9C30Z	Drainage of Bilateral Testes with Drainage Device, Percutaneous Approach
0V9C3ZX	Drainage of Bilateral Testes, Percutaneous Approach, Diagnostic
0V9C3ZZ	Drainage of Bilateral Testes, Percutaneous Approach
0V9C40Z	Drainage of Bilateral Testes with Drainage Device, Percutaneous Endoscopic Approach
0V9C4ZX	Drainage of Bilateral Testes, Percutaneous Endoscopic Approach, Diagnostic
0V9C4ZZ	Drainage of Bilateral Testes, Percutaneous Endoscopic Approach
0V9F00Z	Drainage of Right Spermatic Cord with Drainage Device, Open Approach
0V9F0ZX	Drainage of Right Spermatic Cord, Open Approach, Diagnostic
0V9F0ZZ	Drainage of Right Spermatic Cord, Open Approach
0V9F30Z	Drainage of Right Spermatic Cord with Drainage Device, Percutaneous Approach
0V9F3ZX	Drainage of Right Spermatic Cord, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V9F3ZZ	Drainage of Right Spermatic Cord, Percutaneous Approach
0V9F40Z	Drainage of Right Spermatic Cord with Drainage Device, Percutaneous Endoscopic Approach
0V9F4ZX	Drainage of Right Spermatic Cord, Percutaneous Endoscopic Approach, Diagnostic
0V9F4ZZ	Drainage of Right Spermatic Cord, Percutaneous Endoscopic Approach
0V9G00Z	Drainage of Left Spermatic Cord with Drainage Device, Open Approach
0V9G0ZX	Drainage of Left Spermatic Cord, Open Approach, Diagnostic
0V9G0ZZ	Drainage of Left Spermatic Cord, Open Approach
0V9G30Z	Drainage of Left Spermatic Cord with Drainage Device, Percutaneous Approach
0V9G3ZX	Drainage of Left Spermatic Cord, Percutaneous Approach, Diagnostic
0V9G3ZZ	Drainage of Left Spermatic Cord, Percutaneous Approach
0V9G40Z	Drainage of Left Spermatic Cord with Drainage Device, Percutaneous Endoscopic Approach
0V9G4ZX	Drainage of Left Spermatic Cord, Percutaneous Endoscopic Approach, Diagnostic
0V9G4ZZ	Drainage of Left Spermatic Cord, Percutaneous Endoscopic Approach
0V9H00Z	Drainage of Bilateral Spermatic Cords with Drainage Device, Open Approach
0V9H0ZX	Drainage of Bilateral Spermatic Cords, Open Approach, Diagnostic
0V9H0ZZ	Drainage of Bilateral Spermatic Cords, Open Approach
0V9H30Z	Drainage of Bilateral Spermatic Cords with Drainage Device, Percutaneous Approach
0V9H3ZX	Drainage of Bilateral Spermatic Cords, Percutaneous Approach, Diagnostic
0V9H3ZZ	Drainage of Bilateral Spermatic Cords, Percutaneous Approach
0V9H40Z	Drainage of Bilateral Spermatic Cords with Drainage Device, Percutaneous Endoscopic Approach
0V9H4ZX	Drainage of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach, Diagnostic
0V9H4ZZ	Drainage of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0V9J00Z	Drainage of Right Epididymis with Drainage Device, Open Approach
0V9J0ZX	Drainage of Right Epididymis, Open Approach, Diagnostic
0V9J0ZZ	Drainage of Right Epididymis, Open Approach
0V9J30Z	Drainage of Right Epididymis with Drainage Device, Percutaneous Approach
0V9J3ZX	Drainage of Right Epididymis, Percutaneous Approach, Diagnostic
0V9J3ZZ	Drainage of Right Epididymis, Percutaneous Approach
0V9J40Z	Drainage of Right Epididymis with Drainage Device, Percutaneous Endoscopic Approach
0V9J4ZX	Drainage of Right Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0V9J4ZZ	Drainage of Right Epididymis, Percutaneous Endoscopic Approach
0V9K00Z	Drainage of Left Epididymis with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V9K0ZX	Drainage of Left Epididymis, Open Approach, Diagnostic
0V9K0ZZ	Drainage of Left Epididymis, Open Approach
0V9K30Z	Drainage of Left Epididymis with Drainage Device, Percutaneous Approach
0V9K3ZX	Drainage of Left Epididymis, Percutaneous Approach, Diagnostic
0V9K3ZZ	Drainage of Left Epididymis, Percutaneous Approach
0V9K40Z	Drainage of Left Epididymis with Drainage Device, Percutaneous Endoscopic Approach
0V9K4ZX	Drainage of Left Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0V9K4ZZ	Drainage of Left Epididymis, Percutaneous Endoscopic Approach
0V9L00Z	Drainage of Bilateral Epididymis with Drainage Device, Open Approach
0V9L0ZX	Drainage of Bilateral Epididymis, Open Approach, Diagnostic
0V9L0ZZ	Drainage of Bilateral Epididymis, Open Approach
0V9L30Z	Drainage of Bilateral Epididymis with Drainage Device, Percutaneous Approach
0V9L3ZX	Drainage of Bilateral Epididymis, Percutaneous Approach, Diagnostic
0V9L3ZZ	Drainage of Bilateral Epididymis, Percutaneous Approach
0V9L40Z	Drainage of Bilateral Epididymis with Drainage Device, Percutaneous Endoscopic Approach
0V9L4ZX	Drainage of Bilateral Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0V9L4ZZ	Drainage of Bilateral Epididymis, Percutaneous Endoscopic Approach
0V9N00Z	Drainage of Right Vas Deferens with Drainage Device, Open Approach
0V9N0ZX	Drainage of Right Vas Deferens, Open Approach, Diagnostic
0V9N0ZZ	Drainage of Right Vas Deferens, Open Approach
0V9N30Z	Drainage of Right Vas Deferens with Drainage Device, Percutaneous Approach
0V9N3ZX	Drainage of Right Vas Deferens, Percutaneous Approach, Diagnostic
0V9N3ZZ	Drainage of Right Vas Deferens, Percutaneous Approach
0V9N40Z	Drainage of Right Vas Deferens with Drainage Device, Percutaneous Endoscopic Approach
0V9N4ZX	Drainage of Right Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic
0V9N4ZZ	Drainage of Right Vas Deferens, Percutaneous Endoscopic Approach
0V9P00Z	Drainage of Left Vas Deferens with Drainage Device, Open Approach
0V9P0ZX	Drainage of Left Vas Deferens, Open Approach, Diagnostic
0V9P0ZZ	Drainage of Left Vas Deferens, Open Approach
0V9P30Z	Drainage of Left Vas Deferens with Drainage Device, Percutaneous Approach
0V9P3ZX	Drainage of Left Vas Deferens, Percutaneous Approach, Diagnostic
0V9P3ZZ	Drainage of Left Vas Deferens, Percutaneous Approach
0V9P40Z	Drainage of Left Vas Deferens with Drainage Device, Percutaneous Endoscopic Approach
0V9P4ZX	Drainage of Left Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0V9P4ZZ	Drainage of Left Vas Deferens, Percutaneous Endoscopic Approach
0V9Q00Z	Drainage of Bilateral Vas Deferens with Drainage Device, Open Approach
0V9Q0ZX	Drainage of Bilateral Vas Deferens, Open Approach, Diagnostic
0V9Q0ZZ	Drainage of Bilateral Vas Deferens, Open Approach
0V9Q30Z	Drainage of Bilateral Vas Deferens with Drainage Device, Percutaneous Approach
0V9Q3ZX	Drainage of Bilateral Vas Deferens, Percutaneous Approach, Diagnostic
0V9Q3ZZ	Drainage of Bilateral Vas Deferens, Percutaneous Approach
0V9Q40Z	Drainage of Bilateral Vas Deferens with Drainage Device, Percutaneous Endoscopic Approach
0V9Q4ZX	Drainage of Bilateral Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic
0V9Q4ZZ	Drainage of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0V9S00Z	Drainage of Penis with Drainage Device, Open Approach
0V9S0ZX	Drainage of Penis, Open Approach, Diagnostic
0V9S0ZZ	Drainage of Penis, Open Approach
0V9S30Z	Drainage of Penis with Drainage Device, Percutaneous Approach
0V9S3ZX	Drainage of Penis, Percutaneous Approach, Diagnostic
0V9S3ZZ	Drainage of Penis, Percutaneous Approach
0V9S40Z	Drainage of Penis with Drainage Device, Percutaneous Endoscopic Approach
0V9S4ZX	Drainage of Penis, Percutaneous Endoscopic Approach, Diagnostic
0V9S4ZZ	Drainage of Penis, Percutaneous Endoscopic Approach
0V9SX0Z	Drainage of Penis with Drainage Device, External Approach
0V9SXZX	Drainage of Penis, External Approach, Diagnostic
0V9SXZZ	Drainage of Penis, External Approach
0V9T00Z	Drainage of Prepuce with Drainage Device, Open Approach
0V9T0ZX	Drainage of Prepuce, Open Approach, Diagnostic
0V9T0ZZ	Drainage of Prepuce, Open Approach
0V9T30Z	Drainage of Prepuce with Drainage Device, Percutaneous Approach
0V9T3ZX	Drainage of Prepuce, Percutaneous Approach, Diagnostic
0V9T3ZZ	Drainage of Prepuce, Percutaneous Approach
0V9T40Z	Drainage of Prepuce with Drainage Device, Percutaneous Endoscopic Approach
0V9T4ZX	Drainage of Prepuce, Percutaneous Endoscopic Approach, Diagnostic
0V9T4ZZ	Drainage of Prepuce, Percutaneous Endoscopic Approach
0V9TX0Z	Drainage of Prepuce with Drainage Device, External Approach
0V9TXZX	Drainage of Prepuce, External Approach, Diagnostic
0V9TXZZ	Drainage of Prepuce, External Approach
0VB00ZX	Excision of Prostate, Open Approach, Diagnostic
0VB00ZZ	Excision of Prostate, Open Approach
0VB03ZX	Excision of Prostate, Percutaneous Approach, Diagnostic
0VB03ZZ	Excision of Prostate, Percutaneous Approach
0VB04ZX	Excision of Prostate, Percutaneous Endoscopic Approach, Diagnostic
0VB04ZZ	Excision of Prostate, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VB07ZX	Excision of Prostate, Via Natural or Artificial Opening, Diagnostic
0VB07ZZ	Excision of Prostate, Via Natural or Artificial Opening
0VB08ZX	Excision of Prostate, Via Natural or Artificial Opening Endoscopic, Diagnostic
0VB08ZZ	Excision of Prostate, Via Natural or Artificial Opening Endoscopic
0VB10ZX	Excision of Right Seminal Vesicle, Open Approach, Diagnostic
0VB10ZZ	Excision of Right Seminal Vesicle, Open Approach
0VB13ZX	Excision of Right Seminal Vesicle, Percutaneous Approach, Diagnostic
0VB13ZZ	Excision of Right Seminal Vesicle, Percutaneous Approach
0VB14ZX	Excision of Right Seminal Vesicle, Percutaneous Endoscopic Approach, Diagnostic
0VB14ZZ	Excision of Right Seminal Vesicle, Percutaneous Endoscopic Approach
0VB20ZX	Excision of Left Seminal Vesicle, Open Approach, Diagnostic
0VB20ZZ	Excision of Left Seminal Vesicle, Open Approach
0VB23ZX	Excision of Left Seminal Vesicle, Percutaneous Approach, Diagnostic
0VB23ZZ	Excision of Left Seminal Vesicle, Percutaneous Approach
0VB24ZX	Excision of Left Seminal Vesicle, Percutaneous Endoscopic Approach, Diagnostic
0VB24ZZ	Excision of Left Seminal Vesicle, Percutaneous Endoscopic Approach
0VB30ZX	Excision of Bilateral Seminal Vesicles, Open Approach, Diagnostic
0VB30ZZ	Excision of Bilateral Seminal Vesicles, Open Approach
0VB33ZX	Excision of Bilateral Seminal Vesicles, Percutaneous Approach, Diagnostic
0VB33ZZ	Excision of Bilateral Seminal Vesicles, Percutaneous Approach
0VB34ZX	Excision of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach, Diagnostic
0VB34ZZ	Excision of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0VB50ZX	Excision of Scrotum, Open Approach, Diagnostic
0VB50ZZ	Excision of Scrotum, Open Approach
0VB53ZX	Excision of Scrotum, Percutaneous Approach, Diagnostic
0VB53ZZ	Excision of Scrotum, Percutaneous Approach
0VB54ZX	Excision of Scrotum, Percutaneous Endoscopic Approach, Diagnostic
0VB54ZZ	Excision of Scrotum, Percutaneous Endoscopic Approach
0VB5XZX	Excision of Scrotum, External Approach, Diagnostic
0VB5XZZ	Excision of Scrotum, External Approach
0VB60ZX	Excision of Right Tunica Vaginalis, Open Approach, Diagnostic
0VB60ZZ	Excision of Right Tunica Vaginalis, Open Approach
0VB63ZX	Excision of Right Tunica Vaginalis, Percutaneous Approach, Diagnostic
0VB63ZZ	Excision of Right Tunica Vaginalis, Percutaneous Approach
0VB64ZX	Excision of Right Tunica Vaginalis, Percutaneous Endoscopic Approach, Diagnostic
0VB64ZZ	Excision of Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VB70ZX	Excision of Left Tunica Vaginalis, Open Approach, Diagnostic
0VB70ZZ	Excision of Left Tunica Vaginalis, Open Approach
0VB73ZX	Excision of Left Tunica Vaginalis, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VB73ZZ	Excision of Left Tunica Vaginalis, Percutaneous Approach
0VB74ZX	Excision of Left Tunica Vaginalis, Percutaneous Endoscopic Approach, Diagnostic
0VB74ZZ	Excision of Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VB90ZX	Excision of Right Testis, Open Approach, Diagnostic
0VB90ZZ	Excision of Right Testis, Open Approach
0VB93ZX	Excision of Right Testis, Percutaneous Approach, Diagnostic
0VB93ZZ	Excision of Right Testis, Percutaneous Approach
0VB94ZX	Excision of Right Testis, Percutaneous Endoscopic Approach, Diagnostic
0VB94ZZ	Excision of Right Testis, Percutaneous Endoscopic Approach
0VBB0ZX	Excision of Left Testis, Open Approach, Diagnostic
0VBB0ZZ	Excision of Left Testis, Open Approach
0VBB3ZX	Excision of Left Testis, Percutaneous Approach, Diagnostic
0VBB3ZZ	Excision of Left Testis, Percutaneous Approach
0VBB4ZX	Excision of Left Testis, Percutaneous Endoscopic Approach, Diagnostic
0VBB4ZZ	Excision of Left Testis, Percutaneous Endoscopic Approach
0VBC0ZX	Excision of Bilateral Testes, Open Approach, Diagnostic
0VBC0ZZ	Excision of Bilateral Testes, Open Approach
0VBC3ZX	Excision of Bilateral Testes, Percutaneous Approach, Diagnostic
0VBC3ZZ	Excision of Bilateral Testes, Percutaneous Approach
0VBC4ZX	Excision of Bilateral Testes, Percutaneous Endoscopic Approach, Diagnostic
0VBC4ZZ	Excision of Bilateral Testes, Percutaneous Endoscopic Approach
0VBF0ZX	Excision of Right Spermatic Cord, Open Approach, Diagnostic
0VBF0ZZ	Excision of Right Spermatic Cord, Open Approach
0VBF3ZX	Excision of Right Spermatic Cord, Percutaneous Approach, Diagnostic
0VBF3ZZ	Excision of Right Spermatic Cord, Percutaneous Approach
0VBF4ZX	Excision of Right Spermatic Cord, Percutaneous Endoscopic Approach, Diagnostic
0VBF4ZZ	Excision of Right Spermatic Cord, Percutaneous Endoscopic Approach
0VBG0ZX	Excision of Left Spermatic Cord, Open Approach, Diagnostic
0VBG0ZZ	Excision of Left Spermatic Cord, Open Approach
0VBG3ZX	Excision of Left Spermatic Cord, Percutaneous Approach, Diagnostic
0VBG3ZZ	Excision of Left Spermatic Cord, Percutaneous Approach
0VBG4ZX	Excision of Left Spermatic Cord, Percutaneous Endoscopic Approach, Diagnostic
0VBG4ZZ	Excision of Left Spermatic Cord, Percutaneous Endoscopic Approach
0VBH0ZX	Excision of Bilateral Spermatic Cords, Open Approach, Diagnostic
0VBH0ZZ	Excision of Bilateral Spermatic Cords, Open Approach
0VBH3ZX	Excision of Bilateral Spermatic Cords, Percutaneous Approach, Diagnostic
0VBH3ZZ	Excision of Bilateral Spermatic Cords, Percutaneous Approach
0VBH4ZX	Excision of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VBH4ZZ	Excision of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VBJ0ZX	Excision of Right Epididymis, Open Approach, Diagnostic
0VBJ0ZZ	Excision of Right Epididymis, Open Approach
0VBJ3ZX	Excision of Right Epididymis, Percutaneous Approach, Diagnostic
0VBJ3ZZ	Excision of Right Epididymis, Percutaneous Approach
0VBJ4ZX	Excision of Right Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0VBJ4ZZ	Excision of Right Epididymis, Percutaneous Endoscopic Approach
0VBK0ZX	Excision of Left Epididymis, Open Approach, Diagnostic
0VBK0ZZ	Excision of Left Epididymis, Open Approach
0VBK3ZX	Excision of Left Epididymis, Percutaneous Approach, Diagnostic
0VBK3ZZ	Excision of Left Epididymis, Percutaneous Approach
0VBK4ZX	Excision of Left Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0VBK4ZZ	Excision of Left Epididymis, Percutaneous Endoscopic Approach
0VBL0ZX	Excision of Bilateral Epididymis, Open Approach, Diagnostic
0VBL0ZZ	Excision of Bilateral Epididymis, Open Approach
0VBL3ZX	Excision of Bilateral Epididymis, Percutaneous Approach, Diagnostic
0VBL3ZZ	Excision of Bilateral Epididymis, Percutaneous Approach
0VBL4ZX	Excision of Bilateral Epididymis, Percutaneous Endoscopic Approach, Diagnostic
0VBL4ZZ	Excision of Bilateral Epididymis, Percutaneous Endoscopic Approach
0VBN0ZX	Excision of Right Vas Deferens, Open Approach, Diagnostic
0VBN0ZZ	Excision of Right Vas Deferens, Open Approach
0VBN3ZX	Excision of Right Vas Deferens, Percutaneous Approach, Diagnostic
0VBN3ZZ	Excision of Right Vas Deferens, Percutaneous Approach
0VBN4ZX	Excision of Right Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic
0VBN4ZZ	Excision of Right Vas Deferens, Percutaneous Endoscopic Approach
0VBP0ZX	Excision of Left Vas Deferens, Open Approach, Diagnostic
0VBP0ZZ	Excision of Left Vas Deferens, Open Approach
0VBP3ZX	Excision of Left Vas Deferens, Percutaneous Approach, Diagnostic
0VBP3ZZ	Excision of Left Vas Deferens, Percutaneous Approach
0VBP4ZX	Excision of Left Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic
0VBP4ZZ	Excision of Left Vas Deferens, Percutaneous Endoscopic Approach
0VBQ0ZX	Excision of Bilateral Vas Deferens, Open Approach, Diagnostic
0VBQ0ZZ	Excision of Bilateral Vas Deferens, Open Approach
0VBQ3ZX	Excision of Bilateral Vas Deferens, Percutaneous Approach, Diagnostic
0VBQ3ZZ	Excision of Bilateral Vas Deferens, Percutaneous Approach
0VBQ4ZX	Excision of Bilateral Vas Deferens, Percutaneous Endoscopic Approach, Diagnostic
0VBQ4ZZ	Excision of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VBS0ZX	Excision of Penis, Open Approach, Diagnostic
0VBS0ZZ	Excision of Penis, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VBS3ZX	Excision of Penis, Percutaneous Approach, Diagnostic
0VBS3ZZ	Excision of Penis, Percutaneous Approach
0VBS4ZX	Excision of Penis, Percutaneous Endoscopic Approach, Diagnostic
0VBS4ZZ	Excision of Penis, Percutaneous Endoscopic Approach
0VBSXZX	Excision of Penis, External Approach, Diagnostic
0VBSXZZ	Excision of Penis, External Approach
0VBT0ZX	Excision of Prepuce, Open Approach, Diagnostic
0VBT0ZZ	Excision of Prepuce, Open Approach
0VBT3ZX	Excision of Prepuce, Percutaneous Approach, Diagnostic
0VBT3ZZ	Excision of Prepuce, Percutaneous Approach
0VBT4ZX	Excision of Prepuce, Percutaneous Endoscopic Approach, Diagnostic
0VBT4ZZ	Excision of Prepuce, Percutaneous Endoscopic Approach
0VBTXZX	Excision of Prepuce, External Approach, Diagnostic
0VBTXZZ	Excision of Prepuce, External Approach
0VC00ZZ	Extirpation of Matter from Prostate, Open Approach
0VC03ZZ	Extirpation of Matter from Prostate, Percutaneous Approach
0VC04ZZ	Extirpation of Matter from Prostate, Percutaneous Endoscopic Approach
0VC07ZZ	Extirpation of Matter from Prostate, Via Natural or Artificial Opening
0VC08ZZ	Extirpation of Matter from Prostate, Via Natural or Artificial Opening Endoscopic
0VC10ZZ	Extirpation of Matter from Right Seminal Vesicle, Open Approach
0VC13ZZ	Extirpation of Matter from Right Seminal Vesicle, Percutaneous Approach
0VC14ZZ	Extirpation of Matter from Right Seminal Vesicle, Percutaneous Endoscopic Approach
0VC20ZZ	Extirpation of Matter from Left Seminal Vesicle, Open Approach
0VC23ZZ	Extirpation of Matter from Left Seminal Vesicle, Percutaneous Approach
0VC24ZZ	Extirpation of Matter from Left Seminal Vesicle, Percutaneous Endoscopic Approach
0VC30ZZ	Extirpation of Matter from Bilateral Seminal Vesicles, Open Approach
0VC33ZZ	Extirpation of Matter from Bilateral Seminal Vesicles, Percutaneous Approach
0VC34ZZ	Extirpation of Matter from Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0VC50ZZ	Extirpation of Matter from Scrotum, Open Approach
0VC53ZZ	Extirpation of Matter from Scrotum, Percutaneous Approach
0VC54ZZ	Extirpation of Matter from Scrotum, Percutaneous Endoscopic Approach
0VC60ZZ	Extirpation of Matter from Right Tunica Vaginalis, Open Approach
0VC63ZZ	Extirpation of Matter from Right Tunica Vaginalis, Percutaneous Approach
0VC64ZZ	Extirpation of Matter from Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VC70ZZ	Extirpation of Matter from Left Tunica Vaginalis, Open Approach
0VC73ZZ	Extirpation of Matter from Left Tunica Vaginalis, Percutaneous Approach
0VC74ZZ	Extirpation of Matter from Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VC90ZZ	Extirpation of Matter from Right Testis, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VC93ZZ	Extirpation of Matter from Right Testis, Percutaneous Approach
0VC94ZZ	Extirpation of Matter from Right Testis, Percutaneous Endoscopic Approach
0VCB0ZZ	Extirpation of Matter from Left Testis, Open Approach
0VCB3ZZ	Extirpation of Matter from Left Testis, Percutaneous Approach
0VCB4ZZ	Extirpation of Matter from Left Testis, Percutaneous Endoscopic Approach
0VCC0ZZ	Extirpation of Matter from Bilateral Testes, Open Approach
0VCC3ZZ	Extirpation of Matter from Bilateral Testes, Percutaneous Approach
0VCC4ZZ	Extirpation of Matter from Bilateral Testes, Percutaneous Endoscopic Approach
0VCF0ZZ	Extirpation of Matter from Right Spermatic Cord, Open Approach
0VCF3ZZ	Extirpation of Matter from Right Spermatic Cord, Percutaneous Approach
0VCF4ZZ	Extirpation of Matter from Right Spermatic Cord, Percutaneous Endoscopic Approach
0VCG0ZZ	Extirpation of Matter from Left Spermatic Cord, Open Approach
0VCG3ZZ	Extirpation of Matter from Left Spermatic Cord, Percutaneous Approach
0VCG4ZZ	Extirpation of Matter from Left Spermatic Cord, Percutaneous Endoscopic Approach
0VCH0ZZ	Extirpation of Matter from Bilateral Spermatic Cords, Open Approach
0VCH3ZZ	Extirpation of Matter from Bilateral Spermatic Cords, Percutaneous Approach
0VCH4ZZ	Extirpation of Matter from Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VCJ0ZZ	Extirpation of Matter from Right Epididymis, Open Approach
0VCJ3ZZ	Extirpation of Matter from Right Epididymis, Percutaneous Approach
0VCJ4ZZ	Extirpation of Matter from Right Epididymis, Percutaneous Endoscopic Approach
0VCK0ZZ	Extirpation of Matter from Left Epididymis, Open Approach
0VCK3ZZ	Extirpation of Matter from Left Epididymis, Percutaneous Approach
0VCK4ZZ	Extirpation of Matter from Left Epididymis, Percutaneous Endoscopic Approach
0VCL0ZZ	Extirpation of Matter from Bilateral Epididymis, Open Approach
0VCL3ZZ	Extirpation of Matter from Bilateral Epididymis, Percutaneous Approach
0VCL4ZZ	Extirpation of Matter from Bilateral Epididymis, Percutaneous Endoscopic Approach
0VCN0ZZ	Extirpation of Matter from Right Vas Deferens, Open Approach
0VCN3ZZ	Extirpation of Matter from Right Vas Deferens, Percutaneous Approach
0VCN4ZZ	Extirpation of Matter from Right Vas Deferens, Percutaneous Endoscopic Approach
0VCP0ZZ	Extirpation of Matter from Left Vas Deferens, Open Approach
0VCP3ZZ	Extirpation of Matter from Left Vas Deferens, Percutaneous Approach
0VCP4ZZ	Extirpation of Matter from Left Vas Deferens, Percutaneous Endoscopic Approach
0VCQ0ZZ	Extirpation of Matter from Bilateral Vas Deferens, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VCQ3ZZ	Extirpation of Matter from Bilateral Vas Deferens, Percutaneous Approach
0VCQ4ZZ	Extirpation of Matter from Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VCS0ZZ	Extirpation of Matter from Penis, Open Approach
0VCS3ZZ	Extirpation of Matter from Penis, Percutaneous Approach
0VCS4ZZ	Extirpation of Matter from Penis, Percutaneous Endoscopic Approach
0VCT0ZZ	Extirpation of Matter from Prepuce, Open Approach
0VCT3ZZ	Extirpation of Matter from Prepuce, Percutaneous Approach
0VCT4ZZ	Extirpation of Matter from Prepuce, Percutaneous Endoscopic Approach
0VCTXZZ	Extirpation of Matter from Prepuce, External Approach
0VJ40ZZ	Inspection of Prostate and Seminal Vesicles, Open Approach
0VJ43ZZ	Inspection of Prostate and Seminal Vesicles, Percutaneous Approach
0VJ44ZZ	Inspection of Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VJ80ZZ	Inspection of Scrotum and Tunica Vaginalis, Open Approach
0VJ83ZZ	Inspection of Scrotum and Tunica Vaginalis, Percutaneous Approach
0VJ84ZZ	Inspection of Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VJD0ZZ	Inspection of Testis, Open Approach
0VJD3ZZ	Inspection of Testis, Percutaneous Approach
0VJD4ZZ	Inspection of Testis, Percutaneous Endoscopic Approach
0VJM0ZZ	Inspection of Epididymis and Spermatic Cord, Open Approach
0VJM3ZZ	Inspection of Epididymis and Spermatic Cord, Percutaneous Approach
0VJM4ZZ	Inspection of Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VJR0ZZ	Inspection of Vas Deferens, Open Approach
0VJR3ZZ	Inspection of Vas Deferens, Percutaneous Approach
0VJR4ZZ	Inspection of Vas Deferens, Percutaneous Endoscopic Approach
0VJS0ZZ	Inspection of Penis, Open Approach
0VJS3ZZ	Inspection of Penis, Percutaneous Approach
0VJS4ZZ	Inspection of Penis, Percutaneous Endoscopic Approach
0VLF0CZ	Occlusion of Right Spermatic Cord with Extraluminal Device, Open Approach
0VLF0DZ	Occlusion of Right Spermatic Cord with Intraluminal Device, Open Approach
0VLF0ZZ	Occlusion of Right Spermatic Cord, Open Approach
0VLF3CZ	Occlusion of Right Spermatic Cord with Extraluminal Device, Percutaneous Approach
0VLF3DZ	Occlusion of Right Spermatic Cord with Intraluminal Device, Percutaneous Approach
0VLF3ZZ	Occlusion of Right Spermatic Cord, Percutaneous Approach
0VLF4CZ	Occlusion of Right Spermatic Cord with Extraluminal Device, Percutaneous Endoscopic Approach
0VLF4DZ	Occlusion of Right Spermatic Cord with Intraluminal Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VLF4ZZ	Occlusion of Right Spermatic Cord, Percutaneous Endoscopic Approach
0VLG0CZ	Occlusion of Left Spermatic Cord with Extraluminal Device, Open Approach
0VLG0DZ	Occlusion of Left Spermatic Cord with Intraluminal Device, Open Approach
0VLG0ZZ	Occlusion of Left Spermatic Cord, Open Approach
0VLG3CZ	Occlusion of Left Spermatic Cord with Extraluminal Device, Percutaneous Approach
0VLG3DZ	Occlusion of Left Spermatic Cord with Intraluminal Device, Percutaneous Approach
0VLG3ZZ	Occlusion of Left Spermatic Cord, Percutaneous Approach
0VLG4CZ	Occlusion of Left Spermatic Cord with Extraluminal Device, Percutaneous Endoscopic Approach
0VLG4DZ	Occlusion of Left Spermatic Cord with Intraluminal Device, Percutaneous Endoscopic Approach
0VLG4ZZ	Occlusion of Left Spermatic Cord, Percutaneous Endoscopic Approach
0VLH0CZ	Occlusion of Bilateral Spermatic Cords with Extraluminal Device, Open Approach
0VLH0DZ	Occlusion of Bilateral Spermatic Cords with Intraluminal Device, Open Approach
0VLH0ZZ	Occlusion of Bilateral Spermatic Cords, Open Approach
0VLH3CZ	Occlusion of Bilateral Spermatic Cords with Extraluminal Device, Percutaneous Approach
0VLH3DZ	Occlusion of Bilateral Spermatic Cords with Intraluminal Device, Percutaneous Approach
0VLH3ZZ	Occlusion of Bilateral Spermatic Cords, Percutaneous Approach
0VLH4CZ	Occlusion of Bilateral Spermatic Cords with Extraluminal Device, Percutaneous Endoscopic Approach
0VLH4DZ	Occlusion of Bilateral Spermatic Cords with Intraluminal Device, Percutaneous Endoscopic Approach
0VLH4ZZ	Occlusion of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VLN0CZ	Occlusion of Right Vas Deferens with Extraluminal Device, Open Approach
0VLN0DZ	Occlusion of Right Vas Deferens with Intraluminal Device, Open Approach
0VLN0ZZ	Occlusion of Right Vas Deferens, Open Approach
0VLN3CZ	Occlusion of Right Vas Deferens with Extraluminal Device, Percutaneous Approach
0VLN3DZ	Occlusion of Right Vas Deferens with Intraluminal Device, Percutaneous Approach
0VLN3ZZ	Occlusion of Right Vas Deferens, Percutaneous Approach
0VLN4CZ	Occlusion of Right Vas Deferens with Extraluminal Device, Percutaneous Endoscopic Approach
0VLN4DZ	Occlusion of Right Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VLN4ZZ	Occlusion of Right Vas Deferens, Percutaneous Endoscopic Approach
0VLP0CZ	Occlusion of Left Vas Deferens with Extraluminal Device, Open Approach
0VLP0DZ	Occlusion of Left Vas Deferens with Intraluminal Device, Open Approach
0VLP0ZZ	Occlusion of Left Vas Deferens, Open Approach
0VLP3CZ	Occlusion of Left Vas Deferens with Extraluminal Device, Percutaneous Approach
0VLP3DZ	Occlusion of Left Vas Deferens with Intraluminal Device, Percutaneous Approach
0VLP3ZZ	Occlusion of Left Vas Deferens, Percutaneous Approach
0VLP4CZ	Occlusion of Left Vas Deferens with Extraluminal Device, Percutaneous Endoscopic Approach
0VLP4DZ	Occlusion of Left Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach
0VLP4ZZ	Occlusion of Left Vas Deferens, Percutaneous Endoscopic Approach
0VLQ0CZ	Occlusion of Bilateral Vas Deferens with Extraluminal Device, Open Approach
0VLQ0DZ	Occlusion of Bilateral Vas Deferens with Intraluminal Device, Open Approach
0VLQ0ZZ	Occlusion of Bilateral Vas Deferens, Open Approach
0VLQ3CZ	Occlusion of Bilateral Vas Deferens with Extraluminal Device, Percutaneous Approach
0VLQ3DZ	Occlusion of Bilateral Vas Deferens with Intraluminal Device, Percutaneous Approach
0VLQ3ZZ	Occlusion of Bilateral Vas Deferens, Percutaneous Approach
0VLQ4CZ	Occlusion of Bilateral Vas Deferens with Extraluminal Device, Percutaneous Endoscopic Approach
0VLQ4DZ	Occlusion of Bilateral Vas Deferens with Intraluminal Device, Percutaneous Endoscopic Approach
0VLQ4ZZ	Occlusion of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VM5XZZ	Reattachment of Scrotum, External Approach
0VM60ZZ	Reattachment of Right Tunica Vaginalis, Open Approach
0VM64ZZ	Reattachment of Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VM70ZZ	Reattachment of Left Tunica Vaginalis, Open Approach
0VM74ZZ	Reattachment of Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VM90ZZ	Reattachment of Right Testis, Open Approach
0VM94ZZ	Reattachment of Right Testis, Percutaneous Endoscopic Approach
0VMB0ZZ	Reattachment of Left Testis, Open Approach
0VMB4ZZ	Reattachment of Left Testis, Percutaneous Endoscopic Approach
0VMC0ZZ	Reattachment of Bilateral Testes, Open Approach
0VMC4ZZ	Reattachment of Bilateral Testes, Percutaneous Endoscopic Approach
0VMF0ZZ	Reattachment of Right Spermatic Cord, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VMF4ZZ	Reattachment of Right Spermatic Cord, Percutaneous Endoscopic Approach
0VMG0ZZ	Reattachment of Left Spermatic Cord, Open Approach
0VMG4ZZ	Reattachment of Left Spermatic Cord, Percutaneous Endoscopic Approach
0VMH0ZZ	Reattachment of Bilateral Spermatic Cords, Open Approach
0VMH4ZZ	Reattachment of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VN00ZZ	Release Prostate, Open Approach
0VN03ZZ	Release Prostate, Percutaneous Approach
0VN04ZZ	Release Prostate, Percutaneous Endoscopic Approach
0VN07ZZ	Release Prostate, Via Natural or Artificial Opening
0VN08ZZ	Release Prostate, Via Natural or Artificial Opening Endoscopic
0VN10ZZ	Release Right Seminal Vesicle, Open Approach
0VN13ZZ	Release Right Seminal Vesicle, Percutaneous Approach
0VN14ZZ	Release Right Seminal Vesicle, Percutaneous Endoscopic Approach
0VN20ZZ	Release Left Seminal Vesicle, Open Approach
0VN23ZZ	Release Left Seminal Vesicle, Percutaneous Approach
0VN24ZZ	Release Left Seminal Vesicle, Percutaneous Endoscopic Approach
0VN30ZZ	Release Bilateral Seminal Vesicles, Open Approach
0VN33ZZ	Release Bilateral Seminal Vesicles, Percutaneous Approach
0VN34ZZ	Release Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0VN50ZZ	Release Scrotum, Open Approach
0VN53ZZ	Release Scrotum, Percutaneous Approach
0VN54ZZ	Release Scrotum, Percutaneous Endoscopic Approach
0VN5XZZ	Release Scrotum, External Approach
0VN60ZZ	Release Right Tunica Vaginalis, Open Approach
0VN63ZZ	Release Right Tunica Vaginalis, Percutaneous Approach
0VN64ZZ	Release Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VN70ZZ	Release Left Tunica Vaginalis, Open Approach
0VN73ZZ	Release Left Tunica Vaginalis, Percutaneous Approach
0VN74ZZ	Release Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VN90ZZ	Release Right Testis, Open Approach
0VN93ZZ	Release Right Testis, Percutaneous Approach
0VN94ZZ	Release Right Testis, Percutaneous Endoscopic Approach
0VNB0ZZ	Release Left Testis, Open Approach
0VNB3ZZ	Release Left Testis, Percutaneous Approach
0VNB4ZZ	Release Left Testis, Percutaneous Endoscopic Approach
0VNC0ZZ	Release Bilateral Testes, Open Approach
0VNC3ZZ	Release Bilateral Testes, Percutaneous Approach
0VNC4ZZ	Release Bilateral Testes, Percutaneous Endoscopic Approach
0VNF0ZZ	Release Right Spermatic Cord, Open Approach
0VNF3ZZ	Release Right Spermatic Cord, Percutaneous Approach
0VNF4ZZ	Release Right Spermatic Cord, Percutaneous Endoscopic Approach
0VNG0ZZ	Release Left Spermatic Cord, Open Approach
0VNG3ZZ	Release Left Spermatic Cord, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VNG4ZZ	Release Left Spermatic Cord, Percutaneous Endoscopic Approach
0VNH0ZZ	Release Bilateral Spermatic Cords, Open Approach
0VNH3ZZ	Release Bilateral Spermatic Cords, Percutaneous Approach
0VNH4ZZ	Release Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VNJ0ZZ	Release Right Epididymis, Open Approach
0VNJ3ZZ	Release Right Epididymis, Percutaneous Approach
0VNJ4ZZ	Release Right Epididymis, Percutaneous Endoscopic Approach
0VNK0ZZ	Release Left Epididymis, Open Approach
0VNK3ZZ	Release Left Epididymis, Percutaneous Approach
0VNK4ZZ	Release Left Epididymis, Percutaneous Endoscopic Approach
0VNL0ZZ	Release Bilateral Epididymis, Open Approach
0VNL3ZZ	Release Bilateral Epididymis, Percutaneous Approach
0VNL4ZZ	Release Bilateral Epididymis, Percutaneous Endoscopic Approach
0VNN0ZZ	Release Right Vas Deferens, Open Approach
0VNN3ZZ	Release Right Vas Deferens, Percutaneous Approach
0VNN4ZZ	Release Right Vas Deferens, Percutaneous Endoscopic Approach
0VNP0ZZ	Release Left Vas Deferens, Open Approach
0VNP3ZZ	Release Left Vas Deferens, Percutaneous Approach
0VNP4ZZ	Release Left Vas Deferens, Percutaneous Endoscopic Approach
0VNQ0ZZ	Release Bilateral Vas Deferens, Open Approach
0VNQ3ZZ	Release Bilateral Vas Deferens, Percutaneous Approach
0VNQ4ZZ	Release Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VNS0ZZ	Release Penis, Open Approach
0VNS3ZZ	Release Penis, Percutaneous Approach
0VNS4ZZ	Release Penis, Percutaneous Endoscopic Approach
0VNSXZZ	Release Penis, External Approach
0VNT0ZZ	Release Prepuce, Open Approach
0VNT3ZZ	Release Prepuce, Percutaneous Approach
0VNT4ZZ	Release Prepuce, Percutaneous Endoscopic Approach
0VP400Z	Removal of Drainage Device from Prostate and Seminal Vesicles, Open Approach
0VP401Z	Removal of Radioactive Element from Prostate and Seminal Vesicles, Open Approach
0VP403Z	Removal of Infusion Device from Prostate and Seminal Vesicles, Open Approach
0VP407Z	Removal of Autologous Tissue Substitute from Prostate and Seminal Vesicles, Open Approach
0VP40JZ	Removal of Synthetic Substitute from Prostate and Seminal Vesicles, Open Approach
0VP40KZ	Removal of Nonautologous Tissue Substitute from Prostate and Seminal Vesicles, Open Approach
0VP430Z	Removal of Drainage Device from Prostate and Seminal Vesicles, Percutaneous Approach
0VP431Z	Removal of Radioactive Element from Prostate and Seminal Vesicles, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VP433Z	Removal of Infusion Device from Prostate and Seminal Vesicles, Percutaneous Approach
0VP437Z	Removal of Autologous Tissue Substitute from Prostate and Seminal Vesicles, Percutaneous Approach
0VP43JZ	Removal of Synthetic Substitute from Prostate and Seminal Vesicles, Percutaneous Approach
0VP43KZ	Removal of Nonautologous Tissue Substitute from Prostate and Seminal Vesicles, Percutaneous Approach
0VP440Z	Removal of Drainage Device from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP441Z	Removal of Radioactive Element from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP443Z	Removal of Infusion Device from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP447Z	Removal of Autologous Tissue Substitute from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP44JZ	Removal of Synthetic Substitute from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP44KZ	Removal of Nonautologous Tissue Substitute from Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VP470Z	Removal of Drainage Device from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP471Z	Removal of Radioactive Element from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP473Z	Removal of Infusion Device from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP477Z	Removal of Autologous Tissue Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP47JZ	Removal of Synthetic Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP47KZ	Removal of Nonautologous Tissue Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VP480Z	Removal of Drainage Device from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP481Z	Removal of Radioactive Element from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP483Z	Removal of Infusion Device from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP487Z	Removal of Autologous Tissue Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP48JZ	Removal of Synthetic Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP48KZ	Removal of Nonautologous Tissue Substitute from Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VP800Z	Removal of Drainage Device from Scrotum and Tunica Vaginalis, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VP803Z	Removal of Infusion Device from Scrotum and Tunica Vaginalis, Open Approach
0VP807Z	Removal of Autologous Tissue Substitute from Scrotum and Tunica Vaginalis, Open Approach
0VP80JZ	Removal of Synthetic Substitute from Scrotum and Tunica Vaginalis, Open Approach
0VP80KZ	Removal of Nonautologous Tissue Substitute from Scrotum and Tunica Vaginalis, Open Approach
0VP830Z	Removal of Drainage Device from Scrotum and Tunica Vaginalis, Percutaneous Approach
0VP833Z	Removal of Infusion Device from Scrotum and Tunica Vaginalis, Percutaneous Approach
0VP837Z	Removal of Autologous Tissue Substitute from Scrotum and Tunica Vaginalis, Percutaneous Approach
0VP83JZ	Removal of Synthetic Substitute from Scrotum and Tunica Vaginalis, Percutaneous Approach
0VP83KZ	Removal of Nonautologous Tissue Substitute from Scrotum and Tunica Vaginalis, Percutaneous Approach
0VP840Z	Removal of Drainage Device from Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VP843Z	Removal of Infusion Device from Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VP847Z	Removal of Autologous Tissue Substitute from Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VP84JZ	Removal of Synthetic Substitute from Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VP84KZ	Removal of Nonautologous Tissue Substitute from Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VP870Z	Removal of Drainage Device from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VP873Z	Removal of Infusion Device from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VP877Z	Removal of Autologous Tissue Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VP87JZ	Removal of Synthetic Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VP87KZ	Removal of Nonautologous Tissue Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VP880Z	Removal of Drainage Device from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VP883Z	Removal of Infusion Device from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VP887Z	Removal of Autologous Tissue Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VP88JZ	Removal of Synthetic Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VP88KZ	Removal of Nonautologous Tissue Substitute from Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VPD00Z	Removal of Drainage Device from Testis, Open Approach
0VPD03Z	Removal of Infusion Device from Testis, Open Approach
0VPD07Z	Removal of Autologous Tissue Substitute from Testis, Open Approach
0VPD0JZ	Removal of Synthetic Substitute from Testis, Open Approach
0VPD0KZ	Removal of Nonautologous Tissue Substitute from Testis, Open Approach
0VPD30Z	Removal of Drainage Device from Testis, Percutaneous Approach
0VPD33Z	Removal of Infusion Device from Testis, Percutaneous Approach
0VPD37Z	Removal of Autologous Tissue Substitute from Testis, Percutaneous Approach
0VPD3JZ	Removal of Synthetic Substitute from Testis, Percutaneous Approach
0VPD3KZ	Removal of Nonautologous Tissue Substitute from Testis, Percutaneous Approach
0VPD40Z	Removal of Drainage Device from Testis, Percutaneous Endoscopic Approach
0VPD43Z	Removal of Infusion Device from Testis, Percutaneous Endoscopic Approach
0VPD47Z	Removal of Autologous Tissue Substitute from Testis, Percutaneous Endoscopic Approach
0VPD4JZ	Removal of Synthetic Substitute from Testis, Percutaneous Endoscopic Approach
0VPD4KZ	Removal of Nonautologous Tissue Substitute from Testis, Percutaneous Endoscopic Approach
0VPD70Z	Removal of Drainage Device from Testis, Via Natural or Artificial Opening
0VPD73Z	Removal of Infusion Device from Testis, Via Natural or Artificial Opening
0VPD77Z	Removal of Autologous Tissue Substitute from Testis, Via Natural or Artificial Opening
0VPD7JZ	Removal of Synthetic Substitute from Testis, Via Natural or Artificial Opening
0VPD7KZ	Removal of Nonautologous Tissue Substitute from Testis, Via Natural or Artificial Opening
0VPD80Z	Removal of Drainage Device from Testis, Via Natural or Artificial Opening Endoscopic
0VPD83Z	Removal of Infusion Device from Testis, Via Natural or Artificial Opening Endoscopic
0VPD87Z	Removal of Autologous Tissue Substitute from Testis, Via Natural or Artificial Opening Endoscopic
0VPD8JZ	Removal of Synthetic Substitute from Testis, Via Natural or Artificial Opening Endoscopic
0VPD8KZ	Removal of Nonautologous Tissue Substitute from Testis, Via Natural or Artificial Opening Endoscopic
0VPM00Z	Removal of Drainage Device from Epididymis and Spermatic Cord, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VPM03Z	Removal of Infusion Device from Epididymis and Spermatic Cord, Open Approach
0VPM07Z	Removal of Autologous Tissue Substitute from Epididymis and Spermatic Cord, Open Approach
0VPM0CZ	Removal of Extraluminal Device from Epididymis and Spermatic Cord, Open Approach
0VPM0JZ	Removal of Synthetic Substitute from Epididymis and Spermatic Cord, Open Approach
0VPM0KZ	Removal of Nonautologous Tissue Substitute from Epididymis and Spermatic Cord, Open Approach
0VPM30Z	Removal of Drainage Device from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM33Z	Removal of Infusion Device from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM37Z	Removal of Autologous Tissue Substitute from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM3CZ	Removal of Extraluminal Device from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM3JZ	Removal of Synthetic Substitute from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM3KZ	Removal of Nonautologous Tissue Substitute from Epididymis and Spermatic Cord, Percutaneous Approach
0VPM40Z	Removal of Drainage Device from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM43Z	Removal of Infusion Device from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM47Z	Removal of Autologous Tissue Substitute from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM4CZ	Removal of Extraluminal Device from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM4JZ	Removal of Synthetic Substitute from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM4KZ	Removal of Nonautologous Tissue Substitute from Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VPM70Z	Removal of Drainage Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VPM73Z	Removal of Infusion Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VPM77Z	Removal of Autologous Tissue Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VPM7CZ	Removal of Extraluminal Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VPM7JZ	Removal of Synthetic Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VPM7KZ	Removal of Nonautologous Tissue Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VPM80Z	Removal of Drainage Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPM83Z	Removal of Infusion Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPM87Z	Removal of Autologous Tissue Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPM8CZ	Removal of Extraluminal Device from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPM8JZ	Removal of Synthetic Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPM8KZ	Removal of Nonautologous Tissue Substitute from Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VPR00Z	Removal of Drainage Device from Vas Deferens, Open Approach
0VPR03Z	Removal of Infusion Device from Vas Deferens, Open Approach
0VPR07Z	Removal of Autologous Tissue Substitute from Vas Deferens, Open Approach
0VPR0CZ	Removal of Extraluminal Device from Vas Deferens, Open Approach
0VPR0DZ	Removal of Intraluminal Device from Vas Deferens, Open Approach
0VPR0JZ	Removal of Synthetic Substitute from Vas Deferens, Open Approach
0VPR0KZ	Removal of Nonautologous Tissue Substitute from Vas Deferens, Open Approach
0VPR30Z	Removal of Drainage Device from Vas Deferens, Percutaneous Approach
0VPR33Z	Removal of Infusion Device from Vas Deferens, Percutaneous Approach
0VPR37Z	Removal of Autologous Tissue Substitute from Vas Deferens, Percutaneous Approach
0VPR3CZ	Removal of Extraluminal Device from Vas Deferens, Percutaneous Approach
0VPR3DZ	Removal of Intraluminal Device from Vas Deferens, Percutaneous Approach
0VPR3JZ	Removal of Synthetic Substitute from Vas Deferens, Percutaneous Approach
0VPR3KZ	Removal of Nonautologous Tissue Substitute from Vas Deferens, Percutaneous Approach
0VPR40Z	Removal of Drainage Device from Vas Deferens, Percutaneous Endoscopic Approach
0VPR43Z	Removal of Infusion Device from Vas Deferens, Percutaneous Endoscopic Approach
0VPR47Z	Removal of Autologous Tissue Substitute from Vas Deferens, Percutaneous Endoscopic Approach
0VPR4CZ	Removal of Extraluminal Device from Vas Deferens, Percutaneous Endoscopic Approach
0VPR4DZ	Removal of Intraluminal Device from Vas Deferens, Percutaneous Endoscopic Approach
0VPR4JZ	Removal of Synthetic Substitute from Vas Deferens, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VPR4KZ	Removal of Nonautologous Tissue Substitute from Vas Deferens, Percutaneous Endoscopic Approach
0VPR70Z	Removal of Drainage Device from Vas Deferens, Via Natural or Artificial Opening
0VPR73Z	Removal of Infusion Device from Vas Deferens, Via Natural or Artificial Opening
0VPR77Z	Removal of Autologous Tissue Substitute from Vas Deferens, Via Natural or Artificial Opening
0VPR7CZ	Removal of Extraluminal Device from Vas Deferens, Via Natural or Artificial Opening
0VPR7DZ	Removal of Intraluminal Device from Vas Deferens, Via Natural or Artificial Opening
0VPR7JZ	Removal of Synthetic Substitute from Vas Deferens, Via Natural or Artificial Opening
0VPR7KZ	Removal of Nonautologous Tissue Substitute from Vas Deferens, Via Natural or Artificial Opening
0VPR80Z	Removal of Drainage Device from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR83Z	Removal of Infusion Device from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR87Z	Removal of Autologous Tissue Substitute from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR8CZ	Removal of Extraluminal Device from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR8DZ	Removal of Intraluminal Device from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR8JZ	Removal of Synthetic Substitute from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPR8KZ	Removal of Nonautologous Tissue Substitute from Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VPS00Z	Removal of Drainage Device from Penis, Open Approach
0VPS03Z	Removal of Infusion Device from Penis, Open Approach
0VPS07Z	Removal of Autologous Tissue Substitute from Penis, Open Approach
0VPS0JZ	Removal of Synthetic Substitute from Penis, Open Approach
0VPS0KZ	Removal of Nonautologous Tissue Substitute from Penis, Open Approach
0VPS30Z	Removal of Drainage Device from Penis, Percutaneous Approach
0VPS33Z	Removal of Infusion Device from Penis, Percutaneous Approach
0VPS37Z	Removal of Autologous Tissue Substitute from Penis, Percutaneous Approach
0VPS3JZ	Removal of Synthetic Substitute from Penis, Percutaneous Approach
0VPS3KZ	Removal of Nonautologous Tissue Substitute from Penis, Percutaneous Approach
0VPS40Z	Removal of Drainage Device from Penis, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VPS43Z	Removal of Infusion Device from Penis, Percutaneous Endoscopic Approach
0VPS47Z	Removal of Autologous Tissue Substitute from Penis, Percutaneous Endoscopic Approach
0VPS4JZ	Removal of Synthetic Substitute from Penis, Percutaneous Endoscopic Approach
0VPS4KZ	Removal of Nonautologous Tissue Substitute from Penis, Percutaneous Endoscopic Approach
0VPS70Z	Removal of Drainage Device from Penis, Via Natural or Artificial Opening
0VPS73Z	Removal of Infusion Device from Penis, Via Natural or Artificial Opening
0VPS77Z	Removal of Autologous Tissue Substitute from Penis, Via Natural or Artificial Opening
0VPS7JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening
0VPS7KZ	Removal of Nonautologous Tissue Substitute from Penis, Via Natural or Artificial Opening
0VPS80Z	Removal of Drainage Device from Penis, Via Natural or Artificial Opening Endoscopic
0VPS83Z	Removal of Infusion Device from Penis, Via Natural or Artificial Opening Endoscopic
0VPS87Z	Removal of Autologous Tissue Substitute from Penis, Via Natural or Artificial Opening Endoscopic
0VPS8JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening Endoscopic
0VPS8KZ	Removal of Nonautologous Tissue Substitute from Penis, Via Natural or Artificial Opening Endoscopic
0VQ00ZZ	Repair Prostate, Open Approach
0VQ03ZZ	Repair Prostate, Percutaneous Approach
0VQ04ZZ	Repair Prostate, Percutaneous Endoscopic Approach
0VQ07ZZ	Repair Prostate, Via Natural or Artificial Opening
0VQ08ZZ	Repair Prostate, Via Natural or Artificial Opening Endoscopic
0VQ10ZZ	Repair Right Seminal Vesicle, Open Approach
0VQ13ZZ	Repair Right Seminal Vesicle, Percutaneous Approach
0VQ14ZZ	Repair Right Seminal Vesicle, Percutaneous Endoscopic Approach
0VQ20ZZ	Repair Left Seminal Vesicle, Open Approach
0VQ23ZZ	Repair Left Seminal Vesicle, Percutaneous Approach
0VQ24ZZ	Repair Left Seminal Vesicle, Percutaneous Endoscopic Approach
0VQ30ZZ	Repair Bilateral Seminal Vesicles, Open Approach
0VQ33ZZ	Repair Bilateral Seminal Vesicles, Percutaneous Approach
0VQ34ZZ	Repair Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0VQ50ZZ	Repair Scrotum, Open Approach
0VQ53ZZ	Repair Scrotum, Percutaneous Approach
0VQ54ZZ	Repair Scrotum, Percutaneous Endoscopic Approach
0VQ5XZZ	Repair Scrotum, External Approach
0VQ60ZZ	Repair Right Tunica Vaginalis, Open Approach
0VQ63ZZ	Repair Right Tunica Vaginalis, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VQ64ZZ	Repair Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VQ70ZZ	Repair Left Tunica Vaginalis, Open Approach
0VQ73ZZ	Repair Left Tunica Vaginalis, Percutaneous Approach
0VQ74ZZ	Repair Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VQ90ZZ	Repair Right Testis, Open Approach
0VQ93ZZ	Repair Right Testis, Percutaneous Approach
0VQ94ZZ	Repair Right Testis, Percutaneous Endoscopic Approach
0VQB0ZZ	Repair Left Testis, Open Approach
0VQB3ZZ	Repair Left Testis, Percutaneous Approach
0VQB4ZZ	Repair Left Testis, Percutaneous Endoscopic Approach
0VQC0ZZ	Repair Bilateral Testes, Open Approach
0VQC3ZZ	Repair Bilateral Testes, Percutaneous Approach
0VQC4ZZ	Repair Bilateral Testes, Percutaneous Endoscopic Approach
0VQF0ZZ	Repair Right Spermatic Cord, Open Approach
0VQF3ZZ	Repair Right Spermatic Cord, Percutaneous Approach
0VQF4ZZ	Repair Right Spermatic Cord, Percutaneous Endoscopic Approach
0VQG0ZZ	Repair Left Spermatic Cord, Open Approach
0VQG3ZZ	Repair Left Spermatic Cord, Percutaneous Approach
0VQG4ZZ	Repair Left Spermatic Cord, Percutaneous Endoscopic Approach
0VQH0ZZ	Repair Bilateral Spermatic Cords, Open Approach
0VQH3ZZ	Repair Bilateral Spermatic Cords, Percutaneous Approach
0VQH4ZZ	Repair Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VQJ0ZZ	Repair Right Epididymis, Open Approach
0VQJ3ZZ	Repair Right Epididymis, Percutaneous Approach
0VQJ4ZZ	Repair Right Epididymis, Percutaneous Endoscopic Approach
0VQK0ZZ	Repair Left Epididymis, Open Approach
0VQK3ZZ	Repair Left Epididymis, Percutaneous Approach
0VQK4ZZ	Repair Left Epididymis, Percutaneous Endoscopic Approach
0VQL0ZZ	Repair Bilateral Epididymis, Open Approach
0VQL3ZZ	Repair Bilateral Epididymis, Percutaneous Approach
0VQL4ZZ	Repair Bilateral Epididymis, Percutaneous Endoscopic Approach
0VQN0ZZ	Repair Right Vas Deferens, Open Approach
0VQN3ZZ	Repair Right Vas Deferens, Percutaneous Approach
0VQN4ZZ	Repair Right Vas Deferens, Percutaneous Endoscopic Approach
0VQP0ZZ	Repair Left Vas Deferens, Open Approach
0VQP3ZZ	Repair Left Vas Deferens, Percutaneous Approach
0VQP4ZZ	Repair Left Vas Deferens, Percutaneous Endoscopic Approach
0VQQ0ZZ	Repair Bilateral Vas Deferens, Open Approach
0VQQ3ZZ	Repair Bilateral Vas Deferens, Percutaneous Approach
0VQQ4ZZ	Repair Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VQS0ZZ	Repair Penis, Open Approach
0VQS3ZZ	Repair Penis, Percutaneous Approach
0VQS4ZZ	Repair Penis, Percutaneous Endoscopic Approach
0VQSXZZ	Repair Penis, External Approach
0VQT0ZZ	Repair Prepuce, Open Approach
0VQT3ZZ	Repair Prepuce, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VQT4ZZ	Repair Prepuce, Percutaneous Endoscopic Approach
0VQTXZZ	Repair Prepuce, External Approach
0VR90JZ	Replacement of Right Testis with Synthetic Substitute, Open Approach
0VRB0JZ	Replacement of Left Testis with Synthetic Substitute, Open Approach
0VRC0JZ	Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0VS90ZZ	Reposition Right Testis, Open Approach
0VS93ZZ	Reposition Right Testis, Percutaneous Approach
0VS94ZZ	Reposition Right Testis, Percutaneous Endoscopic Approach
0VSB0ZZ	Reposition Left Testis, Open Approach
0VSB3ZZ	Reposition Left Testis, Percutaneous Approach
0VSB4ZZ	Reposition Left Testis, Percutaneous Endoscopic Approach
0VSC0ZZ	Reposition Bilateral Testes, Open Approach
0VSC3ZZ	Reposition Bilateral Testes, Percutaneous Approach
0VSC4ZZ	Reposition Bilateral Testes, Percutaneous Endoscopic Approach
0VT07ZZ	Resection of Prostate, Via Natural or Artificial Opening
0VT08ZZ	Resection of Prostate, Via Natural or Artificial Opening Endoscopic
0VT10ZZ	Resection of Right Seminal Vesicle, Open Approach
0VT14ZZ	Resection of Right Seminal Vesicle, Percutaneous Endoscopic Approach
0VT20ZZ	Resection of Left Seminal Vesicle, Open Approach
0VT24ZZ	Resection of Left Seminal Vesicle, Percutaneous Endoscopic Approach
0VT30ZZ	Resection of Bilateral Seminal Vesicles, Open Approach
0VT34ZZ	Resection of Bilateral Seminal Vesicles, Percutaneous Endoscopic Approach
0VT50ZZ	Resection of Scrotum, Open Approach
0VT54ZZ	Resection of Scrotum, Percutaneous Endoscopic Approach
0VT5XZZ	Resection of Scrotum, External Approach
0VT60ZZ	Resection of Right Tunica Vaginalis, Open Approach
0VT64ZZ	Resection of Right Tunica Vaginalis, Percutaneous Endoscopic Approach
0VT70ZZ	Resection of Left Tunica Vaginalis, Open Approach
0VT74ZZ	Resection of Left Tunica Vaginalis, Percutaneous Endoscopic Approach
0VT90ZZ	Resection of Right Testis, Open Approach
0VT94ZZ	Resection of Right Testis, Percutaneous Endoscopic Approach
0VTB0ZZ	Resection of Left Testis, Open Approach
0VTB4ZZ	Resection of Left Testis, Percutaneous Endoscopic Approach
0VTC0ZZ	Resection of Bilateral Testes, Open Approach
0VTC4ZZ	Resection of Bilateral Testes, Percutaneous Endoscopic Approach
0VTF0ZZ	Resection of Right Spermatic Cord, Open Approach
0VTF4ZZ	Resection of Right Spermatic Cord, Percutaneous Endoscopic Approach
0VTG0ZZ	Resection of Left Spermatic Cord, Open Approach
0VTG4ZZ	Resection of Left Spermatic Cord, Percutaneous Endoscopic Approach
0VTH0ZZ	Resection of Bilateral Spermatic Cords, Open Approach
0VTH4ZZ	Resection of Bilateral Spermatic Cords, Percutaneous Endoscopic Approach
0VTJ0ZZ	Resection of Right Epididymis, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VTJ4ZZ	Resection of Right Epididymis, Percutaneous Endoscopic Approach
0VTK0ZZ	Resection of Left Epididymis, Open Approach
0VTK4ZZ	Resection of Left Epididymis, Percutaneous Endoscopic Approach
0VTL0ZZ	Resection of Bilateral Epididymis, Open Approach
0VTL4ZZ	Resection of Bilateral Epididymis, Percutaneous Endoscopic Approach
0VTN0ZZ	Resection of Right Vas Deferens, Open Approach
0VTN4ZZ	Resection of Right Vas Deferens, Percutaneous Endoscopic Approach
0VTP0ZZ	Resection of Left Vas Deferens, Open Approach
0VTP4ZZ	Resection of Left Vas Deferens, Percutaneous Endoscopic Approach
0VTQ0ZZ	Resection of Bilateral Vas Deferens, Open Approach
0VTQ4ZZ	Resection of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
0VTS0ZZ	Resection of Penis, Open Approach
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0VTT0ZZ	Resection of Prepuce, Open Approach
0VTT4ZZ	Resection of Prepuce, Percutaneous Endoscopic Approach
0VTTXZZ	Resection of Prepuce, External Approach
0VU107Z	Supplement Right Seminal Vesicle with Autologous Tissue Substitute, Open Approach
0VU10JZ	Supplement Right Seminal Vesicle with Synthetic Substitute, Open Approach
0VU10KZ	Supplement Right Seminal Vesicle with Nonautologous Tissue Substitute, Open Approach
0VU147Z	Supplement Right Seminal Vesicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU14JZ	Supplement Right Seminal Vesicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0VU14KZ	Supplement Right Seminal Vesicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU207Z	Supplement Left Seminal Vesicle with Autologous Tissue Substitute, Open Approach
0VU20JZ	Supplement Left Seminal Vesicle with Synthetic Substitute, Open Approach
0VU20KZ	Supplement Left Seminal Vesicle with Nonautologous Tissue Substitute, Open Approach
0VU247Z	Supplement Left Seminal Vesicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU24JZ	Supplement Left Seminal Vesicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0VU24KZ	Supplement Left Seminal Vesicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU307Z	Supplement Bilateral Seminal Vesicles with Autologous Tissue Substitute, Open Approach
0VU30JZ	Supplement Bilateral Seminal Vesicles with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VU30KZ	Supplement Bilateral Seminal Vesicles with Nonautologous Tissue Substitute, Open Approach
0VU347Z	Supplement Bilateral Seminal Vesicles with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU34JZ	Supplement Bilateral Seminal Vesicles with Synthetic Substitute, Percutaneous Endoscopic Approach
0VU34KZ	Supplement Bilateral Seminal Vesicles with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU507Z	Supplement Scrotum with Autologous Tissue Substitute, Open Approach
0VU50JZ	Supplement Scrotum with Synthetic Substitute, Open Approach
0VU50KZ	Supplement Scrotum with Nonautologous Tissue Substitute, Open Approach
0VU547Z	Supplement Scrotum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU54JZ	Supplement Scrotum with Synthetic Substitute, Percutaneous Endoscopic Approach
0VU54KZ	Supplement Scrotum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU5X7Z	Supplement Scrotum with Autologous Tissue Substitute, External Approach
0VU5XJZ	Supplement Scrotum with Synthetic Substitute, External Approach
0VU5XKZ	Supplement Scrotum with Nonautologous Tissue Substitute, External Approach
0VU607Z	Supplement Right Tunica Vaginalis with Autologous Tissue Substitute, Open Approach
0VU60JZ	Supplement Right Tunica Vaginalis with Synthetic Substitute, Open Approach
0VU60KZ	Supplement Right Tunica Vaginalis with Nonautologous Tissue Substitute, Open Approach
0VU647Z	Supplement Right Tunica Vaginalis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU64JZ	Supplement Right Tunica Vaginalis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VU64KZ	Supplement Right Tunica Vaginalis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU707Z	Supplement Left Tunica Vaginalis with Autologous Tissue Substitute, Open Approach
0VU70JZ	Supplement Left Tunica Vaginalis with Synthetic Substitute, Open Approach
0VU70KZ	Supplement Left Tunica Vaginalis with Nonautologous Tissue Substitute, Open Approach
0VU747Z	Supplement Left Tunica Vaginalis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU74JZ	Supplement Left Tunica Vaginalis with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VU74KZ	Supplement Left Tunica Vaginalis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VU907Z	Supplement Right Testis with Autologous Tissue Substitute, Open Approach
0VU90JZ	Supplement Right Testis with Synthetic Substitute, Open Approach
0VU90KZ	Supplement Right Testis with Nonautologous Tissue Substitute, Open Approach
0VUB07Z	Supplement Left Testis with Autologous Tissue Substitute, Open Approach
0VUB0JZ	Supplement Left Testis with Synthetic Substitute, Open Approach
0VUB0KZ	Supplement Left Testis with Nonautologous Tissue Substitute, Open Approach
0VUC07Z	Supplement Bilateral Testes with Autologous Tissue Substitute, Open Approach
0VUC0JZ	Supplement Bilateral Testes with Synthetic Substitute, Open Approach
0VUC0KZ	Supplement Bilateral Testes with Nonautologous Tissue Substitute, Open Approach
0VUF07Z	Supplement Right Spermatic Cord with Autologous Tissue Substitute, Open Approach
0VUF0JZ	Supplement Right Spermatic Cord with Synthetic Substitute, Open Approach
0VUF0KZ	Supplement Right Spermatic Cord with Nonautologous Tissue Substitute, Open Approach
0VUF47Z	Supplement Right Spermatic Cord with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUF4JZ	Supplement Right Spermatic Cord with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUF4KZ	Supplement Right Spermatic Cord with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUG07Z	Supplement Left Spermatic Cord with Autologous Tissue Substitute, Open Approach
0VUG0JZ	Supplement Left Spermatic Cord with Synthetic Substitute, Open Approach
0VUG0KZ	Supplement Left Spermatic Cord with Nonautologous Tissue Substitute, Open Approach
0VUG47Z	Supplement Left Spermatic Cord with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUG4JZ	Supplement Left Spermatic Cord with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUG4KZ	Supplement Left Spermatic Cord with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUH07Z	Supplement Bilateral Spermatic Cords with Autologous Tissue Substitute, Open Approach
0VUH0JZ	Supplement Bilateral Spermatic Cords with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VUH0KZ	Supplement Bilateral Spermatic Cords with Nonautologous Tissue Substitute, Open Approach
0VUH47Z	Supplement Bilateral Spermatic Cords with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUH4JZ	Supplement Bilateral Spermatic Cords with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUH4KZ	Supplement Bilateral Spermatic Cords with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUJ07Z	Supplement Right Epididymis with Autologous Tissue Substitute, Open Approach
0VUJ0JZ	Supplement Right Epididymis with Synthetic Substitute, Open Approach
0VUJ0KZ	Supplement Right Epididymis with Nonautologous Tissue Substitute, Open Approach
0VUJ47Z	Supplement Right Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUJ4JZ	Supplement Right Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUJ4KZ	Supplement Right Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUK07Z	Supplement Left Epididymis with Autologous Tissue Substitute, Open Approach
0VUK0JZ	Supplement Left Epididymis with Synthetic Substitute, Open Approach
0VUK0KZ	Supplement Left Epididymis with Nonautologous Tissue Substitute, Open Approach
0VUK47Z	Supplement Left Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUK4JZ	Supplement Left Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUK4KZ	Supplement Left Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUL07Z	Supplement Bilateral Epididymis with Autologous Tissue Substitute, Open Approach
0VUL0JZ	Supplement Bilateral Epididymis with Synthetic Substitute, Open Approach
0VUL0KZ	Supplement Bilateral Epididymis with Nonautologous Tissue Substitute, Open Approach
0VUL47Z	Supplement Bilateral Epididymis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUL4JZ	Supplement Bilateral Epididymis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUL4KZ	Supplement Bilateral Epididymis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUN07Z	Supplement Right Vas Deferens with Autologous Tissue Substitute, Open Approach
0VUN0JZ	Supplement Right Vas Deferens with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VUN0KZ	Supplement Right Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0VUN47Z	Supplement Right Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUN4JZ	Supplement Right Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUN4KZ	Supplement Right Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUP07Z	Supplement Left Vas Deferens with Autologous Tissue Substitute, Open Approach
0VUP0JZ	Supplement Left Vas Deferens with Synthetic Substitute, Open Approach
0VUP0KZ	Supplement Left Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0VUP47Z	Supplement Left Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUP4JZ	Supplement Left Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUP4KZ	Supplement Left Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUQ07Z	Supplement Bilateral Vas Deferens with Autologous Tissue Substitute, Open Approach
0VUQ0JZ	Supplement Bilateral Vas Deferens with Synthetic Substitute, Open Approach
0VUQ0KZ	Supplement Bilateral Vas Deferens with Nonautologous Tissue Substitute, Open Approach
0VUQ47Z	Supplement Bilateral Vas Deferens with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUQ4JZ	Supplement Bilateral Vas Deferens with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUQ4KZ	Supplement Bilateral Vas Deferens with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUSX7Z	Supplement Penis with Autologous Tissue Substitute, External Approach
0VUSXJZ	Supplement Penis with Synthetic Substitute, External Approach
0VUSXKZ	Supplement Penis with Nonautologous Tissue Substitute, External Approach
0VUT07Z	Supplement Prepuce with Autologous Tissue Substitute, Open Approach
0VUT0JZ	Supplement Prepuce with Synthetic Substitute, Open Approach
0VUT0KZ	Supplement Prepuce with Nonautologous Tissue Substitute, Open Approach
0VUT47Z	Supplement Prepuce with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUT4JZ	Supplement Prepuce with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VUT4KZ	Supplement Prepuce with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUTX7Z	Supplement Prepuce with Autologous Tissue Substitute, External Approach
0VUTXJZ	Supplement Prepuce with Synthetic Substitute, External Approach
0VUTXKZ	Supplement Prepuce with Nonautologous Tissue Substitute, External Approach
0VW400Z	Revision of Drainage Device in Prostate and Seminal Vesicles, Open Approach
0VW403Z	Revision of Infusion Device in Prostate and Seminal Vesicles, Open Approach
0VW407Z	Revision of Autologous Tissue Substitute in Prostate and Seminal Vesicles, Open Approach
0VW40JZ	Revision of Synthetic Substitute in Prostate and Seminal Vesicles, Open Approach
0VW40KZ	Revision of Nonautologous Tissue Substitute in Prostate and Seminal Vesicles, Open Approach
0VW430Z	Revision of Drainage Device in Prostate and Seminal Vesicles, Percutaneous Approach
0VW433Z	Revision of Infusion Device in Prostate and Seminal Vesicles, Percutaneous Approach
0VW437Z	Revision of Autologous Tissue Substitute in Prostate and Seminal Vesicles, Percutaneous Approach
0VW43JZ	Revision of Synthetic Substitute in Prostate and Seminal Vesicles, Percutaneous Approach
0VW43KZ	Revision of Nonautologous Tissue Substitute in Prostate and Seminal Vesicles, Percutaneous Approach
0VW440Z	Revision of Drainage Device in Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VW443Z	Revision of Infusion Device in Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VW447Z	Revision of Autologous Tissue Substitute in Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VW44JZ	Revision of Synthetic Substitute in Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VW44KZ	Revision of Nonautologous Tissue Substitute in Prostate and Seminal Vesicles, Percutaneous Endoscopic Approach
0VW470Z	Revision of Drainage Device in Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VW473Z	Revision of Infusion Device in Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VW477Z	Revision of Autologous Tissue Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VW47JZ	Revision of Synthetic Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VW47KZ	Revision of Nonautologous Tissue Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening
0VW480Z	Revision of Drainage Device in Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VW483Z	Revision of Infusion Device in Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VW487Z	Revision of Autologous Tissue Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VW48JZ	Revision of Synthetic Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VW48KZ	Revision of Nonautologous Tissue Substitute in Prostate and Seminal Vesicles, Via Natural or Artificial Opening Endoscopic
0VW800Z	Revision of Drainage Device in Scrotum and Tunica Vaginalis, Open Approach
0VW803Z	Revision of Infusion Device in Scrotum and Tunica Vaginalis, Open Approach
0VW807Z	Revision of Autologous Tissue Substitute in Scrotum and Tunica Vaginalis, Open Approach
0VW80JZ	Revision of Synthetic Substitute in Scrotum and Tunica Vaginalis, Open Approach
0VW80KZ	Revision of Nonautologous Tissue Substitute in Scrotum and Tunica Vaginalis, Open Approach
0VW830Z	Revision of Drainage Device in Scrotum and Tunica Vaginalis, Percutaneous Approach
0VW833Z	Revision of Infusion Device in Scrotum and Tunica Vaginalis, Percutaneous Approach
0VW837Z	Revision of Autologous Tissue Substitute in Scrotum and Tunica Vaginalis, Percutaneous Approach
0VW83JZ	Revision of Synthetic Substitute in Scrotum and Tunica Vaginalis, Percutaneous Approach
0VW83KZ	Revision of Nonautologous Tissue Substitute in Scrotum and Tunica Vaginalis, Percutaneous Approach
0VW840Z	Revision of Drainage Device in Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VW843Z	Revision of Infusion Device in Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VW847Z	Revision of Autologous Tissue Substitute in Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VW84JZ	Revision of Synthetic Substitute in Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VW84KZ	Revision of Nonautologous Tissue Substitute in Scrotum and Tunica Vaginalis, Percutaneous Endoscopic Approach
0VW870Z	Revision of Drainage Device in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VW873Z	Revision of Infusion Device in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VW877Z	Revision of Autologous Tissue Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VW87JZ	Revision of Synthetic Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VW87KZ	Revision of Nonautologous Tissue Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening
0VW880Z	Revision of Drainage Device in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VW883Z	Revision of Infusion Device in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VW887Z	Revision of Autologous Tissue Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VW88JZ	Revision of Synthetic Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VW88KZ	Revision of Nonautologous Tissue Substitute in Scrotum and Tunica Vaginalis, Via Natural or Artificial Opening Endoscopic
0VWD00Z	Revision of Drainage Device in Testis, Open Approach
0VWD03Z	Revision of Infusion Device in Testis, Open Approach
0VWD07Z	Revision of Autologous Tissue Substitute in Testis, Open Approach
0VWD0JZ	Revision of Synthetic Substitute in Testis, Open Approach
0VWD0KZ	Revision of Nonautologous Tissue Substitute in Testis, Open Approach
0VWD30Z	Revision of Drainage Device in Testis, Percutaneous Approach
0VWD33Z	Revision of Infusion Device in Testis, Percutaneous Approach
0VWD37Z	Revision of Autologous Tissue Substitute in Testis, Percutaneous Approach
0VWD3JZ	Revision of Synthetic Substitute in Testis, Percutaneous Approach
0VWD3KZ	Revision of Nonautologous Tissue Substitute in Testis, Percutaneous Approach
0VWD40Z	Revision of Drainage Device in Testis, Percutaneous Endoscopic Approach
0VWD43Z	Revision of Infusion Device in Testis, Percutaneous Endoscopic Approach
0VWD47Z	Revision of Autologous Tissue Substitute in Testis, Percutaneous Endoscopic Approach
0VWD4JZ	Revision of Synthetic Substitute in Testis, Percutaneous Endoscopic Approach
0VWD4KZ	Revision of Nonautologous Tissue Substitute in Testis, Percutaneous Endoscopic Approach
0VWD70Z	Revision of Drainage Device in Testis, Via Natural or Artificial Opening
0VWD73Z	Revision of Infusion Device in Testis, Via Natural or Artificial Opening
0VWD77Z	Revision of Autologous Tissue Substitute in Testis, Via Natural or Artificial Opening
0VWD7JZ	Revision of Synthetic Substitute in Testis, Via Natural or Artificial Opening
0VWD7KZ	Revision of Nonautologous Tissue Substitute in Testis, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VWD80Z	Revision of Drainage Device in Testis, Via Natural or Artificial Opening Endoscopic
0VWD83Z	Revision of Infusion Device in Testis, Via Natural or Artificial Opening Endoscopic
0VWD87Z	Revision of Autologous Tissue Substitute in Testis, Via Natural or Artificial Opening Endoscopic
0VWD8JZ	Revision of Synthetic Substitute in Testis, Via Natural or Artificial Opening Endoscopic
0VWD8KZ	Revision of Nonautologous Tissue Substitute in Testis, Via Natural or Artificial Opening Endoscopic
0VWM00Z	Revision of Drainage Device in Epididymis and Spermatic Cord, Open Approach
0VWM03Z	Revision of Infusion Device in Epididymis and Spermatic Cord, Open Approach
0VWM07Z	Revision of Autologous Tissue Substitute in Epididymis and Spermatic Cord, Open Approach
0VWM0CZ	Revision of Extraluminal Device in Epididymis and Spermatic Cord, Open Approach
0VWM0JZ	Revision of Synthetic Substitute in Epididymis and Spermatic Cord, Open Approach
0VWM0KZ	Revision of Nonautologous Tissue Substitute in Epididymis and Spermatic Cord, Open Approach
0VWM30Z	Revision of Drainage Device in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM33Z	Revision of Infusion Device in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM37Z	Revision of Autologous Tissue Substitute in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM3CZ	Revision of Extraluminal Device in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM3JZ	Revision of Synthetic Substitute in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM3KZ	Revision of Nonautologous Tissue Substitute in Epididymis and Spermatic Cord, Percutaneous Approach
0VWM40Z	Revision of Drainage Device in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VWM43Z	Revision of Infusion Device in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VWM47Z	Revision of Autologous Tissue Substitute in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VWM4CZ	Revision of Extraluminal Device in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VWM4JZ	Revision of Synthetic Substitute in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach
0VWM4KZ	Revision of Nonautologous Tissue Substitute in Epididymis and Spermatic Cord, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VWM70Z	Revision of Drainage Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM73Z	Revision of Infusion Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM77Z	Revision of Autologous Tissue Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM7CZ	Revision of Extraluminal Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM7JZ	Revision of Synthetic Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM7KZ	Revision of Nonautologous Tissue Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening
0VWM80Z	Revision of Drainage Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWM83Z	Revision of Infusion Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWM87Z	Revision of Autologous Tissue Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWM8CZ	Revision of Extraluminal Device in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWM8JZ	Revision of Synthetic Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWM8KZ	Revision of Nonautologous Tissue Substitute in Epididymis and Spermatic Cord, Via Natural or Artificial Opening Endoscopic
0VWR00Z	Revision of Drainage Device in Vas Deferens, Open Approach
0VWR03Z	Revision of Infusion Device in Vas Deferens, Open Approach
0VWR07Z	Revision of Autologous Tissue Substitute in Vas Deferens, Open Approach
0VWR0CZ	Revision of Extraluminal Device in Vas Deferens, Open Approach
0VWR0DZ	Revision of Intraluminal Device in Vas Deferens, Open Approach
0VWR0JZ	Revision of Synthetic Substitute in Vas Deferens, Open Approach
0VWR0KZ	Revision of Nonautologous Tissue Substitute in Vas Deferens, Open Approach
0VWR30Z	Revision of Drainage Device in Vas Deferens, Percutaneous Approach
0VWR33Z	Revision of Infusion Device in Vas Deferens, Percutaneous Approach
0VWR37Z	Revision of Autologous Tissue Substitute in Vas Deferens, Percutaneous Approach
0VWR3CZ	Revision of Extraluminal Device in Vas Deferens, Percutaneous Approach
0VWR3DZ	Revision of Intraluminal Device in Vas Deferens, Percutaneous Approach
0VWR3JZ	Revision of Synthetic Substitute in Vas Deferens, Percutaneous Approach
0VWR3KZ	Revision of Nonautologous Tissue Substitute in Vas Deferens, Percutaneous Approach
0VWR40Z	Revision of Drainage Device in Vas Deferens, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VWR43Z	Revision of Infusion Device in Vas Deferens, Percutaneous Endoscopic Approach
0VWR47Z	Revision of Autologous Tissue Substitute in Vas Deferens, Percutaneous Endoscopic Approach
0VWR4CZ	Revision of Extraluminal Device in Vas Deferens, Percutaneous Endoscopic Approach
0VWR4DZ	Revision of Intraluminal Device in Vas Deferens, Percutaneous Endoscopic Approach
0VWR4JZ	Revision of Synthetic Substitute in Vas Deferens, Percutaneous Endoscopic Approach
0VWR4KZ	Revision of Nonautologous Tissue Substitute in Vas Deferens, Percutaneous Endoscopic Approach
0VWR70Z	Revision of Drainage Device in Vas Deferens, Via Natural or Artificial Opening
0VWR73Z	Revision of Infusion Device in Vas Deferens, Via Natural or Artificial Opening
0VWR77Z	Revision of Autologous Tissue Substitute in Vas Deferens, Via Natural or Artificial Opening
0VWR7CZ	Revision of Extraluminal Device in Vas Deferens, Via Natural or Artificial Opening
0VWR7DZ	Revision of Intraluminal Device in Vas Deferens, Via Natural or Artificial Opening
0VWR7JZ	Revision of Synthetic Substitute in Vas Deferens, Via Natural or Artificial Opening
0VWR7KZ	Revision of Nonautologous Tissue Substitute in Vas Deferens, Via Natural or Artificial Opening
0VWR80Z	Revision of Drainage Device in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR83Z	Revision of Infusion Device in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR87Z	Revision of Autologous Tissue Substitute in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR8CZ	Revision of Extraluminal Device in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR8DZ	Revision of Intraluminal Device in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR8JZ	Revision of Synthetic Substitute in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWR8KZ	Revision of Nonautologous Tissue Substitute in Vas Deferens, Via Natural or Artificial Opening Endoscopic
0VWS00Z	Revision of Drainage Device in Penis, Open Approach
0VWS03Z	Revision of Infusion Device in Penis, Open Approach
0VWS07Z	Revision of Autologous Tissue Substitute in Penis, Open Approach
0VWS0JZ	Revision of Synthetic Substitute in Penis, Open Approach
0VWS0KZ	Revision of Nonautologous Tissue Substitute in Penis, Open Approach
0VWS30Z	Revision of Drainage Device in Penis, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
ICD-10 Code	Description
0VWS33Z	Revision of Infusion Device in Penis, Percutaneous Approach
0VWS37Z	Revision of Autologous Tissue Substitute in Penis, Percutaneous Approach
0VWS3JZ	Revision of Synthetic Substitute in Penis, Percutaneous Approach
0VWS3KZ	Revision of Nonautologous Tissue Substitute in Penis, Percutaneous Approach
0VWS40Z	Revision of Drainage Device in Penis, Percutaneous Endoscopic Approach
0VWS43Z	Revision of Infusion Device in Penis, Percutaneous Endoscopic Approach
0VWS47Z	Revision of Autologous Tissue Substitute in Penis, Percutaneous Endoscopic Approach
0VWS4JZ	Revision of Synthetic Substitute in Penis, Percutaneous Endoscopic Approach
0VWS4KZ	Revision of Nonautologous Tissue Substitute in Penis, Percutaneous Endoscopic Approach
0VWS70Z	Revision of Drainage Device in Penis, Via Natural or Artificial Opening
0VWS73Z	Revision of Infusion Device in Penis, Via Natural or Artificial Opening
0VWS77Z	Revision of Autologous Tissue Substitute in Penis, Via Natural or Artificial Opening
0VWS7JZ	Revision of Synthetic Substitute in Penis, Via Natural or Artificial Opening
0VWS7KZ	Revision of Nonautologous Tissue Substitute in Penis, Via Natural or Artificial Opening
0VWS80Z	Revision of Drainage Device in Penis, Via Natural or Artificial Opening Endoscopic
0VWS83Z	Revision of Infusion Device in Penis, Via Natural or Artificial Opening Endoscopic
0VWS87Z	Revision of Autologous Tissue Substitute in Penis, Via Natural or Artificial Opening Endoscopic
0VWS8JZ	Revision of Synthetic Substitute in Penis, Via Natural or Artificial Opening Endoscopic
0VWS8KZ	Revision of Nonautologous Tissue Substitute in Penis, Via Natural or Artificial Opening Endoscopic
0W3R0ZZ	Control Bleeding in Genitourinary Tract, Open Approach
0W3R3ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Approach
0W3R4ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Endoscopic Approach
0W3R7ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening
0W3R8ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WPM07Z	Removal of Autologous Tissue Substitute from Male Perineum, Open Approach
0WPM0KZ	Removal of Nonautologous Tissue Substitute from Male Perineum, Open Approach
0WPM37Z	Removal of Autologous Tissue Substitute from Male Perineum, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
0WPM3KZ	Removal of Nonautologous Tissue Substitute from Male Perineum, Percutaneous Approach
0WPM47Z	Removal of Autologous Tissue Substitute from Male Perineum, Percutaneous Endoscopic Approach
0WPM4KZ	Removal of Nonautologous Tissue Substitute from Male Perineum, Percutaneous Endoscopic Approach
0WPMX7Z	Removal of Autologous Tissue Substitute from Male Perineum, External Approach
0WPMXJZ	Removal of Synthetic Substitute from Male Perineum, External Approach
0WPMXKZ	Removal of Nonautologous Tissue Substitute from Male Perineum, External Approach
0WQM0ZZ	Repair Male Perineum, Open Approach
0WQM3ZZ	Repair Male Perineum, Percutaneous Approach
0WQM4ZZ	Repair Male Perineum, Percutaneous Endoscopic Approach
0WQMXZZ	Repair Male Perineum, External Approach
0WUM07Z	Supplement Male Perineum with Autologous Tissue Substitute, Open Approach
0WUM47Z	Supplement Male Perineum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WWM07Z	Revision of Autologous Tissue Substitute in Male Perineum, Open Approach
0WWM0KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Open Approach
0WWM37Z	Revision of Autologous Tissue Substitute in Male Perineum, Percutaneous Approach
0WWM3KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Percutaneous Approach
0WWM47Z	Revision of Autologous Tissue Substitute in Male Perineum, Percutaneous Endoscopic Approach
0WWM4KZ	Revision of Nonautologous Tissue Substitute in Male Perineum, Percutaneous Endoscopic Approach
3E0N33Z	Introduction of Anti-inflammatory into Male Reproductive, Percutaneous Approach
3E0N36Z	Introduction of Nutritional Substance into Male Reproductive, Percutaneous Approach
3E0N37Z	Introduction of Electrolytic and Water Balance Substance into Male Reproductive, Percutaneous Approach
3E0N3BZ	Introduction of Local Anesthetic into Male Reproductive, Percutaneous Approach
3E0N3GC	Introduction of Other Therapeutic Substance into Male Reproductive, Percutaneous Approach
3E0N3HZ	Introduction of Radioactive Substance into Male Reproductive, Percutaneous Approach
3E0N3KZ	Introduction of Other Diagnostic Substance into Male Reproductive, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
ICD-10 Code	Description
3E0N3SF	Introduction of Other Gas into Male Reproductive, Percutaneous Approach
3E0N3TZ	Introduction of Destructive Agent into Male Reproductive, Percutaneous Approach
3E1N38X	Irrigation of Male Reproductive using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1N38Z	Irrigation of Male Reproductive using Irrigating Substance, Percutaneous Approach
3E1N78X	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening, Diagnostic
3E1N78Z	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening
3E1N88X	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening Endoscopic, Diagnostic
3E1N88Z	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 m to 12.5 cm
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits: first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits :each additional 100 sq cm ,or part thereof or each additional 1% of body area of infants and children (list sepaerately in addition to code for primary procedure)
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
22899	Unlisted procedure, spine
37788	Penile revascularization, artery, with or without vein graft
37790	Penile venous occlusive procedure
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible without hydrocelectomy; incarcerated or strangulated
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450	Transurethral incision of prostate



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
CPT Code	Description
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are if performed)
52700	Transurethral drainage of prostatic abscess
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	Incision and drainage of penis, deep
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrodesiccation, cryosurgery, chemosurgery)
54100	Biopsy of penis; (separate procedure)
54105	Biopsy of penis; deep structures
54110	Excision of penile plaque (Peyronie disease);
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	Removal foreign body from deep penile tissue (eg, plastic implant)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	Lysis or excision of penile post-circumcision adhesions



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Male Genital Organs	
CPT Code	Description
54163	Repair incomplete circumcision
54164	Frenulotomy of penis
54200	Injection procedure for Peyronie disease;
54205	Injection procedure for Peyronie disease; with surgical
54220	Irrigation of corpora cavernosa for priapism
54230	Injection procedure for corpora cavernosography
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54322	1 stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)
54326	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	1stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332	1 stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	1 stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as in as flaps or grafts
54360	Plastic operation on penis to correct angulation
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	Plastic operation of penis for injury
54450	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	Biopsy of testis, needle (separate procedure)
54505	Biopsy of testis, incisional (separate procedure)
54512	Excision of extraparenchymal lesion of testis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	Orchiectomy, partial
54530	Orchiectomy, radical, for tumor; inguinal approach
54535	Orchiectomy, radical, for tumor; with abdominal exploration
54550	Exploration for undescended testis (inguinal or scrotal area)
54560	Exploration for undescended testis with abdominal exploration
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	Fixation of contralateral testis (separate procedure)
54640	Orchiopexy, inguinal approach, with or without hernia repair
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	Insertion of testicular prosthesis (separate procedure)
54670	Suture or repair of testicular injury
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	Laparoscopy, surgical; orchiectomy
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699	Unlisted laparoscopy procedure, testis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	Biopsy of epididymis, needle
54830	Excision of local lesion of epididymis
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
54861	Epididymectomy; bilateral
54865	Exploration of epididymis, with or without biopsy
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040	Excision of hydrocele; unilateral
55041	Excision of hydrocele; bilateral
55060	Repair of tunica vaginalis hydrocele (Bottle type)
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55150	Resection of scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure),including postoperative semen examination(s)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400	Vasovasostomy, vasovasorrhaphy
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	Excision of lesion of spermatic cord (separate procedure)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55600	Vesiculotomy;
55605	Vesiculotomy; complicated
55650	Vesiculectomy, any approach
55680	Excision of Mullerian duct cyst
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	Biopsy, prostate; incisional, any approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Male Genital Organs	
CPT Code	Description
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55899	Unlisted procedure, male genital system
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
S4030	Sperm procurement & cryopreservation services; initial visit
S4031	Sperm procurement & cryopreservation services; subsequent visits



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PB50ZZ	Excision of Right Scapula, Open Approach
0PB60ZZ	Excision of Left Scapula, Open Approach
0PB90ZZ	Excision of Right Clavicle, Open Approach
0PBB0ZZ	Excision of Left Clavicle, Open Approach
0RCE0ZZ	Extirpation of Matter from Right Sternoclavicular Joint, Open Approach
0RCE3ZZ	Extirpation of Matter from Right Sternoclavicular Joint, Percutaneous Approach
0RCE4ZZ	Extirpation of Matter from Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RCF0ZZ	Extirpation of Matter from Left Sternoclavicular Joint, Open Approach
0RCF3ZZ	Extirpation of Matter from Left Sternoclavicular Joint, Percutaneous Approach
0RCF4ZZ	Extirpation of Matter from Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RSE04Z	Reposition Right Sternoclavicular Joint with Internal Fixation Device, Open Approach
0RSE0ZZ	Reposition Right Sternoclavicular Joint, Open Approach
0RSF04Z	Reposition Left Sternoclavicular Joint with Internal Fixation Device, Open Approach
0RSF0ZZ	Reposition Left Sternoclavicular Joint, Open Approach
0RTE0ZZ	Resection of Right Sternoclavicular Joint, Open Approach
0RTF0ZZ	Resection of Left Sternoclavicular Joint, Open Approach
0J8J0ZZ	Division of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0J8J3ZZ	Division of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J8K0ZZ	Division of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0J8K3ZZ	Division of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J900ZZ	Drainage of Scalp Subcutaneous Tissue and Fascia, Open Approach
0J940ZZ	Drainage of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J950ZZ	Drainage of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J960ZZ	Drainage of Chest Subcutaneous Tissue and Fascia, Open Approach
0J970ZZ	Drainage of Back Subcutaneous Tissue and Fascia, Open Approach
0J980ZZ	Drainage of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J990ZZ	Drainage of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J9B0ZZ	Drainage of Perineum Subcutaneous Tissue and Fascia, Open Approach
0J9C0ZZ	Drainage of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0J9D0ZZ	Drainage of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J9F0ZZ	Drainage of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0J9G0ZZ	Drainage of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J9H0ZZ	Drainage of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J9J00Z	Drainage of Right Hand Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9J0ZZ	Drainage of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0J9J30Z	Drainage of Right Hand Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9J3ZZ	Drainage of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9K00Z	Drainage of Left Hand Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9K0ZZ	Drainage of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0J9K30Z	Drainage of Left Hand Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0J9K3ZZ	Drainage of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0J9L0ZZ	Drainage of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J9M0ZZ	Drainage of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J9N0ZZ	Drainage of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J9P0ZZ	Drainage of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J9Q0ZZ	Drainage of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0J9R0ZZ	Drainage of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JB00ZZ	Excision of Scalp Subcutaneous Tissue and Fascia, Open Approach
0JB03ZZ	Excision of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB10ZZ	Excision of Face Subcutaneous Tissue and Fascia, Open Approach
0JB13ZZ	Excision of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB40ZZ	Excision of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JB43ZZ	Excision of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB50ZZ	Excision of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JB53ZZ	Excision of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB60ZZ	Excision of Chest Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JB63ZZ	Excision of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB70ZZ	Excision of Back Subcutaneous Tissue and Fascia, Open Approach
0JB73ZZ	Excision of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB80ZZ	Excision of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JB83ZZ	Excision of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JB90ZZ	Excision of Buttock Subcutaneous Tissue and Fascia, Open Approach
0JB93ZZ	Excision of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBB0ZZ	Excision of Perineum Subcutaneous Tissue and Fascia, Open Approach
0JBB3ZZ	Excision of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBC0ZZ	Excision of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JBC3ZZ	Excision of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBD0ZZ	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JBD3ZZ	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBF0ZZ	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JBF3ZZ	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBG0ZZ	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JBG3ZZ	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBH0ZZ	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JBH3ZZ	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBJ0ZZ	Excision of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JBJ3ZZ	Excision of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBK0ZZ	Excision of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JBK3ZZ	Excision of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBL0ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBL3ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JBM0ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBM3ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBN0ZZ	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JBN3ZZ	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBP0ZZ	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JBP3ZZ	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBQ0ZZ	Excision of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JBQ3ZZ	Excision of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JBR0ZZ	Excision of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JBR3ZZ	Excision of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC00ZZ	Extirpation of Matter from Scalp Subcutaneous Tissue and Fascia, Open Approach
0JC03ZZ	Extirpation of Matter from Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC10ZZ	Extirpation of Matter from Face Subcutaneous Tissue and Fascia, Open Approach
0JC13ZZ	Extirpation of Matter from Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC40ZZ	Extirpation of Matter from Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JC43ZZ	Extirpation of Matter from Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC50ZZ	Extirpation of Matter from Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JC53ZZ	Extirpation of Matter from Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC60ZZ	Extirpation of Matter from Chest Subcutaneous Tissue and Fascia, Open Approach
0JC63ZZ	Extirpation of Matter from Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC70ZZ	Extirpation of Matter from Back Subcutaneous Tissue and Fascia, Open Approach
0JC73ZZ	Extirpation of Matter from Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JC80ZZ	Extirpation of Matter from Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JC83ZZ	Extirpation of Matter from Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JC90ZZ	Extirpation of Matter from Buttock Subcutaneous Tissue and Fascia, Open Approach
0JC93ZZ	Extirpation of Matter from Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCB0ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Open Approach
0JCB3ZZ	Extirpation of Matter from Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCC0ZZ	Extirpation of Matter from Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JCC3ZZ	Extirpation of Matter from Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCD0ZZ	Extirpation of Matter from Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JCD3ZZ	Extirpation of Matter from Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCF0ZZ	Extirpation of Matter from Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JCF3ZZ	Extirpation of Matter from Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCG0ZZ	Extirpation of Matter from Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JCG3ZZ	Extirpation of Matter from Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCH0ZZ	Extirpation of Matter from Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JCH3ZZ	Extirpation of Matter from Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCJ0ZZ	Extirpation of Matter from Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JCJ3ZZ	Extirpation of Matter from Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCK0ZZ	Extirpation of Matter from Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JCK3ZZ	Extirpation of Matter from Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCL0ZZ	Extirpation of Matter from Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JCL3ZZ	Extirpation of Matter from Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCM0ZZ	Extirpation of Matter from Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JCM3ZZ	Extirpation of Matter from Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCN0ZZ	Extirpation of Matter from Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JCN3ZZ	Extirpation of Matter from Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCP0ZZ	Extirpation of Matter from Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JCP3ZZ	Extirpation of Matter from Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCQ0ZZ	Extirpation of Matter from Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JCQ3ZZ	Extirpation of Matter from Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JCR0ZZ	Extirpation of Matter from Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JCR3ZZ	Extirpation of Matter from Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JDJ0ZZ	Extraction of Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JDJ3ZZ	Extraction of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JDK0ZZ	Extraction of Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JDK3ZZ	Extraction of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJS0ZZ	Inspection of Head and Neck Subcutaneous Tissue and Fascia, Open Approach
0JJS3ZZ	Inspection of Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJT0ZZ	Inspection of Trunk Subcutaneous Tissue and Fascia, Open Approach
0JJT3ZZ	Inspection of Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJV0ZZ	Inspection of Upper Extremity Subcutaneous Tissue and Fascia, Open Approach
0JJV3ZZ	Inspection of Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JJW0ZZ	Inspection of Lower Extremity Subcutaneous Tissue and Fascia, Open Approach
0JJW3ZZ	Inspection of Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN00ZZ	Release Scalp Subcutaneous Tissue and Fascia, Open Approach
0JN03ZZ	Release Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN10ZZ	Release Face Subcutaneous Tissue and Fascia, Open Approach
0JN13ZZ	Release Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN40ZZ	Release Anterior Neck Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JN43ZZ	Release Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN50ZZ	Release Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JN53ZZ	Release Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN60ZZ	Release Chest Subcutaneous Tissue and Fascia, Open Approach
0JN63ZZ	Release Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN70ZZ	Release Back Subcutaneous Tissue and Fascia, Open Approach
0JN73ZZ	Release Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN80ZZ	Release Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JN83ZZ	Release Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JN90ZZ	Release Buttock Subcutaneous Tissue and Fascia, Open Approach
0JN93ZZ	Release Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNB0ZZ	Release Perineum Subcutaneous Tissue and Fascia, Open Approach
0JNB3ZZ	Release Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNC0ZZ	Release Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JNC3ZZ	Release Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JND0ZZ	Release Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JND3ZZ	Release Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNF0ZZ	Release Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JNF3ZZ	Release Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNG0ZZ	Release Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JNG3ZZ	Release Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNH0ZZ	Release Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JNH3ZZ	Release Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNJ0ZZ	Release Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JNJ3ZZ	Release Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNK0ZZ	Release Left Hand Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JNK3ZZ	Release Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNL0ZZ	Release Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JNL3ZZ	Release Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNM0ZZ	Release Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JNM3ZZ	Release Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNN0ZZ	Release Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JNN3ZZ	Release Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNP0ZZ	Release Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JNP3ZZ	Release Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNQ0ZZ	Release Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JNQ3ZZ	Release Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JNR0ZZ	Release Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JNR3ZZ	Release Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ00ZZ	Repair Scalp Subcutaneous Tissue and Fascia, Open Approach
0JQ03ZZ	Repair Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ10ZZ	Repair Face Subcutaneous Tissue and Fascia, Open Approach
0JQ13ZZ	Repair Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ40ZZ	Repair Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JQ43ZZ	Repair Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ50ZZ	Repair Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0JQ53ZZ	Repair Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ60ZZ	Repair Chest Subcutaneous Tissue and Fascia, Open Approach
0JQ63ZZ	Repair Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ70ZZ	Repair Back Subcutaneous Tissue and Fascia, Open Approach
0JQ73ZZ	Repair Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ80ZZ	Repair Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JQ83ZZ	Repair Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQ90ZZ	Repair Buttock Subcutaneous Tissue and Fascia, Open Approach
0JQ93ZZ	Repair Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQB0ZZ	Repair Perineum Subcutaneous Tissue and Fascia, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JQB3ZZ	Repair Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQC0ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JQC3ZZ	Repair Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQD0ZZ	Repair Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JQD3ZZ	Repair Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQF0ZZ	Repair Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JQF3ZZ	Repair Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQG0ZZ	Repair Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JQG3ZZ	Repair Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQH0ZZ	Repair Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JQH3ZZ	Repair Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQJ0ZZ	Repair Right Hand Subcutaneous Tissue and Fascia, Open Approach
0JQJ3ZZ	Repair Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQK0ZZ	Repair Left Hand Subcutaneous Tissue and Fascia, Open Approach
0JQK3ZZ	Repair Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQL0ZZ	Repair Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JQL3ZZ	Repair Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQM0ZZ	Repair Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JQM3ZZ	Repair Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQN0ZZ	Repair Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JQN3ZZ	Repair Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQP0ZZ	Repair Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JQP3ZZ	Repair Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQQ0ZZ	Repair Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JQQ3ZZ	Repair Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JQR0ZZ	Repair Left Foot Subcutaneous Tissue and Fascia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JQR3ZZ	Repair Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0JRJ07Z	Replacement of Right Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JRJ0JZ	Replacement of Right Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JRJ0KZ	Replacement of Right Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0JRJ37Z	Replacement of Right Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach
0JRJ3JZ	Replacement of Right Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Percutaneous Approach
0JRJ3KZ	Replacement of Right Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Percutaneous Approach
0JRK07Z	Replacement of Left Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JRK0JZ	Replacement of Left Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JRK0KZ	Replacement of Left Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0JRK37Z	Replacement of Left Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach
0JRK3JZ	Replacement of Left Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Percutaneous Approach
0JRK3KZ	Replacement of Left Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Percutaneous Approach
0JUJ07Z	Supplement of Right Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JUJ0JZ	Supplement of Right Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JUJ0KZ	Supplement of Right Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0JUJ37Z	Supplement of Right Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach
0JUJ3JZ	Supplement of Right Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Percutaneous Approach
0JUJ3KZ	Supplement of Right Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Percutaneous Approach
0JUK07Z	Supplement of Left Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Open Approach
0JUK0JZ	Supplement of Left Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Open Approach
0JUK0KZ	Supplement of Left Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Open Approach
0JUK37Z	Supplement of Left Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0JUK3JZ	Supplement of Left Hand Subcutaneous Tissue and Fascia with Synthetic Substitute, Percutaneous Approach
0JUK3KZ	Supplement of Left Hand Subcutaneous Tissue and Fascia with Nonautologous Tissue Substitute, Percutaneous Approach
0K500ZZ	Destruction of Head Muscle, Open Approach
0K503ZZ	Destruction of Head Muscle, Percutaneous Approach
0K504ZZ	Destruction of Head Muscle, Percutaneous Endoscopic Approach
0K510ZZ	Destruction of Facial Muscle, Open Approach
0K513ZZ	Destruction of Facial Muscle, Percutaneous Approach
0K514ZZ	Destruction of Facial Muscle, Percutaneous Endoscopic Approach
0K520ZZ	Destruction of Right Neck Muscle, Open Approach
0K523ZZ	Destruction of Right Neck Muscle, Percutaneous Approach
0K524ZZ	Destruction of Right Neck Muscle, Percutaneous Endoscopic Approach
0K530ZZ	Destruction of Left Neck Muscle, Open Approach
0K533ZZ	Destruction of Left Neck Muscle, Percutaneous Approach
0K534ZZ	Destruction of Left Neck Muscle, Percutaneous Endoscopic Approach
0K540ZZ	Destruction of Tongue, Palate, Pharynx Muscle, Open Approach
0K543ZZ	Destruction of Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0K544ZZ	Destruction of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0K550ZZ	Destruction of Right Shoulder Muscle, Open Approach
0K553ZZ	Destruction of Right Shoulder Muscle, Percutaneous Approach
0K554ZZ	Destruction of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0K560ZZ	Destruction of Left Shoulder Muscle, Open Approach
0K563ZZ	Destruction of Left Shoulder Muscle, Percutaneous Approach
0K564ZZ	Destruction of Left Shoulder Muscle, Percutaneous Endoscopic Approach
0K570ZZ	Destruction of Right Upper Arm Muscle, Open Approach
0K573ZZ	Destruction of Right Upper Arm Muscle, Percutaneous Approach
0K574ZZ	Destruction of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0K580ZZ	Destruction of Left Upper Arm Muscle, Open Approach
0K583ZZ	Destruction of Left Upper Arm Muscle, Percutaneous Approach
0K584ZZ	Destruction of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0K590ZZ	Destruction of Right Lower Arm and Wrist Muscle, Open Approach
0K593ZZ	Destruction of Right Lower Arm and Wrist Muscle, Percutaneous Approach
0K594ZZ	Destruction of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0K5B0ZZ	Destruction of Left Lower Arm and Wrist Muscle, Open Approach
0K5B3ZZ	Destruction of Left Lower Arm and Wrist Muscle, Percutaneous Approach
0K5B4ZZ	Destruction of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K5C0ZZ	Destruction of Right Hand Muscle, Open Approach
0K5C3ZZ	Destruction of Right Hand Muscle, Percutaneous Approach
0K5C4ZZ	Destruction of Right Hand Muscle, Percutaneous Endoscopic Approach
0K5D0ZZ	Destruction of Left Hand Muscle, Open Approach
0K5D3ZZ	Destruction of Left Hand Muscle, Percutaneous Approach
0K5D4ZZ	Destruction of Left Hand Muscle, Percutaneous Endoscopic Approach
0K5F0ZZ	Destruction of Right Trunk Muscle, Open Approach
0K5F3ZZ	Destruction of Right Trunk Muscle, Percutaneous Approach
0K5F4ZZ	Destruction of Right Trunk Muscle, Percutaneous Endoscopic Approach
0K5G0ZZ	Destruction of Left Trunk Muscle, Open Approach
0K5G3ZZ	Destruction of Left Trunk Muscle, Percutaneous Approach
0K5G4ZZ	Destruction of Left Trunk Muscle, Percutaneous Endoscopic Approach
0K5H0ZZ	Destruction of Right Thorax Muscle, Open Approach
0K5H3ZZ	Destruction of Right Thorax Muscle, Percutaneous Approach
0K5H4ZZ	Destruction of Right Thorax Muscle, Percutaneous Endoscopic Approach
0K5J0ZZ	Destruction of Left Thorax Muscle, Open Approach
0K5J3ZZ	Destruction of Left Thorax Muscle, Percutaneous Approach
0K5J4ZZ	Destruction of Left Thorax Muscle, Percutaneous Endoscopic Approach
0K5K0ZZ	Destruction of Right Abdomen Muscle, Open Approach
0K5K3ZZ	Destruction of Right Abdomen Muscle, Percutaneous Approach
0K5K4ZZ	Destruction of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0K5L0ZZ	Destruction of Left Abdomen Muscle, Open Approach
0K5L3ZZ	Destruction of Left Abdomen Muscle, Percutaneous Approach
0K5L4ZZ	Destruction of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0K5M0ZZ	Destruction of Perineum Muscle, Open Approach
0K5M3ZZ	Destruction of Perineum Muscle, Percutaneous Approach
0K5M4ZZ	Destruction of Perineum Muscle, Percutaneous Endoscopic Approach
0K5N0ZZ	Destruction of Right Hip Muscle, Open Approach
0K5N3ZZ	Destruction of Right Hip Muscle, Percutaneous Approach
0K5N4ZZ	Destruction of Right Hip Muscle, Percutaneous Endoscopic Approach
0K5P0ZZ	Destruction of Left Hip Muscle, Open Approach
0K5P3ZZ	Destruction of Left Hip Muscle, Percutaneous Approach
0K5P4ZZ	Destruction of Left Hip Muscle, Percutaneous Endoscopic Approach
0K5Q0ZZ	Destruction of Right Upper Leg Muscle, Open Approach
0K5Q3ZZ	Destruction of Right Upper Leg Muscle, Percutaneous Approach
0K5Q4ZZ	Destruction of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0K5R0ZZ	Destruction of Left Upper Leg Muscle, Open Approach
0K5R3ZZ	Destruction of Left Upper Leg Muscle, Percutaneous Approach
0K5R4ZZ	Destruction of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0K5S0ZZ	Destruction of Right Lower Leg Muscle, Open Approach
0K5S3ZZ	Destruction of Right Lower Leg Muscle, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K5S4ZZ	Destruction of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0K5T0ZZ	Destruction of Left Lower Leg Muscle, Open Approach
0K5T3ZZ	Destruction of Left Lower Leg Muscle, Percutaneous Approach
0K5T4ZZ	Destruction of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0K5V0ZZ	Destruction of Right Foot Muscle, Open Approach
0K5V3ZZ	Destruction of Right Foot Muscle, Percutaneous Approach
0K5V4ZZ	Destruction of Right Foot Muscle, Percutaneous Endoscopic Approach
0K5W0ZZ	Destruction of Left Foot Muscle, Open Approach
0K5W3ZZ	Destruction of Left Foot Muscle, Percutaneous Approach
0K5W4ZZ	Destruction of Left Foot Muscle, Percutaneous Endoscopic Approach
0K800ZZ	Division of Head Muscle, Open Approach
0K803ZZ	Division of Head Muscle, Percutaneous Approach
0K804ZZ	Division of Head Muscle, Percutaneous Endoscopic Approach
0K810ZZ	Division of Facial Muscle, Open Approach
0K813ZZ	Division of Facial Muscle, Percutaneous Approach
0K814ZZ	Division of Facial Muscle, Percutaneous Endoscopic Approach
0K820ZZ	Division of Right Neck Muscle, Open Approach
0K823ZZ	Division of Right Neck Muscle, Percutaneous Approach
0K824ZZ	Division of Right Neck Muscle, Percutaneous Endoscopic Approach
0K830ZZ	Division of Left Neck Muscle, Open Approach
0K833ZZ	Division of Left Neck Muscle, Percutaneous Approach
0K834ZZ	Division of Left Neck Muscle, Percutaneous Endoscopic Approach
0K850ZZ	Division of Right Shoulder Muscle, Open Approach
0K853ZZ	Division of Right Shoulder Muscle, Percutaneous Approach
0K854ZZ	Division of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0K860ZZ	Division of Left Shoulder Muscle, Open Approach
0K863ZZ	Division of Left Shoulder Muscle, Percutaneous Approach
0K864ZZ	Division of Left Shoulder Muscle, Percutaneous Endoscopic Approach
0K870ZZ	Division of Right Upper Arm Muscle, Open Approach
0K873ZZ	Division of Right Upper Arm Muscle, Percutaneous Approach
0K874ZZ	Division of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0K880ZZ	Division of Left Upper Arm Muscle, Open Approach
0K883ZZ	Division of Left Upper Arm Muscle, Percutaneous Approach
0K884ZZ	Division of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0K890ZZ	Division of Right Lower Arm and Wrist Muscle, Open Approach
0K893ZZ	Division of Right Lower Arm and Wrist Muscle, Percutaneous Approach
0K894ZZ	Division of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0K8B0ZZ	Division of Left Lower Arm and Wrist Muscle, Open Approach
0K8B3ZZ	Division of Left Lower Arm and Wrist Muscle, Percutaneous Approach
0K8B4ZZ	Division of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0K8C0ZZ	Division of Right Hand Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K8C3ZZ	Division of Right Hand Muscle, Percutaneous Approach
0K8C4ZZ	Division of Right Hand Muscle, Percutaneous Endoscopic Approach
0K8D0ZZ	Division of Left Hand Muscle, Open Approach
0K8D3ZZ	Division of Left Hand Muscle, Percutaneous Approach
0K8D4ZZ	Division of Left Hand Muscle, Percutaneous Endoscopic Approach
0K8F0ZZ	Division of Right Trunk Muscle, Open Approach
0K8F3ZZ	Division of Right Trunk Muscle, Percutaneous Approach
0K8F4ZZ	Division of Right Trunk Muscle, Percutaneous Endoscopic Approach
0K8G0ZZ	Division of Left Trunk Muscle, Open Approach
0K8G3ZZ	Division of Left Trunk Muscle, Percutaneous Approach
0K8G4ZZ	Division of Left Trunk Muscle, Percutaneous Endoscopic Approach
0K8H0ZZ	Division of Right Thorax Muscle, Open Approach
0K8H3ZZ	Division of Right Thorax Muscle, Percutaneous Approach
0K8H4ZZ	Division of Right Thorax Muscle, Percutaneous Endoscopic Approach
0K8J0ZZ	Division of Left Thorax Muscle, Open Approach
0K8J3ZZ	Division of Left Thorax Muscle, Percutaneous Approach
0K8J4ZZ	Division of Left Thorax Muscle, Percutaneous Endoscopic Approach
0K8K0ZZ	Division of Right Abdomen Muscle, Open Approach
0K8K3ZZ	Division of Right Abdomen Muscle, Percutaneous Approach
0K8K4ZZ	Division of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0K8L0ZZ	Division of Left Abdomen Muscle, Open Approach
0K8L3ZZ	Division of Left Abdomen Muscle, Percutaneous Approach
0K8L4ZZ	Division of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0K8M0ZZ	Division of Perineum Muscle, Open Approach
0K8M3ZZ	Division of Perineum Muscle, Percutaneous Approach
0K8M4ZZ	Division of Perineum Muscle, Percutaneous Endoscopic Approach
0K8N0ZZ	Division of Right Hip Muscle, Open Approach
0K8N3ZZ	Division of Right Hip Muscle, Percutaneous Approach
0K8N4ZZ	Division of Right Hip Muscle, Percutaneous Endoscopic Approach
0K8P0ZZ	Division of Left Hip Muscle, Open Approach
0K8P3ZZ	Division of Left Hip Muscle, Percutaneous Approach
0K8P4ZZ	Division of Left Hip Muscle, Percutaneous Endoscopic Approach
0K8Q0ZZ	Division of Right Upper Leg Muscle, Open Approach
0K8Q3ZZ	Division of Right Upper Leg Muscle, Percutaneous Approach
0K8Q4ZZ	Division of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0K8R0ZZ	Division of Left Upper Leg Muscle, Open Approach
0K8R3ZZ	Division of Left Upper Leg Muscle, Percutaneous Approach
0K8R4ZZ	Division of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0K8S0ZZ	Division of Right Lower Leg Muscle, Open Approach
0K8S3ZZ	Division of Right Lower Leg Muscle, Percutaneous Approach
0K8S4ZZ	Division of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0K8T0ZZ	Division of Left Lower Leg Muscle, Open Approach
0K8T3ZZ	Division of Left Lower Leg Muscle, Percutaneous Approach
0K8T4ZZ	Division of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0K8V0ZZ	Division of Right Foot Muscle, Open Approach
0K8V3ZZ	Division of Right Foot Muscle, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K8V4ZZ	Division of Right Foot Muscle, Percutaneous Endoscopic Approach
0K8W0ZZ	Division of Left Foot Muscle, Open Approach
0K8W3ZZ	Division of Left Foot Muscle, Percutaneous Approach
0K8W4ZZ	Division of Left Foot Muscle, Percutaneous Endoscopic Approach
0K9000Z	Drainage of Head Muscle with Drainage Device, Open Approach
0K900ZX	Drainage of Head Muscle, Open Approach, Diagnostic
0K900ZZ	Drainage of Head Muscle, Open Approach
0K9030Z	Drainage of Head Muscle with Drainage Device, Percutaneous Approach
0K903ZX	Drainage of Head Muscle, Percutaneous Approach, Diagnostic
0K903ZZ	Drainage of Head Muscle, Percutaneous Approach
0K9040Z	Drainage of Head Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K904ZX	Drainage of Head Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K904ZZ	Drainage of Head Muscle, Percutaneous Endoscopic Approach
0K9100Z	Drainage of Facial Muscle with Drainage Device, Open Approach
0K910ZX	Drainage of Facial Muscle, Open Approach, Diagnostic
0K910ZZ	Drainage of Facial Muscle, Open Approach
0K9130Z	Drainage of Facial Muscle with Drainage Device, Percutaneous Approach
0K913ZX	Drainage of Facial Muscle, Percutaneous Approach, Diagnostic
0K913ZZ	Drainage of Facial Muscle, Percutaneous Approach
0K9140Z	Drainage of Facial Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K914ZX	Drainage of Facial Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K914ZZ	Drainage of Facial Muscle, Percutaneous Endoscopic Approach
0K9200Z	Drainage of Right Neck Muscle with Drainage Device, Open Approach
0K920ZX	Drainage of Right Neck Muscle, Open Approach, Diagnostic
0K920ZZ	Drainage of Right Neck Muscle, Open Approach
0K9230Z	Drainage of Right Neck Muscle with Drainage Device, Percutaneous Approach
0K923ZX	Drainage of Right Neck Muscle, Percutaneous Approach, Diagnostic
0K923ZZ	Drainage of Right Neck Muscle, Percutaneous Approach
0K9240Z	Drainage of Right Neck Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K924ZX	Drainage of Right Neck Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K924ZZ	Drainage of Right Neck Muscle, Percutaneous Endoscopic Approach
0K9300Z	Drainage of Left Neck Muscle with Drainage Device, Open Approach
0K930ZX	Drainage of Left Neck Muscle, Open Approach, Diagnostic
0K930ZZ	Drainage of Left Neck Muscle, Open Approach
0K9330Z	Drainage of Left Neck Muscle with Drainage Device, Percutaneous Approach
0K933ZX	Drainage of Left Neck Muscle, Percutaneous Approach, Diagnostic
0K933ZZ	Drainage of Left Neck Muscle, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9340Z	Drainage of Left Neck Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K934ZX	Drainage of Left Neck Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K934ZZ	Drainage of Left Neck Muscle, Percutaneous Endoscopic Approach
0K9400Z	Drainage of Tongue, Palate, Pharynx Muscle with Drainage Device, Open Approach
0K940ZX	Drainage of Tongue, Palate, Pharynx Muscle, Open Approach, Diagnostic
0K940ZZ	Drainage of Tongue, Palate, Pharynx Muscle, Open Approach
0K9430Z	Drainage of Tongue, Palate, Pharynx Muscle with Drainage Device, Percutaneous Approach
0K943ZX	Drainage of Tongue, Palate, Pharynx Muscle, Percutaneous Approach, Diagnostic
0K943ZZ	Drainage of Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0K9440Z	Drainage of Tongue, Palate, Pharynx Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K944ZX	Drainage of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K944ZZ	Drainage of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0K9500Z	Drainage of Right Shoulder Muscle with Drainage Device, Open Approach
0K950ZX	Drainage of Right Shoulder Muscle, Open Approach, Diagnostic
0K950ZZ	Drainage of Right Shoulder Muscle, Open Approach
0K9530Z	Drainage of Right Shoulder Muscle with Drainage Device, Percutaneous Approach
0K953ZX	Drainage of Right Shoulder Muscle, Percutaneous Approach, Diagnostic
0K953ZZ	Drainage of Right Shoulder Muscle, Percutaneous Approach
0K9540Z	Drainage of Right Shoulder Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K954ZX	Drainage of Right Shoulder Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K954ZZ	Drainage of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0K9600Z	Drainage of Left Shoulder Muscle with Drainage Device, Open Approach
0K960ZX	Drainage of Left Shoulder Muscle, Open Approach, Diagnostic
0K960ZZ	Drainage of Left Shoulder Muscle, Open Approach
0K9630Z	Drainage of Left Shoulder Muscle with Drainage Device, Percutaneous Approach
0K963ZX	Drainage of Left Shoulder Muscle, Percutaneous Approach, Diagnostic
0K963ZZ	Drainage of Left Shoulder Muscle, Percutaneous Approach
0K9640Z	Drainage of Left Shoulder Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K964ZX	Drainage of Left Shoulder Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K964ZZ	Drainage of Left Shoulder Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9700Z	Drainage of Right Upper Arm Muscle with Drainage Device, Open Approach
0K970ZX	Drainage of Right Upper Arm Muscle, Open Approach, Diagnostic
0K970ZZ	Drainage of Right Upper Arm Muscle, Open Approach
0K9730Z	Drainage of Right Upper Arm Muscle with Drainage Device, Percutaneous Approach
0K973ZX	Drainage of Right Upper Arm Muscle, Percutaneous Approach, Diagnostic
0K973ZZ	Drainage of Right Upper Arm Muscle, Percutaneous Approach
0K9740Z	Drainage of Right Upper Arm Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K974ZX	Drainage of Right Upper Arm Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K974ZZ	Drainage of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0K9800Z	Drainage of Left Upper Arm Muscle with Drainage Device, Open Approach
0K980ZX	Drainage of Left Upper Arm Muscle, Open Approach, Diagnostic
0K980ZZ	Drainage of Left Upper Arm Muscle, Open Approach
0K9830Z	Drainage of Left Upper Arm Muscle with Drainage Device, Percutaneous Approach
0K983ZX	Drainage of Left Upper Arm Muscle, Percutaneous Approach, Diagnostic
0K983ZZ	Drainage of Left Upper Arm Muscle, Percutaneous Approach
0K9840Z	Drainage of Left Upper Arm Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K984ZX	Drainage of Left Upper Arm Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K984ZZ	Drainage of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0K9900Z	Drainage of Right Lower Arm and Wrist Muscle with Drainage Device, Open Approach
0K990ZX	Drainage of Right Lower Arm and Wrist Muscle, Open Approach, Diagnostic
0K990ZZ	Drainage of Right Lower Arm and Wrist Muscle, Open Approach
0K9930Z	Drainage of Right Lower Arm and Wrist Muscle with Drainage Device, Percutaneous Approach
0K993ZX	Drainage of Right Lower Arm and Wrist Muscle, Percutaneous Approach, Diagnostic
0K993ZZ	Drainage of Right Lower Arm and Wrist Muscle, Percutaneous Approach
0K9940Z	Drainage of Right Lower Arm and Wrist Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K994ZX	Drainage of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K994ZZ	Drainage of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0K9B00Z	Drainage of Left Lower Arm and Wrist Muscle with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9B0ZX	Drainage of Left Lower Arm and Wrist Muscle, Open Approach, Diagnostic
0K9B0ZZ	Drainage of Left Lower Arm and Wrist Muscle, Open Approach
0K9B30Z	Drainage of Left Lower Arm and Wrist Muscle with Drainage Device, Percutaneous Approach
0K9B3ZX	Drainage of Left Lower Arm and Wrist Muscle, Percutaneous Approach, Diagnostic
0K9B3ZZ	Drainage of Left Lower Arm and Wrist Muscle, Percutaneous Approach
0K9B40Z	Drainage of Left Lower Arm and Wrist Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9B4ZX	Drainage of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9B4ZZ	Drainage of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0K9C00Z	Drainage of Right Hand Muscle with Drainage Device, Open Approach
0K9C0ZX	Drainage of Right Hand Muscle, Open Approach, Diagnostic
0K9C0ZZ	Drainage of Right Hand Muscle, Open Approach
0K9C30Z	Drainage of Right Hand Muscle with Drainage Device, Percutaneous Approach
0K9C3ZX	Drainage of Right Hand Muscle, Percutaneous Approach, Diagnostic
0K9C3ZZ	Drainage of Right Hand Muscle, Percutaneous Approach
0K9C40Z	Drainage of Right Hand Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9C4ZX	Drainage of Right Hand Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9C4ZZ	Drainage of Right Hand Muscle, Percutaneous Endoscopic Approach
0K9D00Z	Drainage of Left Hand Muscle with Drainage Device, Open Approach
0K9D0ZX	Drainage of Left Hand Muscle, Open Approach, Diagnostic
0K9D0ZZ	Drainage of Left Hand Muscle, Open Approach
0K9D30Z	Drainage of Left Hand Muscle with Drainage Device, Percutaneous Approach
0K9D3ZX	Drainage of Left Hand Muscle, Percutaneous Approach, Diagnostic
0K9D3ZZ	Drainage of Left Hand Muscle, Percutaneous Approach
0K9D40Z	Drainage of Left Hand Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9D4ZX	Drainage of Left Hand Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9D4ZZ	Drainage of Left Hand Muscle, Percutaneous Endoscopic Approach
0K9F00Z	Drainage of Right Trunk Muscle with Drainage Device, Open Approach
0K9F0ZX	Drainage of Right Trunk Muscle, Open Approach, Diagnostic
0K9F0ZZ	Drainage of Right Trunk Muscle, Open Approach
0K9F30Z	Drainage of Right Trunk Muscle with Drainage Device, Percutaneous Approach
0K9F3ZX	Drainage of Right Trunk Muscle, Percutaneous Approach, Diagnostic
0K9F3ZZ	Drainage of Right Trunk Muscle, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9F40Z	Drainage of Right Trunk Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9F4ZX	Drainage of Right Trunk Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9F4ZZ	Drainage of Right Trunk Muscle, Percutaneous Endoscopic Approach
0K9G00Z	Drainage of Left Trunk Muscle with Drainage Device, Open Approach
0K9G0ZX	Drainage of Left Trunk Muscle, Open Approach, Diagnostic
0K9G0ZZ	Drainage of Left Trunk Muscle, Open Approach
0K9G30Z	Drainage of Left Trunk Muscle with Drainage Device, Percutaneous Approach
0K9G3ZX	Drainage of Left Trunk Muscle, Percutaneous Approach, Diagnostic
0K9G3ZZ	Drainage of Left Trunk Muscle, Percutaneous Approach
0K9G40Z	Drainage of Left Trunk Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9G4ZX	Drainage of Left Trunk Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9G4ZZ	Drainage of Left Trunk Muscle, Percutaneous Endoscopic Approach
0K9H00Z	Drainage of Right Thorax Muscle with Drainage Device, Open Approach
0K9H0ZX	Drainage of Right Thorax Muscle, Open Approach, Diagnostic
0K9H0ZZ	Drainage of Right Thorax Muscle, Open Approach
0K9H30Z	Drainage of Right Thorax Muscle with Drainage Device, Percutaneous Approach
0K9H3ZX	Drainage of Right Thorax Muscle, Percutaneous Approach, Diagnostic
0K9H3ZZ	Drainage of Right Thorax Muscle, Percutaneous Approach
0K9H40Z	Drainage of Right Thorax Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9H4ZX	Drainage of Right Thorax Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9H4ZZ	Drainage of Right Thorax Muscle, Percutaneous Endoscopic Approach
0K9J00Z	Drainage of Left Thorax Muscle with Drainage Device, Open Approach
0K9J0ZX	Drainage of Left Thorax Muscle, Open Approach, Diagnostic
0K9J0ZZ	Drainage of Left Thorax Muscle, Open Approach
0K9J30Z	Drainage of Left Thorax Muscle with Drainage Device, Percutaneous Approach
0K9J3ZX	Drainage of Left Thorax Muscle, Percutaneous Approach, Diagnostic
0K9J3ZZ	Drainage of Left Thorax Muscle, Percutaneous Approach
0K9J40Z	Drainage of Left Thorax Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9J4ZX	Drainage of Left Thorax Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9J4ZZ	Drainage of Left Thorax Muscle, Percutaneous Endoscopic Approach
0K9K00Z	Drainage of Right Abdomen Muscle with Drainage Device, Open Approach
0K9K0ZX	Drainage of Right Abdomen Muscle, Open Approach, Diagnostic
0K9K0ZZ	Drainage of Right Abdomen Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9K30Z	Drainage of Right Abdomen Muscle with Drainage Device, Percutaneous Approach
0K9K3ZX	Drainage of Right Abdomen Muscle, Percutaneous Approach, Diagnostic
0K9K3ZZ	Drainage of Right Abdomen Muscle, Percutaneous Approach
0K9K40Z	Drainage of Right Abdomen Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9K4ZX	Drainage of Right Abdomen Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9K4ZZ	Drainage of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0K9L00Z	Drainage of Left Abdomen Muscle with Drainage Device, Open Approach
0K9L0ZX	Drainage of Left Abdomen Muscle, Open Approach, Diagnostic
0K9L0ZZ	Drainage of Left Abdomen Muscle, Open Approach
0K9L30Z	Drainage of Left Abdomen Muscle with Drainage Device, Percutaneous Approach
0K9L3ZX	Drainage of Left Abdomen Muscle, Percutaneous Approach, Diagnostic
0K9L3ZZ	Drainage of Left Abdomen Muscle, Percutaneous Approach
0K9L40Z	Drainage of Left Abdomen Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9L4ZX	Drainage of Left Abdomen Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9L4ZZ	Drainage of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0K9M00Z	Drainage of Perineum Muscle with Drainage Device, Open Approach
0K9M0ZX	Drainage of Perineum Muscle, Open Approach, Diagnostic
0K9M0ZZ	Drainage of Perineum Muscle, Open Approach
0K9M30Z	Drainage of Perineum Muscle with Drainage Device, Percutaneous Approach
0K9M3ZX	Drainage of Perineum Muscle, Percutaneous Approach, Diagnostic
0K9M3ZZ	Drainage of Perineum Muscle, Percutaneous Approach
0K9M40Z	Drainage of Perineum Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9M4ZX	Drainage of Perineum Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9M4ZZ	Drainage of Perineum Muscle, Percutaneous Endoscopic Approach
0K9N00Z	Drainage of Right Hip Muscle with Drainage Device, Open Approach
0K9N0ZX	Drainage of Right Hip Muscle, Open Approach, Diagnostic
0K9N0ZZ	Drainage of Right Hip Muscle, Open Approach
0K9N30Z	Drainage of Right Hip Muscle with Drainage Device, Percutaneous Approach
0K9N3ZX	Drainage of Right Hip Muscle, Percutaneous Approach, Diagnostic
0K9N3ZZ	Drainage of Right Hip Muscle, Percutaneous Approach
0K9N40Z	Drainage of Right Hip Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9N4ZX	Drainage of Right Hip Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9N4ZZ	Drainage of Right Hip Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9P00Z	Drainage of Left Hip Muscle with Drainage Device, Open Approach
0K9P0ZX	Drainage of Left Hip Muscle, Open Approach, Diagnostic
0K9P0ZZ	Drainage of Left Hip Muscle, Open Approach
0K9P30Z	Drainage of Left Hip Muscle with Drainage Device, Percutaneous Approach
0K9P3ZX	Drainage of Left Hip Muscle, Percutaneous Approach, Diagnostic
0K9P3ZZ	Drainage of Left Hip Muscle, Percutaneous Approach
0K9P40Z	Drainage of Left Hip Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9P4ZX	Drainage of Left Hip Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9P4ZZ	Drainage of Left Hip Muscle, Percutaneous Endoscopic Approach
0K9Q00Z	Drainage of Right Upper Leg Muscle with Drainage Device, Open Approach
0K9Q0ZX	Drainage of Right Upper Leg Muscle, Open Approach, Diagnostic
0K9Q0ZZ	Drainage of Right Upper Leg Muscle, Open Approach
0K9Q30Z	Drainage of Right Upper Leg Muscle with Drainage Device, Percutaneous Approach
0K9Q3ZX	Drainage of Right Upper Leg Muscle, Percutaneous Approach, Diagnostic
0K9Q3ZZ	Drainage of Right Upper Leg Muscle, Percutaneous Approach
0K9Q40Z	Drainage of Right Upper Leg Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9Q4ZX	Drainage of Right Upper Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9Q4ZZ	Drainage of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0K9R00Z	Drainage of Left Upper Leg Muscle with Drainage Device, Open Approach
0K9R0ZX	Drainage of Left Upper Leg Muscle, Open Approach, Diagnostic
0K9R0ZZ	Drainage of Left Upper Leg Muscle, Open Approach
0K9R30Z	Drainage of Left Upper Leg Muscle with Drainage Device, Percutaneous Approach
0K9R3ZX	Drainage of Left Upper Leg Muscle, Percutaneous Approach, Diagnostic
0K9R3ZZ	Drainage of Left Upper Leg Muscle, Percutaneous Approach
0K9R40Z	Drainage of Left Upper Leg Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9R4ZX	Drainage of Left Upper Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9R4ZZ	Drainage of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0K9S00Z	Drainage of Right Lower Leg Muscle with Drainage Device, Open Approach
0K9S0ZX	Drainage of Right Lower Leg Muscle, Open Approach, Diagnostic
0K9S0ZZ	Drainage of Right Lower Leg Muscle, Open Approach
0K9S30Z	Drainage of Right Lower Leg Muscle with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0K9S3ZX	Drainage of Right Lower Leg Muscle, Percutaneous Approach, Diagnostic
0K9S3ZZ	Drainage of Right Lower Leg Muscle, Percutaneous Approach
0K9S40Z	Drainage of Right Lower Leg Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9S4ZX	Drainage of Right Lower Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9S4ZZ	Drainage of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0K9T00Z	Drainage of Left Lower Leg Muscle with Drainage Device, Open Approach
0K9T0ZX	Drainage of Left Lower Leg Muscle, Open Approach, Diagnostic
0K9T0ZZ	Drainage of Left Lower Leg Muscle, Open Approach
0K9T30Z	Drainage of Left Lower Leg Muscle with Drainage Device, Percutaneous Approach
0K9T3ZX	Drainage of Left Lower Leg Muscle, Percutaneous Approach, Diagnostic
0K9T3ZZ	Drainage of Left Lower Leg Muscle, Percutaneous Approach
0K9T40Z	Drainage of Left Lower Leg Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9T4ZX	Drainage of Left Lower Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9T4ZZ	Drainage of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0K9V00Z	Drainage of Right Foot Muscle with Drainage Device, Open Approach
0K9V0ZX	Drainage of Right Foot Muscle, Open Approach, Diagnostic
0K9V0ZZ	Drainage of Right Foot Muscle, Open Approach
0K9V30Z	Drainage of Right Foot Muscle with Drainage Device, Percutaneous Approach
0K9V3ZX	Drainage of Right Foot Muscle, Percutaneous Approach, Diagnostic
0K9V3ZZ	Drainage of Right Foot Muscle, Percutaneous Approach
0K9V40Z	Drainage of Right Foot Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9V4ZX	Drainage of Right Foot Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9V4ZZ	Drainage of Right Foot Muscle, Percutaneous Endoscopic Approach
0K9W00Z	Drainage of Left Foot Muscle with Drainage Device, Open Approach
0K9W0ZX	Drainage of Left Foot Muscle, Open Approach, Diagnostic
0K9W0ZZ	Drainage of Left Foot Muscle, Open Approach
0K9W30Z	Drainage of Left Foot Muscle with Drainage Device, Percutaneous Approach
0K9W3ZX	Drainage of Left Foot Muscle, Percutaneous Approach, Diagnostic
0K9W3ZZ	Drainage of Left Foot Muscle, Percutaneous Approach
0K9W40Z	Drainage of Left Foot Muscle with Drainage Device, Percutaneous Endoscopic Approach
0K9W4ZX	Drainage of Left Foot Muscle, Percutaneous Endoscopic Approach, Diagnostic
0K9W4ZZ	Drainage of Left Foot Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KB00ZX	Excision of Head Muscle, Open Approach, Diagnostic
0KB00ZZ	Excision of Head Muscle, Open Approach
0KB03ZX	Excision of Head Muscle, Percutaneous Approach, Diagnostic
0KB03ZZ	Excision of Head Muscle, Percutaneous Approach
0KB04ZX	Excision of Head Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB04ZZ	Excision of Head Muscle, Percutaneous Endoscopic Approach
0KB10ZX	Excision of Facial Muscle, Open Approach, Diagnostic
0KB10ZZ	Excision of Facial Muscle, Open Approach
0KB13ZX	Excision of Facial Muscle, Percutaneous Approach, Diagnostic
0KB13ZZ	Excision of Facial Muscle, Percutaneous Approach
0KB14ZX	Excision of Facial Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB14ZZ	Excision of Facial Muscle, Percutaneous Endoscopic Approach
0KB20ZX	Excision of Right Neck Muscle, Open Approach, Diagnostic
0KB20ZZ	Excision of Right Neck Muscle, Open Approach
0KB23ZX	Excision of Right Neck Muscle, Percutaneous Approach, Diagnostic
0KB23ZZ	Excision of Right Neck Muscle, Percutaneous Approach
0KB24ZX	Excision of Right Neck Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB24ZZ	Excision of Right Neck Muscle, Percutaneous Endoscopic Approach
0KB30ZX	Excision of Left Neck Muscle, Open Approach, Diagnostic
0KB30ZZ	Excision of Left Neck Muscle, Open Approach
0KB33ZX	Excision of Left Neck Muscle, Percutaneous Approach, Diagnostic
0KB33ZZ	Excision of Left Neck Muscle, Percutaneous Approach
0KB34ZX	Excision of Left Neck Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB34ZZ	Excision of Left Neck Muscle, Percutaneous Endoscopic Approach
0KB40ZX	Excision of Tongue, Palate, Pharynx Muscle, Open Approach, Diagnostic
0KB40ZZ	Excision of Tongue, Palate, Pharynx Muscle, Open Approach
0KB43ZX	Excision of Tongue, Palate, Pharynx Muscle, Percutaneous Approach, Diagnostic
0KB43ZZ	Excision of Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0KB44ZX	Excision of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB44ZZ	Excision of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KB50ZX	Excision of Right Shoulder Muscle, Open Approach, Diagnostic
0KB50ZZ	Excision of Right Shoulder Muscle, Open Approach
0KB53ZX	Excision of Right Shoulder Muscle, Percutaneous Approach, Diagnostic
0KB53ZZ	Excision of Right Shoulder Muscle, Percutaneous Approach
0KB54ZX	Excision of Right Shoulder Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB54ZZ	Excision of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KB60ZX	Excision of Left Shoulder Muscle, Open Approach, Diagnostic
0KB60ZZ	Excision of Left Shoulder Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KB63ZX	Excision of Left Shoulder Muscle, Percutaneous Approach, Diagnostic
0KB63ZZ	Excision of Left Shoulder Muscle, Percutaneous Approach
0KB64ZX	Excision of Left Shoulder Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB64ZZ	Excision of Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KB70ZX	Excision of Right Upper Arm Muscle, Open Approach, Diagnostic
0KB70ZZ	Excision of Right Upper Arm Muscle, Open Approach
0KB73ZX	Excision of Right Upper Arm Muscle, Percutaneous Approach, Diagnostic
0KB73ZZ	Excision of Right Upper Arm Muscle, Percutaneous Approach
0KB74ZX	Excision of Right Upper Arm Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB74ZZ	Excision of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KB80ZX	Excision of Left Upper Arm Muscle, Open Approach, Diagnostic
0KB80ZZ	Excision of Left Upper Arm Muscle, Open Approach
0KB83ZX	Excision of Left Upper Arm Muscle, Percutaneous Approach, Diagnostic
0KB83ZZ	Excision of Left Upper Arm Muscle, Percutaneous Approach
0KB84ZX	Excision of Left Upper Arm Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB84ZZ	Excision of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KB90ZX	Excision of Right Lower Arm and Wrist Muscle, Open Approach, Diagnostic
0KB90ZZ	Excision of Right Lower Arm and Wrist Muscle, Open Approach
0KB93ZX	Excision of Right Lower Arm and Wrist Muscle, Percutaneous Approach, Diagnostic
0KB93ZZ	Excision of Right Lower Arm and Wrist Muscle, Percutaneous Approach
0KB94ZX	Excision of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KB94ZZ	Excision of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KBB0ZX	Excision of Left Lower Arm and Wrist Muscle, Open Approach, Diagnostic
0KBB0ZZ	Excision of Left Lower Arm and Wrist Muscle, Open Approach
0KBB3ZX	Excision of Left Lower Arm and Wrist Muscle, Percutaneous Approach, Diagnostic
0KBB3ZZ	Excision of Left Lower Arm and Wrist Muscle, Percutaneous Approach
0KBB4ZX	Excision of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBB4ZZ	Excision of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KBC0ZX	Excision of Right Hand Muscle, Open Approach, Diagnostic
0KBC0ZZ	Excision of Right Hand Muscle, Open Approach
0KBC3ZX	Excision of Right Hand Muscle, Percutaneous Approach, Diagnostic
0KBC3ZZ	Excision of Right Hand Muscle, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KBC4ZX	Excision of Right Hand Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBC4ZZ	Excision of Right Hand Muscle, Percutaneous Endoscopic Approach
0KBD0ZX	Excision of Left Hand Muscle, Open Approach, Diagnostic
0KBD0ZZ	Excision of Left Hand Muscle, Open Approach
0KBD3ZX	Excision of Left Hand Muscle, Percutaneous Approach, Diagnostic
0KBD3ZZ	Excision of Left Hand Muscle, Percutaneous Approach
0KBD4ZX	Excision of Left Hand Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBD4ZZ	Excision of Left Hand Muscle, Percutaneous Endoscopic Approach
0KBF0ZX	Excision of Right Trunk Muscle, Open Approach, Diagnostic
0KBF0ZZ	Excision of Right Trunk Muscle, Open Approach
0KBF3ZX	Excision of Right Trunk Muscle, Percutaneous Approach, Diagnostic
0KBF3ZZ	Excision of Right Trunk Muscle, Percutaneous Approach
0KBF4ZX	Excision of Right Trunk Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBF4ZZ	Excision of Right Trunk Muscle, Percutaneous Endoscopic Approach
0KBG0ZX	Excision of Left Trunk Muscle, Open Approach, Diagnostic
0KBG0ZZ	Excision of Left Trunk Muscle, Open Approach
0KBG3ZX	Excision of Left Trunk Muscle, Percutaneous Approach, Diagnostic
0KBG3ZZ	Excision of Left Trunk Muscle, Percutaneous Approach
0KBG4ZX	Excision of Left Trunk Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBG4ZZ	Excision of Left Trunk Muscle, Percutaneous Endoscopic Approach
0KBH0ZX	Excision of Right Thorax Muscle, Open Approach, Diagnostic
0KBH0ZZ	Excision of Right Thorax Muscle, Open Approach
0KBH3ZX	Excision of Right Thorax Muscle, Percutaneous Approach, Diagnostic
0KBH3ZZ	Excision of Right Thorax Muscle, Percutaneous Approach
0KBH4ZX	Excision of Right Thorax Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBH4ZZ	Excision of Right Thorax Muscle, Percutaneous Endoscopic Approach
0KBJ0ZX	Excision of Left Thorax Muscle, Open Approach, Diagnostic
0KBJ0ZZ	Excision of Left Thorax Muscle, Open Approach
0KBJ3ZX	Excision of Left Thorax Muscle, Percutaneous Approach, Diagnostic
0KBJ3ZZ	Excision of Left Thorax Muscle, Percutaneous Approach
0KBJ4ZX	Excision of Left Thorax Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBJ4ZZ	Excision of Left Thorax Muscle, Percutaneous Endoscopic Approach
0KBK0ZX	Excision of Right Abdomen Muscle, Open Approach, Diagnostic
0KBK0ZZ	Excision of Right Abdomen Muscle, Open Approach
0KBK3ZX	Excision of Right Abdomen Muscle, Percutaneous Approach, Diagnostic
0KBK3ZZ	Excision of Right Abdomen Muscle, Percutaneous Approach
0KBK4ZX	Excision of Right Abdomen Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBK4ZZ	Excision of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KBL0ZX	Excision of Left Abdomen Muscle, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KBL0ZZ	Excision of Left Abdomen Muscle, Open Approach
0KBL3ZX	Excision of Left Abdomen Muscle, Percutaneous Approach, Diagnostic
0KBL3ZZ	Excision of Left Abdomen Muscle, Percutaneous Approach
0KBL4ZX	Excision of Left Abdomen Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBL4ZZ	Excision of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KBM0ZX	Excision of Perineum Muscle, Open Approach, Diagnostic
0KBM0ZZ	Excision of Perineum Muscle, Open Approach
0KBM3ZX	Excision of Perineum Muscle, Percutaneous Approach, Diagnostic
0KBM3ZZ	Excision of Perineum Muscle, Percutaneous Approach
0KBM4ZX	Excision of Perineum Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBM4ZZ	Excision of Perineum Muscle, Percutaneous Endoscopic Approach
0KBN0ZX	Excision of Right Hip Muscle, Open Approach, Diagnostic
0KBN0ZZ	Excision of Right Hip Muscle, Open Approach
0KBN3ZX	Excision of Right Hip Muscle, Percutaneous Approach, Diagnostic
0KBN3ZZ	Excision of Right Hip Muscle, Percutaneous Approach
0KBN4ZX	Excision of Right Hip Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBN4ZZ	Excision of Right Hip Muscle, Percutaneous Endoscopic Approach
0KBP0ZX	Excision of Left Hip Muscle, Open Approach, Diagnostic
0KBP0ZZ	Excision of Left Hip Muscle, Open Approach
0KBP3ZX	Excision of Left Hip Muscle, Percutaneous Approach, Diagnostic
0KBP3ZZ	Excision of Left Hip Muscle, Percutaneous Approach
0KBP4ZX	Excision of Left Hip Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBP4ZZ	Excision of Left Hip Muscle, Percutaneous Endoscopic Approach
0KBQ0ZX	Excision of Right Upper Leg Muscle, Open Approach, Diagnostic
0KBQ3ZX	Excision of Right Upper Leg Muscle, Percutaneous Approach, Diagnostic
0KBQ3ZZ	Excision of Right Upper Leg Muscle, Percutaneous Approach
0KBQ4ZX	Excision of Right Upper Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBQ4ZZ	Excision of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KBR0ZX	Excision of Left Upper Leg Muscle, Open Approach, Diagnostic
0KBR3ZX	Excision of Left Upper Leg Muscle, Percutaneous Approach, Diagnostic
0KBR3ZZ	Excision of Left Upper Leg Muscle, Percutaneous Approach
0KBR4ZX	Excision of Left Upper Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBR4ZZ	Excision of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KBS0ZX	Excision of Right Lower Leg Muscle, Open Approach, Diagnostic
0KBS0ZZ	Excision of Right Lower Leg Muscle, Open Approach
0KBS3ZX	Excision of Right Lower Leg Muscle, Percutaneous Approach, Diagnostic
0KBS3ZZ	Excision of Right Lower Leg Muscle, Percutaneous Approach
0KBS4ZX	Excision of Right Lower Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KBS4ZZ	Excision of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KBT0ZX	Excision of Left Lower Leg Muscle, Open Approach, Diagnostic
0KBT0ZZ	Excision of Left Lower Leg Muscle, Open Approach
0KBT3ZX	Excision of Left Lower Leg Muscle, Percutaneous Approach, Diagnostic
0KBT3ZZ	Excision of Left Lower Leg Muscle, Percutaneous Approach
0KBT4ZX	Excision of Left Lower Leg Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBT4ZZ	Excision of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KBV0ZX	Excision of Right Foot Muscle, Open Approach, Diagnostic
0KBV0ZZ	Excision of Right Foot Muscle, Open Approach
0KBV3ZX	Excision of Right Foot Muscle, Percutaneous Approach, Diagnostic
0KBV3ZZ	Excision of Right Foot Muscle, Percutaneous Approach
0KBV4ZX	Excision of Right Foot Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBV4ZZ	Excision of Right Foot Muscle, Percutaneous Endoscopic Approach
0KBW0ZX	Excision of Left Foot Muscle, Open Approach, Diagnostic
0KBW0ZZ	Excision of Left Foot Muscle, Open Approach
0KBW3ZX	Excision of Left Foot Muscle, Percutaneous Approach, Diagnostic
0KBW3ZZ	Excision of Left Foot Muscle, Percutaneous Approach
0KBW4ZX	Excision of Left Foot Muscle, Percutaneous Endoscopic Approach, Diagnostic
0KBW4ZZ	Excision of Left Foot Muscle, Percutaneous Endoscopic Approach
0KC00ZZ	Extirpation of Matter from Head Muscle, Open Approach
0KC03ZZ	Extirpation of Matter from Head Muscle, Percutaneous Approach
0KC04ZZ	Extirpation of Matter from Head Muscle, Percutaneous Endoscopic Approach
0KC10ZZ	Extirpation of Matter from Facial Muscle, Open Approach
0KC13ZZ	Extirpation of Matter from Facial Muscle, Percutaneous Approach
0KC14ZZ	Extirpation of Matter from Facial Muscle, Percutaneous Endoscopic Approach
0KC20ZZ	Extirpation of Matter from Right Neck Muscle, Open Approach
0KC23ZZ	Extirpation of Matter from Right Neck Muscle, Percutaneous Approach
0KC24ZZ	Extirpation of Matter from Right Neck Muscle, Percutaneous Endoscopic Approach
0KC30ZZ	Extirpation of Matter from Left Neck Muscle, Open Approach
0KC33ZZ	Extirpation of Matter from Left Neck Muscle, Percutaneous Approach
0KC34ZZ	Extirpation of Matter from Left Neck Muscle, Percutaneous Endoscopic Approach
0KC40ZZ	Extirpation of Matter from Tongue, Palate, Pharynx Muscle, Open Approach
0KC43ZZ	Extirpation of Matter from Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0KC44ZZ	Extirpation of Matter from Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KC50ZZ	Extirpation of Matter from Right Shoulder Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KC53ZZ	Extirpation of Matter from Right Shoulder Muscle, Percutaneous Approach
0KC54ZZ	Extirpation of Matter from Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KC60ZZ	Extirpation of Matter from Left Shoulder Muscle, Open Approach
0KC63ZZ	Extirpation of Matter from Left Shoulder Muscle, Percutaneous Approach
0KC64ZZ	Extirpation of Matter from Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KC70ZZ	Extirpation of Matter from Right Upper Arm Muscle, Open Approach
0KC73ZZ	Extirpation of Matter from Right Upper Arm Muscle, Percutaneous Approach
0KC74ZZ	Extirpation of Matter from Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KC80ZZ	Extirpation of Matter from Left Upper Arm Muscle, Open Approach
0KC83ZZ	Extirpation of Matter from Left Upper Arm Muscle, Percutaneous Approach
0KC84ZZ	Extirpation of Matter from Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KC90ZZ	Extirpation of Matter from Right Lower Arm and Wrist Muscle, Open Approach
0KC93ZZ	Extirpation of Matter from Right Lower Arm and Wrist Muscle, Percutaneous Approach
0KC94ZZ	Extirpation of Matter from Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KCB0ZZ	Extirpation of Matter from Left Lower Arm and Wrist Muscle, Open Approach
0KCB3ZZ	Extirpation of Matter from Left Lower Arm and Wrist Muscle, Percutaneous Approach
0KCB4ZZ	Extirpation of Matter from Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KCC0ZZ	Extirpation of Matter from Right Hand Muscle, Open Approach
0KCC3ZZ	Extirpation of Matter from Right Hand Muscle, Percutaneous Approach
0KCC4ZZ	Extirpation of Matter from Right Hand Muscle, Percutaneous Endoscopic Approach
0KCD0ZZ	Extirpation of Matter from Left Hand Muscle, Open Approach
0KCD3ZZ	Extirpation of Matter from Left Hand Muscle, Percutaneous Approach
0KCD4ZZ	Extirpation of Matter from Left Hand Muscle, Percutaneous Endoscopic Approach
0KCF0ZZ	Extirpation of Matter from Right Trunk Muscle, Open Approach
0KCF3ZZ	Extirpation of Matter from Right Trunk Muscle, Percutaneous Approach
0KCF4ZZ	Extirpation of Matter from Right Trunk Muscle, Percutaneous Endoscopic Approach
0KCG0ZZ	Extirpation of Matter from Left Trunk Muscle, Open Approach
0KCG3ZZ	Extirpation of Matter from Left Trunk Muscle, Percutaneous Approach
0KCG4ZZ	Extirpation of Matter from Left Trunk Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KCH0ZZ	Extirpation of Matter from Right Thorax Muscle, Open Approach
0KCH3ZZ	Extirpation of Matter from Right Thorax Muscle, Percutaneous Approach
0KCH4ZZ	Extirpation of Matter from Right Thorax Muscle, Percutaneous Endoscopic Approach
0KCJ0ZZ	Extirpation of Matter from Left Thorax Muscle, Open Approach
0KCJ3ZZ	Extirpation of Matter from Left Thorax Muscle, Percutaneous Approach
0KCJ4ZZ	Extirpation of Matter from Left Thorax Muscle, Percutaneous Endoscopic Approach
0KCK0ZZ	Extirpation of Matter from Right Abdomen Muscle, Open Approach
0KCK3ZZ	Extirpation of Matter from Right Abdomen Muscle, Percutaneous Approach
0KCK4ZZ	Extirpation of Matter from Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KCL0ZZ	Extirpation of Matter from Left Abdomen Muscle, Open Approach
0KCL3ZZ	Extirpation of Matter from Left Abdomen Muscle, Percutaneous Approach
0KCL4ZZ	Extirpation of Matter from Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KCM0ZZ	Extirpation of Matter from Perineum Muscle, Open Approach
0KCM3ZZ	Extirpation of Matter from Perineum Muscle, Percutaneous Approach
0KCM4ZZ	Extirpation of Matter from Perineum Muscle, Percutaneous Endoscopic Approach
0KCN0ZZ	Extirpation of Matter from Right Hip Muscle, Open Approach
0KCN3ZZ	Extirpation of Matter from Right Hip Muscle, Percutaneous Approach
0KCN4ZZ	Extirpation of Matter from Right Hip Muscle, Percutaneous Endoscopic Approach
0KCP0ZZ	Extirpation of Matter from Left Hip Muscle, Open Approach
0KCP3ZZ	Extirpation of Matter from Left Hip Muscle, Percutaneous Approach
0KCP4ZZ	Extirpation of Matter from Left Hip Muscle, Percutaneous Endoscopic Approach
0KCQ0ZZ	Extirpation of Matter from Right Upper Leg Muscle, Open Approach
0KCQ3ZZ	Extirpation of Matter from Right Upper Leg Muscle, Percutaneous Approach
0KCQ4ZZ	Extirpation of Matter from Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KCR0ZZ	Extirpation of Matter from Left Upper Leg Muscle, Open Approach
0KCR3ZZ	Extirpation of Matter from Left Upper Leg Muscle, Percutaneous Approach
0KCR4ZZ	Extirpation of Matter from Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KCS0ZZ	Extirpation of Matter from Right Lower Leg Muscle, Open Approach
0KCS3ZZ	Extirpation of Matter from Right Lower Leg Muscle, Percutaneous Approach
0KCS4ZZ	Extirpation of Matter from Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KCT0ZZ	Extirpation of Matter from Left Lower Leg Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KCT3ZZ	Extirpation of Matter from Left Lower Leg Muscle, Percutaneous Approach
0KCT4ZZ	Extirpation of Matter from Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KCV0ZZ	Extirpation of Matter from Right Foot Muscle, Open Approach
0KCV3ZZ	Extirpation of Matter from Right Foot Muscle, Percutaneous Approach
0KCV4ZZ	Extirpation of Matter from Right Foot Muscle, Percutaneous Endoscopic Approach
0KCW0ZZ	Extirpation of Matter from Left Foot Muscle, Open Approach
0KCW3ZZ	Extirpation of Matter from Left Foot Muscle, Percutaneous Approach
0KCW4ZZ	Extirpation of Matter from Left Foot Muscle, Percutaneous Endoscopic Approach
0KJX0ZZ	Inspection of Upper Muscle, Open Approach
0KJX3ZZ	Inspection of Upper Muscle, Percutaneous Approach
0KJX4ZZ	Inspection of Upper Muscle, Percutaneous Endoscopic Approach
0KJY0ZZ	Inspection of Lower Muscle, Open Approach
0KJY3ZZ	Inspection of Lower Muscle, Percutaneous Approach
0KJY4ZZ	Inspection of Lower Muscle, Percutaneous Endoscopic Approach
0KM00ZZ	Reattachment of Head Muscle, Open Approach
0KM04ZZ	Reattachment of Head Muscle, Percutaneous Endoscopic Approach
0KM10ZZ	Reattachment of Facial Muscle, Open Approach
0KM14ZZ	Reattachment of Facial Muscle, Percutaneous Endoscopic Approach
0KM20ZZ	Reattachment of Right Neck Muscle, Open Approach
0KM24ZZ	Reattachment of Right Neck Muscle, Percutaneous Endoscopic Approach
0KM30ZZ	Reattachment of Left Neck Muscle, Open Approach
0KM34ZZ	Reattachment of Left Neck Muscle, Percutaneous Endoscopic Approach
0KM40ZZ	Reattachment of Tongue, Palate, Pharynx Muscle, Open Approach
0KM44ZZ	Reattachment of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KM50ZZ	Reattachment of Right Shoulder Muscle, Open Approach
0KM54ZZ	Reattachment of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KM60ZZ	Reattachment of Left Shoulder Muscle, Open Approach
0KM64ZZ	Reattachment of Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KM70ZZ	Reattachment of Right Upper Arm Muscle, Open Approach
0KM74ZZ	Reattachment of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KM80ZZ	Reattachment of Left Upper Arm Muscle, Open Approach
0KM84ZZ	Reattachment of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KM90ZZ	Reattachment of Right Lower Arm and Wrist Muscle, Open Approach
0KM94ZZ	Reattachment of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KMB0ZZ	Reattachment of Left Lower Arm and Wrist Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KMB4ZZ	Reattachment of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KMC0ZZ	Reattachment of Right Hand Muscle, Open Approach
0KMC4ZZ	Reattachment of Right Hand Muscle, Percutaneous Endoscopic Approach
0KMD0ZZ	Reattachment of Left Hand Muscle, Open Approach
0KMD4ZZ	Reattachment of Left Hand Muscle, Percutaneous Endoscopic Approach
0KMF0ZZ	Reattachment of Right Trunk Muscle, Open Approach
0KMF4ZZ	Reattachment of Right Trunk Muscle, Percutaneous Endoscopic Approach
0KMG0ZZ	Reattachment of Left Trunk Muscle, Open Approach
0KMG4ZZ	Reattachment of Left Trunk Muscle, Percutaneous Endoscopic Approach
0KMH0ZZ	Reattachment of Right Thorax Muscle, Open Approach
0KMH4ZZ	Reattachment of Right Thorax Muscle, Percutaneous Endoscopic Approach
0KMJ0ZZ	Reattachment of Left Thorax Muscle, Open Approach
0KMJ4ZZ	Reattachment of Left Thorax Muscle, Percutaneous Endoscopic Approach
0KMK0ZZ	Reattachment of Right Abdomen Muscle, Open Approach
0KMK4ZZ	Reattachment of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KML0ZZ	Reattachment of Left Abdomen Muscle, Open Approach
0KML4ZZ	Reattachment of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KMM0ZZ	Reattachment of Perineum Muscle, Open Approach
0KMM4ZZ	Reattachment of Perineum Muscle, Percutaneous Endoscopic Approach
0KMN0ZZ	Reattachment of Right Hip Muscle, Open Approach
0KMN4ZZ	Reattachment of Right Hip Muscle, Percutaneous Endoscopic Approach
0KMP0ZZ	Reattachment of Left Hip Muscle, Open Approach
0KMP4ZZ	Reattachment of Left Hip Muscle, Percutaneous Endoscopic Approach
0KMQ0ZZ	Reattachment of Right Upper Leg Muscle, Open Approach
0KMQ4ZZ	Reattachment of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KMR0ZZ	Reattachment of Left Upper Leg Muscle, Open Approach
0KMR4ZZ	Reattachment of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KMS0ZZ	Reattachment of Right Lower Leg Muscle, Open Approach
0KMS4ZZ	Reattachment of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KMT0ZZ	Reattachment of Left Lower Leg Muscle, Open Approach
0KMT4ZZ	Reattachment of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KMV0ZZ	Reattachment of Right Foot Muscle, Open Approach
0KMV4ZZ	Reattachment of Right Foot Muscle, Percutaneous Endoscopic Approach
0KMW0ZZ	Reattachment of Left Foot Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KMW4ZZ	Reattachment of Left Foot Muscle, Percutaneous Endoscopic Approach
0KN00ZZ	Release Head Muscle, Open Approach
0KN03ZZ	Release Head Muscle, Percutaneous Approach
0KN04ZZ	Release Head Muscle, Percutaneous Endoscopic Approach
0KN10ZZ	Release Facial Muscle, Open Approach
0KN13ZZ	Release Facial Muscle, Percutaneous Approach
0KN14ZZ	Release Facial Muscle, Percutaneous Endoscopic Approach
0KN20ZZ	Release Right Neck Muscle, Open Approach
0KN23ZZ	Release Right Neck Muscle, Percutaneous Approach
0KN24ZZ	Release Right Neck Muscle, Percutaneous Endoscopic Approach
0KN30ZZ	Release Left Neck Muscle, Open Approach
0KN33ZZ	Release Left Neck Muscle, Percutaneous Approach
0KN34ZZ	Release Left Neck Muscle, Percutaneous Endoscopic Approach
0KN40ZZ	Release Tongue, Palate, Pharynx Muscle, Open Approach
0KN43ZZ	Release Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0KN44ZZ	Release Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KN50ZZ	Release Right Shoulder Muscle, Open Approach
0KN53ZZ	Release Right Shoulder Muscle, Percutaneous Approach
0KN54ZZ	Release Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KN60ZZ	Release Left Shoulder Muscle, Open Approach
0KN63ZZ	Release Left Shoulder Muscle, Percutaneous Approach
0KN64ZZ	Release Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KN70ZZ	Release Right Upper Arm Muscle, Open Approach
0KN73ZZ	Release Right Upper Arm Muscle, Percutaneous Approach
0KN74ZZ	Release Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KN80ZZ	Release Left Upper Arm Muscle, Open Approach
0KN83ZZ	Release Left Upper Arm Muscle, Percutaneous Approach
0KN84ZZ	Release Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KN90ZZ	Release Right Lower Arm and Wrist Muscle, Open Approach
0KN93ZZ	Release Right Lower Arm and Wrist Muscle, Percutaneous Approach
0KN94ZZ	Release Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KNB0ZZ	Release Left Lower Arm and Wrist Muscle, Open Approach
0KNB3ZZ	Release Left Lower Arm and Wrist Muscle, Percutaneous Approach
0KNB4ZZ	Release Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KNC0ZZ	Release Right Hand Muscle, Open Approach
0KNC3ZZ	Release Right Hand Muscle, Percutaneous Approach
0KNC4ZZ	Release Right Hand Muscle, Percutaneous Endoscopic Approach
0KND0ZZ	Release Left Hand Muscle, Open Approach
0KND3ZZ	Release Left Hand Muscle, Percutaneous Approach
0KND4ZZ	Release Left Hand Muscle, Percutaneous Endoscopic Approach
0KNF0ZZ	Release Right Trunk Muscle, Open Approach
0KNF3ZZ	Release Right Trunk Muscle, Percutaneous Approach
0KNF4ZZ	Release Right Trunk Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KNG0ZZ	Release Left Trunk Muscle, Open Approach
0KNG3ZZ	Release Left Trunk Muscle, Percutaneous Approach
0KNG4ZZ	Release Left Trunk Muscle, Percutaneous Endoscopic Approach
0KNH0ZZ	Release Right Thorax Muscle, Open Approach
0KNH3ZZ	Release Right Thorax Muscle, Percutaneous Approach
0KNH4ZZ	Release Right Thorax Muscle, Percutaneous Endoscopic Approach
0KNJ0ZZ	Release Left Thorax Muscle, Open Approach
0KNJ3ZZ	Release Left Thorax Muscle, Percutaneous Approach
0KNJ4ZZ	Release Left Thorax Muscle, Percutaneous Endoscopic Approach
0KNK0ZZ	Release Right Abdomen Muscle, Open Approach
0KNK3ZZ	Release Right Abdomen Muscle, Percutaneous Approach
0KNK4ZZ	Release Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KNL0ZZ	Release Left Abdomen Muscle, Open Approach
0KNL3ZZ	Release Left Abdomen Muscle, Percutaneous Approach
0KNL4ZZ	Release Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KNM0ZZ	Release Perineum Muscle, Open Approach
0KNM3ZZ	Release Perineum Muscle, Percutaneous Approach
0KNM4ZZ	Release Perineum Muscle, Percutaneous Endoscopic Approach
0KNN0ZZ	Release Right Hip Muscle, Open Approach
0KNN3ZZ	Release Right Hip Muscle, Percutaneous Approach
0KNN4ZZ	Release Right Hip Muscle, Percutaneous Endoscopic Approach
0KNP0ZZ	Release Left Hip Muscle, Open Approach
0KNP3ZZ	Release Left Hip Muscle, Percutaneous Approach
0KNP4ZZ	Release Left Hip Muscle, Percutaneous Endoscopic Approach
0KNQ0ZZ	Release Right Upper Leg Muscle, Open Approach
0KNQ3ZZ	Release Right Upper Leg Muscle, Percutaneous Approach
0KNQ4ZZ	Release Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KNR0ZZ	Release Left Upper Leg Muscle, Open Approach
0KNR3ZZ	Release Left Upper Leg Muscle, Percutaneous Approach
0KNR4ZZ	Release Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KNS0ZZ	Release Right Lower Leg Muscle, Open Approach
0KNS3ZZ	Release Right Lower Leg Muscle, Percutaneous Approach
0KNS4ZZ	Release Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KNT0ZZ	Release Left Lower Leg Muscle, Open Approach
0KNT3ZZ	Release Left Lower Leg Muscle, Percutaneous Approach
0KNT4ZZ	Release Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KNV0ZZ	Release Right Foot Muscle, Open Approach
0KNV3ZZ	Release Right Foot Muscle, Percutaneous Approach
0KNV4ZZ	Release Right Foot Muscle, Percutaneous Endoscopic Approach
0KNW0ZZ	Release Left Foot Muscle, Open Approach
0KNW3ZZ	Release Left Foot Muscle, Percutaneous Approach
0KNW4ZZ	Release Left Foot Muscle, Percutaneous Endoscopic Approach
0KPX00Z	Removal of Drainage Device from Upper Muscle, Open Approach
0KPX07Z	Removal of Autologous Tissue Substitute from Upper Muscle, Open Approach
0KPX0JZ	Removal of Synthetic Substitute from Upper Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KPX0KZ	Removal of Nonautologous Tissue Substitute from Upper Muscle, Open Approach
0KPX30Z	Removal of Drainage Device from Upper Muscle, Percutaneous Approach
0KPX37Z	Removal of Autologous Tissue Substitute from Upper Muscle, Percutaneous Approach
0KPX3JZ	Removal of Synthetic Substitute from Upper Muscle, Percutaneous Approach
0KPX3KZ	Removal of Nonautologous Tissue Substitute from Upper Muscle, Percutaneous Approach
0KPX40Z	Removal of Drainage Device from Upper Muscle, Percutaneous Endoscopic Approach
0KPX47Z	Removal of Autologous Tissue Substitute from Upper Muscle, Percutaneous Endoscopic Approach
0KPX4JZ	Removal of Synthetic Substitute from Upper Muscle, Percutaneous Endoscopic Approach
0KPX4KZ	Removal of Nonautologous Tissue Substitute from Upper Muscle, Percutaneous Endoscopic Approach
0KPY00Z	Removal of Drainage Device from Lower Muscle, Open Approach
0KPY07Z	Removal of Autologous Tissue Substitute from Lower Muscle, Open Approach
0KPY0JZ	Removal of Synthetic Substitute from Lower Muscle, Open Approach
0KPY0KZ	Removal of Nonautologous Tissue Substitute from Lower Muscle, Open Approach
0KPY30Z	Removal of Drainage Device from Lower Muscle, Percutaneous Approach
0KPY37Z	Removal of Autologous Tissue Substitute from Lower Muscle, Percutaneous Approach
0KPY3JZ	Removal of Synthetic Substitute from Lower Muscle, Percutaneous Approach
0KPY3KZ	Removal of Nonautologous Tissue Substitute from Lower Muscle, Percutaneous Approach
0KPY40Z	Removal of Drainage Device from Lower Muscle, Percutaneous Endoscopic Approach
0KPY47Z	Removal of Autologous Tissue Substitute from Lower Muscle, Percutaneous Endoscopic Approach
0KPY4JZ	Removal of Synthetic Substitute from Lower Muscle, Percutaneous Endoscopic Approach
0KPY4KZ	Removal of Nonautologous Tissue Substitute from Lower Muscle, Percutaneous Endoscopic Approach
0KQ00ZZ	Repair Head Muscle, Open Approach
0KQ03ZZ	Repair Head Muscle, Percutaneous Approach
0KQ04ZZ	Repair Head Muscle, Percutaneous Endoscopic Approach
0KQ10ZZ	Repair Facial Muscle, Open Approach
0KQ13ZZ	Repair Facial Muscle, Percutaneous Approach
0KQ14ZZ	Repair Facial Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KQ20ZZ	Repair Right Neck Muscle, Open Approach
0KQ23ZZ	Repair Right Neck Muscle, Percutaneous Approach
0KQ24ZZ	Repair Right Neck Muscle, Percutaneous Endoscopic Approach
0KQ30ZZ	Repair Left Neck Muscle, Open Approach
0KQ33ZZ	Repair Left Neck Muscle, Percutaneous Approach
0KQ34ZZ	Repair Left Neck Muscle, Percutaneous Endoscopic Approach
0KQ40ZZ	Repair Tongue, Palate, Pharynx Muscle, Open Approach
0KQ43ZZ	Repair Tongue, Palate, Pharynx Muscle, Percutaneous Approach
0KQ44ZZ	Repair Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KQ50ZZ	Repair Right Shoulder Muscle, Open Approach
0KQ53ZZ	Repair Right Shoulder Muscle, Percutaneous Approach
0KQ54ZZ	Repair Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KQ60ZZ	Repair Left Shoulder Muscle, Open Approach
0KQ63ZZ	Repair Left Shoulder Muscle, Percutaneous Approach
0KQ64ZZ	Repair Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KQ70ZZ	Repair Right Upper Arm Muscle, Open Approach
0KQ73ZZ	Repair Right Upper Arm Muscle, Percutaneous Approach
0KQ74ZZ	Repair Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KQ80ZZ	Repair Left Upper Arm Muscle, Open Approach
0KQ83ZZ	Repair Left Upper Arm Muscle, Percutaneous Approach
0KQ84ZZ	Repair Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KQ90ZZ	Repair Right Lower Arm and Wrist Muscle, Open Approach
0KQ93ZZ	Repair Right Lower Arm and Wrist Muscle, Percutaneous Approach
0KQ94ZZ	Repair Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KQB0ZZ	Repair Left Lower Arm and Wrist Muscle, Open Approach
0KQB3ZZ	Repair Left Lower Arm and Wrist Muscle, Percutaneous Approach
0KQB4ZZ	Repair Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KQC0ZZ	Repair Right Hand Muscle, Open Approach
0KQC3ZZ	Repair Right Hand Muscle, Percutaneous Approach
0KQC4ZZ	Repair Right Hand Muscle, Percutaneous Endoscopic Approach
0KQD0ZZ	Repair Left Hand Muscle, Open Approach
0KQD3ZZ	Repair Left Hand Muscle, Percutaneous Approach
0KQD4ZZ	Repair Left Hand Muscle, Percutaneous Endoscopic Approach
0KQF0ZZ	Repair Right Trunk Muscle, Open Approach
0KQF3ZZ	Repair Right Trunk Muscle, Percutaneous Approach
0KQF4ZZ	Repair Right Trunk Muscle, Percutaneous Endoscopic Approach
0KQG0ZZ	Repair Left Trunk Muscle, Open Approach
0KQG3ZZ	Repair Left Trunk Muscle, Percutaneous Approach
0KQG4ZZ	Repair Left Trunk Muscle, Percutaneous Endoscopic Approach
0KQH0ZZ	Repair Right Thorax Muscle, Open Approach
0KQH3ZZ	Repair Right Thorax Muscle, Percutaneous Approach
0KQH4ZZ	Repair Right Thorax Muscle, Percutaneous Endoscopic Approach
0KQJ0ZZ	Repair Left Thorax Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KQJ3ZZ	Repair Left Thorax Muscle, Percutaneous Approach
0KQJ4ZZ	Repair Left Thorax Muscle, Percutaneous Endoscopic Approach
0KQK0ZZ	Repair Right Abdomen Muscle, Open Approach
0KQK3ZZ	Repair Right Abdomen Muscle, Percutaneous Approach
0KQK4ZZ	Repair Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KQL0ZZ	Repair Left Abdomen Muscle, Open Approach
0KQL3ZZ	Repair Left Abdomen Muscle, Percutaneous Approach
0KQL4ZZ	Repair Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KQM0ZZ	Repair Perineum Muscle, Open Approach
0KQM3ZZ	Repair Perineum Muscle, Percutaneous Approach
0KQM4ZZ	Repair Perineum Muscle, Percutaneous Endoscopic Approach
0KQN0ZZ	Repair Right Hip Muscle, Open Approach
0KQN3ZZ	Repair Right Hip Muscle, Percutaneous Approach
0KQN4ZZ	Repair Right Hip Muscle, Percutaneous Endoscopic Approach
0KQP0ZZ	Repair Left Hip Muscle, Open Approach
0KQP3ZZ	Repair Left Hip Muscle, Percutaneous Approach
0KQP4ZZ	Repair Left Hip Muscle, Percutaneous Endoscopic Approach
0KQS0ZZ	Repair Right Lower Leg Muscle, Open Approach
0KQS3ZZ	Repair Right Lower Leg Muscle, Percutaneous Approach
0KQS4ZZ	Repair Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KQT0ZZ	Repair Left Lower Leg Muscle, Open Approach
0KQT3ZZ	Repair Left Lower Leg Muscle, Percutaneous Approach
0KQT4ZZ	Repair Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KQV0ZZ	Repair Right Foot Muscle, Open Approach
0KQV3ZZ	Repair Right Foot Muscle, Percutaneous Approach
0KQV4ZZ	Repair Right Foot Muscle, Percutaneous Endoscopic Approach
0KQW0ZZ	Repair Left Foot Muscle, Open Approach
0KQW3ZZ	Repair Left Foot Muscle, Percutaneous Approach
0KQW4ZZ	Repair Left Foot Muscle, Percutaneous Endoscopic Approach
0KS00ZZ	Reposition Head Muscle, Open Approach
0KS04ZZ	Reposition Head Muscle, Percutaneous Endoscopic Approach
0KS10ZZ	Reposition Facial Muscle, Open Approach
0KS14ZZ	Reposition Facial Muscle, Percutaneous Endoscopic Approach
0KS20ZZ	Reposition Right Neck Muscle, Open Approach
0KS24ZZ	Reposition Right Neck Muscle, Percutaneous Endoscopic Approach
0KS30ZZ	Reposition Left Neck Muscle, Open Approach
0KS34ZZ	Reposition Left Neck Muscle, Percutaneous Endoscopic Approach
0KS40ZZ	Reposition Tongue, Palate, Pharynx Muscle, Open Approach
0KS44ZZ	Reposition Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KS50ZZ	Reposition Right Shoulder Muscle, Open Approach
0KS54ZZ	Reposition Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KS60ZZ	Reposition Left Shoulder Muscle, Open Approach
0KS64ZZ	Reposition Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KS70ZZ	Reposition Right Upper Arm Muscle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KS74ZZ	Reposition Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KS80ZZ	Reposition Left Upper Arm Muscle, Open Approach
0KS84ZZ	Reposition Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KS90ZZ	Reposition Right Lower Arm and Wrist Muscle, Open Approach
0KS94ZZ	Reposition Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KSB0ZZ	Reposition Left Lower Arm and Wrist Muscle, Open Approach
0KSB4ZZ	Reposition Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KSC0ZZ	Reposition Right Hand Muscle, Open Approach
0KSC4ZZ	Reposition Right Hand Muscle, Percutaneous Endoscopic Approach
0KSD0ZZ	Reposition Left Hand Muscle, Open Approach
0KSD4ZZ	Reposition Left Hand Muscle, Percutaneous Endoscopic Approach
0KSF0ZZ	Reposition Right Trunk Muscle, Open Approach
0KSF4ZZ	Reposition Right Trunk Muscle, Percutaneous Endoscopic Approach
0KSG0ZZ	Reposition Left Trunk Muscle, Open Approach
0KSG4ZZ	Reposition Left Trunk Muscle, Percutaneous Endoscopic Approach
0KSH0ZZ	Reposition Right Thorax Muscle, Open Approach
0KSH4ZZ	Reposition Right Thorax Muscle, Percutaneous Endoscopic Approach
0KSJ0ZZ	Reposition Left Thorax Muscle, Open Approach
0KSJ4ZZ	Reposition Left Thorax Muscle, Percutaneous Endoscopic Approach
0KSK0ZZ	Reposition Right Abdomen Muscle, Open Approach
0KSK4ZZ	Reposition Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KSL0ZZ	Reposition Left Abdomen Muscle, Open Approach
0KSL4ZZ	Reposition Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KSM0ZZ	Reposition Perineum Muscle, Open Approach
0KSM4ZZ	Reposition Perineum Muscle, Percutaneous Endoscopic Approach
0KSN0ZZ	Reposition Right Hip Muscle, Open Approach
0KSN4ZZ	Reposition Right Hip Muscle, Percutaneous Endoscopic Approach
0KSP0ZZ	Reposition Left Hip Muscle, Open Approach
0KSP4ZZ	Reposition Left Hip Muscle, Percutaneous Endoscopic Approach
0KSQ0ZZ	Reposition Right Upper Leg Muscle, Open Approach
0KSQ4ZZ	Reposition Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KSR0ZZ	Reposition Left Upper Leg Muscle, Open Approach
0KSR4ZZ	Reposition Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KSS0ZZ	Reposition Right Lower Leg Muscle, Open Approach
0KSS4ZZ	Reposition Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KST0ZZ	Reposition Left Lower Leg Muscle, Open Approach
0KST4ZZ	Reposition Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KSV0ZZ	Reposition Right Foot Muscle, Open Approach
0KSV4ZZ	Reposition Right Foot Muscle, Percutaneous Endoscopic Approach
0KSW0ZZ	Reposition Left Foot Muscle, Open Approach
0KSW4ZZ	Reposition Left Foot Muscle, Percutaneous Endoscopic Approach
0KT00ZZ	Resection of Head Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KT04ZZ	Resection of Head Muscle, Percutaneous Endoscopic Approach
0KT10ZZ	Resection of Facial Muscle, Open Approach
0KT14ZZ	Resection of Facial Muscle, Percutaneous Endoscopic Approach
0KT20ZZ	Resection of Right Neck Muscle, Open Approach
0KT24ZZ	Resection of Right Neck Muscle, Percutaneous Endoscopic Approach
0KT30ZZ	Resection of Left Neck Muscle, Open Approach
0KT34ZZ	Resection of Left Neck Muscle, Percutaneous Endoscopic Approach
0KT40ZZ	Resection of Tongue, Palate, Pharynx Muscle, Open Approach
0KT44ZZ	Resection of Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KT50ZZ	Resection of Right Shoulder Muscle, Open Approach
0KT54ZZ	Resection of Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KT60ZZ	Resection of Left Shoulder Muscle, Open Approach
0KT64ZZ	Resection of Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KT70ZZ	Resection of Right Upper Arm Muscle, Open Approach
0KT74ZZ	Resection of Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KT80ZZ	Resection of Left Upper Arm Muscle, Open Approach
0KT84ZZ	Resection of Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KT90ZZ	Resection of Right Lower Arm and Wrist Muscle, Open Approach
0KT94ZZ	Resection of Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KTB0ZZ	Resection of Left Lower Arm and Wrist Muscle, Open Approach
0KTB4ZZ	Resection of Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KTC0ZZ	Resection of Right Hand Muscle, Open Approach
0KTC4ZZ	Resection of Right Hand Muscle, Percutaneous Endoscopic Approach
0KTD0ZZ	Resection of Left Hand Muscle, Open Approach
0KTD4ZZ	Resection of Left Hand Muscle, Percutaneous Endoscopic Approach
0KTF0ZZ	Resection of Right Trunk Muscle, Open Approach
0KTF4ZZ	Resection of Right Trunk Muscle, Percutaneous Endoscopic Approach
0KTG0ZZ	Resection of Left Trunk Muscle, Open Approach
0KTG4ZZ	Resection of Left Trunk Muscle, Percutaneous Endoscopic Approach
0KTH0ZZ	Resection of Right Thorax Muscle, Open Approach
0KTH4ZZ	Resection of Right Thorax Muscle, Percutaneous Endoscopic Approach
0KTJ0ZZ	Resection of Left Thorax Muscle, Open Approach
0KTJ4ZZ	Resection of Left Thorax Muscle, Percutaneous Endoscopic Approach
0KTK0ZZ	Resection of Right Abdomen Muscle, Open Approach
0KTK4ZZ	Resection of Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KTL0ZZ	Resection of Left Abdomen Muscle, Open Approach
0KTL4ZZ	Resection of Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KTM0ZZ	Resection of Perineum Muscle, Open Approach
0KTM4ZZ	Resection of Perineum Muscle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KTN0ZZ	Resection of Right Hip Muscle, Open Approach
0KTN4ZZ	Resection of Right Hip Muscle, Percutaneous Endoscopic Approach
0KTP0ZZ	Resection of Left Hip Muscle, Open Approach
0KTP4ZZ	Resection of Left Hip Muscle, Percutaneous Endoscopic Approach
0KTQ0ZZ	Resection of Right Upper Leg Muscle, Open Approach
0KTQ4ZZ	Resection of Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KTR0ZZ	Resection of Left Upper Leg Muscle, Open Approach
0KTR4ZZ	Resection of Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KTS0ZZ	Resection of Right Lower Leg Muscle, Open Approach
0KTS4ZZ	Resection of Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KTT0ZZ	Resection of Left Lower Leg Muscle, Open Approach
0KTT4ZZ	Resection of Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KTV0ZZ	Resection of Right Foot Muscle, Open Approach
0KTV4ZZ	Resection of Right Foot Muscle, Percutaneous Endoscopic Approach
0KTW0ZZ	Resection of Left Foot Muscle, Open Approach
0KTW4ZZ	Resection of Left Foot Muscle, Percutaneous Endoscopic Approach
0KUC07Z	Supplement Right Hand Muscle with Autologous Tissue Substitute, Open Approach
0KUC0JZ	Supplement Right Hand Muscle with Synthetic Substitute, Open Approach
0KUC0KZ	Supplement Right Hand Muscle with Nonautologous Tissue Substitute, Open Approach
0KUC47Z	Supplement Right Hand Muscle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0KUC4JZ	Supplement Right Hand Muscle with Synthetic Substitute, Percutaneous Endoscopic Approach
0KUC4KZ	Supplement Right Hand Muscle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0KUD07Z	Supplement Left Hand Muscle with Autologous Tissue Substitute, Open Approach
0KUD0JZ	Supplement Left Hand Muscle with Synthetic Substitute, Open Approach
0KUD0KZ	Supplement Left Hand Muscle with Nonautologous Tissue Substitute, Open Approach
0KUD47Z	Supplement Left Hand Muscle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0KUD4JZ	Supplement Left Hand Muscle with Synthetic Substitute, Percutaneous Endoscopic Approach
0KUD4KZ	Supplement Left Hand Muscle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0KWX00Z	Revision of Drainage Device in Upper Muscle, Open Approach
0KWX07Z	Revision of Autologous Tissue Substitute in Upper Muscle, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KWX0JZ	Revision of Synthetic Substitute in Upper Muscle, Open Approach
0KWX0KZ	Revision of Nonautologous Tissue Substitute in Upper Muscle, Open Approach
0KWX0MZ	Revision of Stimulator Lead in Upper Muscle, Open Approach
0KWX30Z	Revision of Drainage Device in Upper Muscle, Percutaneous Approach
0KWX37Z	Revision of Autologous Tissue Substitute in Upper Muscle, Percutaneous Approach
0KWX3JZ	Revision of Synthetic Substitute in Upper Muscle, Percutaneous Approach
0KWX3KZ	Revision of Nonautologous Tissue Substitute in Upper Muscle, Percutaneous Approach
0KWX3MZ	Revision of Stimulator Lead in Upper Muscle, Percutaneous Approach
0KWX40Z	Revision of Drainage Device in Upper Muscle, Percutaneous Endoscopic Approach
0KWX47Z	Revision of Autologous Tissue Substitute in Upper Muscle, Percutaneous Endoscopic Approach
0KWX4JZ	Revision of Synthetic Substitute in Upper Muscle, Percutaneous Endoscopic Approach
0KWX4KZ	Revision of Nonautologous Tissue Substitute in Upper Muscle, Percutaneous Endoscopic Approach
0KWX4MZ	Revision of Stimulator Lead in Upper Muscle, Percutaneous Endoscopic Approach
0KWY00Z	Revision of Drainage Device in Lower Muscle, Open Approach
0KWY07Z	Revision of Autologous Tissue Substitute in Lower Muscle, Open Approach
0KWY0JZ	Revision of Synthetic Substitute in Lower Muscle, Open Approach
0KWY0KZ	Revision of Nonautologous Tissue Substitute in Lower Muscle, Open Approach
0KWY0MZ	Revision of Stimulator Lead in Lower Muscle, Open Approach
0KWY30Z	Revision of Drainage Device in Lower Muscle, Percutaneous Approach
0KWY37Z	Revision of Autologous Tissue Substitute in Lower Muscle, Percutaneous Approach
0KWY3JZ	Revision of Synthetic Substitute in Lower Muscle, Percutaneous Approach
0KWY3KZ	Revision of Nonautologous Tissue Substitute in Lower Muscle, Percutaneous Approach
0KWY3MZ	Revision of Stimulator Lead in Lower Muscle, Percutaneous Approach
0KWY40Z	Revision of Drainage Device in Lower Muscle, Percutaneous Endoscopic Approach
0KWY47Z	Revision of Autologous Tissue Substitute in Lower Muscle, Percutaneous Endoscopic Approach
0KWY4JZ	Revision of Synthetic Substitute in Lower Muscle, Percutaneous Endoscopic Approach
0KWY4KZ	Revision of Nonautologous Tissue Substitute in Lower Muscle, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KWY4MZ	Revision of Stimulator Lead in Lower Muscle, Percutaneous Endoscopic Approach
0KX00Z0	Transfer Head Muscle with Skin, Open Approach
0KX00Z1	Transfer Head Muscle with Subcutaneous Tissue, Open Approach
0KX00Z2	Transfer Head Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX00ZZ	Transfer Head Muscle, Open Approach
0KX04Z0	Transfer Head Muscle with Skin, Percutaneous Endoscopic Approach
0KX04Z1	Transfer Head Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX04Z2	Transfer Head Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX04ZZ	Transfer Head Muscle, Percutaneous Endoscopic Approach
0KX10Z0	Transfer Facial Muscle with Skin, Open Approach
0KX10Z1	Transfer Facial Muscle with Subcutaneous Tissue, Open Approach
0KX10Z2	Transfer Facial Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX10ZZ	Transfer Facial Muscle, Open Approach
0KX14Z0	Transfer Facial Muscle with Skin, Percutaneous Endoscopic Approach
0KX14Z1	Transfer Facial Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX14Z2	Transfer Facial Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX14ZZ	Transfer Facial Muscle, Percutaneous Endoscopic Approach
0KX20Z0	Transfer Right Neck Muscle with Skin, Open Approach
0KX20Z1	Transfer Right Neck Muscle with Subcutaneous Tissue, Open Approach
0KX20Z2	Transfer Right Neck Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX20ZZ	Transfer Right Neck Muscle, Open Approach
0KX24Z0	Transfer Right Neck Muscle with Skin, Percutaneous Endoscopic Approach
0KX24Z1	Transfer Right Neck Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX24Z2	Transfer Right Neck Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX24ZZ	Transfer Right Neck Muscle, Percutaneous Endoscopic Approach
0KX30Z0	Transfer Left Neck Muscle with Skin, Open Approach
0KX30Z1	Transfer Left Neck Muscle with Subcutaneous Tissue, Open Approach
0KX30Z2	Transfer Left Neck Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX30ZZ	Transfer Left Neck Muscle, Open Approach
0KX34Z0	Transfer Left Neck Muscle with Skin, Percutaneous Endoscopic Approach
0KX34Z1	Transfer Left Neck Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KX34Z2	Transfer Left Neck Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX34ZZ	Transfer Left Neck Muscle, Percutaneous Endoscopic Approach
0KX40Z0	Transfer Tongue, Palate, Pharynx Muscle with Skin, Open Approach
0KX40Z1	Transfer Tongue, Palate, Pharynx Muscle with Subcutaneous Tissue, Open Approach
0KX40Z2	Transfer Tongue, Palate, Pharynx Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX40ZZ	Transfer Tongue, Palate, Pharynx Muscle, Open Approach
0KX44Z0	Transfer Tongue, Palate, Pharynx Muscle with Skin, Percutaneous Endoscopic Approach
0KX44Z1	Transfer Tongue, Palate, Pharynx Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX44Z2	Transfer Tongue, Palate, Pharynx Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX44ZZ	Transfer Tongue, Palate, Pharynx Muscle, Percutaneous Endoscopic Approach
0KX50Z0	Transfer Right Shoulder Muscle with Skin, Open Approach
0KX50Z1	Transfer Right Shoulder Muscle with Subcutaneous Tissue, Open Approach
0KX50Z2	Transfer Right Shoulder Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX50ZZ	Transfer Right Shoulder Muscle, Open Approach
0KX54Z0	Transfer Right Shoulder Muscle with Skin, Percutaneous Endoscopic Approach
0KX54Z1	Transfer Right Shoulder Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX54Z2	Transfer Right Shoulder Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX54ZZ	Transfer Right Shoulder Muscle, Percutaneous Endoscopic Approach
0KX60Z0	Transfer Left Shoulder Muscle with Skin, Open Approach
0KX60Z1	Transfer Left Shoulder Muscle with Subcutaneous Tissue, Open Approach
0KX60Z2	Transfer Left Shoulder Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX60ZZ	Transfer Left Shoulder Muscle, Open Approach
0KX64Z0	Transfer Left Shoulder Muscle with Skin, Percutaneous Endoscopic Approach
0KX64Z1	Transfer Left Shoulder Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX64Z2	Transfer Left Shoulder Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX64ZZ	Transfer Left Shoulder Muscle, Percutaneous Endoscopic Approach
0KX70Z0	Transfer Right Upper Arm Muscle with Skin, Open Approach
0KX70Z1	Transfer Right Upper Arm Muscle with Subcutaneous Tissue, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KX70Z2	Transfer Right Upper Arm Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX70ZZ	Transfer Right Upper Arm Muscle, Open Approach
0KX74Z0	Transfer Right Upper Arm Muscle with Skin, Percutaneous Endoscopic Approach
0KX74Z1	Transfer Right Upper Arm Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX74Z2	Transfer Right Upper Arm Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX74ZZ	Transfer Right Upper Arm Muscle, Percutaneous Endoscopic Approach
0KX80Z0	Transfer Left Upper Arm Muscle with Skin, Open Approach
0KX80Z1	Transfer Left Upper Arm Muscle with Subcutaneous Tissue, Open Approach
0KX80Z2	Transfer Left Upper Arm Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX80ZZ	Transfer Left Upper Arm Muscle, Open Approach
0KX84Z0	Transfer Left Upper Arm Muscle with Skin, Percutaneous Endoscopic Approach
0KX84Z1	Transfer Left Upper Arm Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX84Z2	Transfer Left Upper Arm Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX84ZZ	Transfer Left Upper Arm Muscle, Percutaneous Endoscopic Approach
0KX90Z0	Transfer Right Lower Arm and Wrist Muscle with Skin, Open Approach
0KX90Z1	Transfer Right Lower Arm and Wrist Muscle with Subcutaneous Tissue, Open Approach
0KX90Z2	Transfer Right Lower Arm and Wrist Muscle with Skin and Subcutaneous Tissue, Open Approach
0KX90ZZ	Transfer Right Lower Arm and Wrist Muscle, Open Approach
0KX94Z0	Transfer Right Lower Arm and Wrist Muscle with Skin, Percutaneous Endoscopic Approach
0KX94Z1	Transfer Right Lower Arm and Wrist Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX94Z2	Transfer Right Lower Arm and Wrist Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KX94ZZ	Transfer Right Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KXB0Z0	Transfer Left Lower Arm and Wrist Muscle with Skin, Open Approach
0KXB0Z1	Transfer Left Lower Arm and Wrist Muscle with Subcutaneous Tissue, Open Approach
0KXB0Z2	Transfer Left Lower Arm and Wrist Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXB0ZZ	Transfer Left Lower Arm and Wrist Muscle, Open Approach
0KXB4Z0	Transfer Left Lower Arm and Wrist Muscle with Skin, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KXB4Z1	Transfer Left Lower Arm and Wrist Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXB4Z2	Transfer Left Lower Arm and Wrist Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXB4ZZ	Transfer Left Lower Arm and Wrist Muscle, Percutaneous Endoscopic Approach
0KXC0Z0	Transfer Right Hand Muscle with Skin, Open Approach
0KXC0Z1	Transfer Right Hand Muscle with Subcutaneous Tissue, Open Approach
0KXC0Z2	Transfer Right Hand Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXC0ZZ	Transfer Right Hand Muscle, Open Approach
0KXC4Z0	Transfer Right Hand Muscle with Skin, Percutaneous Endoscopic Approach
0KXC4Z1	Transfer Right Hand Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXC4Z2	Transfer Right Hand Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXC4ZZ	Transfer Right Hand Muscle, Percutaneous Endoscopic Approach
0KXD0Z0	Transfer Left Hand Muscle with Skin, Open Approach
0KXD0Z1	Transfer Left Hand Muscle with Subcutaneous Tissue, Open Approach
0KXD0Z2	Transfer Left Hand Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXD0ZZ	Transfer Left Hand Muscle, Open Approach
0KXD4Z0	Transfer Left Hand Muscle with Skin, Percutaneous Endoscopic Approach
0KXD4Z1	Transfer Left Hand Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXD4Z2	Transfer Left Hand Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXD4ZZ	Transfer Left Hand Muscle, Percutaneous Endoscopic Approach
0KXF0Z0	Transfer Right Trunk Muscle with Skin, Open Approach
0KXF0Z1	Transfer Right Trunk Muscle with Subcutaneous Tissue, Open Approach
0KXF0Z2	Transfer Right Trunk Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXF0ZZ	Transfer Right Trunk Muscle, Open Approach
0KXF4Z0	Transfer Right Trunk Muscle with Skin, Percutaneous Endoscopic Approach
0KXF4Z1	Transfer Right Trunk Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXF4Z2	Transfer Right Trunk Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXF4ZZ	Transfer Right Trunk Muscle, Percutaneous Endoscopic Approach
0KXG0Z0	Transfer Left Trunk Muscle with Skin, Open Approach
0KXG0Z1	Transfer Left Trunk Muscle with Subcutaneous Tissue, Open Approach
0KXG0Z2	Transfer Left Trunk Muscle with Skin and Subcutaneous Tissue, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KXG0ZZ	Transfer Left Trunk Muscle, Open Approach
0KXG4Z0	Transfer Left Trunk Muscle with Skin, Percutaneous Endoscopic Approach
0KXG4Z1	Transfer Left Trunk Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXG4Z2	Transfer Left Trunk Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXG4ZZ	Transfer Left Trunk Muscle, Percutaneous Endoscopic Approach
0KXH0Z0	Transfer Right Thorax Muscle with Skin, Open Approach
0KXH0Z1	Transfer Right Thorax Muscle with Subcutaneous Tissue, Open Approach
0KXH0Z2	Transfer Right Thorax Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXH4Z0	Transfer Right Thorax Muscle with Skin, Percutaneous Endoscopic Approach
0KXH4Z1	Transfer Right Thorax Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXH4Z2	Transfer Right Thorax Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXJ0Z0	Transfer Left Thorax Muscle with Skin, Open Approach
0KXJ0Z1	Transfer Left Thorax Muscle with Subcutaneous Tissue, Open Approach
0KXJ0Z2	Transfer Left Thorax Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXJ4Z0	Transfer Left Thorax Muscle with Skin, Percutaneous Endoscopic Approach
0KXJ4Z1	Transfer Left Thorax Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXJ4Z2	Transfer Left Thorax Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXK0Z0	Transfer Right Abdomen Muscle with Skin, Open Approach
0KXK0Z1	Transfer Right Abdomen Muscle with Subcutaneous Tissue, Open Approach
0KXK0Z2	Transfer Right Abdomen Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXK0ZZ	Transfer Right Abdomen Muscle, Open Approach
0KXK4Z0	Transfer Right Abdomen Muscle with Skin, Percutaneous Endoscopic Approach
0KXK4Z1	Transfer Right Abdomen Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXK4Z2	Transfer Right Abdomen Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXK4ZZ	Transfer Right Abdomen Muscle, Percutaneous Endoscopic Approach
0KXL0Z0	Transfer Left Abdomen Muscle with Skin, Open Approach
0KXL0Z1	Transfer Left Abdomen Muscle with Subcutaneous Tissue, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KXL0Z2	Transfer Left Abdomen Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXL0ZZ	Transfer Left Abdomen Muscle, Open Approach
0KXL4Z0	Transfer Left Abdomen Muscle with Skin, Percutaneous Endoscopic Approach
0KXL4Z1	Transfer Left Abdomen Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXL4Z2	Transfer Left Abdomen Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXL4ZZ	Transfer Left Abdomen Muscle, Percutaneous Endoscopic Approach
0KXM0Z0	Transfer Perineum Muscle with Skin, Open Approach
0KXM0Z1	Transfer Perineum Muscle with Subcutaneous Tissue, Open Approach
0KXM0Z2	Transfer Perineum Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXM0ZZ	Transfer Perineum Muscle, Open Approach
0KXM4Z0	Transfer Perineum Muscle with Skin, Percutaneous Endoscopic Approach
0KXM4Z1	Transfer Perineum Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXM4Z2	Transfer Perineum Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXM4ZZ	Transfer Perineum Muscle, Percutaneous Endoscopic Approach
0KXN0Z0	Transfer Right Hip Muscle with Skin, Open Approach
0KXN0Z1	Transfer Right Hip Muscle with Subcutaneous Tissue, Open Approach
0KXN0Z2	Transfer Right Hip Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXN0ZZ	Transfer Right Hip Muscle, Open Approach
0KXN4Z0	Transfer Right Hip Muscle with Skin, Percutaneous Endoscopic Approach
0KXN4Z1	Transfer Right Hip Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXN4Z2	Transfer Right Hip Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXN4ZZ	Transfer Right Hip Muscle, Percutaneous Endoscopic Approach
0KXP0Z0	Transfer Left Hip Muscle with Skin, Open Approach
0KXP0Z1	Transfer Left Hip Muscle with Subcutaneous Tissue, Open Approach
0KXP0Z2	Transfer Left Hip Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXP0ZZ	Transfer Left Hip Muscle, Open Approach
0KXP4Z0	Transfer Left Hip Muscle with Skin, Percutaneous Endoscopic Approach
0KXP4Z1	Transfer Left Hip Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXP4Z2	Transfer Left Hip Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXP4ZZ	Transfer Left Hip Muscle, Percutaneous Endoscopic Approach
0KXQ0Z0	Transfer Right Upper Leg Muscle with Skin, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KXQ0Z1	Transfer Right Upper Leg Muscle with Subcutaneous Tissue, Open Approach
0KXQ0Z2	Transfer Right Upper Leg Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXQ0ZZ	Transfer Right Upper Leg Muscle, Open Approach
0KXQ4Z0	Transfer Right Upper Leg Muscle with Skin, Percutaneous Endoscopic Approach
0KXQ4Z1	Transfer Right Upper Leg Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXQ4Z2	Transfer Right Upper Leg Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXQ4ZZ	Transfer Right Upper Leg Muscle, Percutaneous Endoscopic Approach
0KXR0Z0	Transfer Left Upper Leg Muscle with Skin, Open Approach
0KXR0Z1	Transfer Left Upper Leg Muscle with Subcutaneous Tissue, Open Approach
0KXR0Z2	Transfer Left Upper Leg Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXR0ZZ	Transfer Left Upper Leg Muscle, Open Approach
0KXR4Z0	Transfer Left Upper Leg Muscle with Skin, Percutaneous Endoscopic Approach
0KXR4Z1	Transfer Left Upper Leg Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXR4Z2	Transfer Left Upper Leg Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXR4ZZ	Transfer Left Upper Leg Muscle, Percutaneous Endoscopic Approach
0KXS0Z0	Transfer Right Lower Leg Muscle with Skin, Open Approach
0KXS0Z1	Transfer Right Lower Leg Muscle with Subcutaneous Tissue, Open Approach
0KXS0Z2	Transfer Right Lower Leg Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXS0ZZ	Transfer Right Lower Leg Muscle, Open Approach
0KXS4Z0	Transfer Right Lower Leg Muscle with Skin, Percutaneous Endoscopic Approach
0KXS4Z1	Transfer Right Lower Leg Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXS4Z2	Transfer Right Lower Leg Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXS4ZZ	Transfer Right Lower Leg Muscle, Percutaneous Endoscopic Approach
0KXT0Z0	Transfer Left Lower Leg Muscle with Skin, Open Approach
0KXT0Z1	Transfer Left Lower Leg Muscle with Subcutaneous Tissue, Open Approach
0KXT0Z2	Transfer Left Lower Leg Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXT0ZZ	Transfer Left Lower Leg Muscle, Open Approach
0KXT4Z0	Transfer Left Lower Leg Muscle with Skin, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0KXT4Z1	Transfer Left Lower Leg Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXT4Z2	Transfer Left Lower Leg Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXT4ZZ	Transfer Left Lower Leg Muscle, Percutaneous Endoscopic Approach
0KXV0Z0	Transfer Right Foot Muscle with Skin, Open Approach
0KXV0Z1	Transfer Right Foot Muscle with Subcutaneous Tissue, Open Approach
0KXV0Z2	Transfer Right Foot Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXV0ZZ	Transfer Right Foot Muscle, Open Approach
0KXV4Z0	Transfer Right Foot Muscle with Skin, Percutaneous Endoscopic Approach
0KXV4Z1	Transfer Right Foot Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXV4Z2	Transfer Right Foot Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXV4ZZ	Transfer Right Foot Muscle, Percutaneous Endoscopic Approach
0KXW0Z0	Transfer Left Foot Muscle with Skin, Open Approach
0KXW0Z1	Transfer Left Foot Muscle with Subcutaneous Tissue, Open Approach
0KXW0Z2	Transfer Left Foot Muscle with Skin and Subcutaneous Tissue, Open Approach
0KXW0ZZ	Transfer Left Foot Muscle, Open Approach
0KXW4Z0	Transfer Left Foot Muscle with Skin, Percutaneous Endoscopic Approach
0KXW4Z1	Transfer Left Foot Muscle with Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXW4Z2	Transfer Left Foot Muscle with Skin and Subcutaneous Tissue, Percutaneous Endoscopic Approach
0KXW4ZZ	Transfer Left Foot Muscle, Percutaneous Endoscopic Approach
0L500ZZ	Destruction of Head and Neck Tendon, Open Approach
0L503ZZ	Destruction of Head and Neck Tendon, Percutaneous Approach
0L504ZZ	Destruction of Head and Neck Tendon, Percutaneous Endoscopic Approach
0L510ZZ	Destruction of Right Shoulder Tendon, Open Approach
0L513ZZ	Destruction of Right Shoulder Tendon, Percutaneous Approach
0L514ZZ	Destruction of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0L520ZZ	Destruction of Left Shoulder Tendon, Open Approach
0L523ZZ	Destruction of Left Shoulder Tendon, Percutaneous Approach
0L524ZZ	Destruction of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0L530ZZ	Destruction of Right Upper Arm Tendon, Open Approach
0L533ZZ	Destruction of Right Upper Arm Tendon, Percutaneous Approach
0L534ZZ	Destruction of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0L540ZZ	Destruction of Left Upper Arm Tendon, Open Approach
0L543ZZ	Destruction of Left Upper Arm Tendon, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L544ZZ	Destruction of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0L550ZZ	Destruction of Right Lower Arm and Wrist Tendon, Open Approach
0L553ZZ	Destruction of Right Lower Arm and Wrist Tendon, Percutaneous Approach
0L554ZZ	Destruction of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L560ZZ	Destruction of Left Lower Arm and Wrist Tendon, Open Approach
0L563ZZ	Destruction of Left Lower Arm and Wrist Tendon, Percutaneous Approach
0L564ZZ	Destruction of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L570ZZ	Destruction of Right Hand Tendon, Open Approach
0L573ZZ	Destruction of Right Hand Tendon, Percutaneous Approach
0L574ZZ	Destruction of Right Hand Tendon, Percutaneous Endoscopic Approach
0L580ZZ	Destruction of Left Hand Tendon, Open Approach
0L583ZZ	Destruction of Left Hand Tendon, Percutaneous Approach
0L584ZZ	Destruction of Left Hand Tendon, Percutaneous Endoscopic Approach
0L590ZZ	Destruction of Right Trunk Tendon, Open Approach
0L593ZZ	Destruction of Right Trunk Tendon, Percutaneous Approach
0L594ZZ	Destruction of Right Trunk Tendon, Percutaneous Endoscopic Approach
0L5B0ZZ	Destruction of Left Trunk Tendon, Open Approach
0L5B3ZZ	Destruction of Left Trunk Tendon, Percutaneous Approach
0L5B4ZZ	Destruction of Left Trunk Tendon, Percutaneous Endoscopic Approach
0L5C0ZZ	Destruction of Right Thorax Tendon, Open Approach
0L5C3ZZ	Destruction of Right Thorax Tendon, Percutaneous Approach
0L5C4ZZ	Destruction of Right Thorax Tendon, Percutaneous Endoscopic Approach
0L5D0ZZ	Destruction of Left Thorax Tendon, Open Approach
0L5D3ZZ	Destruction of Left Thorax Tendon, Percutaneous Approach
0L5D4ZZ	Destruction of Left Thorax Tendon, Percutaneous Endoscopic Approach
0L5F0ZZ	Destruction of Right Abdomen Tendon, Open Approach
0L5F3ZZ	Destruction of Right Abdomen Tendon, Percutaneous Approach
0L5F4ZZ	Destruction of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0L5G0ZZ	Destruction of Left Abdomen Tendon, Open Approach
0L5G3ZZ	Destruction of Left Abdomen Tendon, Percutaneous Approach
0L5G4ZZ	Destruction of Left Abdomen Tendon, Percutaneous Endoscopic Approach
0L5H0ZZ	Destruction of Perineum Tendon, Open Approach
0L5H3ZZ	Destruction of Perineum Tendon, Percutaneous Approach
0L5H4ZZ	Destruction of Perineum Tendon, Percutaneous Endoscopic Approach
0L5J0ZZ	Destruction of Right Hip Tendon, Open Approach
0L5J3ZZ	Destruction of Right Hip Tendon, Percutaneous Approach
0L5J4ZZ	Destruction of Right Hip Tendon, Percutaneous Endoscopic Approach
0L5K0ZZ	Destruction of Left Hip Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L5K3ZZ	Destruction of Left Hip Tendon, Percutaneous Approach
0L5K4ZZ	Destruction of Left Hip Tendon, Percutaneous Endoscopic Approach
0L5L0ZZ	Destruction of Right Upper Leg Tendon, Open Approach
0L5L3ZZ	Destruction of Right Upper Leg Tendon, Percutaneous Approach
0L5L4ZZ	Destruction of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0L5M0ZZ	Destruction of Left Upper Leg Tendon, Open Approach
0L5M3ZZ	Destruction of Left Upper Leg Tendon, Percutaneous Approach
0L5M4ZZ	Destruction of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0L5N0ZZ	Destruction of Right Lower Leg Tendon, Open Approach
0L5N3ZZ	Destruction of Right Lower Leg Tendon, Percutaneous Approach
0L5N4ZZ	Destruction of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0L5P0ZZ	Destruction of Left Lower Leg Tendon, Open Approach
0L5P3ZZ	Destruction of Left Lower Leg Tendon, Percutaneous Approach
0L5P4ZZ	Destruction of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0L5Q0ZZ	Destruction of Right Knee Tendon, Open Approach
0L5Q3ZZ	Destruction of Right Knee Tendon, Percutaneous Approach
0L5Q4ZZ	Destruction of Right Knee Tendon, Percutaneous Endoscopic Approach
0L5R0ZZ	Destruction of Left Knee Tendon, Open Approach
0L5R3ZZ	Destruction of Left Knee Tendon, Percutaneous Approach
0L5R4ZZ	Destruction of Left Knee Tendon, Percutaneous Endoscopic Approach
0L5S0ZZ	Destruction of Right Ankle Tendon, Open Approach
0L5S3ZZ	Destruction of Right Ankle Tendon, Percutaneous Approach
0L5S4ZZ	Destruction of Right Ankle Tendon, Percutaneous Endoscopic Approach
0L5T0ZZ	Destruction of Left Ankle Tendon, Open Approach
0L5T3ZZ	Destruction of Left Ankle Tendon, Percutaneous Approach
0L5T4ZZ	Destruction of Left Ankle Tendon, Percutaneous Endoscopic Approach
0L5V0ZZ	Destruction of Right Foot Tendon, Open Approach
0L5V3ZZ	Destruction of Right Foot Tendon, Percutaneous Approach
0L5V4ZZ	Destruction of Right Foot Tendon, Percutaneous Endoscopic Approach
0L5W0ZZ	Destruction of Left Foot Tendon, Open Approach
0L5W3ZZ	Destruction of Left Foot Tendon, Percutaneous Approach
0L5W4ZZ	Destruction of Left Foot Tendon, Percutaneous Endoscopic Approach
0L800ZZ	Division of Head and Neck Tendon, Open Approach
0L803ZZ	Division of Head and Neck Tendon, Percutaneous Approach
0L804ZZ	Division of Head and Neck Tendon, Percutaneous Endoscopic Approach
0L810ZZ	Division of Right Shoulder Tendon, Open Approach
0L813ZZ	Division of Right Shoulder Tendon, Percutaneous Approach
0L814ZZ	Division of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0L820ZZ	Division of Left Shoulder Tendon, Open Approach
0L823ZZ	Division of Left Shoulder Tendon, Percutaneous Approach
0L824ZZ	Division of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0L830ZZ	Division of Right Upper Arm Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L833ZZ	Division of Right Upper Arm Tendon, Percutaneous Approach
0L834ZZ	Division of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0L840ZZ	Division of Left Upper Arm Tendon, Open Approach
0L843ZZ	Division of Left Upper Arm Tendon, Percutaneous Approach
0L844ZZ	Division of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0L850ZZ	Division of Right Lower Arm and Wrist Tendon, Open Approach
0L853ZZ	Division of Right Lower Arm and Wrist Tendon, Percutaneous Approach
0L854ZZ	Division of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L860ZZ	Division of Left Lower Arm and Wrist Tendon, Open Approach
0L863ZZ	Division of Left Lower Arm and Wrist Tendon, Percutaneous Approach
0L864ZZ	Division of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L870ZZ	Division of Right Hand Tendon, Open Approach
0L873ZZ	Division of Right Hand Tendon, Percutaneous Approach
0L874ZZ	Division of Right Hand Tendon, Percutaneous Endoscopic Approach
0L880ZZ	Division of Left Hand Tendon, Open Approach
0L883ZZ	Division of Left Hand Tendon, Percutaneous Approach
0L884ZZ	Division of Left Hand Tendon, Percutaneous Endoscopic Approach
0L890ZZ	Division of Right Trunk Tendon, Open Approach
0L893ZZ	Division of Right Trunk Tendon, Percutaneous Approach
0L894ZZ	Division of Right Trunk Tendon, Percutaneous Endoscopic Approach
0L8B0ZZ	Division of Left Trunk Tendon, Open Approach
0L8B3ZZ	Division of Left Trunk Tendon, Percutaneous Approach
0L8B4ZZ	Division of Left Trunk Tendon, Percutaneous Endoscopic Approach
0L8C0ZZ	Division of Right Thorax Tendon, Open Approach
0L8C3ZZ	Division of Right Thorax Tendon, Percutaneous Approach
0L8C4ZZ	Division of Right Thorax Tendon, Percutaneous Endoscopic Approach
0L8D0ZZ	Division of Left Thorax Tendon, Open Approach
0L8D3ZZ	Division of Left Thorax Tendon, Percutaneous Approach
0L8D4ZZ	Division of Left Thorax Tendon, Percutaneous Endoscopic Approach
0L8F0ZZ	Division of Right Abdomen Tendon, Open Approach
0L8F3ZZ	Division of Right Abdomen Tendon, Percutaneous Approach
0L8F4ZZ	Division of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0L8G0ZZ	Division of Left Abdomen Tendon, Open Approach
0L8G3ZZ	Division of Left Abdomen Tendon, Percutaneous Approach
0L8G4ZZ	Division of Left Abdomen Tendon, Percutaneous Endoscopic Approach
0L8H0ZZ	Division of Perineum Tendon, Open Approach
0L8H3ZZ	Division of Perineum Tendon, Percutaneous Approach
0L8H4ZZ	Division of Perineum Tendon, Percutaneous Endoscopic Approach
0L8J0ZZ	Division of Right Hip Tendon, Open Approach
0L8J3ZZ	Division of Right Hip Tendon, Percutaneous Approach
0L8J4ZZ	Division of Right Hip Tendon, Percutaneous Endoscopic Approach
0L8K0ZZ	Division of Left Hip Tendon, Open Approach
0L8K3ZZ	Division of Left Hip Tendon, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L8K4ZZ	Division of Left Hip Tendon, Percutaneous Endoscopic Approach
0L8L0ZZ	Division of Right Upper Leg Tendon, Open Approach
0L8L3ZZ	Division of Right Upper Leg Tendon, Percutaneous Approach
0L8L4ZZ	Division of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0L8M0ZZ	Division of Left Upper Leg Tendon, Open Approach
0L8M3ZZ	Division of Left Upper Leg Tendon, Percutaneous Approach
0L8M4ZZ	Division of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0L8N0ZZ	Division of Right Lower Leg Tendon, Open Approach
0L8N3ZZ	Division of Right Lower Leg Tendon, Percutaneous Approach
0L8N4ZZ	Division of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0L8P0ZZ	Division of Left Lower Leg Tendon, Open Approach
0L8P3ZZ	Division of Left Lower Leg Tendon, Percutaneous Approach
0L8P4ZZ	Division of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0L8Q0ZZ	Division of Right Knee Tendon, Open Approach
0L8Q3ZZ	Division of Right Knee Tendon, Percutaneous Approach
0L8Q4ZZ	Division of Right Knee Tendon, Percutaneous Endoscopic Approach
0L8R0ZZ	Division of Left Knee Tendon, Open Approach
0L8R3ZZ	Division of Left Knee Tendon, Percutaneous Approach
0L8R4ZZ	Division of Left Knee Tendon, Percutaneous Endoscopic Approach
0L8S0ZZ	Division of Right Ankle Tendon, Open Approach
0L8S3ZZ	Division of Right Ankle Tendon, Percutaneous Approach
0L8S4ZZ	Division of Right Ankle Tendon, Percutaneous Endoscopic Approach
0L8T0ZZ	Division of Left Ankle Tendon, Open Approach
0L8T3ZZ	Division of Left Ankle Tendon, Percutaneous Approach
0L8T4ZZ	Division of Left Ankle Tendon, Percutaneous Endoscopic Approach
0L8V0ZZ	Division of Right Foot Tendon, Open Approach
0L8V3ZZ	Division of Right Foot Tendon, Percutaneous Approach
0L8V4ZZ	Division of Right Foot Tendon, Percutaneous Endoscopic Approach
0L8W0ZZ	Division of Left Foot Tendon, Open Approach
0L8W3ZZ	Division of Left Foot Tendon, Percutaneous Approach
0L8W4ZZ	Division of Left Foot Tendon, Percutaneous Endoscopic Approach
0L9000Z	Drainage of Head and Neck Tendon with Drainage Device, Open Approach
0L900ZX	Drainage of Head and Neck Tendon, Open Approach, Diagnostic
0L900ZZ	Drainage of Head and Neck Tendon, Open Approach
0L9030Z	Drainage of Head and Neck Tendon with Drainage Device, Percutaneous Approach
0L903ZX	Drainage of Head and Neck Tendon, Percutaneous Approach, Diagnostic
0L903ZZ	Drainage of Head and Neck Tendon, Percutaneous Approach
0L9040Z	Drainage of Head and Neck Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L904ZX	Drainage of Head and Neck Tendon, Percutaneous Endoscopic Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L904ZZ	Drainage of Head and Neck Tendon, Percutaneous Endoscopic Approach
0L9100Z	Drainage of Right Shoulder Tendon with Drainage Device, Open Approach
0L910ZX	Drainage of Right Shoulder Tendon, Open Approach, Diagnostic
0L910ZZ	Drainage of Right Shoulder Tendon, Open Approach
0L9130Z	Drainage of Right Shoulder Tendon with Drainage Device, Percutaneous Approach
0L913ZX	Drainage of Right Shoulder Tendon, Percutaneous Approach, Diagnostic
0L913ZZ	Drainage of Right Shoulder Tendon, Percutaneous Approach
0L9140Z	Drainage of Right Shoulder Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L914ZX	Drainage of Right Shoulder Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L914ZZ	Drainage of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0L9200Z	Drainage of Left Shoulder Tendon with Drainage Device, Open Approach
0L920ZX	Drainage of Left Shoulder Tendon, Open Approach, Diagnostic
0L920ZZ	Drainage of Left Shoulder Tendon, Open Approach
0L9230Z	Drainage of Left Shoulder Tendon with Drainage Device, Percutaneous Approach
0L923ZX	Drainage of Left Shoulder Tendon, Percutaneous Approach, Diagnostic
0L923ZZ	Drainage of Left Shoulder Tendon, Percutaneous Approach
0L9240Z	Drainage of Left Shoulder Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L924ZX	Drainage of Left Shoulder Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L924ZZ	Drainage of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0L9300Z	Drainage of Right Upper Arm Tendon with Drainage Device, Open Approach
0L930ZX	Drainage of Right Upper Arm Tendon, Open Approach, Diagnostic
0L930ZZ	Drainage of Right Upper Arm Tendon, Open Approach
0L9330Z	Drainage of Right Upper Arm Tendon with Drainage Device, Percutaneous Approach
0L933ZX	Drainage of Right Upper Arm Tendon, Percutaneous Approach, Diagnostic
0L933ZZ	Drainage of Right Upper Arm Tendon, Percutaneous Approach
0L9340Z	Drainage of Right Upper Arm Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L934ZX	Drainage of Right Upper Arm Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L934ZZ	Drainage of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0L9400Z	Drainage of Left Upper Arm Tendon with Drainage Device, Open Approach
0L940ZX	Drainage of Left Upper Arm Tendon, Open Approach, Diagnostic
0L940ZZ	Drainage of Left Upper Arm Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9430Z	Drainage of Left Upper Arm Tendon with Drainage Device, Percutaneous Approach
0L943ZX	Drainage of Left Upper Arm Tendon, Percutaneous Approach, Diagnostic
0L943ZZ	Drainage of Left Upper Arm Tendon, Percutaneous Approach
0L9440Z	Drainage of Left Upper Arm Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L944ZX	Drainage of Left Upper Arm Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L944ZZ	Drainage of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0L9500Z	Drainage of Right Lower Arm and Wrist Tendon with Drainage Device, Open Approach
0L950ZX	Drainage of Right Lower Arm and Wrist Tendon, Open Approach, Diagnostic
0L950ZZ	Drainage of Right Lower Arm and Wrist Tendon, Open Approach
0L9530Z	Drainage of Right Lower Arm and Wrist Tendon with Drainage Device, Percutaneous Approach
0L953ZX	Drainage of Right Lower Arm and Wrist Tendon, Percutaneous Approach, Diagnostic
0L953ZZ	Drainage of Right Lower Arm and Wrist Tendon, Percutaneous Approach
0L9540Z	Drainage of Right Lower Arm and Wrist Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L954ZX	Drainage of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L954ZZ	Drainage of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L9600Z	Drainage of Left Lower Arm and Wrist Tendon with Drainage Device, Open Approach
0L960ZX	Drainage of Left Lower Arm and Wrist Tendon, Open Approach, Diagnostic
0L960ZZ	Drainage of Left Lower Arm and Wrist Tendon, Open Approach
0L9630Z	Drainage of Left Lower Arm and Wrist Tendon with Drainage Device, Percutaneous Approach
0L963ZX	Drainage of Left Lower Arm and Wrist Tendon, Percutaneous Approach, Diagnostic
0L963ZZ	Drainage of Left Lower Arm and Wrist Tendon, Percutaneous Approach
0L9640Z	Drainage of Left Lower Arm and Wrist Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L964ZX	Drainage of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L964ZZ	Drainage of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0L9700Z	Drainage of Right Hand Tendon with Drainage Device, Open Approach
0L970ZX	Drainage of Right Hand Tendon, Open Approach, Diagnostic
0L970ZZ	Drainage of Right Hand Tendon, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9730Z	Drainage of Right Hand Tendon with Drainage Device, Percutaneous Approach
0L973ZX	Drainage of Right Hand Tendon, Percutaneous Approach, Diagnostic
0L973ZZ	Drainage of Right Hand Tendon, Percutaneous Approach
0L9740Z	Drainage of Right Hand Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L974ZX	Drainage of Right Hand Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L974ZZ	Drainage of Right Hand Tendon, Percutaneous Endoscopic Approach
0L9800Z	Drainage of Left Hand Tendon with Drainage Device, Open Approach
0L980ZX	Drainage of Left Hand Tendon, Open Approach, Diagnostic
0L980ZZ	Drainage of Left Hand Tendon, Open Approach
0L9830Z	Drainage of Left Hand Tendon with Drainage Device, Percutaneous Approach
0L983ZX	Drainage of Left Hand Tendon, Percutaneous Approach, Diagnostic
0L983ZZ	Drainage of Left Hand Tendon, Percutaneous Approach
0L9840Z	Drainage of Left Hand Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L984ZX	Drainage of Left Hand Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L984ZZ	Drainage of Left Hand Tendon, Percutaneous Endoscopic Approach
0L9900Z	Drainage of Right Trunk Tendon with Drainage Device, Open Approach
0L990ZX	Drainage of Right Trunk Tendon, Open Approach, Diagnostic
0L990ZZ	Drainage of Right Trunk Tendon, Open Approach
0L9930Z	Drainage of Right Trunk Tendon with Drainage Device, Percutaneous Approach
0L993ZX	Drainage of Right Trunk Tendon, Percutaneous Approach, Diagnostic
0L993ZZ	Drainage of Right Trunk Tendon, Percutaneous Approach
0L9940Z	Drainage of Right Trunk Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L994ZX	Drainage of Right Trunk Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L994ZZ	Drainage of Right Trunk Tendon, Percutaneous Endoscopic Approach
0L9B00Z	Drainage of Left Trunk Tendon with Drainage Device, Open Approach
0L9B0ZX	Drainage of Left Trunk Tendon, Open Approach, Diagnostic
0L9B0ZZ	Drainage of Left Trunk Tendon, Open Approach
0L9B30Z	Drainage of Left Trunk Tendon with Drainage Device, Percutaneous Approach
0L9B3ZX	Drainage of Left Trunk Tendon, Percutaneous Approach, Diagnostic
0L9B3ZZ	Drainage of Left Trunk Tendon, Percutaneous Approach
0L9B40Z	Drainage of Left Trunk Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9B4ZX	Drainage of Left Trunk Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9B4ZZ	Drainage of Left Trunk Tendon, Percutaneous Endoscopic Approach
0L9C00Z	Drainage of Right Thorax Tendon with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9C0ZX	Drainage of Right Thorax Tendon, Open Approach, Diagnostic
0L9C0ZZ	Drainage of Right Thorax Tendon, Open Approach
0L9C30Z	Drainage of Right Thorax Tendon with Drainage Device, Percutaneous Approach
0L9C3ZX	Drainage of Right Thorax Tendon, Percutaneous Approach, Diagnostic
0L9C3ZZ	Drainage of Right Thorax Tendon, Percutaneous Approach
0L9C40Z	Drainage of Right Thorax Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9C4ZX	Drainage of Right Thorax Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9C4ZZ	Drainage of Right Thorax Tendon, Percutaneous Endoscopic Approach
0L9D00Z	Drainage of Left Thorax Tendon with Drainage Device, Open Approach
0L9D0ZX	Drainage of Left Thorax Tendon, Open Approach, Diagnostic
0L9D0ZZ	Drainage of Left Thorax Tendon, Open Approach
0L9D30Z	Drainage of Left Thorax Tendon with Drainage Device, Percutaneous Approach
0L9D3ZX	Drainage of Left Thorax Tendon, Percutaneous Approach, Diagnostic
0L9D3ZZ	Drainage of Left Thorax Tendon, Percutaneous Approach
0L9D40Z	Drainage of Left Thorax Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9D4ZX	Drainage of Left Thorax Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9D4ZZ	Drainage of Left Thorax Tendon, Percutaneous Endoscopic Approach
0L9F00Z	Drainage of Right Abdomen Tendon with Drainage Device, Open Approach
0L9F0ZX	Drainage of Right Abdomen Tendon, Open Approach, Diagnostic
0L9F0ZZ	Drainage of Right Abdomen Tendon, Open Approach
0L9F30Z	Drainage of Right Abdomen Tendon with Drainage Device, Percutaneous Approach
0L9F3ZX	Drainage of Right Abdomen Tendon, Percutaneous Approach, Diagnostic
0L9F3ZZ	Drainage of Right Abdomen Tendon, Percutaneous Approach
0L9F40Z	Drainage of Right Abdomen Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9F4ZX	Drainage of Right Abdomen Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9F4ZZ	Drainage of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0L9G00Z	Drainage of Left Abdomen Tendon with Drainage Device, Open Approach
0L9G0ZX	Drainage of Left Abdomen Tendon, Open Approach, Diagnostic
0L9G0ZZ	Drainage of Left Abdomen Tendon, Open Approach
0L9G30Z	Drainage of Left Abdomen Tendon with Drainage Device, Percutaneous Approach
0L9G3ZX	Drainage of Left Abdomen Tendon, Percutaneous Approach, Diagnostic
0L9G3ZZ	Drainage of Left Abdomen Tendon, Percutaneous Approach
0L9G40Z	Drainage of Left Abdomen Tendon with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9G4ZX	Drainage of Left Abdomen Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9G4ZZ	Drainage of Left Abdomen Tendon, Percutaneous Endoscopic Approach
0L9H00Z	Drainage of Perineum Tendon with Drainage Device, Open Approach
0L9H0ZX	Drainage of Perineum Tendon, Open Approach, Diagnostic
0L9H0ZZ	Drainage of Perineum Tendon, Open Approach
0L9H30Z	Drainage of Perineum Tendon with Drainage Device, Percutaneous Approach
0L9H3ZX	Drainage of Perineum Tendon, Percutaneous Approach, Diagnostic
0L9H3ZZ	Drainage of Perineum Tendon, Percutaneous Approach
0L9H40Z	Drainage of Perineum Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9H4ZX	Drainage of Perineum Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9H4ZZ	Drainage of Perineum Tendon, Percutaneous Endoscopic Approach
0L9J00Z	Drainage of Right Hip Tendon with Drainage Device, Open Approach
0L9J0ZX	Drainage of Right Hip Tendon, Open Approach, Diagnostic
0L9J0ZZ	Drainage of Right Hip Tendon, Open Approach
0L9J30Z	Drainage of Right Hip Tendon with Drainage Device, Percutaneous Approach
0L9J3ZX	Drainage of Right Hip Tendon, Percutaneous Approach, Diagnostic
0L9J3ZZ	Drainage of Right Hip Tendon, Percutaneous Approach
0L9J40Z	Drainage of Right Hip Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9J4ZX	Drainage of Right Hip Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9J4ZZ	Drainage of Right Hip Tendon, Percutaneous Endoscopic Approach
0L9K00Z	Drainage of Left Hip Tendon with Drainage Device, Open Approach
0L9K0ZX	Drainage of Left Hip Tendon, Open Approach, Diagnostic
0L9K0ZZ	Drainage of Left Hip Tendon, Open Approach
0L9K30Z	Drainage of Left Hip Tendon with Drainage Device, Percutaneous Approach
0L9K3ZX	Drainage of Left Hip Tendon, Percutaneous Approach, Diagnostic
0L9K3ZZ	Drainage of Left Hip Tendon, Percutaneous Approach
0L9K40Z	Drainage of Left Hip Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9K4ZX	Drainage of Left Hip Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9K4ZZ	Drainage of Left Hip Tendon, Percutaneous Endoscopic Approach
0L9L00Z	Drainage of Right Upper Leg Tendon with Drainage Device, Open Approach
0L9L0ZX	Drainage of Right Upper Leg Tendon, Open Approach, Diagnostic
0L9L0ZZ	Drainage of Right Upper Leg Tendon, Open Approach
0L9L30Z	Drainage of Right Upper Leg Tendon with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9L3ZX	Drainage of Right Upper Leg Tendon, Percutaneous Approach, Diagnostic
0L9L3ZZ	Drainage of Right Upper Leg Tendon, Percutaneous Approach
0L9L40Z	Drainage of Right Upper Leg Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9L4ZX	Drainage of Right Upper Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9L4ZZ	Drainage of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0L9M00Z	Drainage of Left Upper Leg Tendon with Drainage Device, Open Approach
0L9M0ZX	Drainage of Left Upper Leg Tendon, Open Approach, Diagnostic
0L9M0ZZ	Drainage of Left Upper Leg Tendon, Open Approach
0L9M30Z	Drainage of Left Upper Leg Tendon with Drainage Device, Percutaneous Approach
0L9M3ZX	Drainage of Left Upper Leg Tendon, Percutaneous Approach, Diagnostic
0L9M3ZZ	Drainage of Left Upper Leg Tendon, Percutaneous Approach
0L9M40Z	Drainage of Left Upper Leg Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9M4ZX	Drainage of Left Upper Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9M4ZZ	Drainage of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0L9N00Z	Drainage of Right Lower Leg Tendon with Drainage Device, Open Approach
0L9N0ZX	Drainage of Right Lower Leg Tendon, Open Approach, Diagnostic
0L9N0ZZ	Drainage of Right Lower Leg Tendon, Open Approach
0L9N30Z	Drainage of Right Lower Leg Tendon with Drainage Device, Percutaneous Approach
0L9N3ZX	Drainage of Right Lower Leg Tendon, Percutaneous Approach, Diagnostic
0L9N3ZZ	Drainage of Right Lower Leg Tendon, Percutaneous Approach
0L9N40Z	Drainage of Right Lower Leg Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9N4ZX	Drainage of Right Lower Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9N4ZZ	Drainage of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0L9P00Z	Drainage of Left Lower Leg Tendon with Drainage Device, Open Approach
0L9P0ZX	Drainage of Left Lower Leg Tendon, Open Approach, Diagnostic
0L9P0ZZ	Drainage of Left Lower Leg Tendon, Open Approach
0L9P30Z	Drainage of Left Lower Leg Tendon with Drainage Device, Percutaneous Approach
0L9P3ZX	Drainage of Left Lower Leg Tendon, Percutaneous Approach, Diagnostic
0L9P3ZZ	Drainage of Left Lower Leg Tendon, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9P40Z	Drainage of Left Lower Leg Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9P4ZX	Drainage of Left Lower Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9P4ZZ	Drainage of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0L9Q00Z	Drainage of Right Knee Tendon with Drainage Device, Open Approach
0L9Q0ZX	Drainage of Right Knee Tendon, Open Approach, Diagnostic
0L9Q0ZZ	Drainage of Right Knee Tendon, Open Approach
0L9Q30Z	Drainage of Right Knee Tendon with Drainage Device, Percutaneous Approach
0L9Q3ZX	Drainage of Right Knee Tendon, Percutaneous Approach, Diagnostic
0L9Q3ZZ	Drainage of Right Knee Tendon, Percutaneous Approach
0L9Q40Z	Drainage of Right Knee Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9Q4ZX	Drainage of Right Knee Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9Q4ZZ	Drainage of Right Knee Tendon, Percutaneous Endoscopic Approach
0L9R00Z	Drainage of Left Knee Tendon with Drainage Device, Open Approach
0L9R0ZX	Drainage of Left Knee Tendon, Open Approach, Diagnostic
0L9R0ZZ	Drainage of Left Knee Tendon, Open Approach
0L9R30Z	Drainage of Left Knee Tendon with Drainage Device, Percutaneous Approach
0L9R3ZX	Drainage of Left Knee Tendon, Percutaneous Approach, Diagnostic
0L9R3ZZ	Drainage of Left Knee Tendon, Percutaneous Approach
0L9R40Z	Drainage of Left Knee Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9R4ZX	Drainage of Left Knee Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9R4ZZ	Drainage of Left Knee Tendon, Percutaneous Endoscopic Approach
0L9S00Z	Drainage of Right Ankle Tendon with Drainage Device, Open Approach
0L9S0ZX	Drainage of Right Ankle Tendon, Open Approach, Diagnostic
0L9S0ZZ	Drainage of Right Ankle Tendon, Open Approach
0L9S30Z	Drainage of Right Ankle Tendon with Drainage Device, Percutaneous Approach
0L9S3ZX	Drainage of Right Ankle Tendon, Percutaneous Approach, Diagnostic
0L9S3ZZ	Drainage of Right Ankle Tendon, Percutaneous Approach
0L9S40Z	Drainage of Right Ankle Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9S4ZX	Drainage of Right Ankle Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9S4ZZ	Drainage of Right Ankle Tendon, Percutaneous Endoscopic Approach
0L9T00Z	Drainage of Left Ankle Tendon with Drainage Device, Open Approach
0L9T0ZX	Drainage of Left Ankle Tendon, Open Approach, Diagnostic
0L9T0ZZ	Drainage of Left Ankle Tendon, Open Approach
0L9T30Z	Drainage of Left Ankle Tendon with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0L9T3ZX	Drainage of Left Ankle Tendon, Percutaneous Approach, Diagnostic
0L9T3ZZ	Drainage of Left Ankle Tendon, Percutaneous Approach
0L9T40Z	Drainage of Left Ankle Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9T4ZX	Drainage of Left Ankle Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9T4ZZ	Drainage of Left Ankle Tendon, Percutaneous Endoscopic Approach
0L9V00Z	Drainage of Right Foot Tendon with Drainage Device, Open Approach
0L9V0ZX	Drainage of Right Foot Tendon, Open Approach, Diagnostic
0L9V0ZZ	Drainage of Right Foot Tendon, Open Approach
0L9V30Z	Drainage of Right Foot Tendon with Drainage Device, Percutaneous Approach
0L9V3ZX	Drainage of Right Foot Tendon, Percutaneous Approach, Diagnostic
0L9V3ZZ	Drainage of Right Foot Tendon, Percutaneous Approach
0L9V40Z	Drainage of Right Foot Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9V4ZX	Drainage of Right Foot Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9V4ZZ	Drainage of Right Foot Tendon, Percutaneous Endoscopic Approach
0L9W00Z	Drainage of Left Foot Tendon with Drainage Device, Open Approach
0L9W0ZX	Drainage of Left Foot Tendon, Open Approach, Diagnostic
0L9W0ZZ	Drainage of Left Foot Tendon, Open Approach
0L9W30Z	Drainage of Left Foot Tendon with Drainage Device, Percutaneous Approach
0L9W3ZX	Drainage of Left Foot Tendon, Percutaneous Approach, Diagnostic
0L9W3ZZ	Drainage of Left Foot Tendon, Percutaneous Approach
0L9W40Z	Drainage of Left Foot Tendon with Drainage Device, Percutaneous Endoscopic Approach
0L9W4ZX	Drainage of Left Foot Tendon, Percutaneous Endoscopic Approach, Diagnostic
0L9W4ZZ	Drainage of Left Foot Tendon, Percutaneous Endoscopic Approach
0LB00ZX	Excision of Head and Neck Tendon, Open Approach, Diagnostic
0LB00ZZ	Excision of Head and Neck Tendon, Open Approach
0LB03ZX	Excision of Head and Neck Tendon, Percutaneous Approach, Diagnostic
0LB03ZZ	Excision of Head and Neck Tendon, Percutaneous Approach
0LB04ZX	Excision of Head and Neck Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB04ZZ	Excision of Head and Neck Tendon, Percutaneous Endoscopic Approach
0LB10ZX	Excision of Right Shoulder Tendon, Open Approach, Diagnostic
0LB10ZZ	Excision of Right Shoulder Tendon, Open Approach
0LB13ZX	Excision of Right Shoulder Tendon, Percutaneous Approach, Diagnostic
0LB13ZZ	Excision of Right Shoulder Tendon, Percutaneous Approach
0LB14ZX	Excision of Right Shoulder Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB14ZZ	Excision of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LB20ZX	Excision of Left Shoulder Tendon, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LB20ZZ	Excision of Left Shoulder Tendon, Open Approach
0LB23ZX	Excision of Left Shoulder Tendon, Percutaneous Approach, Diagnostic
0LB23ZZ	Excision of Left Shoulder Tendon, Percutaneous Approach
0LB24ZX	Excision of Left Shoulder Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB24ZZ	Excision of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LB30ZX	Excision of Right Upper Arm Tendon, Open Approach, Diagnostic
0LB30ZZ	Excision of Right Upper Arm Tendon, Open Approach
0LB33ZX	Excision of Right Upper Arm Tendon, Percutaneous Approach, Diagnostic
0LB33ZZ	Excision of Right Upper Arm Tendon, Percutaneous Approach
0LB34ZX	Excision of Right Upper Arm Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB34ZZ	Excision of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LB40ZX	Excision of Left Upper Arm Tendon, Open Approach, Diagnostic
0LB40ZZ	Excision of Left Upper Arm Tendon, Open Approach
0LB43ZX	Excision of Left Upper Arm Tendon, Percutaneous Approach, Diagnostic
0LB43ZZ	Excision of Left Upper Arm Tendon, Percutaneous Approach
0LB44ZX	Excision of Left Upper Arm Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB44ZZ	Excision of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LB50ZX	Excision of Right Lower Arm and Wrist Tendon, Open Approach, Diagnostic
0LB50ZZ	Excision of Right Lower Arm and Wrist Tendon, Open Approach
0LB53ZX	Excision of Right Lower Arm and Wrist Tendon, Percutaneous Approach, Diagnostic
0LB53ZZ	Excision of Right Lower Arm and Wrist Tendon, Percutaneous Approach
0LB54ZX	Excision of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB54ZZ	Excision of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LB60ZX	Excision of Left Lower Arm and Wrist Tendon, Open Approach, Diagnostic
0LB60ZZ	Excision of Left Lower Arm and Wrist Tendon, Open Approach
0LB63ZX	Excision of Left Lower Arm and Wrist Tendon, Percutaneous Approach, Diagnostic
0LB63ZZ	Excision of Left Lower Arm and Wrist Tendon, Percutaneous Approach
0LB64ZX	Excision of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB64ZZ	Excision of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LB70ZX	Excision of Right Hand Tendon, Open Approach, Diagnostic
0LB70ZZ	Excision of Right Hand Tendon, Open Approach
0LB73ZX	Excision of Right Hand Tendon, Percutaneous Approach, Diagnostic
0LB73ZZ	Excision of Right Hand Tendon, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LB74ZX	Excision of Right Hand Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB74ZZ	Excision of Right Hand Tendon, Percutaneous Endoscopic Approach
0LB80ZX	Excision of Left Hand Tendon, Open Approach, Diagnostic
0LB80ZZ	Excision of Left Hand Tendon, Open Approach
0LB83ZX	Excision of Left Hand Tendon, Percutaneous Approach, Diagnostic
0LB83ZZ	Excision of Left Hand Tendon, Percutaneous Approach
0LB84ZX	Excision of Left Hand Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB84ZZ	Excision of Left Hand Tendon, Percutaneous Endoscopic Approach
0LB90ZX	Excision of Right Trunk Tendon, Open Approach, Diagnostic
0LB90ZZ	Excision of Right Trunk Tendon, Open Approach
0LB93ZX	Excision of Right Trunk Tendon, Percutaneous Approach, Diagnostic
0LB93ZZ	Excision of Right Trunk Tendon, Percutaneous Approach
0LB94ZX	Excision of Right Trunk Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LB94ZZ	Excision of Right Trunk Tendon, Percutaneous Endoscopic Approach
0LBB0ZX	Excision of Left Trunk Tendon, Open Approach, Diagnostic
0LBB0ZZ	Excision of Left Trunk Tendon, Open Approach
0LBB3ZX	Excision of Left Trunk Tendon, Percutaneous Approach, Diagnostic
0LBB3ZZ	Excision of Left Trunk Tendon, Percutaneous Approach
0LBB4ZX	Excision of Left Trunk Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBB4ZZ	Excision of Left Trunk Tendon, Percutaneous Endoscopic Approach
0LBC0ZX	Excision of Right Thorax Tendon, Open Approach, Diagnostic
0LBC0ZZ	Excision of Right Thorax Tendon, Open Approach
0LBC3ZX	Excision of Right Thorax Tendon, Percutaneous Approach, Diagnostic
0LBC3ZZ	Excision of Right Thorax Tendon, Percutaneous Approach
0LBC4ZX	Excision of Right Thorax Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBC4ZZ	Excision of Right Thorax Tendon, Percutaneous Endoscopic Approach
0LBD0ZX	Excision of Left Thorax Tendon, Open Approach, Diagnostic
0LBD0ZZ	Excision of Left Thorax Tendon, Open Approach
0LBD3ZX	Excision of Left Thorax Tendon, Percutaneous Approach, Diagnostic
0LBD3ZZ	Excision of Left Thorax Tendon, Percutaneous Approach
0LBD4ZX	Excision of Left Thorax Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBD4ZZ	Excision of Left Thorax Tendon, Percutaneous Endoscopic Approach
0LBF0ZX	Excision of Right Abdomen Tendon, Open Approach, Diagnostic
0LBF0ZZ	Excision of Right Abdomen Tendon, Open Approach
0LBF3ZX	Excision of Right Abdomen Tendon, Percutaneous Approach, Diagnostic
0LBF3ZZ	Excision of Right Abdomen Tendon, Percutaneous Approach
0LBF4ZX	Excision of Right Abdomen Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBF4ZZ	Excision of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LBG0ZX	Excision of Left Abdomen Tendon, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LBG0ZZ	Excision of Left Abdomen Tendon, Open Approach
0LBG3ZX	Excision of Left Abdomen Tendon, Percutaneous Approach, Diagnostic
0LBG3ZZ	Excision of Left Abdomen Tendon, Percutaneous Approach
0LBG4ZX	Excision of Left Abdomen Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBG4ZZ	Excision of Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LBH0ZX	Excision of Perineum Tendon, Open Approach, Diagnostic
0LBH0ZZ	Excision of Perineum Tendon, Open Approach
0LBH3ZX	Excision of Perineum Tendon, Percutaneous Approach, Diagnostic
0LBH3ZZ	Excision of Perineum Tendon, Percutaneous Approach
0LBH4ZX	Excision of Perineum Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBH4ZZ	Excision of Perineum Tendon, Percutaneous Endoscopic Approach
0LBJ0ZX	Excision of Right Hip Tendon, Open Approach, Diagnostic
0LBJ0ZZ	Excision of Right Hip Tendon, Open Approach
0LBJ3ZX	Excision of Right Hip Tendon, Percutaneous Approach, Diagnostic
0LBJ3ZZ	Excision of Right Hip Tendon, Percutaneous Approach
0LBJ4ZX	Excision of Right Hip Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBJ4ZZ	Excision of Right Hip Tendon, Percutaneous Endoscopic Approach
0LBK0ZX	Excision of Left Hip Tendon, Open Approach, Diagnostic
0LBK0ZZ	Excision of Left Hip Tendon, Open Approach
0LBK3ZX	Excision of Left Hip Tendon, Percutaneous Approach, Diagnostic
0LBK3ZZ	Excision of Left Hip Tendon, Percutaneous Approach
0LBK4ZX	Excision of Left Hip Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBK4ZZ	Excision of Left Hip Tendon, Percutaneous Endoscopic Approach
0LBL0ZX	Excision of Right Upper Leg Tendon, Open Approach, Diagnostic
0LBL0ZZ	Excision of Right Upper Leg Tendon, Open Approach
0LBL3ZX	Excision of Right Upper Leg Tendon, Percutaneous Approach, Diagnostic
0LBL3ZZ	Excision of Right Upper Leg Tendon, Percutaneous Approach
0LBL4ZX	Excision of Right Upper Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBL4ZZ	Excision of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LBM0ZX	Excision of Left Upper Leg Tendon, Open Approach, Diagnostic
0LBM0ZZ	Excision of Left Upper Leg Tendon, Open Approach
0LBM3ZX	Excision of Left Upper Leg Tendon, Percutaneous Approach, Diagnostic
0LBM3ZZ	Excision of Left Upper Leg Tendon, Percutaneous Approach
0LBM4ZX	Excision of Left Upper Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBM4ZZ	Excision of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LBN0ZX	Excision of Right Lower Leg Tendon, Open Approach, Diagnostic
0LBN0ZZ	Excision of Right Lower Leg Tendon, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LBN3ZX	Excision of Right Lower Leg Tendon, Percutaneous Approach, Diagnostic
0LBN3ZZ	Excision of Right Lower Leg Tendon, Percutaneous Approach
0LBN4ZX	Excision of Right Lower Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBN4ZZ	Excision of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LBP0ZX	Excision of Left Lower Leg Tendon, Open Approach, Diagnostic
0LBP0ZZ	Excision of Left Lower Leg Tendon, Open Approach
0LBP3ZX	Excision of Left Lower Leg Tendon, Percutaneous Approach, Diagnostic
0LBP3ZZ	Excision of Left Lower Leg Tendon, Percutaneous Approach
0LBP4ZX	Excision of Left Lower Leg Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBP4ZZ	Excision of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LBQ0ZX	Excision of Right Knee Tendon, Open Approach, Diagnostic
0LBQ0ZZ	Excision of Right Knee Tendon, Open Approach
0LBQ3ZX	Excision of Right Knee Tendon, Percutaneous Approach, Diagnostic
0LBQ3ZZ	Excision of Right Knee Tendon, Percutaneous Approach
0LBQ4ZX	Excision of Right Knee Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBQ4ZZ	Excision of Right Knee Tendon, Percutaneous Endoscopic Approach
0LBR0ZX	Excision of Left Knee Tendon, Open Approach, Diagnostic
0LBR0ZZ	Excision of Left Knee Tendon, Open Approach
0LBR3ZX	Excision of Left Knee Tendon, Percutaneous Approach, Diagnostic
0LBR3ZZ	Excision of Left Knee Tendon, Percutaneous Approach
0LBR4ZX	Excision of Left Knee Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBR4ZZ	Excision of Left Knee Tendon, Percutaneous Endoscopic Approach
0LBS0ZX	Excision of Right Ankle Tendon, Open Approach, Diagnostic
0LBS0ZZ	Excision of Right Ankle Tendon, Open Approach
0LBS3ZX	Excision of Right Ankle Tendon, Percutaneous Approach, Diagnostic
0LBS3ZZ	Excision of Right Ankle Tendon, Percutaneous Approach
0LBS4ZX	Excision of Right Ankle Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBS4ZZ	Excision of Right Ankle Tendon, Percutaneous Endoscopic Approach
0LBT0ZX	Excision of Left Ankle Tendon, Open Approach, Diagnostic
0LBT0ZZ	Excision of Left Ankle Tendon, Open Approach
0LBT3ZX	Excision of Left Ankle Tendon, Percutaneous Approach, Diagnostic
0LBT3ZZ	Excision of Left Ankle Tendon, Percutaneous Approach
0LBT4ZX	Excision of Left Ankle Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBT4ZZ	Excision of Left Ankle Tendon, Percutaneous Endoscopic Approach
0LBV0ZX	Excision of Right Foot Tendon, Open Approach, Diagnostic
0LBV0ZZ	Excision of Right Foot Tendon, Open Approach
0LBV3ZX	Excision of Right Foot Tendon, Percutaneous Approach, Diagnostic
0LBV3ZZ	Excision of Right Foot Tendon, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LBV4ZX	Excision of Right Foot Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBV4ZZ	Excision of Right Foot Tendon, Percutaneous Endoscopic Approach
0LBW0ZX	Excision of Left Foot Tendon, Open Approach, Diagnostic
0LBW0ZZ	Excision of Left Foot Tendon, Open Approach
0LBW3ZX	Excision of Left Foot Tendon, Percutaneous Approach, Diagnostic
0LBW3ZZ	Excision of Left Foot Tendon, Percutaneous Approach
0LBW4ZX	Excision of Left Foot Tendon, Percutaneous Endoscopic Approach, Diagnostic
0LBW4ZZ	Excision of Left Foot Tendon, Percutaneous Endoscopic Approach
0LC00ZZ	Extirpation of Matter from Head and Neck Tendon, Open Approach
0LC03ZZ	Extirpation of Matter from Head and Neck Tendon, Percutaneous Approach
0LC04ZZ	Extirpation of Matter from Head and Neck Tendon, Percutaneous Endoscopic Approach
0LC10ZZ	Extirpation of Matter from Right Shoulder Tendon, Open Approach
0LC13ZZ	Extirpation of Matter from Right Shoulder Tendon, Percutaneous Approach
0LC14ZZ	Extirpation of Matter from Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LC20ZZ	Extirpation of Matter from Left Shoulder Tendon, Open Approach
0LC23ZZ	Extirpation of Matter from Left Shoulder Tendon, Percutaneous Approach
0LC24ZZ	Extirpation of Matter from Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LC30ZZ	Extirpation of Matter from Right Upper Arm Tendon, Open Approach
0LC33ZZ	Extirpation of Matter from Right Upper Arm Tendon, Percutaneous Approach
0LC34ZZ	Extirpation of Matter from Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LC40ZZ	Extirpation of Matter from Left Upper Arm Tendon, Open Approach
0LC43ZZ	Extirpation of Matter from Left Upper Arm Tendon, Percutaneous Approach
0LC44ZZ	Extirpation of Matter from Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LC50ZZ	Extirpation of Matter from Right Lower Arm and Wrist Tendon, Open Approach
0LC53ZZ	Extirpation of Matter from Right Lower Arm and Wrist Tendon, Percutaneous Approach
0LC54ZZ	Extirpation of Matter from Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LC60ZZ	Extirpation of Matter from Left Lower Arm and Wrist Tendon, Open Approach
0LC63ZZ	Extirpation of Matter from Left Lower Arm and Wrist Tendon, Percutaneous Approach
0LC64ZZ	Extirpation of Matter from Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LC70ZZ	Extirpation of Matter from Right Hand Tendon, Open Approach
0LC73ZZ	Extirpation of Matter from Right Hand Tendon, Percutaneous Approach
0LC74ZZ	Extirpation of Matter from Right Hand Tendon, Percutaneous Endoscopic Approach
0LC80ZZ	Extirpation of Matter from Left Hand Tendon, Open Approach
0LC83ZZ	Extirpation of Matter from Left Hand Tendon, Percutaneous Approach
0LC84ZZ	Extirpation of Matter from Left Hand Tendon, Percutaneous Endoscopic Approach
0LC90ZZ	Extirpation of Matter from Right Trunk Tendon, Open Approach
0LC93ZZ	Extirpation of Matter from Right Trunk Tendon, Percutaneous Approach
0LC94ZZ	Extirpation of Matter from Right Trunk Tendon, Percutaneous Endoscopic Approach
0LCB0ZZ	Extirpation of Matter from Left Trunk Tendon, Open Approach
0LCB3ZZ	Extirpation of Matter from Left Trunk Tendon, Percutaneous Approach
0LCB4ZZ	Extirpation of Matter from Left Trunk Tendon, Percutaneous Endoscopic Approach
0LCC0ZZ	Extirpation of Matter from Right Thorax Tendon, Open Approach
0LCC3ZZ	Extirpation of Matter from Right Thorax Tendon, Percutaneous Approach
0LCC4ZZ	Extirpation of Matter from Right Thorax Tendon, Percutaneous Endoscopic Approach
0LCD0ZZ	Extirpation of Matter from Left Thorax Tendon, Open Approach
0LCD3ZZ	Extirpation of Matter from Left Thorax Tendon, Percutaneous Approach
0LCD4ZZ	Extirpation of Matter from Left Thorax Tendon, Percutaneous Endoscopic Approach
0LCF0ZZ	Extirpation of Matter from Right Abdomen Tendon, Open Approach
0LCF3ZZ	Extirpation of Matter from Right Abdomen Tendon, Percutaneous Approach
0LCF4ZZ	Extirpation of Matter from Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LCG0ZZ	Extirpation of Matter from Left Abdomen Tendon, Open Approach
0LCG3ZZ	Extirpation of Matter from Left Abdomen Tendon, Percutaneous Approach
0LCG4ZZ	Extirpation of Matter from Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LCH0ZZ	Extirpation of Matter from Perineum Tendon, Open Approach
0LCH3ZZ	Extirpation of Matter from Perineum Tendon, Percutaneous Approach
0LCH4ZZ	Extirpation of Matter from Perineum Tendon, Percutaneous Endoscopic Approach
0LCJ0ZZ	Extirpation of Matter from Right Hip Tendon, Open Approach
0LCJ3ZZ	Extirpation of Matter from Right Hip Tendon, Percutaneous Approach
0LCJ4ZZ	Extirpation of Matter from Right Hip Tendon, Percutaneous Endoscopic Approach
0LCK0ZZ	Extirpation of Matter from Left Hip Tendon, Open Approach
0LCK3ZZ	Extirpation of Matter from Left Hip Tendon, Percutaneous Approach
0LCK4ZZ	Extirpation of Matter from Left Hip Tendon, Percutaneous Endoscopic Approach
0LCL0ZZ	Extirpation of Matter from Right Upper Leg Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LCL3ZZ	Extirpation of Matter from Right Upper Leg Tendon, Percutaneous Approach
0LCL4ZZ	Extirpation of Matter from Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LCM0ZZ	Extirpation of Matter from Left Upper Leg Tendon, Open Approach
0LCM3ZZ	Extirpation of Matter from Left Upper Leg Tendon, Percutaneous Approach
0LCM4ZZ	Extirpation of Matter from Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LCN0ZZ	Extirpation of Matter from Right Lower Leg Tendon, Open Approach
0LCN3ZZ	Extirpation of Matter from Right Lower Leg Tendon, Percutaneous Approach
0LCN4ZZ	Extirpation of Matter from Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LCP0ZZ	Extirpation of Matter from Left Lower Leg Tendon, Open Approach
0LCP3ZZ	Extirpation of Matter from Left Lower Leg Tendon, Percutaneous Approach
0LCP4ZZ	Extirpation of Matter from Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LCQ0ZZ	Extirpation of Matter from Right Knee Tendon, Open Approach
0LCQ3ZZ	Extirpation of Matter from Right Knee Tendon, Percutaneous Approach
0LCQ4ZZ	Extirpation of Matter from Right Knee Tendon, Percutaneous Endoscopic Approach
0LCR0ZZ	Extirpation of Matter from Left Knee Tendon, Open Approach
0LCR3ZZ	Extirpation of Matter from Left Knee Tendon, Percutaneous Approach
0LCR4ZZ	Extirpation of Matter from Left Knee Tendon, Percutaneous Endoscopic Approach
0LCS0ZZ	Extirpation of Matter from Right Ankle Tendon, Open Approach
0LCS3ZZ	Extirpation of Matter from Right Ankle Tendon, Percutaneous Approach
0LCS4ZZ	Extirpation of Matter from Right Ankle Tendon, Percutaneous Endoscopic Approach
0LCT0ZZ	Extirpation of Matter from Left Ankle Tendon, Open Approach
0LCT3ZZ	Extirpation of Matter from Left Ankle Tendon, Percutaneous Approach
0LCT4ZZ	Extirpation of Matter from Left Ankle Tendon, Percutaneous Endoscopic Approach
0LCV0ZZ	Extirpation of Matter from Right Foot Tendon, Open Approach
0LCV3ZZ	Extirpation of Matter from Right Foot Tendon, Percutaneous Approach
0LCV4ZZ	Extirpation of Matter from Right Foot Tendon, Percutaneous Endoscopic Approach
0LCW0ZZ	Extirpation of Matter from Left Foot Tendon, Open Approach
0LCW3ZZ	Extirpation of Matter from Left Foot Tendon, Percutaneous Approach
0LCW4ZZ	Extirpation of Matter from Left Foot Tendon, Percutaneous Endoscopic Approach
0LJX0ZZ	Inspection of Upper Tendon, Open Approach
0LJX3ZZ	Inspection of Upper Tendon, Percutaneous Approach
0LJX4ZZ	Inspection of Upper Tendon, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LJY0ZZ	Inspection of Lower Tendon, Open Approach
0LJY3ZZ	Inspection of Lower Tendon, Percutaneous Approach
0LJY4ZZ	Inspection of Lower Tendon, Percutaneous Endoscopic Approach
0LM00ZZ	Reattachment of Head and Neck Tendon, Open Approach
0LM04ZZ	Reattachment of Head and Neck Tendon, Percutaneous Endoscopic Approach
0LM10ZZ	Reattachment of Right Shoulder Tendon, Open Approach
0LM14ZZ	Reattachment of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LM20ZZ	Reattachment of Left Shoulder Tendon, Open Approach
0LM24ZZ	Reattachment of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LM30ZZ	Reattachment of Right Upper Arm Tendon, Open Approach
0LM34ZZ	Reattachment of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LM40ZZ	Reattachment of Left Upper Arm Tendon, Open Approach
0LM44ZZ	Reattachment of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LM50ZZ	Reattachment of Right Lower Arm and Wrist Tendon, Open Approach
0LM54ZZ	Reattachment of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LM60ZZ	Reattachment of Left Lower Arm and Wrist Tendon, Open Approach
0LM64ZZ	Reattachment of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LM70ZZ	Reattachment of Right Hand Tendon, Open Approach
0LM74ZZ	Reattachment of Right Hand Tendon, Percutaneous Endoscopic Approach
0LM80ZZ	Reattachment of Left Hand Tendon, Open Approach
0LM84ZZ	Reattachment of Left Hand Tendon, Percutaneous Endoscopic Approach
0LM90ZZ	Reattachment of Right Trunk Tendon, Open Approach
0LM94ZZ	Reattachment of Right Trunk Tendon, Percutaneous Endoscopic Approach
0LMB0ZZ	Reattachment of Left Trunk Tendon, Open Approach
0LMB4ZZ	Reattachment of Left Trunk Tendon, Percutaneous Endoscopic Approach
0LMC0ZZ	Reattachment of Right Thorax Tendon, Open Approach
0LMC4ZZ	Reattachment of Right Thorax Tendon, Percutaneous Endoscopic Approach
0LMD0ZZ	Reattachment of Left Thorax Tendon, Open Approach
0LMD4ZZ	Reattachment of Left Thorax Tendon, Percutaneous Endoscopic Approach
0LMF0ZZ	Reattachment of Right Abdomen Tendon, Open Approach
0LMF4ZZ	Reattachment of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LMG0ZZ	Reattachment of Left Abdomen Tendon, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LMG4ZZ	Reattachment of Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LMH0ZZ	Reattachment of Perineum Tendon, Open Approach
0LMH4ZZ	Reattachment of Perineum Tendon, Percutaneous Endoscopic Approach
0LMJ0ZZ	Reattachment of Right Hip Tendon, Open Approach
0LMJ4ZZ	Reattachment of Right Hip Tendon, Percutaneous Endoscopic Approach
0LMK0ZZ	Reattachment of Left Hip Tendon, Open Approach
0LMK4ZZ	Reattachment of Left Hip Tendon, Percutaneous Endoscopic Approach
0LML0ZZ	Reattachment of Right Upper Leg Tendon, Open Approach
0LML4ZZ	Reattachment of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LMM0ZZ	Reattachment of Left Upper Leg Tendon, Open Approach
0LMM4ZZ	Reattachment of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LMN0ZZ	Reattachment of Right Lower Leg Tendon, Open Approach
0LMN4ZZ	Reattachment of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LMP0ZZ	Reattachment of Left Lower Leg Tendon, Open Approach
0LMP4ZZ	Reattachment of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LMQ0ZZ	Reattachment of Right Knee Tendon, Open Approach
0LMQ4ZZ	Reattachment of Right Knee Tendon, Percutaneous Endoscopic Approach
0LMR0ZZ	Reattachment of Left Knee Tendon, Open Approach
0LMR4ZZ	Reattachment of Left Knee Tendon, Percutaneous Endoscopic Approach
0LMS0ZZ	Reattachment of Right Ankle Tendon, Open Approach
0LMS4ZZ	Reattachment of Right Ankle Tendon, Percutaneous Endoscopic Approach
0LMT0ZZ	Reattachment of Left Ankle Tendon, Open Approach
0LMT4ZZ	Reattachment of Left Ankle Tendon, Percutaneous Endoscopic Approach
0LMV0ZZ	Reattachment of Right Foot Tendon, Open Approach
0LMV4ZZ	Reattachment of Right Foot Tendon, Percutaneous Endoscopic Approach
0LMW0ZZ	Reattachment of Left Foot Tendon, Open Approach
0LMW4ZZ	Reattachment of Left Foot Tendon, Percutaneous Endoscopic Approach
0LN00ZZ	Release Head and Neck Tendon, Open Approach
0LN03ZZ	Release Head and Neck Tendon, Percutaneous Approach
0LN04ZZ	Release Head and Neck Tendon, Percutaneous Endoscopic Approach
0LN10ZZ	Release Right Shoulder Tendon, Open Approach
0LN13ZZ	Release Right Shoulder Tendon, Percutaneous Approach
0LN14ZZ	Release Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LN20ZZ	Release Left Shoulder Tendon, Open Approach
0LN23ZZ	Release Left Shoulder Tendon, Percutaneous Approach
0LN24ZZ	Release Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LN30ZZ	Release Right Upper Arm Tendon, Open Approach
0LN33ZZ	Release Right Upper Arm Tendon, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LN34ZZ	Release Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LN40ZZ	Release Left Upper Arm Tendon, Open Approach
0LN43ZZ	Release Left Upper Arm Tendon, Percutaneous Approach
0LN44ZZ	Release Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LN50ZZ	Release Right Lower Arm and Wrist Tendon, Open Approach
0LN53ZZ	Release Right Lower Arm and Wrist Tendon, Percutaneous Approach
0LN54ZZ	Release Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LN60ZZ	Release Left Lower Arm and Wrist Tendon, Open Approach
0LN63ZZ	Release Left Lower Arm and Wrist Tendon, Percutaneous Approach
0LN64ZZ	Release Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LN70ZZ	Release Right Hand Tendon, Open Approach
0LN73ZZ	Release Right Hand Tendon, Percutaneous Approach
0LN74ZZ	Release Right Hand Tendon, Percutaneous Endoscopic Approach
0LN80ZZ	Release Left Hand Tendon, Open Approach
0LN83ZZ	Release Left Hand Tendon, Percutaneous Approach
0LN84ZZ	Release Left Hand Tendon, Percutaneous Endoscopic Approach
0LN90ZZ	Release Right Trunk Tendon, Open Approach
0LN93ZZ	Release Right Trunk Tendon, Percutaneous Approach
0LN94ZZ	Release Right Trunk Tendon, Percutaneous Endoscopic Approach
0LNB0ZZ	Release Left Trunk Tendon, Open Approach
0LNB3ZZ	Release Left Trunk Tendon, Percutaneous Approach
0LNB4ZZ	Release Left Trunk Tendon, Percutaneous Endoscopic Approach
0LNC0ZZ	Release Right Thorax Tendon, Open Approach
0LNC3ZZ	Release Right Thorax Tendon, Percutaneous Approach
0LNC4ZZ	Release Right Thorax Tendon, Percutaneous Endoscopic Approach
0LND0ZZ	Release Left Thorax Tendon, Open Approach
0LND3ZZ	Release Left Thorax Tendon, Percutaneous Approach
0LND4ZZ	Release Left Thorax Tendon, Percutaneous Endoscopic Approach
0LNF0ZZ	Release Right Abdomen Tendon, Open Approach
0LNF3ZZ	Release Right Abdomen Tendon, Percutaneous Approach
0LNF4ZZ	Release Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LNG0ZZ	Release Left Abdomen Tendon, Open Approach
0LNG3ZZ	Release Left Abdomen Tendon, Percutaneous Approach
0LNG4ZZ	Release Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LNH0ZZ	Release Perineum Tendon, Open Approach
0LNH3ZZ	Release Perineum Tendon, Percutaneous Approach
0LNH4ZZ	Release Perineum Tendon, Percutaneous Endoscopic Approach
0LNJ0ZZ	Release Right Hip Tendon, Open Approach
0LNJ3ZZ	Release Right Hip Tendon, Percutaneous Approach
0LNJ4ZZ	Release Right Hip Tendon, Percutaneous Endoscopic Approach
0LNK0ZZ	Release Left Hip Tendon, Open Approach
0LNK3ZZ	Release Left Hip Tendon, Percutaneous Approach
0LNK4ZZ	Release Left Hip Tendon, Percutaneous Endoscopic Approach
0LNL0ZZ	Release Right Upper Leg Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LNL3ZZ	Release Right Upper Leg Tendon, Percutaneous Approach
0LNL4ZZ	Release Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LNM0ZZ	Release Left Upper Leg Tendon, Open Approach
0LNM3ZZ	Release Left Upper Leg Tendon, Percutaneous Approach
0LNM4ZZ	Release Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LNN0ZZ	Release Right Lower Leg Tendon, Open Approach
0LNN3ZZ	Release Right Lower Leg Tendon, Percutaneous Approach
0LNN4ZZ	Release Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LNP0ZZ	Release Left Lower Leg Tendon, Open Approach
0LNP3ZZ	Release Left Lower Leg Tendon, Percutaneous Approach
0LNP4ZZ	Release Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LNQ0ZZ	Release Right Knee Tendon, Open Approach
0LNQ3ZZ	Release Right Knee Tendon, Percutaneous Approach
0LNQ4ZZ	Release Right Knee Tendon, Percutaneous Endoscopic Approach
0LNR0ZZ	Release Left Knee Tendon, Open Approach
0LNR3ZZ	Release Left Knee Tendon, Percutaneous Approach
0LNR4ZZ	Release Left Knee Tendon, Percutaneous Endoscopic Approach
0LNS0ZZ	Release Right Ankle Tendon, Open Approach
0LNS3ZZ	Release Right Ankle Tendon, Percutaneous Approach
0LNS4ZZ	Release Right Ankle Tendon, Percutaneous Endoscopic Approach
0LNT0ZZ	Release Left Ankle Tendon, Open Approach
0LNT3ZZ	Release Left Ankle Tendon, Percutaneous Approach
0LNT4ZZ	Release Left Ankle Tendon, Percutaneous Endoscopic Approach
0LNV0ZZ	Release Right Foot Tendon, Open Approach
0LNV3ZZ	Release Right Foot Tendon, Percutaneous Approach
0LNV4ZZ	Release Right Foot Tendon, Percutaneous Endoscopic Approach
0LNW0ZZ	Release Left Foot Tendon, Open Approach
0LNW3ZZ	Release Left Foot Tendon, Percutaneous Approach
0LNW4ZZ	Release Left Foot Tendon, Percutaneous Endoscopic Approach
0LPX00Z	Removal of Drainage Device from Upper Tendon, Open Approach
0LPX07Z	Removal of Autologous Tissue Substitute from Upper Tendon, Open Approach
0LPX0JZ	Removal of Synthetic Substitute from Upper Tendon, Open Approach
0LPX0KZ	Removal of Nonautologous Tissue Substitute from Upper Tendon, Open Approach
0LPX30Z	Removal of Drainage Device from Upper Tendon, Percutaneous Approach
0LPX37Z	Removal of Autologous Tissue Substitute from Upper Tendon, Percutaneous Approach
0LPX3JZ	Removal of Synthetic Substitute from Upper Tendon, Percutaneous Approach
0LPX3KZ	Removal of Nonautologous Tissue Substitute from Upper Tendon, Percutaneous Approach
0LPX40Z	Removal of Drainage Device from Upper Tendon, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LPX47Z	Removal of Autologous Tissue Substitute from Upper Tendon, Percutaneous Endoscopic Approach
0LPX4JZ	Removal of Synthetic Substitute from Upper Tendon, Percutaneous Endoscopic Approach
0LPX4KZ	Removal of Nonautologous Tissue Substitute from Upper Tendon, Percutaneous Endoscopic Approach
0LPY00Z	Removal of Drainage Device from Lower Tendon, Open Approach
0LPY07Z	Removal of Autologous Tissue Substitute from Lower Tendon, Open Approach
0LPY0JZ	Removal of Synthetic Substitute from Lower Tendon, Open Approach
0LPY0KZ	Removal of Nonautologous Tissue Substitute from Lower Tendon, Open Approach
0LPY30Z	Removal of Drainage Device from Lower Tendon, Percutaneous Approach
0LPY37Z	Removal of Autologous Tissue Substitute from Lower Tendon, Percutaneous Approach
0LPY3JZ	Removal of Synthetic Substitute from Lower Tendon, Percutaneous Approach
0LPY3KZ	Removal of Nonautologous Tissue Substitute from Lower Tendon, Percutaneous Approach
0LPY40Z	Removal of Drainage Device from Lower Tendon, Percutaneous Endoscopic Approach
0LPY47Z	Removal of Autologous Tissue Substitute from Lower Tendon, Percutaneous Endoscopic Approach
0LPY4JZ	Removal of Synthetic Substitute from Lower Tendon, Percutaneous Endoscopic Approach
0LPY4KZ	Removal of Nonautologous Tissue Substitute from Lower Tendon, Percutaneous Endoscopic Approach
0LQ00ZZ	Repair Head and Neck Tendon, Open Approach
0LQ03ZZ	Repair Head and Neck Tendon, Percutaneous Approach
0LQ04ZZ	Repair Head and Neck Tendon, Percutaneous Endoscopic Approach
0LQ10ZZ	Repair Right Shoulder Tendon, Open Approach
0LQ13ZZ	Repair Right Shoulder Tendon, Percutaneous Approach
0LQ14ZZ	Repair Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LQ20ZZ	Repair Left Shoulder Tendon, Open Approach
0LQ23ZZ	Repair Left Shoulder Tendon, Percutaneous Approach
0LQ24ZZ	Repair Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LQ30ZZ	Repair Right Upper Arm Tendon, Open Approach
0LQ33ZZ	Repair Right Upper Arm Tendon, Percutaneous Approach
0LQ34ZZ	Repair Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LQ40ZZ	Repair Left Upper Arm Tendon, Open Approach
0LQ43ZZ	Repair Left Upper Arm Tendon, Percutaneous Approach
0LQ44ZZ	Repair Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LQ50ZZ	Repair Right Lower Arm and Wrist Tendon, Open Approach
0LQ53ZZ	Repair Right Lower Arm and Wrist Tendon, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LQ54ZZ	Repair Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LQ60ZZ	Repair Left Lower Arm and Wrist Tendon, Open Approach
0LQ63ZZ	Repair Left Lower Arm and Wrist Tendon, Percutaneous Approach
0LQ64ZZ	Repair Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LQ70ZZ	Repair Right Hand Tendon, Open Approach
0LQ73ZZ	Repair Right Hand Tendon, Percutaneous Approach
0LQ74ZZ	Repair Right Hand Tendon, Percutaneous Endoscopic Approach
0LQ80ZZ	Repair Left Hand Tendon, Open Approach
0LQ83ZZ	Repair Left Hand Tendon, Percutaneous Approach
0LQ84ZZ	Repair Left Hand Tendon, Percutaneous Endoscopic Approach
0LQ90ZZ	Repair Right Trunk Tendon, Open Approach
0LQ93ZZ	Repair Right Trunk Tendon, Percutaneous Approach
0LQ94ZZ	Repair Right Trunk Tendon, Percutaneous Endoscopic Approach
0LQB0ZZ	Repair Left Trunk Tendon, Open Approach
0LQB3ZZ	Repair Left Trunk Tendon, Percutaneous Approach
0LQB4ZZ	Repair Left Trunk Tendon, Percutaneous Endoscopic Approach
0LQC0ZZ	Repair Right Thorax Tendon, Open Approach
0LQC3ZZ	Repair Right Thorax Tendon, Percutaneous Approach
0LQC4ZZ	Repair Right Thorax Tendon, Percutaneous Endoscopic Approach
0LQD0ZZ	Repair Left Thorax Tendon, Open Approach
0LQD3ZZ	Repair Left Thorax Tendon, Percutaneous Approach
0LQD4ZZ	Repair Left Thorax Tendon, Percutaneous Endoscopic Approach
0LQF0ZZ	Repair Right Abdomen Tendon, Open Approach
0LQF3ZZ	Repair Right Abdomen Tendon, Percutaneous Approach
0LQF4ZZ	Repair Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LQG0ZZ	Repair Left Abdomen Tendon, Open Approach
0LQG3ZZ	Repair Left Abdomen Tendon, Percutaneous Approach
0LQG4ZZ	Repair Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LQH0ZZ	Repair Perineum Tendon, Open Approach
0LQH3ZZ	Repair Perineum Tendon, Percutaneous Approach
0LQH4ZZ	Repair Perineum Tendon, Percutaneous Endoscopic Approach
0LQJ0ZZ	Repair Right Hip Tendon, Open Approach
0LQJ3ZZ	Repair Right Hip Tendon, Percutaneous Approach
0LQJ4ZZ	Repair Right Hip Tendon, Percutaneous Endoscopic Approach
0LQK0ZZ	Repair Left Hip Tendon, Open Approach
0LQK3ZZ	Repair Left Hip Tendon, Percutaneous Approach
0LQK4ZZ	Repair Left Hip Tendon, Percutaneous Endoscopic Approach
0LQL0ZZ	Repair Right Upper Leg Tendon, Open Approach
0LQL3ZZ	Repair Right Upper Leg Tendon, Percutaneous Approach
0LQL4ZZ	Repair Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LQM0ZZ	Repair Left Upper Leg Tendon, Open Approach
0LQM3ZZ	Repair Left Upper Leg Tendon, Percutaneous Approach
0LQM4ZZ	Repair Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LQN0ZZ	Repair Right Lower Leg Tendon, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LQN3ZZ	Repair Right Lower Leg Tendon, Percutaneous Approach
0LQN4ZZ	Repair Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LQP0ZZ	Repair Left Lower Leg Tendon, Open Approach
0LQP3ZZ	Repair Left Lower Leg Tendon, Percutaneous Approach
0LQP4ZZ	Repair Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LQQ0ZZ	Repair Right Knee Tendon, Open Approach
0LQQ3ZZ	Repair Right Knee Tendon, Percutaneous Approach
0LQQ4ZZ	Repair Right Knee Tendon, Percutaneous Endoscopic Approach
0LQR0ZZ	Repair Left Knee Tendon, Open Approach
0LQR3ZZ	Repair Left Knee Tendon, Percutaneous Approach
0LQR4ZZ	Repair Left Knee Tendon, Percutaneous Endoscopic Approach
0LQS0ZZ	Repair Right Ankle Tendon, Open Approach
0LQS3ZZ	Repair Right Ankle Tendon, Percutaneous Approach
0LQS4ZZ	Repair Right Ankle Tendon, Percutaneous Endoscopic Approach
0LQT0ZZ	Repair Left Ankle Tendon, Open Approach
0LQT3ZZ	Repair Left Ankle Tendon, Percutaneous Approach
0LQT4ZZ	Repair Left Ankle Tendon, Percutaneous Endoscopic Approach
0LQV0ZZ	Repair Right Foot Tendon, Open Approach
0LQV3ZZ	Repair Right Foot Tendon, Percutaneous Approach
0LQV4ZZ	Repair Right Foot Tendon, Percutaneous Endoscopic Approach
0LQW0ZZ	Repair Left Foot Tendon, Open Approach
0LQW3ZZ	Repair Left Foot Tendon, Percutaneous Approach
0LQW4ZZ	Repair Left Foot Tendon, Percutaneous Endoscopic Approach
0LR007Z	Replacement of Head and Neck Tendon with Autologous Tissue Substitute, Open Approach
0LR00JZ	Replacement of Head and Neck Tendon with Synthetic Substitute, Open Approach
0LR00KZ	Replacement of Head and Neck Tendon with Nonautologous Tissue Substitute, Open Approach
0LR047Z	Replacement of Head and Neck Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR04JZ	Replacement of Head and Neck Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR04KZ	Replacement of Head and Neck Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR107Z	Replacement of Right Shoulder Tendon with Autologous Tissue Substitute, Open Approach
0LR10JZ	Replacement of Right Shoulder Tendon with Synthetic Substitute, Open Approach
0LR10KZ	Replacement of Right Shoulder Tendon with Nonautologous Tissue Substitute, Open Approach
0LR147Z	Replacement of Right Shoulder Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR14JZ	Replacement of Right Shoulder Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LR14KZ	Replacement of Right Shoulder Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR207Z	Replacement of Left Shoulder Tendon with Autologous Tissue Substitute, Open Approach
0LR20JZ	Replacement of Left Shoulder Tendon with Synthetic Substitute, Open Approach
0LR20KZ	Replacement of Left Shoulder Tendon with Nonautologous Tissue Substitute, Open Approach
0LR247Z	Replacement of Left Shoulder Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR24JZ	Replacement of Left Shoulder Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR24KZ	Replacement of Left Shoulder Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR307Z	Replacement of Right Upper Arm Tendon with Autologous Tissue Substitute, Open Approach
0LR30JZ	Replacement of Right Upper Arm Tendon with Synthetic Substitute, Open Approach
0LR30KZ	Replacement of Right Upper Arm Tendon with Nonautologous Tissue Substitute, Open Approach
0LR347Z	Replacement of Right Upper Arm Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR34JZ	Replacement of Right Upper Arm Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR34KZ	Replacement of Right Upper Arm Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR407Z	Replacement of Left Upper Arm Tendon with Autologous Tissue Substitute, Open Approach
0LR40JZ	Replacement of Left Upper Arm Tendon with Synthetic Substitute, Open Approach
0LR40KZ	Replacement of Left Upper Arm Tendon with Nonautologous Tissue Substitute, Open Approach
0LR447Z	Replacement of Left Upper Arm Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR44JZ	Replacement of Left Upper Arm Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR44KZ	Replacement of Left Upper Arm Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR507Z	Replacement of Right Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Open Approach
0LR50JZ	Replacement of Right Lower Arm and Wrist Tendon with Synthetic Substitute, Open Approach
0LR50KZ	Replacement of Right Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LR547Z	Replacement of Right Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LR54JZ	Replacement of Right Lower Arm and Wrist Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR54KZ	Replacement of Right Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR607Z	Replacement of Left Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Open Approach
0LR60JZ	Replacement of Left Lower Arm and Wrist Tendon with Synthetic Substitute, Open Approach
0LR60KZ	Replacement of Left Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LR647Z	Replacement of Left Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR64JZ	Replacement of Left Lower Arm and Wrist Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR64KZ	Replacement of Left Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR707Z	Replacement of Right Hand Tendon with Autologous Tissue Substitute, Open Approach
0LR70JZ	Replacement of Right Hand Tendon with Synthetic Substitute, Open Approach
0LR70KZ	Replacement of Right Hand Tendon with Nonautologous Tissue Substitute, Open Approach
0LR747Z	Replacement of Right Hand Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR74JZ	Replacement of Right Hand Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR74KZ	Replacement of Right Hand Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR807Z	Replacement of Left Hand Tendon with Autologous Tissue Substitute, Open Approach
0LR80JZ	Replacement of Left Hand Tendon with Synthetic Substitute, Open Approach
0LR80KZ	Replacement of Left Hand Tendon with Nonautologous Tissue Substitute, Open Approach
0LR847Z	Replacement of Left Hand Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR84JZ	Replacement of Left Hand Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR84KZ	Replacement of Left Hand Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR907Z	Replacement of Right Trunk Tendon with Autologous Tissue Substitute, Open Approach
0LR90JZ	Replacement of Right Trunk Tendon with Synthetic Substitute, Open Approach
0LR90KZ	Replacement of Right Trunk Tendon with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LR947Z	Replacement of Right Trunk Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LR94JZ	Replacement of Right Trunk Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LR94KZ	Replacement of Right Trunk Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRB07Z	Replacement of Left Trunk Tendon with Autologous Tissue Substitute, Open Approach
0LRB0JZ	Replacement of Left Trunk Tendon with Synthetic Substitute, Open Approach
0LRB0KZ	Replacement of Left Trunk Tendon with Nonautologous Tissue Substitute, Open Approach
0LRB47Z	Replacement of Left Trunk Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRB4JZ	Replacement of Left Trunk Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRB4KZ	Replacement of Left Trunk Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRC07Z	Replacement of Right Thorax Tendon with Autologous Tissue Substitute, Open Approach
0LRC0JZ	Replacement of Right Thorax Tendon with Synthetic Substitute, Open Approach
0LRC0KZ	Replacement of Right Thorax Tendon with Nonautologous Tissue Substitute, Open Approach
0LRC47Z	Replacement of Right Thorax Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRC4JZ	Replacement of Right Thorax Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRC4KZ	Replacement of Right Thorax Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRD07Z	Replacement of Left Thorax Tendon with Autologous Tissue Substitute, Open Approach
0LRD0JZ	Replacement of Left Thorax Tendon with Synthetic Substitute, Open Approach
0LRD0KZ	Replacement of Left Thorax Tendon with Nonautologous Tissue Substitute, Open Approach
0LRD47Z	Replacement of Left Thorax Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRD4JZ	Replacement of Left Thorax Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRD4KZ	Replacement of Left Thorax Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRF07Z	Replacement of Right Abdomen Tendon with Autologous Tissue Substitute, Open Approach
0LRF0JZ	Replacement of Right Abdomen Tendon with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LRF0KZ	Replacement of Right Abdomen Tendon with Nonautologous Tissue Substitute, Open Approach
0LRF47Z	Replacement of Right Abdomen Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRF4JZ	Replacement of Right Abdomen Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRF4KZ	Replacement of Right Abdomen Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRG07Z	Replacement of Left Abdomen Tendon with Autologous Tissue Substitute, Open Approach
0LRG0JZ	Replacement of Left Abdomen Tendon with Synthetic Substitute, Open Approach
0LRG0KZ	Replacement of Left Abdomen Tendon with Nonautologous Tissue Substitute, Open Approach
0LRG47Z	Replacement of Left Abdomen Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRG4JZ	Replacement of Left Abdomen Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRG4KZ	Replacement of Left Abdomen Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRH07Z	Replacement of Perineum Tendon with Autologous Tissue Substitute, Open Approach
0LRH0JZ	Replacement of Perineum Tendon with Synthetic Substitute, Open Approach
0LRH0KZ	Replacement of Perineum Tendon with Nonautologous Tissue Substitute, Open Approach
0LRH47Z	Replacement of Perineum Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRH4JZ	Replacement of Perineum Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRH4KZ	Replacement of Perineum Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRJ07Z	Replacement of Right Hip Tendon with Autologous Tissue Substitute, Open Approach
0LRJ0JZ	Replacement of Right Hip Tendon with Synthetic Substitute, Open Approach
0LRJ0KZ	Replacement of Right Hip Tendon with Nonautologous Tissue Substitute, Open Approach
0LRJ47Z	Replacement of Right Hip Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRJ4JZ	Replacement of Right Hip Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRJ4KZ	Replacement of Right Hip Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRK07Z	Replacement of Left Hip Tendon with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LRK0JZ	Replacement of Left Hip Tendon with Synthetic Substitute, Open Approach
0LRK0KZ	Replacement of Left Hip Tendon with Nonautologous Tissue Substitute, Open Approach
0LRK47Z	Replacement of Left Hip Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRK4JZ	Replacement of Left Hip Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRK4KZ	Replacement of Left Hip Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRL07Z	Replacement of Right Upper Leg Tendon with Autologous Tissue Substitute, Open Approach
0LRL0JZ	Replacement of Right Upper Leg Tendon with Synthetic Substitute, Open Approach
0LRL0KZ	Replacement of Right Upper Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LRL47Z	Replacement of Right Upper Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRL4JZ	Replacement of Right Upper Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRL4KZ	Replacement of Right Upper Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRM07Z	Replacement of Left Upper Leg Tendon with Autologous Tissue Substitute, Open Approach
0LRM0JZ	Replacement of Left Upper Leg Tendon with Synthetic Substitute, Open Approach
0LRM0KZ	Replacement of Left Upper Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LRM47Z	Replacement of Left Upper Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRM4JZ	Replacement of Left Upper Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRM4KZ	Replacement of Left Upper Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRN07Z	Replacement of Right Lower Leg Tendon with Autologous Tissue Substitute, Open Approach
0LRN0JZ	Replacement of Right Lower Leg Tendon with Synthetic Substitute, Open Approach
0LRN0KZ	Replacement of Right Lower Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LRN47Z	Replacement of Right Lower Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRN4JZ	Replacement of Right Lower Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRN4KZ	Replacement of Right Lower Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LRP07Z	Replacement of Left Lower Leg Tendon with Autologous Tissue Substitute, Open Approach
0LRP0JZ	Replacement of Left Lower Leg Tendon with Synthetic Substitute, Open Approach
0LRP0KZ	Replacement of Left Lower Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LRP47Z	Replacement of Left Lower Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRP4JZ	Replacement of Left Lower Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRP4KZ	Replacement of Left Lower Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRQ07Z	Replacement of Right Knee Tendon with Autologous Tissue Substitute, Open Approach
0LRQ0JZ	Replacement of Right Knee Tendon with Synthetic Substitute, Open Approach
0LRQ0KZ	Replacement of Right Knee Tendon with Nonautologous Tissue Substitute, Open Approach
0LRQ47Z	Replacement of Right Knee Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRQ4JZ	Replacement of Right Knee Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRQ4KZ	Replacement of Right Knee Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRR07Z	Replacement of Left Knee Tendon with Autologous Tissue Substitute, Open Approach
0LRR0JZ	Replacement of Left Knee Tendon with Synthetic Substitute, Open Approach
0LRR0KZ	Replacement of Left Knee Tendon with Nonautologous Tissue Substitute, Open Approach
0LRR47Z	Replacement of Left Knee Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRR4JZ	Replacement of Left Knee Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRR4KZ	Replacement of Left Knee Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRS07Z	Replacement of Right Ankle Tendon with Autologous Tissue Substitute, Open Approach
0LRS0JZ	Replacement of Right Ankle Tendon with Synthetic Substitute, Open Approach
0LRS0KZ	Replacement of Right Ankle Tendon with Nonautologous Tissue Substitute, Open Approach
0LRS47Z	Replacement of Right Ankle Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRS4JZ	Replacement of Right Ankle Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LRS4KZ	Replacement of Right Ankle Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRT07Z	Replacement of Left Ankle Tendon with Autologous Tissue Substitute, Open Approach
0LRT0JZ	Replacement of Left Ankle Tendon with Synthetic Substitute, Open Approach
0LRT0KZ	Replacement of Left Ankle Tendon with Nonautologous Tissue Substitute, Open Approach
0LRT47Z	Replacement of Left Ankle Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRT4JZ	Replacement of Left Ankle Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRT4KZ	Replacement of Left Ankle Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRV07Z	Replacement of Right Foot Tendon with Autologous Tissue Substitute, Open Approach
0LRV0JZ	Replacement of Right Foot Tendon with Synthetic Substitute, Open Approach
0LRV0KZ	Replacement of Right Foot Tendon with Nonautologous Tissue Substitute, Open Approach
0LRV47Z	Replacement of Right Foot Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRV4JZ	Replacement of Right Foot Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRV4KZ	Replacement of Right Foot Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRW07Z	Replacement of Left Foot Tendon with Autologous Tissue Substitute, Open Approach
0LRW0JZ	Replacement of Left Foot Tendon with Synthetic Substitute, Open Approach
0LRW0KZ	Replacement of Left Foot Tendon with Nonautologous Tissue Substitute, Open Approach
0LRW47Z	Replacement of Left Foot Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LRW4JZ	Replacement of Left Foot Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LRW4KZ	Replacement of Left Foot Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LS00ZZ	Reposition Head and Neck Tendon, Open Approach
0LS04ZZ	Reposition Head and Neck Tendon, Percutaneous Endoscopic Approach
0LS10ZZ	Reposition Right Shoulder Tendon, Open Approach
0LS14ZZ	Reposition Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LS20ZZ	Reposition Left Shoulder Tendon, Open Approach
0LS24ZZ	Reposition Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LS30ZZ	Reposition Right Upper Arm Tendon, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LS34ZZ	Reposition Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LS40ZZ	Reposition Left Upper Arm Tendon, Open Approach
0LS44ZZ	Reposition Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LS50ZZ	Reposition Right Lower Arm and Wrist Tendon, Open Approach
0LS54ZZ	Reposition Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LS60ZZ	Reposition Left Lower Arm and Wrist Tendon, Open Approach
0LS64ZZ	Reposition Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LS70ZZ	Reposition Right Hand Tendon, Open Approach
0LS74ZZ	Reposition Right Hand Tendon, Percutaneous Endoscopic Approach
0LS80ZZ	Reposition Left Hand Tendon, Open Approach
0LS84ZZ	Reposition Left Hand Tendon, Percutaneous Endoscopic Approach
0LS90ZZ	Reposition Right Trunk Tendon, Open Approach
0LS94ZZ	Reposition Right Trunk Tendon, Percutaneous Endoscopic Approach
0LSB0ZZ	Reposition Left Trunk Tendon, Open Approach
0LSB4ZZ	Reposition Left Trunk Tendon, Percutaneous Endoscopic Approach
0LSC0ZZ	Reposition Right Thorax Tendon, Open Approach
0LSC4ZZ	Reposition Right Thorax Tendon, Percutaneous Endoscopic Approach
0LSD0ZZ	Reposition Left Thorax Tendon, Open Approach
0LSD4ZZ	Reposition Left Thorax Tendon, Percutaneous Endoscopic Approach
0LSF0ZZ	Reposition Right Abdomen Tendon, Open Approach
0LSF4ZZ	Reposition Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LSG0ZZ	Reposition Left Abdomen Tendon, Open Approach
0LSG4ZZ	Reposition Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LSH0ZZ	Reposition Perineum Tendon, Open Approach
0LSH4ZZ	Reposition Perineum Tendon, Percutaneous Endoscopic Approach
0LSJ0ZZ	Reposition Right Hip Tendon, Open Approach
0LSJ4ZZ	Reposition Right Hip Tendon, Percutaneous Endoscopic Approach
0LSK0ZZ	Reposition Left Hip Tendon, Open Approach
0LSK4ZZ	Reposition Left Hip Tendon, Percutaneous Endoscopic Approach
0LSL0ZZ	Reposition Right Upper Leg Tendon, Open Approach
0LSL4ZZ	Reposition Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LSM0ZZ	Reposition Left Upper Leg Tendon, Open Approach
0LSM4ZZ	Reposition Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LSN0ZZ	Reposition Right Lower Leg Tendon, Open Approach
0LSN4ZZ	Reposition Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LSP0ZZ	Reposition Left Lower Leg Tendon, Open Approach
0LSP4ZZ	Reposition Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LSQ0ZZ	Reposition Right Knee Tendon, Open Approach
0LSQ4ZZ	Reposition Right Knee Tendon, Percutaneous Endoscopic Approach
0LSR0ZZ	Reposition Left Knee Tendon, Open Approach
0LSR4ZZ	Reposition Left Knee Tendon, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LSS0ZZ	Reposition Right Ankle Tendon, Open Approach
0LSS4ZZ	Reposition Right Ankle Tendon, Percutaneous Endoscopic Approach
0LST0ZZ	Reposition Left Ankle Tendon, Open Approach
0LST4ZZ	Reposition Left Ankle Tendon, Percutaneous Endoscopic Approach
0LSV0ZZ	Reposition Right Foot Tendon, Open Approach
0LSV4ZZ	Reposition Right Foot Tendon, Percutaneous Endoscopic Approach
0LSW0ZZ	Reposition Left Foot Tendon, Open Approach
0LSW4ZZ	Reposition Left Foot Tendon, Percutaneous Endoscopic Approach
0LT00ZZ	Resection of Head and Neck Tendon, Open Approach
0LT04ZZ	Resection of Head and Neck Tendon, Percutaneous Endoscopic Approach
0LT10ZZ	Resection of Right Shoulder Tendon, Open Approach
0LT14ZZ	Resection of Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LT20ZZ	Resection of Left Shoulder Tendon, Open Approach
0LT24ZZ	Resection of Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LT30ZZ	Resection of Right Upper Arm Tendon, Open Approach
0LT34ZZ	Resection of Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LT40ZZ	Resection of Left Upper Arm Tendon, Open Approach
0LT44ZZ	Resection of Left Upper Arm Tendon, Percutaneous Endoscopic Approach
0LT50ZZ	Resection of Right Lower Arm and Wrist Tendon, Open Approach
0LT54ZZ	Resection of Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LT60ZZ	Resection of Left Lower Arm and Wrist Tendon, Open Approach
0LT64ZZ	Resection of Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LT70ZZ	Resection of Right Hand Tendon, Open Approach
0LT74ZZ	Resection of Right Hand Tendon, Percutaneous Endoscopic Approach
0LT80ZZ	Resection of Left Hand Tendon, Open Approach
0LT84ZZ	Resection of Left Hand Tendon, Percutaneous Endoscopic Approach
0LT90ZZ	Resection of Right Trunk Tendon, Open Approach
0LT94ZZ	Resection of Right Trunk Tendon, Percutaneous Endoscopic Approach
0LTB0ZZ	Resection of Left Trunk Tendon, Open Approach
0LTB4ZZ	Resection of Left Trunk Tendon, Percutaneous Endoscopic Approach
0LTC0ZZ	Resection of Right Thorax Tendon, Open Approach
0LTC4ZZ	Resection of Right Thorax Tendon, Percutaneous Endoscopic Approach
0LTD0ZZ	Resection of Left Thorax Tendon, Open Approach
0LTD4ZZ	Resection of Left Thorax Tendon, Percutaneous Endoscopic Approach
0LTF0ZZ	Resection of Right Abdomen Tendon, Open Approach
0LTF4ZZ	Resection of Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LTG0ZZ	Resection of Left Abdomen Tendon, Open Approach
0LTG4ZZ	Resection of Left Abdomen Tendon, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LTH0ZZ	Resection of Perineum Tendon, Open Approach
0LTH4ZZ	Resection of Perineum Tendon, Percutaneous Endoscopic Approach
0LTJ0ZZ	Resection of Right Hip Tendon, Open Approach
0LTJ4ZZ	Resection of Right Hip Tendon, Percutaneous Endoscopic Approach
0LTK0ZZ	Resection of Left Hip Tendon, Open Approach
0LTK4ZZ	Resection of Left Hip Tendon, Percutaneous Endoscopic Approach
0LTL0ZZ	Resection of Right Upper Leg Tendon, Open Approach
0LTL4ZZ	Resection of Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LTM0ZZ	Resection of Left Upper Leg Tendon, Open Approach
0LTM4ZZ	Resection of Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LTN0ZZ	Resection of Right Lower Leg Tendon, Open Approach
0LTN4ZZ	Resection of Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LTP0ZZ	Resection of Left Lower Leg Tendon, Open Approach
0LTP4ZZ	Resection of Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LTQ0ZZ	Resection of Right Knee Tendon, Open Approach
0LTQ4ZZ	Resection of Right Knee Tendon, Percutaneous Endoscopic Approach
0LTR0ZZ	Resection of Left Knee Tendon, Open Approach
0LTR4ZZ	Resection of Left Knee Tendon, Percutaneous Endoscopic Approach
0LTS0ZZ	Resection of Right Ankle Tendon, Open Approach
0LTS4ZZ	Resection of Right Ankle Tendon, Percutaneous Endoscopic Approach
0LTT0ZZ	Resection of Left Ankle Tendon, Open Approach
0LTT4ZZ	Resection of Left Ankle Tendon, Percutaneous Endoscopic Approach
0LTV0ZZ	Resection of Right Foot Tendon, Open Approach
0LTV4ZZ	Resection of Right Foot Tendon, Percutaneous Endoscopic Approach
0LTW0ZZ	Resection of Left Foot Tendon, Open Approach
0LTW4ZZ	Resection of Left Foot Tendon, Percutaneous Endoscopic Approach
0LU007Z	Supplement Head and Neck Tendon with Autologous Tissue Substitute, Open Approach
0LU00JZ	Supplement Head and Neck Tendon with Synthetic Substitute, Open Approach
0LU00KZ	Supplement Head and Neck Tendon with Nonautologous Tissue Substitute, Open Approach
0LU047Z	Supplement Head and Neck Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU04JZ	Supplement Head and Neck Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU04KZ	Supplement Head and Neck Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU107Z	Supplement Right Shoulder Tendon with Autologous Tissue Substitute, Open Approach
0LU10JZ	Supplement Right Shoulder Tendon with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LU10KZ	Supplement Right Shoulder Tendon with Nonautologous Tissue Substitute, Open Approach
0LU147Z	Supplement Right Shoulder Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU14JZ	Supplement Right Shoulder Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU14KZ	Supplement Right Shoulder Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU207Z	Supplement Left Shoulder Tendon with Autologous Tissue Substitute, Open Approach
0LU20JZ	Supplement Left Shoulder Tendon with Synthetic Substitute, Open Approach
0LU20KZ	Supplement Left Shoulder Tendon with Nonautologous Tissue Substitute, Open Approach
0LU247Z	Supplement Left Shoulder Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU24JZ	Supplement Left Shoulder Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU24KZ	Supplement Left Shoulder Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU307Z	Supplement Right Upper Arm Tendon with Autologous Tissue Substitute, Open Approach
0LU30JZ	Supplement Right Upper Arm Tendon with Synthetic Substitute, Open Approach
0LU30KZ	Supplement Right Upper Arm Tendon with Nonautologous Tissue Substitute, Open Approach
0LU347Z	Supplement Right Upper Arm Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU34JZ	Supplement Right Upper Arm Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU34KZ	Supplement Right Upper Arm Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU407Z	Supplement Left Upper Arm Tendon with Autologous Tissue Substitute, Open Approach
0LU40JZ	Supplement Left Upper Arm Tendon with Synthetic Substitute, Open Approach
0LU40KZ	Supplement Left Upper Arm Tendon with Nonautologous Tissue Substitute, Open Approach
0LU447Z	Supplement Left Upper Arm Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU44JZ	Supplement Left Upper Arm Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU44KZ	Supplement Left Upper Arm Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU507Z	Supplement Right Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LU50JZ	Supplement Right Lower Arm and Wrist Tendon with Synthetic Substitute, Open Approach
0LU50KZ	Supplement Right Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LU547Z	Supplement Right Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU54JZ	Supplement Right Lower Arm and Wrist Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU54KZ	Supplement Right Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU607Z	Supplement Left Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Open Approach
0LU60JZ	Supplement Left Lower Arm and Wrist Tendon with Synthetic Substitute, Open Approach
0LU60KZ	Supplement Left Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Open Approach
0LU647Z	Supplement Left Lower Arm and Wrist Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU64JZ	Supplement Left Lower Arm and Wrist Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU64KZ	Supplement Left Lower Arm and Wrist Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU707Z	Supplement Right Hand Tendon with Autologous Tissue Substitute, Open Approach
0LU70JZ	Supplement Right Hand Tendon with Synthetic Substitute, Open Approach
0LU70KZ	Supplement Right Hand Tendon with Nonautologous Tissue Substitute, Open Approach
0LU747Z	Supplement Right Hand Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU74JZ	Supplement Right Hand Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU74KZ	Supplement Right Hand Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU807Z	Supplement Left Hand Tendon with Autologous Tissue Substitute, Open Approach
0LU80JZ	Supplement Left Hand Tendon with Synthetic Substitute, Open Approach
0LU80KZ	Supplement Left Hand Tendon with Nonautologous Tissue Substitute, Open Approach
0LU847Z	Supplement Left Hand Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU84JZ	Supplement Left Hand Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU84KZ	Supplement Left Hand Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LU907Z	Supplement Right Trunk Tendon with Autologous Tissue Substitute, Open Approach
0LU90JZ	Supplement Right Trunk Tendon with Synthetic Substitute, Open Approach
0LU90KZ	Supplement Right Trunk Tendon with Nonautologous Tissue Substitute, Open Approach
0LU947Z	Supplement Right Trunk Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LU94JZ	Supplement Right Trunk Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LU94KZ	Supplement Right Trunk Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUB07Z	Supplement Left Trunk Tendon with Autologous Tissue Substitute, Open Approach
0LUB0JZ	Supplement Left Trunk Tendon with Synthetic Substitute, Open Approach
0LUB0KZ	Supplement Left Trunk Tendon with Nonautologous Tissue Substitute, Open Approach
0LUB47Z	Supplement Left Trunk Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUB4JZ	Supplement Left Trunk Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUB4KZ	Supplement Left Trunk Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUC07Z	Supplement Right Thorax Tendon with Autologous Tissue Substitute, Open Approach
0LUC0JZ	Supplement Right Thorax Tendon with Synthetic Substitute, Open Approach
0LUC0KZ	Supplement Right Thorax Tendon with Nonautologous Tissue Substitute, Open Approach
0LUC47Z	Supplement Right Thorax Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUC4JZ	Supplement Right Thorax Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUC4KZ	Supplement Right Thorax Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUD07Z	Supplement Left Thorax Tendon with Autologous Tissue Substitute, Open Approach
0LUD0JZ	Supplement Left Thorax Tendon with Synthetic Substitute, Open Approach
0LUD0KZ	Supplement Left Thorax Tendon with Nonautologous Tissue Substitute, Open Approach
0LUD47Z	Supplement Left Thorax Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUD4JZ	Supplement Left Thorax Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LUD4KZ	Supplement Left Thorax Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUF07Z	Supplement Right Abdomen Tendon with Autologous Tissue Substitute, Open Approach
0LUF0JZ	Supplement Right Abdomen Tendon with Synthetic Substitute, Open Approach
0LUF0KZ	Supplement Right Abdomen Tendon with Nonautologous Tissue Substitute, Open Approach
0LUF47Z	Supplement Right Abdomen Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUF4JZ	Supplement Right Abdomen Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUF4KZ	Supplement Right Abdomen Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUG07Z	Supplement Left Abdomen Tendon with Autologous Tissue Substitute, Open Approach
0LUG0JZ	Supplement Left Abdomen Tendon with Synthetic Substitute, Open Approach
0LUG0KZ	Supplement Left Abdomen Tendon with Nonautologous Tissue Substitute, Open Approach
0LUG47Z	Supplement Left Abdomen Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUG4JZ	Supplement Left Abdomen Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUG4KZ	Supplement Left Abdomen Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUH07Z	Supplement Perineum Tendon with Autologous Tissue Substitute, Open Approach
0LUH0JZ	Supplement Perineum Tendon with Synthetic Substitute, Open Approach
0LUH0KZ	Supplement Perineum Tendon with Nonautologous Tissue Substitute, Open Approach
0LUH47Z	Supplement Perineum Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUH4JZ	Supplement Perineum Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUH4KZ	Supplement Perineum Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUJ07Z	Supplement Right Hip Tendon with Autologous Tissue Substitute, Open Approach
0LUJ0JZ	Supplement Right Hip Tendon with Synthetic Substitute, Open Approach
0LUJ0KZ	Supplement Right Hip Tendon with Nonautologous Tissue Substitute, Open Approach
0LUJ47Z	Supplement Right Hip Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUJ4JZ	Supplement Right Hip Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LUJ4KZ	Supplement Right Hip Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUK07Z	Supplement Left Hip Tendon with Autologous Tissue Substitute, Open Approach
0LUK0JZ	Supplement Left Hip Tendon with Synthetic Substitute, Open Approach
0LUK0KZ	Supplement Left Hip Tendon with Nonautologous Tissue Substitute, Open Approach
0LUK47Z	Supplement Left Hip Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUK4JZ	Supplement Left Hip Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUK4KZ	Supplement Left Hip Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUL07Z	Supplement Right Upper Leg Tendon with Autologous Tissue Substitute, Open Approach
0LUL0JZ	Supplement Right Upper Leg Tendon with Synthetic Substitute, Open Approach
0LUL0KZ	Supplement Right Upper Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LUL47Z	Supplement Right Upper Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUL4JZ	Supplement Right Upper Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUL4KZ	Supplement Right Upper Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUM07Z	Supplement Left Upper Leg Tendon with Autologous Tissue Substitute, Open Approach
0LUM0JZ	Supplement Left Upper Leg Tendon with Synthetic Substitute, Open Approach
0LUM0KZ	Supplement Left Upper Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LUM47Z	Supplement Left Upper Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUM4JZ	Supplement Left Upper Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUM4KZ	Supplement Left Upper Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUN07Z	Supplement Right Lower Leg Tendon with Autologous Tissue Substitute, Open Approach
0LUN0JZ	Supplement Right Lower Leg Tendon with Synthetic Substitute, Open Approach
0LUN0KZ	Supplement Right Lower Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LUN47Z	Supplement Right Lower Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LUN4JZ	Supplement Right Lower Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUN4KZ	Supplement Right Lower Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUP07Z	Supplement Left Lower Leg Tendon with Autologous Tissue Substitute, Open Approach
0LUP0JZ	Supplement Left Lower Leg Tendon with Synthetic Substitute, Open Approach
0LUP0KZ	Supplement Left Lower Leg Tendon with Nonautologous Tissue Substitute, Open Approach
0LUP47Z	Supplement Left Lower Leg Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUP4JZ	Supplement Left Lower Leg Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUP4KZ	Supplement Left Lower Leg Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUQ07Z	Supplement Right Knee Tendon with Autologous Tissue Substitute, Open Approach
0LUQ0JZ	Supplement Right Knee Tendon with Synthetic Substitute, Open Approach
0LUQ0KZ	Supplement Right Knee Tendon with Nonautologous Tissue Substitute, Open Approach
0LUQ47Z	Supplement Right Knee Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUQ4JZ	Supplement Right Knee Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUQ4KZ	Supplement Right Knee Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUR07Z	Supplement Left Knee Tendon with Autologous Tissue Substitute, Open Approach
0LUR0JZ	Supplement Left Knee Tendon with Synthetic Substitute, Open Approach
0LUR0KZ	Supplement Left Knee Tendon with Nonautologous Tissue Substitute, Open Approach
0LUR47Z	Supplement Left Knee Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUR4JZ	Supplement Left Knee Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUR4KZ	Supplement Left Knee Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUS07Z	Supplement Right Ankle Tendon with Autologous Tissue Substitute, Open Approach
0LUS0JZ	Supplement Right Ankle Tendon with Synthetic Substitute, Open Approach
0LUS0KZ	Supplement Right Ankle Tendon with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LUS47Z	Supplement Right Ankle Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUS4JZ	Supplement Right Ankle Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUS4KZ	Supplement Right Ankle Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUT07Z	Supplement Left Ankle Tendon with Autologous Tissue Substitute, Open Approach
0LUT0JZ	Supplement Left Ankle Tendon with Synthetic Substitute, Open Approach
0LUT0KZ	Supplement Left Ankle Tendon with Nonautologous Tissue Substitute, Open Approach
0LUT47Z	Supplement Left Ankle Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUT4JZ	Supplement Left Ankle Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUT4KZ	Supplement Left Ankle Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUV07Z	Supplement Right Foot Tendon with Autologous Tissue Substitute, Open Approach
0LUV0JZ	Supplement Right Foot Tendon with Synthetic Substitute, Open Approach
0LUV0KZ	Supplement Right Foot Tendon with Nonautologous Tissue Substitute, Open Approach
0LUV47Z	Supplement Right Foot Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUV4JZ	Supplement Right Foot Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUV4KZ	Supplement Right Foot Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUW07Z	Supplement Left Foot Tendon with Autologous Tissue Substitute, Open Approach
0LUW0JZ	Supplement Left Foot Tendon with Synthetic Substitute, Open Approach
0LUW0KZ	Supplement Left Foot Tendon with Nonautologous Tissue Substitute, Open Approach
0LUW47Z	Supplement Left Foot Tendon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0LUW4JZ	Supplement Left Foot Tendon with Synthetic Substitute, Percutaneous Endoscopic Approach
0LUW4KZ	Supplement Left Foot Tendon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0LWX00Z	Revision of Drainage Device in Upper Tendon, Open Approach
0LWX07Z	Revision of Autologous Tissue Substitute in Upper Tendon, Open Approach
0LWX0JZ	Revision of Synthetic Substitute in Upper Tendon, Open Approach
0LWX0KZ	Revision of Nonautologous Tissue Substitute in Upper Tendon, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LWX30Z	Revision of Drainage Device in Upper Tendon, Percutaneous Approach
0LWX37Z	Revision of Autologous Tissue Substitute in Upper Tendon, Percutaneous Approach
0LWX3JZ	Revision of Synthetic Substitute in Upper Tendon, Percutaneous Approach
0LWX3KZ	Revision of Nonautologous Tissue Substitute in Upper Tendon, Percutaneous Approach
0LWX40Z	Revision of Drainage Device in Upper Tendon, Percutaneous Endoscopic Approach
0LWX47Z	Revision of Autologous Tissue Substitute in Upper Tendon, Percutaneous Endoscopic Approach
0LWX4JZ	Revision of Synthetic Substitute in Upper Tendon, Percutaneous Endoscopic Approach
0LWX4KZ	Revision of Nonautologous Tissue Substitute in Upper Tendon, Percutaneous Endoscopic Approach
0LWY00Z	Revision of Drainage Device in Lower Tendon, Open Approach
0LWY07Z	Revision of Autologous Tissue Substitute in Lower Tendon, Open Approach
0LWY0JZ	Revision of Synthetic Substitute in Lower Tendon, Open Approach
0LWY0KZ	Revision of Nonautologous Tissue Substitute in Lower Tendon, Open Approach
0LWY30Z	Revision of Drainage Device in Lower Tendon, Percutaneous Approach
0LWY37Z	Revision of Autologous Tissue Substitute in Lower Tendon, Percutaneous Approach
0LWY3JZ	Revision of Synthetic Substitute in Lower Tendon, Percutaneous Approach
0LWY3KZ	Revision of Nonautologous Tissue Substitute in Lower Tendon, Percutaneous Approach
0LWY40Z	Revision of Drainage Device in Lower Tendon, Percutaneous Endoscopic Approach
0LWY47Z	Revision of Autologous Tissue Substitute in Lower Tendon, Percutaneous Endoscopic Approach
0LWY4JZ	Revision of Synthetic Substitute in Lower Tendon, Percutaneous Endoscopic Approach
0LWY4KZ	Revision of Nonautologous Tissue Substitute in Lower Tendon, Percutaneous Endoscopic Approach
0LX00ZZ	Transfer Head and Neck Tendon, Open Approach
0LX04ZZ	Transfer Head and Neck Tendon, Percutaneous Endoscopic Approach
0LX10ZZ	Transfer Right Shoulder Tendon, Open Approach
0LX14ZZ	Transfer Right Shoulder Tendon, Percutaneous Endoscopic Approach
0LX20ZZ	Transfer Left Shoulder Tendon, Open Approach
0LX24ZZ	Transfer Left Shoulder Tendon, Percutaneous Endoscopic Approach
0LX30ZZ	Transfer Right Upper Arm Tendon, Open Approach
0LX34ZZ	Transfer Right Upper Arm Tendon, Percutaneous Endoscopic Approach
0LX40ZZ	Transfer Left Upper Arm Tendon, Open Approach
0LX44ZZ	Transfer Left Upper Arm Tendon, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LX50ZZ	Transfer Right Lower Arm and Wrist Tendon, Open Approach
0LX54ZZ	Transfer Right Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LX60ZZ	Transfer Left Lower Arm and Wrist Tendon, Open Approach
0LX64ZZ	Transfer Left Lower Arm and Wrist Tendon, Percutaneous Endoscopic Approach
0LX70ZZ	Transfer Right Hand Tendon, Open Approach
0LX74ZZ	Transfer Right Hand Tendon, Percutaneous Endoscopic Approach
0LX80ZZ	Transfer Left Hand Tendon, Open Approach
0LX84ZZ	Transfer Left Hand Tendon, Percutaneous Endoscopic Approach
0LX90ZZ	Transfer Right Trunk Tendon, Open Approach
0LX94ZZ	Transfer Right Trunk Tendon, Percutaneous Endoscopic Approach
0LXB0ZZ	Transfer Left Trunk Tendon, Open Approach
0LXB4ZZ	Transfer Left Trunk Tendon, Percutaneous Endoscopic Approach
0LXC0ZZ	Transfer Right Thorax Tendon, Open Approach
0LXC4ZZ	Transfer Right Thorax Tendon, Percutaneous Endoscopic Approach
0LXD0ZZ	Transfer Left Thorax Tendon, Open Approach
0LXD4ZZ	Transfer Left Thorax Tendon, Percutaneous Endoscopic Approach
0LXF0ZZ	Transfer Right Abdomen Tendon, Open Approach
0LXF4ZZ	Transfer Right Abdomen Tendon, Percutaneous Endoscopic Approach
0LXG0ZZ	Transfer Left Abdomen Tendon, Open Approach
0LXG4ZZ	Transfer Left Abdomen Tendon, Percutaneous Endoscopic Approach
0LXH0ZZ	Transfer Perineum Tendon, Open Approach
0LXH4ZZ	Transfer Perineum Tendon, Percutaneous Endoscopic Approach
0LXJ0ZZ	Transfer Right Hip Tendon, Open Approach
0LXJ4ZZ	Transfer Right Hip Tendon, Percutaneous Endoscopic Approach
0LXK0ZZ	Transfer Left Hip Tendon, Open Approach
0LXK4ZZ	Transfer Left Hip Tendon, Percutaneous Endoscopic Approach
0LXL0ZZ	Transfer Right Upper Leg Tendon, Open Approach
0LXL4ZZ	Transfer Right Upper Leg Tendon, Percutaneous Endoscopic Approach
0LXM0ZZ	Transfer Left Upper Leg Tendon, Open Approach
0LXM4ZZ	Transfer Left Upper Leg Tendon, Percutaneous Endoscopic Approach
0LXN0ZZ	Transfer Right Lower Leg Tendon, Open Approach
0LXN4ZZ	Transfer Right Lower Leg Tendon, Percutaneous Endoscopic Approach
0LXP0ZZ	Transfer Left Lower Leg Tendon, Open Approach
0LXP4ZZ	Transfer Left Lower Leg Tendon, Percutaneous Endoscopic Approach
0LXQ0ZZ	Transfer Right Knee Tendon, Open Approach
0LXQ4ZZ	Transfer Right Knee Tendon, Percutaneous Endoscopic Approach
0LXR0ZZ	Transfer Left Knee Tendon, Open Approach
0LXR4ZZ	Transfer Left Knee Tendon, Percutaneous Endoscopic Approach
0LXS0ZZ	Transfer Right Ankle Tendon, Open Approach
0LXS4ZZ	Transfer Right Ankle Tendon, Percutaneous Endoscopic Approach
0LXT0ZZ	Transfer Left Ankle Tendon, Open Approach
0LXT4ZZ	Transfer Left Ankle Tendon, Percutaneous Endoscopic Approach
0LXV0ZZ	Transfer Right Foot Tendon, Open Approach
0LXV4ZZ	Transfer Right Foot Tendon, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0LXW0ZZ	Transfer Left Foot Tendon, Open Approach
0LXW4ZZ	Transfer Left Foot Tendon, Percutaneous Endoscopic Approach
0M500ZZ	Destruction of Head and Neck Bursa and Ligament, Open Approach
0M503ZZ	Destruction of Head and Neck Bursa and Ligament, Percutaneous Approach
0M504ZZ	Destruction of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0M510ZZ	Destruction of Right Shoulder Bursa and Ligament, Open Approach
0M513ZZ	Destruction of Right Shoulder Bursa and Ligament, Percutaneous Approach
0M514ZZ	Destruction of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M520ZZ	Destruction of Left Shoulder Bursa and Ligament, Open Approach
0M523ZZ	Destruction of Left Shoulder Bursa and Ligament, Percutaneous Approach
0M524ZZ	Destruction of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M530ZZ	Destruction of Right Elbow Bursa and Ligament, Open Approach
0M533ZZ	Destruction of Right Elbow Bursa and Ligament, Percutaneous Approach
0M534ZZ	Destruction of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M540ZZ	Destruction of Left Elbow Bursa and Ligament, Open Approach
0M543ZZ	Destruction of Left Elbow Bursa and Ligament, Percutaneous Approach
0M544ZZ	Destruction of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M550ZZ	Destruction of Right Wrist Bursa and Ligament, Open Approach
0M553ZZ	Destruction of Right Wrist Bursa and Ligament, Percutaneous Approach
0M554ZZ	Destruction of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M560ZZ	Destruction of Left Wrist Bursa and Ligament, Open Approach
0M563ZZ	Destruction of Left Wrist Bursa and Ligament, Percutaneous Approach
0M564ZZ	Destruction of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M570ZZ	Destruction of Right Hand Bursa and Ligament, Open Approach
0M573ZZ	Destruction of Right Hand Bursa and Ligament, Percutaneous Approach
0M574ZZ	Destruction of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M580ZZ	Destruction of Left Hand Bursa and Ligament, Open Approach
0M583ZZ	Destruction of Left Hand Bursa and Ligament, Percutaneous Approach
0M584ZZ	Destruction of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M590ZZ	Destruction of Right Upper Extremity Bursa and Ligament, Open Approach
0M593ZZ	Destruction of Right Upper Extremity Bursa and Ligament, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M594ZZ	Destruction of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M5B0ZZ	Destruction of Left Upper Extremity Bursa and Ligament, Open Approach
0M5B3ZZ	Destruction of Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0M5B4ZZ	Destruction of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M5C0ZZ	Destruction of Right Trunk Bursa and Ligament, Open Approach
0M5C3ZZ	Destruction of Right Trunk Bursa and Ligament, Percutaneous Approach
0M5C4ZZ	Destruction of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M5D0ZZ	Destruction of Left Trunk Bursa and Ligament, Open Approach
0M5D3ZZ	Destruction of Left Trunk Bursa and Ligament, Percutaneous Approach
0M5D4ZZ	Destruction of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M5F0ZZ	Destruction of Right Thorax Bursa and Ligament, Open Approach
0M5F3ZZ	Destruction of Right Thorax Bursa and Ligament, Percutaneous Approach
0M5F4ZZ	Destruction of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M5G0ZZ	Destruction of Left Thorax Bursa and Ligament, Open Approach
0M5G3ZZ	Destruction of Left Thorax Bursa and Ligament, Percutaneous Approach
0M5G4ZZ	Destruction of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M5H0ZZ	Destruction of Right Abdomen Bursa and Ligament, Open Approach
0M5H3ZZ	Destruction of Right Abdomen Bursa and Ligament, Percutaneous Approach
0M5H4ZZ	Destruction of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M5J0ZZ	Destruction of Left Abdomen Bursa and Ligament, Open Approach
0M5J3ZZ	Destruction of Left Abdomen Bursa and Ligament, Percutaneous Approach
0M5J4ZZ	Destruction of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M5K0ZZ	Destruction of Perineum Bursa and Ligament, Open Approach
0M5K3ZZ	Destruction of Perineum Bursa and Ligament, Percutaneous Approach
0M5K4ZZ	Destruction of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0M5L0ZZ	Destruction of Right Hip Bursa and Ligament, Open Approach
0M5L3ZZ	Destruction of Right Hip Bursa and Ligament, Percutaneous Approach
0M5L4ZZ	Destruction of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0M5M0ZZ	Destruction of Left Hip Bursa and Ligament, Open Approach
0M5M3ZZ	Destruction of Left Hip Bursa and Ligament, Percutaneous Approach
0M5M4ZZ	Destruction of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M5N0ZZ	Destruction of Right Knee Bursa and Ligament, Open Approach
0M5N3ZZ	Destruction of Right Knee Bursa and Ligament, Percutaneous Approach
0M5N4ZZ	Destruction of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M5P0ZZ	Destruction of Left Knee Bursa and Ligament, Open Approach
0M5P3ZZ	Destruction of Left Knee Bursa and Ligament, Percutaneous Approach
0M5P4ZZ	Destruction of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M5Q0ZZ	Destruction of Right Ankle Bursa and Ligament, Open Approach
0M5Q3ZZ	Destruction of Right Ankle Bursa and Ligament, Percutaneous Approach
0M5Q4ZZ	Destruction of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M5R0ZZ	Destruction of Left Ankle Bursa and Ligament, Open Approach
0M5R3ZZ	Destruction of Left Ankle Bursa and Ligament, Percutaneous Approach
0M5R4ZZ	Destruction of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M5S0ZZ	Destruction of Right Foot Bursa and Ligament, Open Approach
0M5S3ZZ	Destruction of Right Foot Bursa and Ligament, Percutaneous Approach
0M5S4ZZ	Destruction of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0M5T0ZZ	Destruction of Left Foot Bursa and Ligament, Open Approach
0M5T3ZZ	Destruction of Left Foot Bursa and Ligament, Percutaneous Approach
0M5T4ZZ	Destruction of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0M5V0ZZ	Destruction of Right Lower Extremity Bursa and Ligament, Open Approach
0M5V3ZZ	Destruction of Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0M5V4ZZ	Destruction of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M5W0ZZ	Destruction of Left Lower Extremity Bursa and Ligament, Open Approach
0M5W3ZZ	Destruction of Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0M5W4ZZ	Destruction of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M800ZZ	Division of Head and Neck Bursa and Ligament, Open Approach
0M803ZZ	Division of Head and Neck Bursa and Ligament, Percutaneous Approach
0M804ZZ	Division of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0M810ZZ	Division of Right Shoulder Bursa and Ligament, Open Approach
0M813ZZ	Division of Right Shoulder Bursa and Ligament, Percutaneous Approach
0M814ZZ	Division of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M820ZZ	Division of Left Shoulder Bursa and Ligament, Open Approach
0M823ZZ	Division of Left Shoulder Bursa and Ligament, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M824ZZ	Division of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M830ZZ	Division of Right Elbow Bursa and Ligament, Open Approach
0M833ZZ	Division of Right Elbow Bursa and Ligament, Percutaneous Approach
0M834ZZ	Division of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M840ZZ	Division of Left Elbow Bursa and Ligament, Open Approach
0M843ZZ	Division of Left Elbow Bursa and Ligament, Percutaneous Approach
0M844ZZ	Division of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M850ZZ	Division of Right Wrist Bursa and Ligament, Open Approach
0M853ZZ	Division of Right Wrist Bursa and Ligament, Percutaneous Approach
0M854ZZ	Division of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M860ZZ	Division of Left Wrist Bursa and Ligament, Open Approach
0M863ZZ	Division of Left Wrist Bursa and Ligament, Percutaneous Approach
0M864ZZ	Division of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M870ZZ	Division of Right Hand Bursa and Ligament, Open Approach
0M873ZZ	Division of Right Hand Bursa and Ligament, Percutaneous Approach
0M874ZZ	Division of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M880ZZ	Division of Left Hand Bursa and Ligament, Open Approach
0M883ZZ	Division of Left Hand Bursa and Ligament, Percutaneous Approach
0M884ZZ	Division of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M890ZZ	Division of Right Upper Extremity Bursa and Ligament, Open Approach
0M893ZZ	Division of Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0M894ZZ	Division of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M8B0ZZ	Division of Left Upper Extremity Bursa and Ligament, Open Approach
0M8B3ZZ	Division of Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0M8B4ZZ	Division of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M8C0ZZ	Division of Right Trunk Bursa and Ligament, Open Approach
0M8C3ZZ	Division of Right Trunk Bursa and Ligament, Percutaneous Approach
0M8C4ZZ	Division of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M8D0ZZ	Division of Left Trunk Bursa and Ligament, Open Approach
0M8D3ZZ	Division of Left Trunk Bursa and Ligament, Percutaneous Approach
0M8D4ZZ	Division of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M8F0ZZ	Division of Right Thorax Bursa and Ligament, Open Approach
0M8F3ZZ	Division of Right Thorax Bursa and Ligament, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M8F4ZZ	Division of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M8G0ZZ	Division of Left Thorax Bursa and Ligament, Open Approach
0M8G3ZZ	Division of Left Thorax Bursa and Ligament, Percutaneous Approach
0M8G4ZZ	Division of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M8H0ZZ	Division of Right Abdomen Bursa and Ligament, Open Approach
0M8H3ZZ	Division of Right Abdomen Bursa and Ligament, Percutaneous Approach
0M8H4ZZ	Division of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M8J0ZZ	Division of Left Abdomen Bursa and Ligament, Open Approach
0M8J3ZZ	Division of Left Abdomen Bursa and Ligament, Percutaneous Approach
0M8J4ZZ	Division of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M8K0ZZ	Division of Perineum Bursa and Ligament, Open Approach
0M8K3ZZ	Division of Perineum Bursa and Ligament, Percutaneous Approach
0M8K4ZZ	Division of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0M8L0ZZ	Division of Right Hip Bursa and Ligament, Open Approach
0M8L3ZZ	Division of Right Hip Bursa and Ligament, Percutaneous Approach
0M8L4ZZ	Division of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0M8M0ZZ	Division of Left Hip Bursa and Ligament, Open Approach
0M8M3ZZ	Division of Left Hip Bursa and Ligament, Percutaneous Approach
0M8M4ZZ	Division of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0M8N0ZZ	Division of Right Knee Bursa and Ligament, Open Approach
0M8N3ZZ	Division of Right Knee Bursa and Ligament, Percutaneous Approach
0M8N4ZZ	Division of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M8P0ZZ	Division of Left Knee Bursa and Ligament, Open Approach
0M8P3ZZ	Division of Left Knee Bursa and Ligament, Percutaneous Approach
0M8P4ZZ	Division of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M8Q0ZZ	Division of Right Ankle Bursa and Ligament, Open Approach
0M8Q3ZZ	Division of Right Ankle Bursa and Ligament, Percutaneous Approach
0M8Q4ZZ	Division of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M8R0ZZ	Division of Left Ankle Bursa and Ligament, Open Approach
0M8R3ZZ	Division of Left Ankle Bursa and Ligament, Percutaneous Approach
0M8R4ZZ	Division of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M8S0ZZ	Division of Right Foot Bursa and Ligament, Open Approach
0M8S3ZZ	Division of Right Foot Bursa and Ligament, Percutaneous Approach
0M8S4ZZ	Division of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M8T0ZZ	Division of Left Foot Bursa and Ligament, Open Approach
0M8T3ZZ	Division of Left Foot Bursa and Ligament, Percutaneous Approach
0M8T4ZZ	Division of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0M8V0ZZ	Division of Right Lower Extremity Bursa and Ligament, Open Approach
0M8V3ZZ	Division of Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0M8V4ZZ	Division of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M8W0ZZ	Division of Left Lower Extremity Bursa and Ligament, Open Approach
0M8W3ZZ	Division of Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0M8W4ZZ	Division of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M9000Z	Drainage of Head and Neck Bursa and Ligament with Drainage Device, Open Approach
0M900ZX	Drainage of Head and Neck Bursa and Ligament, Open Approach, Diagnostic
0M900ZZ	Drainage of Head and Neck Bursa and Ligament, Open Approach
0M9030Z	Drainage of Head and Neck Bursa and Ligament with Drainage Device, Percutaneous Approach
0M903ZX	Drainage of Head and Neck Bursa and Ligament, Percutaneous Approach, Diagnostic
0M903ZZ	Drainage of Head and Neck Bursa and Ligament, Percutaneous Approach
0M9040Z	Drainage of Head and Neck Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M904ZX	Drainage of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M904ZZ	Drainage of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0M9100Z	Drainage of Right Shoulder Bursa and Ligament with Drainage Device, Open Approach
0M910ZX	Drainage of Right Shoulder Bursa and Ligament, Open Approach, Diagnostic
0M910ZZ	Drainage of Right Shoulder Bursa and Ligament, Open Approach
0M9130Z	Drainage of Right Shoulder Bursa and Ligament with Drainage Device, Percutaneous Approach
0M913ZX	Drainage of Right Shoulder Bursa and Ligament, Percutaneous Approach, Diagnostic
0M913ZZ	Drainage of Right Shoulder Bursa and Ligament, Percutaneous Approach
0M9140Z	Drainage of Right Shoulder Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M914ZX	Drainage of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M914ZZ	Drainage of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M9200Z	Drainage of Left Shoulder Bursa and Ligament with Drainage Device, Open Approach
0M920ZX	Drainage of Left Shoulder Bursa and Ligament, Open Approach, Diagnostic
0M920ZZ	Drainage of Left Shoulder Bursa and Ligament, Open Approach
0M9230Z	Drainage of Left Shoulder Bursa and Ligament with Drainage Device, Percutaneous Approach
0M923ZX	Drainage of Left Shoulder Bursa and Ligament, Percutaneous Approach, Diagnostic
0M923ZZ	Drainage of Left Shoulder Bursa and Ligament, Percutaneous Approach
0M9240Z	Drainage of Left Shoulder Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M924ZX	Drainage of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M924ZZ	Drainage of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0M9300Z	Drainage of Right Elbow Bursa and Ligament with Drainage Device, Open Approach
0M930ZX	Drainage of Right Elbow Bursa and Ligament, Open Approach, Diagnostic
0M930ZZ	Drainage of Right Elbow Bursa and Ligament, Open Approach
0M9330Z	Drainage of Right Elbow Bursa and Ligament with Drainage Device, Percutaneous Approach
0M933ZX	Drainage of Right Elbow Bursa and Ligament, Percutaneous Approach, Diagnostic
0M933ZZ	Drainage of Right Elbow Bursa and Ligament, Percutaneous Approach
0M9340Z	Drainage of Right Elbow Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M934ZX	Drainage of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M934ZZ	Drainage of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M9400Z	Drainage of Left Elbow Bursa and Ligament with Drainage Device, Open Approach
0M940ZX	Drainage of Left Elbow Bursa and Ligament, Open Approach, Diagnostic
0M940ZZ	Drainage of Left Elbow Bursa and Ligament, Open Approach
0M9430Z	Drainage of Left Elbow Bursa and Ligament with Drainage Device, Percutaneous Approach
0M943ZX	Drainage of Left Elbow Bursa and Ligament, Percutaneous Approach, Diagnostic
0M943ZZ	Drainage of Left Elbow Bursa and Ligament, Percutaneous Approach
0M9440Z	Drainage of Left Elbow Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M944ZX	Drainage of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M944ZZ	Drainage of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0M9500Z	Drainage of Right Wrist Bursa and Ligament with Drainage Device, Open Approach
0M950ZX	Drainage of Right Wrist Bursa and Ligament, Open Approach, Diagnostic
0M950ZZ	Drainage of Right Wrist Bursa and Ligament, Open Approach
0M9530Z	Drainage of Right Wrist Bursa and Ligament with Drainage Device, Percutaneous Approach
0M953ZX	Drainage of Right Wrist Bursa and Ligament, Percutaneous Approach, Diagnostic
0M953ZZ	Drainage of Right Wrist Bursa and Ligament, Percutaneous Approach
0M9540Z	Drainage of Right Wrist Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M954ZX	Drainage of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M954ZZ	Drainage of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M9600Z	Drainage of Left Wrist Bursa and Ligament with Drainage Device, Open Approach
0M960ZX	Drainage of Left Wrist Bursa and Ligament, Open Approach, Diagnostic
0M960ZZ	Drainage of Left Wrist Bursa and Ligament, Open Approach
0M9630Z	Drainage of Left Wrist Bursa and Ligament with Drainage Device, Percutaneous Approach
0M963ZX	Drainage of Left Wrist Bursa and Ligament, Percutaneous Approach, Diagnostic
0M963ZZ	Drainage of Left Wrist Bursa and Ligament, Percutaneous Approach
0M9640Z	Drainage of Left Wrist Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M964ZX	Drainage of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M964ZZ	Drainage of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0M9700Z	Drainage of Right Hand Bursa and Ligament with Drainage Device, Open Approach
0M970ZX	Drainage of Right Hand Bursa and Ligament, Open Approach, Diagnostic
0M970ZZ	Drainage of Right Hand Bursa and Ligament, Open Approach
0M9730Z	Drainage of Right Hand Bursa and Ligament with Drainage Device, Percutaneous Approach
0M973ZX	Drainage of Right Hand Bursa and Ligament, Percutaneous Approach, Diagnostic
0M973ZZ	Drainage of Right Hand Bursa and Ligament, Percutaneous Approach
0M9740Z	Drainage of Right Hand Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M974ZX	Drainage of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M974ZZ	Drainage of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M9800Z	Drainage of Left Hand Bursa and Ligament with Drainage Device, Open Approach
0M980ZX	Drainage of Left Hand Bursa and Ligament, Open Approach, Diagnostic
0M980ZZ	Drainage of Left Hand Bursa and Ligament, Open Approach
0M9830Z	Drainage of Left Hand Bursa and Ligament with Drainage Device, Percutaneous Approach
0M983ZX	Drainage of Left Hand Bursa and Ligament, Percutaneous Approach, Diagnostic
0M983ZZ	Drainage of Left Hand Bursa and Ligament, Percutaneous Approach
0M9840Z	Drainage of Left Hand Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M984ZX	Drainage of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M984ZZ	Drainage of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0M9900Z	Drainage of Right Upper Extremity Bursa and Ligament with Drainage Device, Open Approach
0M990ZX	Drainage of Right Upper Extremity Bursa and Ligament, Open Approach, Diagnostic
0M990ZZ	Drainage of Right Upper Extremity Bursa and Ligament, Open Approach
0M9930Z	Drainage of Right Upper Extremity Bursa and Ligament with Drainage Device, Percutaneous Approach
0M993ZX	Drainage of Right Upper Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0M993ZZ	Drainage of Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0M9940Z	Drainage of Right Upper Extremity Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M994ZX	Drainage of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M994ZZ	Drainage of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M9B00Z	Drainage of Left Upper Extremity Bursa and Ligament with Drainage Device, Open Approach
0M9B0ZX	Drainage of Left Upper Extremity Bursa and Ligament, Open Approach, Diagnostic
0M9B0ZZ	Drainage of Left Upper Extremity Bursa and Ligament, Open Approach
0M9B30Z	Drainage of Left Upper Extremity Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9B3ZX	Drainage of Left Upper Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9B3ZZ	Drainage of Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0M9B40Z	Drainage of Left Upper Extremity Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9B4ZX	Drainage of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9B4ZZ	Drainage of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M9C00Z	Drainage of Right Trunk Bursa and Ligament with Drainage Device, Open Approach
0M9C0ZX	Drainage of Right Trunk Bursa and Ligament, Open Approach, Diagnostic
0M9C0ZZ	Drainage of Right Trunk Bursa and Ligament, Open Approach
0M9C30Z	Drainage of Right Trunk Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9C3ZX	Drainage of Right Trunk Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9C3ZZ	Drainage of Right Trunk Bursa and Ligament, Percutaneous Approach
0M9C40Z	Drainage of Right Trunk Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9C4ZX	Drainage of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9C4ZZ	Drainage of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M9D00Z	Drainage of Left Trunk Bursa and Ligament with Drainage Device, Open Approach
0M9D0ZX	Drainage of Left Trunk Bursa and Ligament, Open Approach, Diagnostic
0M9D0ZZ	Drainage of Left Trunk Bursa and Ligament, Open Approach
0M9D30Z	Drainage of Left Trunk Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9D3ZX	Drainage of Left Trunk Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9D3ZZ	Drainage of Left Trunk Bursa and Ligament, Percutaneous Approach
0M9D40Z	Drainage of Left Trunk Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9D4ZX	Drainage of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9D4ZZ	Drainage of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0M9F00Z	Drainage of Right Thorax Bursa and Ligament with Drainage Device, Open Approach
0M9F0ZX	Drainage of Right Thorax Bursa and Ligament, Open Approach, Diagnostic
0M9F0ZZ	Drainage of Right Thorax Bursa and Ligament, Open Approach
0M9F30Z	Drainage of Right Thorax Bursa and Ligament with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9F3ZX	Drainage of Right Thorax Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9F3ZZ	Drainage of Right Thorax Bursa and Ligament, Percutaneous Approach
0M9F40Z	Drainage of Right Thorax Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9F4ZX	Drainage of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9F4ZZ	Drainage of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M9G00Z	Drainage of Left Thorax Bursa and Ligament with Drainage Device, Open Approach
0M9G0ZX	Drainage of Left Thorax Bursa and Ligament, Open Approach, Diagnostic
0M9G0ZZ	Drainage of Left Thorax Bursa and Ligament, Open Approach
0M9G30Z	Drainage of Left Thorax Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9G3ZX	Drainage of Left Thorax Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9G3ZZ	Drainage of Left Thorax Bursa and Ligament, Percutaneous Approach
0M9G40Z	Drainage of Left Thorax Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9G4ZX	Drainage of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9G4ZZ	Drainage of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0M9H00Z	Drainage of Right Abdomen Bursa and Ligament with Drainage Device, Open Approach
0M9H0ZX	Drainage of Right Abdomen Bursa and Ligament, Open Approach, Diagnostic
0M9H0ZZ	Drainage of Right Abdomen Bursa and Ligament, Open Approach
0M9H30Z	Drainage of Right Abdomen Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9H3ZX	Drainage of Right Abdomen Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9H3ZZ	Drainage of Right Abdomen Bursa and Ligament, Percutaneous Approach
0M9H40Z	Drainage of Right Abdomen Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9H4ZX	Drainage of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9H4ZZ	Drainage of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M9J00Z	Drainage of Left Abdomen Bursa and Ligament with Drainage Device, Open Approach
0M9J0ZX	Drainage of Left Abdomen Bursa and Ligament, Open Approach, Diagnostic
0M9J0ZZ	Drainage of Left Abdomen Bursa and Ligament, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9J30Z	Drainage of Left Abdomen Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9J3ZX	Drainage of Left Abdomen Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9J3ZZ	Drainage of Left Abdomen Bursa and Ligament, Percutaneous Approach
0M9J40Z	Drainage of Left Abdomen Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9J4ZX	Drainage of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9J4ZZ	Drainage of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0M9K00Z	Drainage of Perineum Bursa and Ligament with Drainage Device, Open Approach
0M9K0ZX	Drainage of Perineum Bursa and Ligament, Open Approach, Diagnostic
0M9K0ZZ	Drainage of Perineum Bursa and Ligament, Open Approach
0M9K30Z	Drainage of Perineum Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9K3ZX	Drainage of Perineum Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9K3ZZ	Drainage of Perineum Bursa and Ligament, Percutaneous Approach
0M9K40Z	Drainage of Perineum Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9K4ZX	Drainage of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9K4ZZ	Drainage of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0M9L00Z	Drainage of Right Hip Bursa and Ligament with Drainage Device, Open Approach
0M9L0ZX	Drainage of Right Hip Bursa and Ligament, Open Approach, Diagnostic
0M9L0ZZ	Drainage of Right Hip Bursa and Ligament, Open Approach
0M9L30Z	Drainage of Right Hip Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9L3ZX	Drainage of Right Hip Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9L3ZZ	Drainage of Right Hip Bursa and Ligament, Percutaneous Approach
0M9L40Z	Drainage of Right Hip Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9L4ZX	Drainage of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9L4ZZ	Drainage of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0M9M00Z	Drainage of Left Hip Bursa and Ligament with Drainage Device, Open Approach
0M9M0ZX	Drainage of Left Hip Bursa and Ligament, Open Approach, Diagnostic
0M9M0ZZ	Drainage of Left Hip Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9M30Z	Drainage of Left Hip Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9M3ZX	Drainage of Left Hip Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9M3ZZ	Drainage of Left Hip Bursa and Ligament, Percutaneous Approach
0M9M40Z	Drainage of Left Hip Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9M4ZX	Drainage of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9M4ZZ	Drainage of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0M9N00Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Open Approach
0M9N0ZX	Drainage of Right Knee Bursa and Ligament, Open Approach, Diagnostic
0M9N0ZZ	Drainage of Right Knee Bursa and Ligament, Open Approach
0M9N30Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9N3ZX	Drainage of Right Knee Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9N3ZZ	Drainage of Right Knee Bursa and Ligament, Percutaneous Approach
0M9N40Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9N4ZX	Drainage of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9N4ZZ	Drainage of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M9P00Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Open Approach
0M9P0ZX	Drainage of Left Knee Bursa and Ligament, Open Approach, Diagnostic
0M9P0ZZ	Drainage of Left Knee Bursa and Ligament, Open Approach
0M9P30Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9P3ZX	Drainage of Left Knee Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9P3ZZ	Drainage of Left Knee Bursa and Ligament, Percutaneous Approach
0M9P40Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9P4ZX	Drainage of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9P4ZZ	Drainage of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0M9Q00Z	Drainage of Right Ankle Bursa and Ligament with Drainage Device, Open Approach
0M9Q0ZX	Drainage of Right Ankle Bursa and Ligament, Open Approach, Diagnostic
0M9Q0ZZ	Drainage of Right Ankle Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9Q30Z	Drainage of Right Ankle Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9Q3ZX	Drainage of Right Ankle Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9Q3ZZ	Drainage of Right Ankle Bursa and Ligament, Percutaneous Approach
0M9Q40Z	Drainage of Right Ankle Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9Q4ZX	Drainage of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9Q4ZZ	Drainage of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M9R00Z	Drainage of Left Ankle Bursa and Ligament with Drainage Device, Open Approach
0M9R0ZX	Drainage of Left Ankle Bursa and Ligament, Open Approach, Diagnostic
0M9R0ZZ	Drainage of Left Ankle Bursa and Ligament, Open Approach
0M9R30Z	Drainage of Left Ankle Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9R3ZX	Drainage of Left Ankle Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9R3ZZ	Drainage of Left Ankle Bursa and Ligament, Percutaneous Approach
0M9R40Z	Drainage of Left Ankle Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9R4ZX	Drainage of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9R4ZZ	Drainage of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0M9S00Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Open Approach
0M9S0ZX	Drainage of Right Foot Bursa and Ligament, Open Approach, Diagnostic
0M9S0ZZ	Drainage of Right Foot Bursa and Ligament, Open Approach
0M9S30Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9S3ZX	Drainage of Right Foot Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9S3ZZ	Drainage of Right Foot Bursa and Ligament, Percutaneous Approach
0M9S40Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9S4ZX	Drainage of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9S4ZZ	Drainage of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0M9T00Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Open Approach
0M9T0ZX	Drainage of Left Foot Bursa and Ligament, Open Approach, Diagnostic
0M9T0ZZ	Drainage of Left Foot Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0M9T30Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9T3ZX	Drainage of Left Foot Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9T3ZZ	Drainage of Left Foot Bursa and Ligament, Percutaneous Approach
0M9T40Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9T4ZX	Drainage of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9T4ZZ	Drainage of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0M9V00Z	Drainage of Right Lower Extremity Bursa and Ligament with Drainage Device, Open Approach
0M9V0ZX	Drainage of Right Lower Extremity Bursa and Ligament, Open Approach, Diagnostic
0M9V0ZZ	Drainage of Right Lower Extremity Bursa and Ligament, Open Approach
0M9V30Z	Drainage of Right Lower Extremity Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9V3ZX	Drainage of Right Lower Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9V3ZZ	Drainage of Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0M9V40Z	Drainage of Right Lower Extremity Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9V4ZX	Drainage of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9V4ZZ	Drainage of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0M9W00Z	Drainage of Left Lower Extremity Bursa and Ligament with Drainage Device, Open Approach
0M9W0ZX	Drainage of Left Lower Extremity Bursa and Ligament, Open Approach, Diagnostic
0M9W0ZZ	Drainage of Left Lower Extremity Bursa and Ligament, Open Approach
0M9W30Z	Drainage of Left Lower Extremity Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9W3ZX	Drainage of Left Lower Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9W3ZZ	Drainage of Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0M9W40Z	Drainage of Left Lower Extremity Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach
0M9W4ZX	Drainage of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9W4ZZ	Drainage of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MB00ZX	Excision of Head and Neck Bursa and Ligament, Open Approach, Diagnostic
0MB00ZZ	Excision of Head and Neck Bursa and Ligament, Open Approach
0MB03ZX	Excision of Head and Neck Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB03ZZ	Excision of Head and Neck Bursa and Ligament, Percutaneous Approach
0MB04ZX	Excision of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB04ZZ	Excision of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MB10ZX	Excision of Right Shoulder Bursa and Ligament, Open Approach, Diagnostic
0MB10ZZ	Excision of Right Shoulder Bursa and Ligament, Open Approach
0MB13ZX	Excision of Right Shoulder Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB13ZZ	Excision of Right Shoulder Bursa and Ligament, Percutaneous Approach
0MB14ZX	Excision of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB14ZZ	Excision of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MB20ZX	Excision of Left Shoulder Bursa and Ligament, Open Approach, Diagnostic
0MB20ZZ	Excision of Left Shoulder Bursa and Ligament, Open Approach
0MB23ZX	Excision of Left Shoulder Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB23ZZ	Excision of Left Shoulder Bursa and Ligament, Percutaneous Approach
0MB24ZX	Excision of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB24ZZ	Excision of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MB30ZX	Excision of Right Elbow Bursa and Ligament, Open Approach, Diagnostic
0MB30ZZ	Excision of Right Elbow Bursa and Ligament, Open Approach
0MB33ZX	Excision of Right Elbow Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB33ZZ	Excision of Right Elbow Bursa and Ligament, Percutaneous Approach
0MB34ZX	Excision of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB34ZZ	Excision of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MB40ZX	Excision of Left Elbow Bursa and Ligament, Open Approach, Diagnostic
0MB40ZZ	Excision of Left Elbow Bursa and Ligament, Open Approach
0MB43ZX	Excision of Left Elbow Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB43ZZ	Excision of Left Elbow Bursa and Ligament, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MB44ZX	Excision of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB44ZZ	Excision of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MB50ZX	Excision of Right Wrist Bursa and Ligament, Open Approach, Diagnostic
0MB50ZZ	Excision of Right Wrist Bursa and Ligament, Open Approach
0MB53ZX	Excision of Right Wrist Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB53ZZ	Excision of Right Wrist Bursa and Ligament, Percutaneous Approach
0MB54ZX	Excision of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB54ZZ	Excision of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MB60ZX	Excision of Left Wrist Bursa and Ligament, Open Approach, Diagnostic
0MB60ZZ	Excision of Left Wrist Bursa and Ligament, Open Approach
0MB63ZX	Excision of Left Wrist Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB63ZZ	Excision of Left Wrist Bursa and Ligament, Percutaneous Approach
0MB64ZX	Excision of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB64ZZ	Excision of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MB70ZX	Excision of Right Hand Bursa and Ligament, Open Approach, Diagnostic
0MB70ZZ	Excision of Right Hand Bursa and Ligament, Open Approach
0MB73ZX	Excision of Right Hand Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB73ZZ	Excision of Right Hand Bursa and Ligament, Percutaneous Approach
0MB74ZX	Excision of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB74ZZ	Excision of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MB80ZX	Excision of Left Hand Bursa and Ligament, Open Approach, Diagnostic
0MB80ZZ	Excision of Left Hand Bursa and Ligament, Open Approach
0MB83ZX	Excision of Left Hand Bursa and Ligament, Percutaneous Approach, Diagnostic
0MB83ZZ	Excision of Left Hand Bursa and Ligament, Percutaneous Approach
0MB84ZX	Excision of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB84ZZ	Excision of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MB90ZX	Excision of Right Upper Extremity Bursa and Ligament, Open Approach, Diagnostic
0MB90ZZ	Excision of Right Upper Extremity Bursa and Ligament, Open Approach
0MB93ZX	Excision of Right Upper Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MB93ZZ	Excision of Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0MB94ZX	Excision of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MB94ZZ	Excision of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MBB0ZX	Excision of Left Upper Extremity Bursa and Ligament, Open Approach, Diagnostic
0MBB0ZZ	Excision of Left Upper Extremity Bursa and Ligament, Open Approach
0MBB3ZX	Excision of Left Upper Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBB3ZZ	Excision of Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0MBB4ZX	Excision of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBB4ZZ	Excision of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MBC0ZX	Excision of Right Trunk Bursa and Ligament, Open Approach, Diagnostic
0MBC0ZZ	Excision of Right Trunk Bursa and Ligament, Open Approach
0MBC3ZX	Excision of Right Trunk Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBC3ZZ	Excision of Right Trunk Bursa and Ligament, Percutaneous Approach
0MBC4ZX	Excision of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBC4ZZ	Excision of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MBD0ZX	Excision of Left Trunk Bursa and Ligament, Open Approach, Diagnostic
0MBD0ZZ	Excision of Left Trunk Bursa and Ligament, Open Approach
0MBD3ZX	Excision of Left Trunk Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBD3ZZ	Excision of Left Trunk Bursa and Ligament, Percutaneous Approach
0MBD4ZX	Excision of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBD4ZZ	Excision of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MBF0ZX	Excision of Right Thorax Bursa and Ligament, Open Approach, Diagnostic
0MBF0ZZ	Excision of Right Thorax Bursa and Ligament, Open Approach
0MBF3ZX	Excision of Right Thorax Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBF3ZZ	Excision of Right Thorax Bursa and Ligament, Percutaneous Approach
0MBF4ZX	Excision of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBF4ZZ	Excision of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MBG0ZX	Excision of Left Thorax Bursa and Ligament, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MBG0ZZ	Excision of Left Thorax Bursa and Ligament, Open Approach
0MBG3ZX	Excision of Left Thorax Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBG3ZZ	Excision of Left Thorax Bursa and Ligament, Percutaneous Approach
0MBG4ZX	Excision of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBG4ZZ	Excision of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MBH0ZX	Excision of Right Abdomen Bursa and Ligament, Open Approach, Diagnostic
0MBH3ZX	Excision of Right Abdomen Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBH4ZX	Excision of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBJ0ZX	Excision of Left Abdomen Bursa and Ligament, Open Approach, Diagnostic
0MBJ3ZX	Excision of Left Abdomen Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBJ4ZX	Excision of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBK0ZX	Excision of Perineum Bursa and Ligament, Open Approach, Diagnostic
0MBK3ZX	Excision of Perineum Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBK4ZX	Excision of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBL0ZX	Excision of Right Hip Bursa and Ligament, Open Approach, Diagnostic
0MBL3ZX	Excision of Right Hip Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBL4ZX	Excision of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBM0ZX	Excision of Left Hip Bursa and Ligament, Open Approach, Diagnostic
0MBM3ZX	Excision of Left Hip Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBM4ZX	Excision of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBN0ZX	Excision of Right Knee Bursa and Ligament, Open Approach, Diagnostic
0MBN0ZZ	Excision of Right Knee Bursa and Ligament, Open Approach
0MBN3ZX	Excision of Right Knee Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBN3ZZ	Excision of Right Knee Bursa and Ligament, Percutaneous Approach
0MBN4ZX	Excision of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBN4ZZ	Excision of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MBP0ZX	Excision of Left Knee Bursa and Ligament, Open Approach, Diagnostic
0MBP0ZZ	Excision of Left Knee Bursa and Ligament, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MBP3ZX	Excision of Left Knee Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBP3ZZ	Excision of Left Knee Bursa and Ligament, Percutaneous Approach
0MBP4ZX	Excision of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBP4ZZ	Excision of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MBQ0ZX	Excision of Right Ankle Bursa and Ligament, Open Approach, Diagnostic
0MBQ0ZZ	Excision of Right Ankle Bursa and Ligament, Open Approach
0MBQ3ZX	Excision of Right Ankle Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBQ3ZZ	Excision of Right Ankle Bursa and Ligament, Percutaneous Approach
0MBQ4ZX	Excision of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBQ4ZZ	Excision of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MBR0ZX	Excision of Left Ankle Bursa and Ligament, Open Approach, Diagnostic
0MBR0ZZ	Excision of Left Ankle Bursa and Ligament, Open Approach
0MBR3ZX	Excision of Left Ankle Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBR3ZZ	Excision of Left Ankle Bursa and Ligament, Percutaneous Approach
0MBR4ZX	Excision of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBR4ZZ	Excision of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MBS0ZX	Excision of Right Foot Bursa and Ligament, Open Approach, Diagnostic
0MBS0ZZ	Excision of Right Foot Bursa and Ligament, Open Approach
0MBS3ZX	Excision of Right Foot Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBS3ZZ	Excision of Right Foot Bursa and Ligament, Percutaneous Approach
0MBS4ZX	Excision of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBS4ZZ	Excision of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MBT0ZX	Excision of Left Foot Bursa and Ligament, Open Approach, Diagnostic
0MBT0ZZ	Excision of Left Foot Bursa and Ligament, Open Approach
0MBT3ZX	Excision of Left Foot Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBT3ZZ	Excision of Left Foot Bursa and Ligament, Percutaneous Approach
0MBT4ZX	Excision of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBT4ZZ	Excision of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MBV0ZX	Excision of Right Lower Extremity Bursa and Ligament, Open Approach, Diagnostic
0MBV0ZZ	Excision of Right Lower Extremity Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MBV3ZX	Excision of Right Lower Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBV3ZZ	Excision of Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0MBV4ZX	Excision of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBV4ZZ	Excision of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MBW0ZX	Excision of Left Lower Extremity Bursa and Ligament, Open Approach, Diagnostic
0MBW0ZZ	Excision of Left Lower Extremity Bursa and Ligament, Open Approach
0MBW3ZX	Excision of Left Lower Extremity Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBW3ZZ	Excision of Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0MBW4ZX	Excision of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBW4ZZ	Excision of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MC00ZZ	Extirpation of Matter from Head and Neck Bursa and Ligament, Open Approach
0MC03ZZ	Extirpation of Matter from Head and Neck Bursa and Ligament, Percutaneous Approach
0MC04ZZ	Extirpation of Matter from Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MC10ZZ	Extirpation of Matter from Right Shoulder Bursa and Ligament, Open Approach
0MC13ZZ	Extirpation of Matter from Right Shoulder Bursa and Ligament, Percutaneous Approach
0MC14ZZ	Extirpation of Matter from Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MC20ZZ	Extirpation of Matter from Left Shoulder Bursa and Ligament, Open Approach
0MC23ZZ	Extirpation of Matter from Left Shoulder Bursa and Ligament, Percutaneous Approach
0MC24ZZ	Extirpation of Matter from Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MC30ZZ	Extirpation of Matter from Right Elbow Bursa and Ligament, Open Approach
0MC33ZZ	Extirpation of Matter from Right Elbow Bursa and Ligament, Percutaneous Approach
0MC34ZZ	Extirpation of Matter from Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MC40ZZ	Extirpation of Matter from Left Elbow Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MC43ZZ	Extirpation of Matter from Left Elbow Bursa and Ligament, Percutaneous Approach
0MC44ZZ	Extirpation of Matter from Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MC50ZZ	Extirpation of Matter from Right Wrist Bursa and Ligament, Open Approach
0MC53ZZ	Extirpation of Matter from Right Wrist Bursa and Ligament, Percutaneous Approach
0MC54ZZ	Extirpation of Matter from Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MC60ZZ	Extirpation of Matter from Left Wrist Bursa and Ligament, Open Approach
0MC63ZZ	Extirpation of Matter from Left Wrist Bursa and Ligament, Percutaneous Approach
0MC64ZZ	Extirpation of Matter from Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MC70ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Open Approach
0MC73ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Approach
0MC74ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MC80ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Open Approach
0MC83ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Approach
0MC84ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MC90ZZ	Extirpation of Matter from Right Upper Extremity Bursa and Ligament, Open Approach
0MC93ZZ	Extirpation of Matter from Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0MC94ZZ	Extirpation of Matter from Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MCB0ZZ	Extirpation of Matter from Left Upper Extremity Bursa and Ligament, Open Approach
0MCB3ZZ	Extirpation of Matter from Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0MCB4ZZ	Extirpation of Matter from Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MCC0ZZ	Extirpation of Matter from Right Trunk Bursa and Ligament, Open Approach
0MCC3ZZ	Extirpation of Matter from Right Trunk Bursa and Ligament, Percutaneous Approach
0MCC4ZZ	Extirpation of Matter from Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MCD0ZZ	Extirpation of Matter from Left Trunk Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MCD3ZZ	Extirpation of Matter from Left Trunk Bursa and Ligament, Percutaneous Approach
0MCD4ZZ	Extirpation of Matter from Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MCF0ZZ	Extirpation of Matter from Right Thorax Bursa and Ligament, Open Approach
0MCF3ZZ	Extirpation of Matter from Right Thorax Bursa and Ligament, Percutaneous Approach
0MCF4ZZ	Extirpation of Matter from Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MCG0ZZ	Extirpation of Matter from Left Thorax Bursa and Ligament, Open Approach
0MCG3ZZ	Extirpation of Matter from Left Thorax Bursa and Ligament, Percutaneous Approach
0MCG4ZZ	Extirpation of Matter from Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MCH0ZZ	Extirpation of Matter from Right Abdomen Bursa and Ligament, Open Approach
0MCH3ZZ	Extirpation of Matter from Right Abdomen Bursa and Ligament, Percutaneous Approach
0MCH4ZZ	Extirpation of Matter from Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MCJ0ZZ	Extirpation of Matter from Left Abdomen Bursa and Ligament, Open Approach
0MCJ3ZZ	Extirpation of Matter from Left Abdomen Bursa and Ligament, Percutaneous Approach
0MCJ4ZZ	Extirpation of Matter from Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MCK0ZZ	Extirpation of Matter from Perineum Bursa and Ligament, Open Approach
0MCK3ZZ	Extirpation of Matter from Perineum Bursa and Ligament, Percutaneous Approach
0MCK4ZZ	Extirpation of Matter from Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MCL0ZZ	Extirpation of Matter from Right Hip Bursa and Ligament, Open Approach
0MCL3ZZ	Extirpation of Matter from Right Hip Bursa and Ligament, Percutaneous Approach
0MCL4ZZ	Extirpation of Matter from Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MCM0ZZ	Extirpation of Matter from Left Hip Bursa and Ligament, Open Approach
0MCM3ZZ	Extirpation of Matter from Left Hip Bursa and Ligament, Percutaneous Approach
0MCM4ZZ	Extirpation of Matter from Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MCN0ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MCN3ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Approach
0MCN4ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MCP0ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Open Approach
0MCP3ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Approach
0MCP4ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MCQ0ZZ	Extirpation of Matter from Right Ankle Bursa and Ligament, Open Approach
0MCQ3ZZ	Extirpation of Matter from Right Ankle Bursa and Ligament, Percutaneous Approach
0MCQ4ZZ	Extirpation of Matter from Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MCR0ZZ	Extirpation of Matter from Left Ankle Bursa and Ligament, Open Approach
0MCR3ZZ	Extirpation of Matter from Left Ankle Bursa and Ligament, Percutaneous Approach
0MCR4ZZ	Extirpation of Matter from Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MCS0ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Open Approach
0MCS3ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Approach
0MCS4ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MCT0ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Open Approach
0MCT3ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Approach
0MCT4ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MCV0ZZ	Extirpation of Matter from Right Lower Extremity Bursa and Ligament, Open Approach
0MCV3ZZ	Extirpation of Matter from Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0MCV4ZZ	Extirpation of Matter from Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MCW0ZZ	Extirpation of Matter from Left Lower Extremity Bursa and Ligament, Open Approach
0MCW3ZZ	Extirpation of Matter from Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0MCW4ZZ	Extirpation of Matter from Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MJX0ZZ	Inspection of Upper Bursa and Ligament, Open Approach
0MJX3ZZ	Inspection of Upper Bursa and Ligament, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MJX4ZZ	Inspection of Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MJY0ZZ	Inspection of Lower Bursa and Ligament, Open Approach
0MJY3ZZ	Inspection of Lower Bursa and Ligament, Percutaneous Approach
0MJY4ZZ	Inspection of Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MM00ZZ	Reattachment of Head and Neck Bursa and Ligament, Open Approach
0MM04ZZ	Reattachment of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MM10ZZ	Reattachment of Right Shoulder Bursa and Ligament, Open Approach
0MM14ZZ	Reattachment of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MM20ZZ	Reattachment of Left Shoulder Bursa and Ligament, Open Approach
0MM24ZZ	Reattachment of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MM30ZZ	Reattachment of Right Elbow Bursa and Ligament, Open Approach
0MM34ZZ	Reattachment of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MM40ZZ	Reattachment of Left Elbow Bursa and Ligament, Open Approach
0MM44ZZ	Reattachment of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MM50ZZ	Reattachment of Right Wrist Bursa and Ligament, Open Approach
0MM54ZZ	Reattachment of Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MM60ZZ	Reattachment of Left Wrist Bursa and Ligament, Open Approach
0MM64ZZ	Reattachment of Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MM70ZZ	Reattachment of Right Hand Bursa and Ligament, Open Approach
0MM74ZZ	Reattachment of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MM80ZZ	Reattachment of Left Hand Bursa and Ligament, Open Approach
0MM84ZZ	Reattachment of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MM90ZZ	Reattachment of Right Upper Extremity Bursa and Ligament, Open Approach
0MM94ZZ	Reattachment of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MMB0ZZ	Reattachment of Left Upper Extremity Bursa and Ligament, Open Approach
0MMB4ZZ	Reattachment of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MMC0ZZ	Reattachment of Right Trunk Bursa and Ligament, Open Approach
0MMC4ZZ	Reattachment of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MMD0ZZ	Reattachment of Left Trunk Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MMD4ZZ	Reattachment of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MMF0ZZ	Reattachment of Right Thorax Bursa and Ligament, Open Approach
0MMF4ZZ	Reattachment of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MMG0ZZ	Reattachment of Left Thorax Bursa and Ligament, Open Approach
0MMG4ZZ	Reattachment of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MMH0ZZ	Reattachment of Right Abdomen Bursa and Ligament, Open Approach
0MMH4ZZ	Reattachment of Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MMJ0ZZ	Reattachment of Left Abdomen Bursa and Ligament, Open Approach
0MMJ4ZZ	Reattachment of Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MMK0ZZ	Reattachment of Perineum Bursa and Ligament, Open Approach
0MMK4ZZ	Reattachment of Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MML0ZZ	Reattachment of Right Hip Bursa and Ligament, Open Approach
0MML4ZZ	Reattachment of Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MMM0ZZ	Reattachment of Left Hip Bursa and Ligament, Open Approach
0MMM4ZZ	Reattachment of Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MMN0ZZ	Reattachment of Right Knee Bursa and Ligament, Open Approach
0MMN4ZZ	Reattachment of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MMP0ZZ	Reattachment of Left Knee Bursa and Ligament, Open Approach
0MMP4ZZ	Reattachment of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MMQ0ZZ	Reattachment of Right Ankle Bursa and Ligament, Open Approach
0MMQ4ZZ	Reattachment of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MMR0ZZ	Reattachment of Left Ankle Bursa and Ligament, Open Approach
0MMR4ZZ	Reattachment of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MMS0ZZ	Reattachment of Right Foot Bursa and Ligament, Open Approach
0MMS4ZZ	Reattachment of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MMT0ZZ	Reattachment of Left Foot Bursa and Ligament, Open Approach
0MMT4ZZ	Reattachment of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MMV0ZZ	Reattachment of Right Lower Extremity Bursa and Ligament, Open Approach
0MMV4ZZ	Reattachment of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MMW0ZZ	Reattachment of Left Lower Extremity Bursa and Ligament, Open Approach
0MMW4ZZ	Reattachment of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MN00ZZ	Release Head and Neck Bursa and Ligament, Open Approach
0MN03ZZ	Release Head and Neck Bursa and Ligament, Percutaneous Approach
0MN04ZZ	Release Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MN0XZZ	Release Head and Neck Bursa and Ligament, External Approach
0MN10ZZ	Release Right Shoulder Bursa and Ligament, Open Approach
0MN13ZZ	Release Right Shoulder Bursa and Ligament, Percutaneous Approach
0MN14ZZ	Release Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MN1XZZ	Release Right Shoulder Bursa and Ligament, External Approach
0MN20ZZ	Release Left Shoulder Bursa and Ligament, Open Approach
0MN23ZZ	Release Left Shoulder Bursa and Ligament, Percutaneous Approach
0MN24ZZ	Release Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MN2XZZ	Release Left Shoulder Bursa and Ligament, External Approach
0MN30ZZ	Release Right Elbow Bursa and Ligament, Open Approach
0MN33ZZ	Release Right Elbow Bursa and Ligament, Percutaneous Approach
0MN34ZZ	Release Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MN3XZZ	Release Right Elbow Bursa and Ligament, External Approach
0MN40ZZ	Release Left Elbow Bursa and Ligament, Open Approach
0MN43ZZ	Release Left Elbow Bursa and Ligament, Percutaneous Approach
0MN44ZZ	Release Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MN4XZZ	Release Left Elbow Bursa and Ligament, External Approach
0MN50ZZ	Release Right Wrist Bursa and Ligament, Open Approach
0MN53ZZ	Release Right Wrist Bursa and Ligament, Percutaneous Approach
0MN54ZZ	Release Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MN5XZZ	Release Right Wrist Bursa and Ligament, External Approach
0MN60ZZ	Release Left Wrist Bursa and Ligament, Open Approach
0MN63ZZ	Release Left Wrist Bursa and Ligament, Percutaneous Approach
0MN64ZZ	Release Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MN6XZZ	Release Left Wrist Bursa and Ligament, External Approach
0MN70ZZ	Release Right Hand Bursa and Ligament, Open Approach
0MN73ZZ	Release Right Hand Bursa and Ligament, Percutaneous Approach
0MN74ZZ	Release Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MN7XZZ	Release Right Hand Bursa and Ligament, External Approach
0MN80ZZ	Release Left Hand Bursa and Ligament, Open Approach
0MN83ZZ	Release Left Hand Bursa and Ligament, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MN84ZZ	Release Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MN8XZZ	Release Left Hand Bursa and Ligament, External Approach
0MN90ZZ	Release Right Upper Extremity Bursa and Ligament, Open Approach
0MN93ZZ	Release Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0MN94ZZ	Release Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MN9XZZ	Release Right Upper Extremity Bursa and Ligament, External Approach
0MNB0ZZ	Release Left Upper Extremity Bursa and Ligament, Open Approach
0MNB3ZZ	Release Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0MNB4ZZ	Release Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MNBXZZ	Release Left Upper Extremity Bursa and Ligament, External Approach
0MNC0ZZ	Release Right Trunk Bursa and Ligament, Open Approach
0MNC3ZZ	Release Right Trunk Bursa and Ligament, Percutaneous Approach
0MNC4ZZ	Release Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MNCXZZ	Release Right Trunk Bursa and Ligament, External Approach
0MND0ZZ	Release Left Trunk Bursa and Ligament, Open Approach
0MND3ZZ	Release Left Trunk Bursa and Ligament, Percutaneous Approach
0MND4ZZ	Release Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MNDXZZ	Release Left Trunk Bursa and Ligament, External Approach
0MNF0ZZ	Release Right Thorax Bursa and Ligament, Open Approach
0MNF3ZZ	Release Right Thorax Bursa and Ligament, Percutaneous Approach
0MNF4ZZ	Release Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MNFXXZZ	Release Right Thorax Bursa and Ligament, External Approach
0MNG0ZZ	Release Left Thorax Bursa and Ligament, Open Approach
0MNG3ZZ	Release Left Thorax Bursa and Ligament, Percutaneous Approach
0MNG4ZZ	Release Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MNGXZZ	Release Left Thorax Bursa and Ligament, External Approach
0MNH0ZZ	Release Right Abdomen Bursa and Ligament, Open Approach
0MNH3ZZ	Release Right Abdomen Bursa and Ligament, Percutaneous Approach
0MNH4ZZ	Release Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MNHXZZ	Release Right Abdomen Bursa and Ligament, External Approach
0MNJ0ZZ	Release Left Abdomen Bursa and Ligament, Open Approach
0MNJ3ZZ	Release Left Abdomen Bursa and Ligament, Percutaneous Approach
0MNJ4ZZ	Release Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MNJXZZ	Release Left Abdomen Bursa and Ligament, External Approach
0MNK0ZZ	Release Perineum Bursa and Ligament, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MNK3ZZ	Release Perineum Bursa and Ligament, Percutaneous Approach
0MNK4ZZ	Release Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MNKXZZ	Release Perineum Bursa and Ligament, External Approach
0MNL0ZZ	Release Right Hip Bursa and Ligament, Open Approach
0MNL3ZZ	Release Right Hip Bursa and Ligament, Percutaneous Approach
0MNL4ZZ	Release Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MNLXZZ	Release Right Hip Bursa and Ligament, External Approach
0MNM0ZZ	Release Left Hip Bursa and Ligament, Open Approach
0MNM3ZZ	Release Left Hip Bursa and Ligament, Percutaneous Approach
0MNM4ZZ	Release Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MNMXZZ	Release Left Hip Bursa and Ligament, External Approach
0MNN0ZZ	Release Right Knee Bursa and Ligament, Open Approach
0MNN3ZZ	Release Right Knee Bursa and Ligament, Percutaneous Approach
0MNN4ZZ	Release Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MNNXZZ	Release Right Knee Bursa and Ligament, External Approach
0MNP0ZZ	Release Left Knee Bursa and Ligament, Open Approach
0MNP3ZZ	Release Left Knee Bursa and Ligament, Percutaneous Approach
0MNP4ZZ	Release Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MNPXZZ	Release Left Knee Bursa and Ligament, External Approach
0MNQ0ZZ	Release Right Ankle Bursa and Ligament, Open Approach
0MNQ3ZZ	Release Right Ankle Bursa and Ligament, Percutaneous Approach
0MNQ4ZZ	Release Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MNXQZZ	Release Right Ankle Bursa and Ligament, External Approach
0MNR0ZZ	Release Left Ankle Bursa and Ligament, Open Approach
0MNR3ZZ	Release Left Ankle Bursa and Ligament, Percutaneous Approach
0MNR4ZZ	Release Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MNRXZZ	Release Left Ankle Bursa and Ligament, External Approach
0MNS0ZZ	Release Right Foot Bursa and Ligament, Open Approach
0MNS3ZZ	Release Right Foot Bursa and Ligament, Percutaneous Approach
0MNS4ZZ	Release Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MNSXZZ	Release Right Foot Bursa and Ligament, External Approach
0MNT0ZZ	Release Left Foot Bursa and Ligament, Open Approach
0MNT3ZZ	Release Left Foot Bursa and Ligament, Percutaneous Approach
0MNT4ZZ	Release Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MNTXZZ	Release Left Foot Bursa and Ligament, External Approach
0MNV0ZZ	Release Right Lower Extremity Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MNV3ZZ	Release Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0MNV4ZZ	Release Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MNVXZZ	Release Right Lower Extremity Bursa and Ligament, External Approach
0MNV0ZZ	Release Left Lower Extremity Bursa and Ligament, Open Approach
0MNV3ZZ	Release Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0MNV4ZZ	Release Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MNVXZZ	Release Left Lower Extremity Bursa and Ligament, External Approach
0MPX00Z	Removal of Drainage Device from Upper Bursa and Ligament, Open Approach
0MPX07Z	Removal of Autologous Tissue Substitute from Upper Bursa and Ligament, Open Approach
0MPX0JZ	Removal of Synthetic Substitute from Upper Bursa and Ligament, Open Approach
0MPX0KZ	Removal of Nonautologous Tissue Substitute from Upper Bursa and Ligament, Open Approach
0MPX30Z	Removal of Drainage Device from Upper Bursa and Ligament, Percutaneous Approach
0MPX37Z	Removal of Autologous Tissue Substitute from Upper Bursa and Ligament, Percutaneous Approach
0MPX3JZ	Removal of Synthetic Substitute from Upper Bursa and Ligament, Percutaneous Approach
0MPX3KZ	Removal of Nonautologous Tissue Substitute from Upper Bursa and Ligament, Percutaneous Approach
0MPX40Z	Removal of Drainage Device from Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MPX47Z	Removal of Autologous Tissue Substitute from Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MPX4JZ	Removal of Synthetic Substitute from Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MPX4KZ	Removal of Nonautologous Tissue Substitute from Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MPY00Z	Removal of Drainage Device from Lower Bursa and Ligament, Open Approach
0MPY07Z	Removal of Autologous Tissue Substitute from Lower Bursa and Ligament, Open Approach
0MPY0JZ	Removal of Synthetic Substitute from Lower Bursa and Ligament, Open Approach
0MPY0KZ	Removal of Nonautologous Tissue Substitute from Lower Bursa and Ligament, Open Approach
0MPY30Z	Removal of Drainage Device from Lower Bursa and Ligament, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MPY37Z	Removal of Autologous Tissue Substitute from Lower Bursa and Ligament, Percutaneous Approach
0MPY3JZ	Removal of Synthetic Substitute from Lower Bursa and Ligament, Percutaneous Approach
0MPY3KZ	Removal of Nonautologous Tissue Substitute from Lower Bursa and Ligament, Percutaneous Approach
0MPY40Z	Removal of Drainage Device from Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MPY47Z	Removal of Autologous Tissue Substitute from Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MPY4JZ	Removal of Synthetic Substitute from Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MPY4KZ	Removal of Nonautologous Tissue Substitute from Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ00ZZ	Repair Head and Neck Bursa and Ligament, Open Approach
0MQ03ZZ	Repair Head and Neck Bursa and Ligament, Percutaneous Approach
0MQ04ZZ	Repair Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ10ZZ	Repair Right Shoulder Bursa and Ligament, Open Approach
0MQ13ZZ	Repair Right Shoulder Bursa and Ligament, Percutaneous Approach
0MQ14ZZ	Repair Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ20ZZ	Repair Left Shoulder Bursa and Ligament, Open Approach
0MQ23ZZ	Repair Left Shoulder Bursa and Ligament, Percutaneous Approach
0MQ24ZZ	Repair Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ30ZZ	Repair Right Elbow Bursa and Ligament, Open Approach
0MQ33ZZ	Repair Right Elbow Bursa and Ligament, Percutaneous Approach
0MQ34ZZ	Repair Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ40ZZ	Repair Left Elbow Bursa and Ligament, Open Approach
0MQ43ZZ	Repair Left Elbow Bursa and Ligament, Percutaneous Approach
0MQ44ZZ	Repair Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ50ZZ	Repair Right Wrist Bursa and Ligament, Open Approach
0MQ53ZZ	Repair Right Wrist Bursa and Ligament, Percutaneous Approach
0MQ54ZZ	Repair Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ60ZZ	Repair Left Wrist Bursa and Ligament, Open Approach
0MQ63ZZ	Repair Left Wrist Bursa and Ligament, Percutaneous Approach
0MQ64ZZ	Repair Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ70ZZ	Repair Right Hand Bursa and Ligament, Open Approach
0MQ73ZZ	Repair Right Hand Bursa and Ligament, Percutaneous Approach
0MQ74ZZ	Repair Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MQ80ZZ	Repair Left Hand Bursa and Ligament, Open Approach
0MQ83ZZ	Repair Left Hand Bursa and Ligament, Percutaneous Approach
0MQ84ZZ	Repair Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MQ90ZZ	Repair Right Upper Extremity Bursa and Ligament, Open Approach
0MQ93ZZ	Repair Right Upper Extremity Bursa and Ligament, Percutaneous Approach
0MQ94ZZ	Repair Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MQB0ZZ	Repair Left Upper Extremity Bursa and Ligament, Open Approach
0MQB3ZZ	Repair Left Upper Extremity Bursa and Ligament, Percutaneous Approach
0MQB4ZZ	Repair Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MQC0ZZ	Repair Right Trunk Bursa and Ligament, Open Approach
0MQC3ZZ	Repair Right Trunk Bursa and Ligament, Percutaneous Approach
0MQC4ZZ	Repair Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MQD0ZZ	Repair Left Trunk Bursa and Ligament, Open Approach
0MQD3ZZ	Repair Left Trunk Bursa and Ligament, Percutaneous Approach
0MQD4ZZ	Repair Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MQF0ZZ	Repair Right Thorax Bursa and Ligament, Open Approach
0MQF3ZZ	Repair Right Thorax Bursa and Ligament, Percutaneous Approach
0MQF4ZZ	Repair Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MQG0ZZ	Repair Left Thorax Bursa and Ligament, Open Approach
0MQG3ZZ	Repair Left Thorax Bursa and Ligament, Percutaneous Approach
0MQG4ZZ	Repair Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MQH0ZZ	Repair Right Abdomen Bursa and Ligament, Open Approach
0MQH3ZZ	Repair Right Abdomen Bursa and Ligament, Percutaneous Approach
0MQH4ZZ	Repair Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MQJ0ZZ	Repair Left Abdomen Bursa and Ligament, Open Approach
0MQJ3ZZ	Repair Left Abdomen Bursa and Ligament, Percutaneous Approach
0MQJ4ZZ	Repair Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MQK0ZZ	Repair Perineum Bursa and Ligament, Open Approach
0MQK3ZZ	Repair Perineum Bursa and Ligament, Percutaneous Approach
0MQK4ZZ	Repair Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MQL0ZZ	Repair Right Hip Bursa and Ligament, Open Approach
0MQL3ZZ	Repair Right Hip Bursa and Ligament, Percutaneous Approach
0MQL4ZZ	Repair Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MQM0ZZ	Repair Left Hip Bursa and Ligament, Open Approach
0MQM3ZZ	Repair Left Hip Bursa and Ligament, Percutaneous Approach
0MQM4ZZ	Repair Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MQN0ZZ	Repair Right Knee Bursa and Ligament, Open Approach
0MQN3ZZ	Repair Right Knee Bursa and Ligament, Percutaneous Approach
0MQN4ZZ	Repair Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MQP0ZZ	Repair Left Knee Bursa and Ligament, Open Approach
0MQP3ZZ	Repair Left Knee Bursa and Ligament, Percutaneous Approach
0MQP4ZZ	Repair Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MQQ0ZZ	Repair Right Ankle Bursa and Ligament, Open Approach
0MQQ3ZZ	Repair Right Ankle Bursa and Ligament, Percutaneous Approach
0MQQ4ZZ	Repair Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MQR0ZZ	Repair Left Ankle Bursa and Ligament, Open Approach
0MQR3ZZ	Repair Left Ankle Bursa and Ligament, Percutaneous Approach
0MQR4ZZ	Repair Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MQS0ZZ	Repair Right Foot Bursa and Ligament, Open Approach
0MQS3ZZ	Repair Right Foot Bursa and Ligament, Percutaneous Approach
0MQS4ZZ	Repair Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MQT0ZZ	Repair Left Foot Bursa and Ligament, Open Approach
0MQT3ZZ	Repair Left Foot Bursa and Ligament, Percutaneous Approach
0MQT4ZZ	Repair Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MQV0ZZ	Repair Right Lower Extremity Bursa and Ligament, Open Approach
0MQV3ZZ	Repair Right Lower Extremity Bursa and Ligament, Percutaneous Approach
0MQV4ZZ	Repair Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MQW0ZZ	Repair Left Lower Extremity Bursa and Ligament, Open Approach
0MQW3ZZ	Repair Left Lower Extremity Bursa and Ligament, Percutaneous Approach
0MQW4ZZ	Repair Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MS00ZZ	Reposition Head and Neck Bursa and Ligament, Open Approach
0MS04ZZ	Reposition Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MS10ZZ	Reposition Right Shoulder Bursa and Ligament, Open Approach
0MS14ZZ	Reposition Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MS20ZZ	Reposition Left Shoulder Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MS24ZZ	Reposition Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MS30ZZ	Reposition Right Elbow Bursa and Ligament, Open Approach
0MS34ZZ	Reposition Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MS40ZZ	Reposition Left Elbow Bursa and Ligament, Open Approach
0MS44ZZ	Reposition Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MS50ZZ	Reposition Right Wrist Bursa and Ligament, Open Approach
0MS54ZZ	Reposition Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MS60ZZ	Reposition Left Wrist Bursa and Ligament, Open Approach
0MS64ZZ	Reposition Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MS70ZZ	Reposition Right Hand Bursa and Ligament, Open Approach
0MS74ZZ	Reposition Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MS80ZZ	Reposition Left Hand Bursa and Ligament, Open Approach
0MS84ZZ	Reposition Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MS90ZZ	Reposition Right Upper Extremity Bursa and Ligament, Open Approach
0MS94ZZ	Reposition Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MSB0ZZ	Reposition Left Upper Extremity Bursa and Ligament, Open Approach
0MSB4ZZ	Reposition Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MSC0ZZ	Reposition Right Trunk Bursa and Ligament, Open Approach
0MSC4ZZ	Reposition Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MSD0ZZ	Reposition Left Trunk Bursa and Ligament, Open Approach
0MSD4ZZ	Reposition Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MSF0ZZ	Reposition Right Thorax Bursa and Ligament, Open Approach
0MSF4ZZ	Reposition Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MSG0ZZ	Reposition Left Thorax Bursa and Ligament, Open Approach
0MSG4ZZ	Reposition Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MSH0ZZ	Reposition Right Abdomen Bursa and Ligament, Open Approach
0MSH4ZZ	Reposition Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MSJ0ZZ	Reposition Left Abdomen Bursa and Ligament, Open Approach
0MSJ4ZZ	Reposition Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MSK0ZZ	Reposition Perineum Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MSK4ZZ	Reposition Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MSL0ZZ	Reposition Right Hip Bursa and Ligament, Open Approach
0MSL4ZZ	Reposition Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MSM0ZZ	Reposition Left Hip Bursa and Ligament, Open Approach
0MSM4ZZ	Reposition Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MSN0ZZ	Reposition Right Knee Bursa and Ligament, Open Approach
0MSN4ZZ	Reposition Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MSP0ZZ	Reposition Left Knee Bursa and Ligament, Open Approach
0MSP4ZZ	Reposition Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MSQ0ZZ	Reposition Right Ankle Bursa and Ligament, Open Approach
0MSQ4ZZ	Reposition Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MSR0ZZ	Reposition Left Ankle Bursa and Ligament, Open Approach
0MSR4ZZ	Reposition Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MSS0ZZ	Reposition Right Foot Bursa and Ligament, Open Approach
0MSS4ZZ	Reposition Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MST0ZZ	Reposition Left Foot Bursa and Ligament, Open Approach
0MST4ZZ	Reposition Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MSV0ZZ	Reposition Right Lower Extremity Bursa and Ligament, Open Approach
0MSV4ZZ	Reposition Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MSW0ZZ	Reposition Left Lower Extremity Bursa and Ligament, Open Approach
0MSW4ZZ	Reposition Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MT00ZZ	Resection of Head and Neck Bursa and Ligament, Open Approach
0MT04ZZ	Resection of Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MT10ZZ	Resection of Right Shoulder Bursa and Ligament, Open Approach
0MT14ZZ	Resection of Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MT20ZZ	Resection of Left Shoulder Bursa and Ligament, Open Approach
0MT24ZZ	Resection of Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MT30ZZ	Resection of Right Elbow Bursa and Ligament, Open Approach
0MT34ZZ	Resection of Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MT40ZZ	Resection of Left Elbow Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MT44ZZ	Resection of Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MT70ZZ	Resection of Right Hand Bursa and Ligament, Open Approach
0MT74ZZ	Resection of Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MT80ZZ	Resection of Left Hand Bursa and Ligament, Open Approach
0MT84ZZ	Resection of Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MT90ZZ	Resection of Right Upper Extremity Bursa and Ligament, Open Approach
0MT94ZZ	Resection of Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MTB0ZZ	Resection of Left Upper Extremity Bursa and Ligament, Open Approach
0MTB4ZZ	Resection of Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MTC0ZZ	Resection of Right Trunk Bursa and Ligament, Open Approach
0MTC4ZZ	Resection of Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MTD0ZZ	Resection of Left Trunk Bursa and Ligament, Open Approach
0MTD4ZZ	Resection of Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MTF0ZZ	Resection of Right Thorax Bursa and Ligament, Open Approach
0MTF4ZZ	Resection of Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MTG0ZZ	Resection of Left Thorax Bursa and Ligament, Open Approach
0MTG4ZZ	Resection of Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MTN0ZZ	Resection of Right Knee Bursa and Ligament, Open Approach
0MTN4ZZ	Resection of Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MTP0ZZ	Resection of Left Knee Bursa and Ligament, Open Approach
0MTP4ZZ	Resection of Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MTQ0ZZ	Resection of Right Ankle Bursa and Ligament, Open Approach
0MTQ4ZZ	Resection of Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MTR0ZZ	Resection of Left Ankle Bursa and Ligament, Open Approach
0MTR4ZZ	Resection of Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MTS0ZZ	Resection of Right Foot Bursa and Ligament, Open Approach
0MTS4ZZ	Resection of Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MTT0ZZ	Resection of Left Foot Bursa and Ligament, Open Approach
0MTT4ZZ	Resection of Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MTV0ZZ	Resection of Right Lower Extremity Bursa and Ligament, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
OMTV4ZZ	Resection of Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
OMTW0ZZ	Resection of Left Lower Extremity Bursa and Ligament, Open Approach
OMTW4ZZ	Resection of Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
OMU007Z	Supplement Head and Neck Bursa and Ligament with Autologous Tissue Substitute, Open Approach
OMU00JZ	Supplement Head and Neck Bursa and Ligament with Synthetic Substitute, Open Approach
OMU00KZ	Supplement Head and Neck Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
OMU047Z	Supplement Head and Neck Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU04JZ	Supplement Head and Neck Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
OMU04KZ	Supplement Head and Neck Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU107Z	Supplement Right Shoulder Bursa and Ligament with Autologous Tissue Substitute, Open Approach
OMU10JZ	Supplement Right Shoulder Bursa and Ligament with Synthetic Substitute, Open Approach
OMU10KZ	Supplement Right Shoulder Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
OMU147Z	Supplement Right Shoulder Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU14JZ	Supplement Right Shoulder Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
OMU14KZ	Supplement Right Shoulder Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU207Z	Supplement Left Shoulder Bursa and Ligament with Autologous Tissue Substitute, Open Approach
OMU20JZ	Supplement Left Shoulder Bursa and Ligament with Synthetic Substitute, Open Approach
OMU20KZ	Supplement Left Shoulder Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
OMU247Z	Supplement Left Shoulder Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU24JZ	Supplement Left Shoulder Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
OMU24KZ	Supplement Left Shoulder Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OMU307Z	Supplement Right Elbow Bursa and Ligament with Autologous Tissue Substitute, Open Approach
OMU30JZ	Supplement Right Elbow Bursa and Ligament with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MU30KZ	Supplement Right Elbow Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU347Z	Supplement Right Elbow Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU34JZ	Supplement Right Elbow Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU34KZ	Supplement Right Elbow Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU407Z	Supplement Left Elbow Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MU40JZ	Supplement Left Elbow Bursa and Ligament with Synthetic Substitute, Open Approach
0MU40KZ	Supplement Left Elbow Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU447Z	Supplement Left Elbow Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU44JZ	Supplement Left Elbow Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU44KZ	Supplement Left Elbow Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU507Z	Supplement Right Wrist Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MU50JZ	Supplement Right Wrist Bursa and Ligament with Synthetic Substitute, Open Approach
0MU50KZ	Supplement Right Wrist Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU547Z	Supplement Right Wrist Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU54JZ	Supplement Right Wrist Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU54KZ	Supplement Right Wrist Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU607Z	Supplement Left Wrist Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MU60JZ	Supplement Left Wrist Bursa and Ligament with Synthetic Substitute, Open Approach
0MU60KZ	Supplement Left Wrist Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU647Z	Supplement Left Wrist Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU64JZ	Supplement Left Wrist Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU64KZ	Supplement Left Wrist Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU707Z	Supplement Right Hand Bursa and Ligament with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MU70JZ	Supplement Right Hand Bursa and Ligament with Synthetic Substitute, Open Approach
0MU70KZ	Supplement Right Hand Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU747Z	Supplement Right Hand Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU74JZ	Supplement Right Hand Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU74KZ	Supplement Right Hand Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU807Z	Supplement Left Hand Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MU80JZ	Supplement Left Hand Bursa and Ligament with Synthetic Substitute, Open Approach
0MU80KZ	Supplement Left Hand Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU847Z	Supplement Left Hand Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU84JZ	Supplement Left Hand Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU84KZ	Supplement Left Hand Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU907Z	Supplement Right Upper Extremity Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MU90JZ	Supplement Right Upper Extremity Bursa and Ligament with Synthetic Substitute, Open Approach
0MU90KZ	Supplement Right Upper Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MU947Z	Supplement Right Upper Extremity Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MU94JZ	Supplement Right Upper Extremity Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MU94KZ	Supplement Right Upper Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUB07Z	Supplement Left Upper Extremity Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUB0JZ	Supplement Left Upper Extremity Bursa and Ligament with Synthetic Substitute, Open Approach
0MUB0KZ	Supplement Left Upper Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUB47Z	Supplement Left Upper Extremity Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUB4JZ	Supplement Left Upper Extremity Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUB4KZ	Supplement Left Upper Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MUC07Z	Supplement Right Trunk Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUC0JZ	Supplement Right Trunk Bursa and Ligament with Synthetic Substitute, Open Approach
0MUC0KZ	Supplement Right Trunk Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUC47Z	Supplement Right Trunk Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUC4JZ	Supplement Right Trunk Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUC4KZ	Supplement Right Trunk Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUD07Z	Supplement Left Trunk Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUD0JZ	Supplement Left Trunk Bursa and Ligament with Synthetic Substitute, Open Approach
0MUD0KZ	Supplement Left Trunk Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUD47Z	Supplement Left Trunk Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUD4JZ	Supplement Left Trunk Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUD4KZ	Supplement Left Trunk Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUF07Z	Supplement Right Thorax Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUF0JZ	Supplement Right Thorax Bursa and Ligament with Synthetic Substitute, Open Approach
0MUF0KZ	Supplement Right Thorax Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUF47Z	Supplement Right Thorax Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUF4JZ	Supplement Right Thorax Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUF4KZ	Supplement Right Thorax Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUG07Z	Supplement Left Thorax Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUG0JZ	Supplement Left Thorax Bursa and Ligament with Synthetic Substitute, Open Approach
0MUG0KZ	Supplement Left Thorax Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUG47Z	Supplement Left Thorax Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUG4JZ	Supplement Left Thorax Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MUG4KZ	Supplement Left Thorax Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUH07Z	Supplement Right Abdomen Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUH0JZ	Supplement Right Abdomen Bursa and Ligament with Synthetic Substitute, Open Approach
0MUH0KZ	Supplement Right Abdomen Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUH47Z	Supplement Right Abdomen Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUH4JZ	Supplement Right Abdomen Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUH4KZ	Supplement Right Abdomen Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUJ07Z	Supplement Left Abdomen Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUJ0JZ	Supplement Left Abdomen Bursa and Ligament with Synthetic Substitute, Open Approach
0MUJ0KZ	Supplement Left Abdomen Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUJ47Z	Supplement Left Abdomen Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUJ4JZ	Supplement Left Abdomen Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUJ4KZ	Supplement Left Abdomen Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUK07Z	Supplement Perineum Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUK0JZ	Supplement Perineum Bursa and Ligament with Synthetic Substitute, Open Approach
0MUK0KZ	Supplement Perineum Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUK47Z	Supplement Perineum Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUK4JZ	Supplement Perineum Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUK4KZ	Supplement Perineum Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUL07Z	Supplement Right Hip Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUL0JZ	Supplement Right Hip Bursa and Ligament with Synthetic Substitute, Open Approach
0MUL0KZ	Supplement Right Hip Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUL47Z	Supplement Right Hip Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MUL4JZ	Supplement Right Hip Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUL4KZ	Supplement Right Hip Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUM07Z	Supplement Left Hip Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUM0JZ	Supplement Left Hip Bursa and Ligament with Synthetic Substitute, Open Approach
0MUM0KZ	Supplement Left Hip Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUM47Z	Supplement Left Hip Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUM4JZ	Supplement Left Hip Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUM4KZ	Supplement Left Hip Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUN07Z	Supplement Right Knee Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUN0JZ	Supplement Right Knee Bursa and Ligament with Synthetic Substitute, Open Approach
0MUN0KZ	Supplement Right Knee Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUN47Z	Supplement Right Knee Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUN4JZ	Supplement Right Knee Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUN4KZ	Supplement Right Knee Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUP07Z	Supplement Left Knee Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUP0JZ	Supplement Left Knee Bursa and Ligament with Synthetic Substitute, Open Approach
0MUP0KZ	Supplement Left Knee Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUP47Z	Supplement Left Knee Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUP4JZ	Supplement Left Knee Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUP4KZ	Supplement Left Knee Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUQ07Z	Supplement Right Ankle Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUQ0JZ	Supplement Right Ankle Bursa and Ligament with Synthetic Substitute, Open Approach
0MUQ0KZ	Supplement Right Ankle Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MUQ47Z	Supplement Right Ankle Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUQ4JZ	Supplement Right Ankle Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUQ4KZ	Supplement Right Ankle Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUR07Z	Supplement Left Ankle Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUR0JZ	Supplement Left Ankle Bursa and Ligament with Synthetic Substitute, Open Approach
0MUR0KZ	Supplement Left Ankle Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUR47Z	Supplement Left Ankle Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUR4JZ	Supplement Left Ankle Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUR4KZ	Supplement Left Ankle Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUS07Z	Supplement Right Foot Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUS0JZ	Supplement Right Foot Bursa and Ligament with Synthetic Substitute, Open Approach
0MUS0KZ	Supplement Right Foot Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUS47Z	Supplement Right Foot Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUS4JZ	Supplement Right Foot Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUS4KZ	Supplement Right Foot Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUT07Z	Supplement Left Foot Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUT0JZ	Supplement Left Foot Bursa and Ligament with Synthetic Substitute, Open Approach
0MUT0KZ	Supplement Left Foot Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUT47Z	Supplement Left Foot Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUT4JZ	Supplement Left Foot Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUT4KZ	Supplement Left Foot Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUV07Z	Supplement Right Lower Extremity Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUV0JZ	Supplement Right Lower Extremity Bursa and Ligament with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MUV0KZ	Supplement Right Lower Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUV47Z	Supplement Right Lower Extremity Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUV4JZ	Supplement Right Lower Extremity Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUV4KZ	Supplement Right Lower Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUW07Z	Supplement Left Lower Extremity Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUW0JZ	Supplement Left Lower Extremity Bursa and Ligament with Synthetic Substitute, Open Approach
0MUW0KZ	Supplement Left Lower Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Open Approach
0MUW47Z	Supplement Left Lower Extremity Bursa and Ligament with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0MUW4JZ	Supplement Left Lower Extremity Bursa and Ligament with Synthetic Substitute, Percutaneous Endoscopic Approach
0MUW4KZ	Supplement Left Lower Extremity Bursa and Ligament with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0MWX00Z	Revision of Drainage Device in Upper Bursa and Ligament, Open Approach
0MWX07Z	Revision of Autologous Tissue Substitute in Upper Bursa and Ligament, Open Approach
0MWX0JZ	Revision of Synthetic Substitute in Upper Bursa and Ligament, Open Approach
0MWX0KZ	Revision of Nonautologous Tissue Substitute in Upper Bursa and Ligament, Open Approach
0MWX30Z	Revision of Drainage Device in Upper Bursa and Ligament, Percutaneous Approach
0MWX37Z	Revision of Autologous Tissue Substitute in Upper Bursa and Ligament, Percutaneous Approach
0MWX3JZ	Revision of Synthetic Substitute in Upper Bursa and Ligament, Percutaneous Approach
0MWX3KZ	Revision of Nonautologous Tissue Substitute in Upper Bursa and Ligament, Percutaneous Approach
0MWX40Z	Revision of Drainage Device in Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MWX47Z	Revision of Autologous Tissue Substitute in Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MWX4JZ	Revision of Synthetic Substitute in Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MWX4KZ	Revision of Nonautologous Tissue Substitute in Upper Bursa and Ligament, Percutaneous Endoscopic Approach
0MWY00Z	Revision of Drainage Device in Lower Bursa and Ligament, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MWY07Z	Revision of Autologous Tissue Substitute in Lower Bursa and Ligament, Open Approach
0MWY0JZ	Revision of Synthetic Substitute in Lower Bursa and Ligament, Open Approach
0MWY0KZ	Revision of Nonautologous Tissue Substitute in Lower Bursa and Ligament, Open Approach
0MWY30Z	Revision of Drainage Device in Lower Bursa and Ligament, Percutaneous Approach
0MWY37Z	Revision of Autologous Tissue Substitute in Lower Bursa and Ligament, Percutaneous Approach
0MWY3JZ	Revision of Synthetic Substitute in Lower Bursa and Ligament, Percutaneous Approach
0MWY3KZ	Revision of Nonautologous Tissue Substitute in Lower Bursa and Ligament, Percutaneous Approach
0MWY40Z	Revision of Drainage Device in Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MWY47Z	Revision of Autologous Tissue Substitute in Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MWY4JZ	Revision of Synthetic Substitute in Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MWY4KZ	Revision of Nonautologous Tissue Substitute in Lower Bursa and Ligament, Percutaneous Endoscopic Approach
0MX00ZZ	Transfer Head and Neck Bursa and Ligament, Open Approach
0MX04ZZ	Transfer Head and Neck Bursa and Ligament, Percutaneous Endoscopic Approach
0MX10ZZ	Transfer Right Shoulder Bursa and Ligament, Open Approach
0MX14ZZ	Transfer Right Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MX20ZZ	Transfer Left Shoulder Bursa and Ligament, Open Approach
0MX24ZZ	Transfer Left Shoulder Bursa and Ligament, Percutaneous Endoscopic Approach
0MX30ZZ	Transfer Right Elbow Bursa and Ligament, Open Approach
0MX34ZZ	Transfer Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MX40ZZ	Transfer Left Elbow Bursa and Ligament, Open Approach
0MX44ZZ	Transfer Left Elbow Bursa and Ligament, Percutaneous Endoscopic Approach
0MX50ZZ	Transfer Right Wrist Bursa and Ligament, Open Approach
0MX54ZZ	Transfer Right Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MX60ZZ	Transfer Left Wrist Bursa and Ligament, Open Approach
0MX64ZZ	Transfer Left Wrist Bursa and Ligament, Percutaneous Endoscopic Approach
0MX70ZZ	Transfer Right Hand Bursa and Ligament, Open Approach
0MX74ZZ	Transfer Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MX80ZZ	Transfer Left Hand Bursa and Ligament, Open Approach
0MX84ZZ	Transfer Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach
0MX90ZZ	Transfer Right Upper Extremity Bursa and Ligament, Open Approach
0MX94ZZ	Transfer Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MXB0ZZ	Transfer Left Upper Extremity Bursa and Ligament, Open Approach
0MXB4ZZ	Transfer Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MXC0ZZ	Transfer Right Trunk Bursa and Ligament, Open Approach
0MXC4ZZ	Transfer Right Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MXD0ZZ	Transfer Left Trunk Bursa and Ligament, Open Approach
0MXD4ZZ	Transfer Left Trunk Bursa and Ligament, Percutaneous Endoscopic Approach
0MXF0ZZ	Transfer Right Thorax Bursa and Ligament, Open Approach
0MXF4ZZ	Transfer Right Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MXG0ZZ	Transfer Left Thorax Bursa and Ligament, Open Approach
0MXG4ZZ	Transfer Left Thorax Bursa and Ligament, Percutaneous Endoscopic Approach
0MXH0ZZ	Transfer Right Abdomen Bursa and Ligament, Open Approach
0MXH4ZZ	Transfer Right Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MXJ0ZZ	Transfer Left Abdomen Bursa and Ligament, Open Approach
0MXJ4ZZ	Transfer Left Abdomen Bursa and Ligament, Percutaneous Endoscopic Approach
0MXK0ZZ	Transfer Perineum Bursa and Ligament, Open Approach
0MXK4ZZ	Transfer Perineum Bursa and Ligament, Percutaneous Endoscopic Approach
0MXL0ZZ	Transfer Right Hip Bursa and Ligament, Open Approach
0MXL4ZZ	Transfer Right Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MXM0ZZ	Transfer Left Hip Bursa and Ligament, Open Approach
0MXM4ZZ	Transfer Left Hip Bursa and Ligament, Percutaneous Endoscopic Approach
0MXN0ZZ	Transfer Right Knee Bursa and Ligament, Open Approach
0MXN4ZZ	Transfer Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MXP0ZZ	Transfer Left Knee Bursa and Ligament, Open Approach
0MXP4ZZ	Transfer Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach
0MXQ0ZZ	Transfer Right Ankle Bursa and Ligament, Open Approach
0MXQ4ZZ	Transfer Right Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MXR0ZZ	Transfer Left Ankle Bursa and Ligament, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0MXR4ZZ	Transfer Left Ankle Bursa and Ligament, Percutaneous Endoscopic Approach
0MXS0ZZ	Transfer Right Foot Bursa and Ligament, Open Approach
0MXS4ZZ	Transfer Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MXT0ZZ	Transfer Left Foot Bursa and Ligament, Open Approach
0MXT4ZZ	Transfer Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach
0MXV0ZZ	Transfer Right Lower Extremity Bursa and Ligament, Open Approach
0MXV4ZZ	Transfer Right Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0MXW0ZZ	Transfer Left Lower Extremity Bursa and Ligament, Open Approach
0MXW4ZZ	Transfer Left Lower Extremity Bursa and Ligament, Percutaneous Endoscopic Approach
0N5C0ZZ	Destruction of Right Sphenoid Bone, Open Approach
0N5C3ZZ	Destruction of Right Sphenoid Bone, Percutaneous Approach
0N5C4ZZ	Destruction of Right Sphenoid Bone, Percutaneous Endoscopic Approach
0N5F0ZZ	Destruction of Right Ethmoid Bone, Open Approach
0N5F3ZZ	Destruction of Right Ethmoid Bone, Percutaneous Approach
0N5F4ZZ	Destruction of Right Ethmoid Bone, Percutaneous Endoscopic Approach
0N5G0ZZ	Destruction of Left Ethmoid Bone, Open Approach
0N5G3ZZ	Destruction of Left Ethmoid Bone, Percutaneous Approach
0N5G4ZZ	Destruction of Left Ethmoid Bone, Percutaneous Endoscopic Approach
0N5H0ZZ	Destruction of Right Lacrimal Bone, Open Approach
0N5H3ZZ	Destruction of Right Lacrimal Bone, Percutaneous Approach
0N5H4ZZ	Destruction of Right Lacrimal Bone, Percutaneous Endoscopic Approach
0N5J0ZZ	Destruction of Left Lacrimal Bone, Open Approach
0N5J3ZZ	Destruction of Left Lacrimal Bone, Percutaneous Approach
0N5J4ZZ	Destruction of Left Lacrimal Bone, Percutaneous Endoscopic Approach
0N5K0ZZ	Destruction of Right Palatine Bone, Open Approach
0N5K3ZZ	Destruction of Right Palatine Bone, Percutaneous Approach
0N5K4ZZ	Destruction of Right Palatine Bone, Percutaneous Endoscopic Approach
0N5L0ZZ	Destruction of Left Palatine Bone, Open Approach
0N5L3ZZ	Destruction of Left Palatine Bone, Percutaneous Approach
0N5L4ZZ	Destruction of Left Palatine Bone, Percutaneous Endoscopic Approach
0N5M0ZZ	Destruction of Right Zygomatic Bone, Open Approach
0N5M3ZZ	Destruction of Right Zygomatic Bone, Percutaneous Approach
0N5M4ZZ	Destruction of Right Zygomatic Bone, Percutaneous Endoscopic Approach
0N5N0ZZ	Destruction of Left Zygomatic Bone, Open Approach
0N5N3ZZ	Destruction of Left Zygomatic Bone, Percutaneous Approach
0N5N4ZZ	Destruction of Left Zygomatic Bone, Percutaneous Endoscopic Approach
0N5P0ZZ	Destruction of Right Orbit, Open Approach
0N5P3ZZ	Destruction of Right Orbit, Percutaneous Approach
0N5P4ZZ	Destruction of Right Orbit, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0N5Q0ZZ	Destruction of Left Orbit, Open Approach
0N5Q3ZZ	Destruction of Left Orbit, Percutaneous Approach
0N5Q4ZZ	Destruction of Left Orbit, Percutaneous Endoscopic Approach
0N5R0ZZ	Destruction of Right Maxilla, Open Approach
0N5R3ZZ	Destruction of Right Maxilla, Percutaneous Approach
0N5R4ZZ	Destruction of Right Maxilla, Percutaneous Endoscopic Approach
0N5T0ZZ	Destruction of Right Mandible, Open Approach
0N5T3ZZ	Destruction of Right Mandible, Percutaneous Approach
0N5T4ZZ	Destruction of Right Mandible, Percutaneous Endoscopic Approach
0N5V0ZZ	Destruction of Left Mandible, Open Approach
0N5V3ZZ	Destruction of Left Mandible, Percutaneous Approach
0N5V4ZZ	Destruction of Left Mandible, Percutaneous Endoscopic Approach
0N5X0ZZ	Destruction of Hyoid Bone, Open Approach
0N5X3ZZ	Destruction of Hyoid Bone, Percutaneous Approach
0N5X4ZZ	Destruction of Hyoid Bone, Percutaneous Endoscopic Approach
0N8C0ZZ	Division of Right Sphenoid Bone, Open Approach
0N8C3ZZ	Division of Right Sphenoid Bone, Percutaneous Approach
0N8C4ZZ	Division of Right Sphenoid Bone, Percutaneous Endoscopic Approach
0N8F0ZZ	Division of Right Ethmoid Bone, Open Approach
0N8F3ZZ	Division of Right Ethmoid Bone, Percutaneous Approach
0N8F4ZZ	Division of Right Ethmoid Bone, Percutaneous Endoscopic Approach
0N8G0ZZ	Division of Left Ethmoid Bone, Open Approach
0N8G3ZZ	Division of Left Ethmoid Bone, Percutaneous Approach
0N8G4ZZ	Division of Left Ethmoid Bone, Percutaneous Endoscopic Approach
0N8H0ZZ	Division of Right Lacrimal Bone, Open Approach
0N8H3ZZ	Division of Right Lacrimal Bone, Percutaneous Approach
0N8H4ZZ	Division of Right Lacrimal Bone, Percutaneous Endoscopic Approach
0N8J0ZZ	Division of Left Lacrimal Bone, Open Approach
0N8J3ZZ	Division of Left Lacrimal Bone, Percutaneous Approach
0N8J4ZZ	Division of Left Lacrimal Bone, Percutaneous Endoscopic Approach
0N8K0ZZ	Division of Right Palatine Bone, Open Approach
0N8K3ZZ	Division of Right Palatine Bone, Percutaneous Approach
0N8K4ZZ	Division of Right Palatine Bone, Percutaneous Endoscopic Approach
0N8L0ZZ	Division of Left Palatine Bone, Open Approach
0N8L3ZZ	Division of Left Palatine Bone, Percutaneous Approach
0N8L4ZZ	Division of Left Palatine Bone, Percutaneous Endoscopic Approach
0N8M0ZZ	Division of Right Zygomatic Bone, Open Approach
0N8M3ZZ	Division of Right Zygomatic Bone, Percutaneous Approach
0N8M4ZZ	Division of Right Zygomatic Bone, Percutaneous Endoscopic Approach
0N8N0ZZ	Division of Left Zygomatic Bone, Open Approach
0N8N3ZZ	Division of Left Zygomatic Bone, Percutaneous Approach
0N8N4ZZ	Division of Left Zygomatic Bone, Percutaneous Endoscopic Approach
0N8R0ZZ	Division of Right Maxilla, Open Approach
0N8R3ZZ	Division of Right Maxilla, Percutaneous Approach
0N8R4ZZ	Division of Right Maxilla, Percutaneous Endoscopic Approach
0N8T0ZZ	Division of Right Mandible, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0N8T3ZZ	Division of Right Mandible, Percutaneous Approach
0N8T4ZZ	Division of Right Mandible, Percutaneous Endoscopic Approach
0N8V0ZZ	Division of Left Mandible, Open Approach
0N8V3ZZ	Division of Left Mandible, Percutaneous Approach
0N8V4ZZ	Division of Left Mandible, Percutaneous Endoscopic Approach
0N8X0ZZ	Division of Hyoid Bone, Open Approach
0N8X3ZZ	Division of Hyoid Bone, Percutaneous Approach
0N8X4ZZ	Division of Hyoid Bone, Percutaneous Endoscopic Approach
0N9C00Z	Drainage of Right Sphenoid Bone with Drainage Device, Open Approach
0N9C0ZX	Drainage of Right Sphenoid Bone, Open Approach, Diagnostic
0N9C0ZZ	Drainage of Right Sphenoid Bone, Open Approach
0N9C30Z	Drainage of Right Sphenoid Bone with Drainage Device, Percutaneous Approach
0N9C3ZX	Drainage of Right Sphenoid Bone, Percutaneous Approach, Diagnostic
0N9C3ZZ	Drainage of Right Sphenoid Bone, Percutaneous Approach
0N9C40Z	Drainage of Right Sphenoid Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9C4ZX	Drainage of Right Sphenoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9C4ZZ	Drainage of Right Sphenoid Bone, Percutaneous Endoscopic Approach
0N9F00Z	Drainage of Right Ethmoid Bone with Drainage Device, Open Approach
0N9F0ZX	Drainage of Right Ethmoid Bone, Open Approach, Diagnostic
0N9F0ZZ	Drainage of Right Ethmoid Bone, Open Approach
0N9F30Z	Drainage of Right Ethmoid Bone with Drainage Device, Percutaneous Approach
0N9F3ZX	Drainage of Right Ethmoid Bone, Percutaneous Approach, Diagnostic
0N9F3ZZ	Drainage of Right Ethmoid Bone, Percutaneous Approach
0N9F40Z	Drainage of Right Ethmoid Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9F4ZX	Drainage of Right Ethmoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9F4ZZ	Drainage of Right Ethmoid Bone, Percutaneous Endoscopic Approach
0N9G00Z	Drainage of Left Ethmoid Bone with Drainage Device, Open Approach
0N9G0ZX	Drainage of Left Ethmoid Bone, Open Approach, Diagnostic
0N9G0ZZ	Drainage of Left Ethmoid Bone, Open Approach
0N9G30Z	Drainage of Left Ethmoid Bone with Drainage Device, Percutaneous Approach
0N9G3ZX	Drainage of Left Ethmoid Bone, Percutaneous Approach, Diagnostic
0N9G3ZZ	Drainage of Left Ethmoid Bone, Percutaneous Approach
0N9G40Z	Drainage of Left Ethmoid Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9G4ZX	Drainage of Left Ethmoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9G4ZZ	Drainage of Left Ethmoid Bone, Percutaneous Endoscopic Approach
0N9H00Z	Drainage of Right Lacrimal Bone with Drainage Device, Open Approach
0N9H0ZX	Drainage of Right Lacrimal Bone, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0N9H0ZZ	Drainage of Right Lacrimal Bone, Open Approach
0N9H30Z	Drainage of Right Lacrimal Bone with Drainage Device, Percutaneous Approach
0N9H3ZX	Drainage of Right Lacrimal Bone, Percutaneous Approach, Diagnostic
0N9H3ZZ	Drainage of Right Lacrimal Bone, Percutaneous Approach
0N9H40Z	Drainage of Right Lacrimal Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9H4ZX	Drainage of Right Lacrimal Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9H4ZZ	Drainage of Right Lacrimal Bone, Percutaneous Endoscopic Approach
0N9J00Z	Drainage of Left Lacrimal Bone with Drainage Device, Open Approach
0N9J0ZX	Drainage of Left Lacrimal Bone, Open Approach, Diagnostic
0N9J0ZZ	Drainage of Left Lacrimal Bone, Open Approach
0N9J30Z	Drainage of Left Lacrimal Bone with Drainage Device, Percutaneous Approach
0N9J3ZX	Drainage of Left Lacrimal Bone, Percutaneous Approach, Diagnostic
0N9J3ZZ	Drainage of Left Lacrimal Bone, Percutaneous Approach
0N9J40Z	Drainage of Left Lacrimal Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9J4ZX	Drainage of Left Lacrimal Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9J4ZZ	Drainage of Left Lacrimal Bone, Percutaneous Endoscopic Approach
0N9K00Z	Drainage of Right Palatine Bone with Drainage Device, Open Approach
0N9K0ZX	Drainage of Right Palatine Bone, Open Approach, Diagnostic
0N9K0ZZ	Drainage of Right Palatine Bone, Open Approach
0N9K30Z	Drainage of Right Palatine Bone with Drainage Device, Percutaneous Approach
0N9K3ZX	Drainage of Right Palatine Bone, Percutaneous Approach, Diagnostic
0N9K3ZZ	Drainage of Right Palatine Bone, Percutaneous Approach
0N9K40Z	Drainage of Right Palatine Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9K4ZX	Drainage of Right Palatine Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9K4ZZ	Drainage of Right Palatine Bone, Percutaneous Endoscopic Approach
0N9L00Z	Drainage of Left Palatine Bone with Drainage Device, Open Approach
0N9L0ZX	Drainage of Left Palatine Bone, Open Approach, Diagnostic
0N9L0ZZ	Drainage of Left Palatine Bone, Open Approach
0N9L30Z	Drainage of Left Palatine Bone with Drainage Device, Percutaneous Approach
0N9L3ZX	Drainage of Left Palatine Bone, Percutaneous Approach, Diagnostic
0N9L3ZZ	Drainage of Left Palatine Bone, Percutaneous Approach
0N9L40Z	Drainage of Left Palatine Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9L4ZX	Drainage of Left Palatine Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9L4ZZ	Drainage of Left Palatine Bone, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0N9M00Z	Drainage of Right Zygomatic Bone with Drainage Device, Open Approach
0N9M0ZX	Drainage of Right Zygomatic Bone, Open Approach, Diagnostic
0N9M0ZZ	Drainage of Right Zygomatic Bone, Open Approach
0N9M30Z	Drainage of Right Zygomatic Bone with Drainage Device, Percutaneous Approach
0N9M3ZX	Drainage of Right Zygomatic Bone, Percutaneous Approach, Diagnostic
0N9M3ZZ	Drainage of Right Zygomatic Bone, Percutaneous Approach
0N9M40Z	Drainage of Right Zygomatic Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9M4ZX	Drainage of Right Zygomatic Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9M4ZZ	Drainage of Right Zygomatic Bone, Percutaneous Endoscopic Approach
0N9N00Z	Drainage of Left Zygomatic Bone with Drainage Device, Open Approach
0N9N0ZX	Drainage of Left Zygomatic Bone, Open Approach, Diagnostic
0N9N0ZZ	Drainage of Left Zygomatic Bone, Open Approach
0N9N30Z	Drainage of Left Zygomatic Bone with Drainage Device, Percutaneous Approach
0N9N3ZX	Drainage of Left Zygomatic Bone, Percutaneous Approach, Diagnostic
0N9N3ZZ	Drainage of Left Zygomatic Bone, Percutaneous Approach
0N9N40Z	Drainage of Left Zygomatic Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9N4ZX	Drainage of Left Zygomatic Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9N4ZZ	Drainage of Left Zygomatic Bone, Percutaneous Endoscopic Approach
0N9P3ZZ	Drainage of Right Orbit, Percutaneous Approach
0N9Q3ZZ	Drainage of Left Orbit, Percutaneous Approach
0N9R00Z	Drainage of Right Maxilla with Drainage Device, Open Approach
0N9R0ZX	Drainage of Right Maxilla, Open Approach, Diagnostic
0N9R0ZZ	Drainage of Right Maxilla, Open Approach
0N9R30Z	Drainage of Right Maxilla with Drainage Device, Percutaneous Approach
0N9R3ZX	Drainage of Right Maxilla, Percutaneous Approach, Diagnostic
0N9R3ZZ	Drainage of Right Maxilla, Percutaneous Approach
0N9R40Z	Drainage of Right Maxilla with Drainage Device, Percutaneous Endoscopic Approach
0N9R4ZX	Drainage of Right Maxilla, Percutaneous Endoscopic Approach, Diagnostic
0N9R4ZZ	Drainage of Right Maxilla, Percutaneous Endoscopic Approach
0N9T00Z	Drainage of Right Mandible with Drainage Device, Open Approach
0N9T0ZX	Drainage of Right Mandible, Open Approach, Diagnostic
0N9T0ZZ	Drainage of Right Mandible, Open Approach
0N9T30Z	Drainage of Right Mandible with Drainage Device, Percutaneous Approach
0N9T3ZX	Drainage of Right Mandible, Percutaneous Approach, Diagnostic
0N9T3ZZ	Drainage of Right Mandible, Percutaneous Approach
0N9T40Z	Drainage of Right Mandible with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0N9T4ZX	Drainage of Right Mandible, Percutaneous Endoscopic Approach, Diagnostic
0N9T4ZZ	Drainage of Right Mandible, Percutaneous Endoscopic Approach
0N9V00Z	Drainage of Left Mandible with Drainage Device, Open Approach
0N9V0ZX	Drainage of Left Mandible, Open Approach, Diagnostic
0N9V0ZZ	Drainage of Left Mandible, Open Approach
0N9V30Z	Drainage of Left Mandible with Drainage Device, Percutaneous Approach
0N9V3ZX	Drainage of Left Mandible, Percutaneous Approach, Diagnostic
0N9V3ZZ	Drainage of Left Mandible, Percutaneous Approach
0N9V40Z	Drainage of Left Mandible with Drainage Device, Percutaneous Endoscopic Approach
0N9V4ZX	Drainage of Left Mandible, Percutaneous Endoscopic Approach, Diagnostic
0N9V4ZZ	Drainage of Left Mandible, Percutaneous Endoscopic Approach
0N9X00Z	Drainage of Hyoid Bone with Drainage Device, Open Approach
0N9X0ZX	Drainage of Hyoid Bone, Open Approach, Diagnostic
0N9X0ZZ	Drainage of Hyoid Bone, Open Approach
0N9X30Z	Drainage of Hyoid Bone with Drainage Device, Percutaneous Approach
0N9X3ZX	Drainage of Hyoid Bone, Percutaneous Approach, Diagnostic
0N9X3ZZ	Drainage of Hyoid Bone, Percutaneous Approach
0N9X40Z	Drainage of Hyoid Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9X4ZX	Drainage of Hyoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9X4ZZ	Drainage of Hyoid Bone, Percutaneous Endoscopic Approach
0NBC0ZX	Excision of Right Sphenoid Bone, Open Approach, Diagnostic
0NBC3ZX	Excision of Right Sphenoid Bone, Percutaneous Approach, Diagnostic
0NBC4ZX	Excision of Right Sphenoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBF0ZX	Excision of Right Ethmoid Bone, Open Approach, Diagnostic
0NBF3ZX	Excision of Right Ethmoid Bone, Percutaneous Approach, Diagnostic
0NBF4ZX	Excision of Right Ethmoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBG0ZX	Excision of Left Ethmoid Bone, Open Approach, Diagnostic
0NBG3ZX	Excision of Left Ethmoid Bone, Percutaneous Approach, Diagnostic
0NBG4ZX	Excision of Left Ethmoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBH0ZX	Excision of Right Lacrimal Bone, Open Approach, Diagnostic
0NBH3ZX	Excision of Right Lacrimal Bone, Percutaneous Approach, Diagnostic
0NBH4ZX	Excision of Right Lacrimal Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBJ0ZX	Excision of Left Lacrimal Bone, Open Approach, Diagnostic
0NBJ3ZX	Excision of Left Lacrimal Bone, Percutaneous Approach, Diagnostic
0NBJ4ZX	Excision of Left Lacrimal Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBK0ZX	Excision of Right Palatine Bone, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NBK3ZX	Excision of Right Palatine Bone, Percutaneous Approach, Diagnostic
0NBK4ZX	Excision of Right Palatine Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBL0ZX	Excision of Left Palatine Bone, Open Approach, Diagnostic
0NBL3ZX	Excision of Left Palatine Bone, Percutaneous Approach, Diagnostic
0NBL4ZX	Excision of Left Palatine Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBM0ZX	Excision of Right Zygomatic Bone, Open Approach, Diagnostic
0NBM3ZX	Excision of Right Zygomatic Bone, Percutaneous Approach, Diagnostic
0NBM4ZX	Excision of Right Zygomatic Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBN0ZX	Excision of Left Zygomatic Bone, Open Approach, Diagnostic
0NBN3ZX	Excision of Left Zygomatic Bone, Percutaneous Approach, Diagnostic
0NBN4ZX	Excision of Left Zygomatic Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBR0ZX	Excision of Right Maxilla, Open Approach, Diagnostic
0NBR3ZX	Excision of Right Maxilla, Percutaneous Approach, Diagnostic
0NBR4ZX	Excision of Right Maxilla, Percutaneous Endoscopic Approach, Diagnostic
0NBT0ZX	Excision of Right Mandible, Open Approach, Diagnostic
0NBT0ZZ	Excision of Right Mandible, Open Approach
0NBT3ZX	Excision of Right Mandible, Percutaneous Approach, Diagnostic
0NBT3ZZ	Excision of Right Mandible, Percutaneous Approach
0NBT4ZX	Excision of Right Mandible, Percutaneous Endoscopic Approach, Diagnostic
0NBT4ZZ	Excision of Right Mandible, Percutaneous Endoscopic Approach
0NBV0ZX	Excision of Left Mandible, Open Approach, Diagnostic
0NBV0ZZ	Excision of Left Mandible, Open Approach
0NBV3ZX	Excision of Left Mandible, Percutaneous Approach, Diagnostic
0NBV3ZZ	Excision of Left Mandible, Percutaneous Approach
0NBV4ZX	Excision of Left Mandible, Percutaneous Endoscopic Approach, Diagnostic
0NBV4ZZ	Excision of Left Mandible, Percutaneous Endoscopic Approach
0NBX0ZX	Excision of Hyoid Bone, Open Approach, Diagnostic
0NBX3ZX	Excision of Hyoid Bone, Percutaneous Approach, Diagnostic
0NBX4ZX	Excision of Hyoid Bone, Percutaneous Endoscopic Approach, Diagnostic
0NCC0ZZ	Extirpation of Matter from Right Sphenoid Bone, Open Approach
0NCC3ZZ	Extirpation of Matter from Right Sphenoid Bone, Percutaneous Approach
0NCC4ZZ	Extirpation of Matter from Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NCF0ZZ	Extirpation of Matter from Right Ethmoid Bone, Open Approach
0NCF3ZZ	Extirpation of Matter from Right Ethmoid Bone, Percutaneous Approach
0NCF4ZZ	Extirpation of Matter from Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NCG0ZZ	Extirpation of Matter from Left Ethmoid Bone, Open Approach
0NCG3ZZ	Extirpation of Matter from Left Ethmoid Bone, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NCG4ZZ	Extirpation of Matter from Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NCH0ZZ	Extirpation of Matter from Right Lacrimal Bone, Open Approach
0NCH3ZZ	Extirpation of Matter from Right Lacrimal Bone, Percutaneous Approach
0NCH4ZZ	Extirpation of Matter from Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NCJ0ZZ	Extirpation of Matter from Left Lacrimal Bone, Open Approach
0NCJ3ZZ	Extirpation of Matter from Left Lacrimal Bone, Percutaneous Approach
0NCJ4ZZ	Extirpation of Matter from Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NCK0ZZ	Extirpation of Matter from Right Palatine Bone, Open Approach
0NCK3ZZ	Extirpation of Matter from Right Palatine Bone, Percutaneous Approach
0NCK4ZZ	Extirpation of Matter from Right Palatine Bone, Percutaneous Endoscopic Approach
0NCL0ZZ	Extirpation of Matter from Left Palatine Bone, Open Approach
0NCL3ZZ	Extirpation of Matter from Left Palatine Bone, Percutaneous Approach
0NCL4ZZ	Extirpation of Matter from Left Palatine Bone, Percutaneous Endoscopic Approach
0NCM0ZZ	Extirpation of Matter from Right Zygomatic Bone, Open Approach
0NCM3ZZ	Extirpation of Matter from Right Zygomatic Bone, Percutaneous Approach
0NCM4ZZ	Extirpation of Matter from Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NCN0ZZ	Extirpation of Matter from Left Zygomatic Bone, Open Approach
0NCN3ZZ	Extirpation of Matter from Left Zygomatic Bone, Percutaneous Approach
0NCN4ZZ	Extirpation of Matter from Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NCP0ZZ	Extirpation of Matter from Right Orbit, Open Approach
0NCP3ZZ	Extirpation of Matter from Right Orbit, Percutaneous Approach
0NCP4ZZ	Extirpation of Matter from Right Orbit, Percutaneous Endoscopic Approach
0NCQ0ZZ	Extirpation of Matter from Left Orbit, Open Approach
0NCQ3ZZ	Extirpation of Matter from Left Orbit, Percutaneous Approach
0NCQ4ZZ	Extirpation of Matter from Left Orbit, Percutaneous Endoscopic Approach
0NCR0ZZ	Extirpation of Matter from Right Maxilla, Open Approach
0NCR3ZZ	Extirpation of Matter from Right Maxilla, Percutaneous Approach
0NCR4ZZ	Extirpation of Matter from Right Maxilla, Percutaneous Endoscopic Approach
0NCT0ZZ	Extirpation of Matter from Right Mandible, Open Approach
0NCT3ZZ	Extirpation of Matter from Right Mandible, Percutaneous Approach
0NCT4ZZ	Extirpation of Matter from Right Mandible, Percutaneous Endoscopic Approach
0NCV0ZZ	Extirpation of Matter from Left Mandible, Open Approach
0NCV3ZZ	Extirpation of Matter from Left Mandible, Percutaneous Approach
0NCV4ZZ	Extirpation of Matter from Left Mandible, Percutaneous Endoscopic Approach
0NCX0ZZ	Extirpation of Matter from Hyoid Bone, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NCX3ZZ	Extirpation of Matter from Hyoid Bone, Percutaneous Approach
0NCX4ZZ	Extirpation of Matter from Hyoid Bone, Percutaneous Endoscopic Approach
0NHC04Z	Insertion of Internal Fixation Device into Right Sphenoid Bone, Open Approach
0NHC34Z	Insertion of Internal Fixation Device into Right Sphenoid Bone, Percutaneous Approach
0NHC44Z	Insertion of Internal Fixation Device into Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NHF04Z	Insertion of Internal Fixation Device into Right Ethmoid Bone, Open Approach
0NHF34Z	Insertion of Internal Fixation Device into Right Ethmoid Bone, Percutaneous Approach
0NHF44Z	Insertion of Internal Fixation Device into Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NHG04Z	Insertion of Internal Fixation Device into Left Ethmoid Bone, Open Approach
0NHG34Z	Insertion of Internal Fixation Device into Left Ethmoid Bone, Percutaneous Approach
0NHG44Z	Insertion of Internal Fixation Device into Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NHH04Z	Insertion of Internal Fixation Device into Right Lacrimal Bone, Open Approach
0NHH34Z	Insertion of Internal Fixation Device into Right Lacrimal Bone, Percutaneous Approach
0NHH44Z	Insertion of Internal Fixation Device into Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NHJ04Z	Insertion of Internal Fixation Device into Left Lacrimal Bone, Open Approach
0NHJ34Z	Insertion of Internal Fixation Device into Left Lacrimal Bone, Percutaneous Approach
0NHJ44Z	Insertion of Internal Fixation Device into Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NHK04Z	Insertion of Internal Fixation Device into Right Palatine Bone, Open Approach
0NHK34Z	Insertion of Internal Fixation Device into Right Palatine Bone, Percutaneous Approach
0NHK44Z	Insertion of Internal Fixation Device into Right Palatine Bone, Percutaneous Endoscopic Approach
0NHL04Z	Insertion of Internal Fixation Device into Left Palatine Bone, Open Approach
0NHL34Z	Insertion of Internal Fixation Device into Left Palatine Bone, Percutaneous Approach
0NHL44Z	Insertion of Internal Fixation Device into Left Palatine Bone, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NHM04Z	Insertion of Internal Fixation Device into Right Zygomatic Bone, Open Approach
0NHM34Z	Insertion of Internal Fixation Device into Right Zygomatic Bone, Percutaneous Approach
0NHM44Z	Insertion of Internal Fixation Device into Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NHN04Z	Insertion of Internal Fixation Device into Left Zygomatic Bone, Open Approach
0NHN34Z	Insertion of Internal Fixation Device into Left Zygomatic Bone, Percutaneous Approach
0NHN44Z	Insertion of Internal Fixation Device into Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NHPO4Z	Insertion of Internal Fixation Device into Right Orbit, Open Approach
0NHPO4Z	Insertion of Internal Fixation Device into Right Orbit, Percutaneous Approach
0NHPO4Z	Insertion of Internal Fixation Device into Right Orbit, Percutaneous Endoscopic Approach
0NHQ04Z	Insertion of Internal Fixation Device into Left Orbit, Open Approach
0NHQ34Z	Insertion of Internal Fixation Device into Left Orbit, Percutaneous Approach
0NHQ44Z	Insertion of Internal Fixation Device into Left Orbit, Percutaneous Endoscopic Approach
0NHR04Z	Insertion of Internal Fixation Device into Right Maxilla, Open Approach
0NHR05Z	Insertion of External Fixation Device into Right Maxilla, Open Approach
0NHR34Z	Insertion of Internal Fixation Device into Right Maxilla, Percutaneous Approach
0NHR35Z	Insertion of External Fixation Device into Right Maxilla, Percutaneous Approach
0NHR44Z	Insertion of Internal Fixation Device into Right Maxilla, Percutaneous Endoscopic Approach
0NHR45Z	Insertion of External Fixation Device into Right Maxilla, Percutaneous Endoscopic Approach
0NHT04Z	Insertion of Internal Fixation Device into Right Mandible, Open Approach
0NHT05Z	Insertion of External Fixation Device into Right Mandible, Open Approach
0NHT34Z	Insertion of Internal Fixation Device into Right Mandible, Percutaneous Approach
0NHT35Z	Insertion of External Fixation Device into Right Mandible, Percutaneous Approach
0NHT44Z	Insertion of Internal Fixation Device into Right Mandible, Percutaneous Endoscopic Approach
0NHT45Z	Insertion of External Fixation Device into Right Mandible, Percutaneous Endoscopic Approach
0NHV04Z	Insertion of Internal Fixation Device into Left Mandible, Open Approach
0NHV05Z	Insertion of External Fixation Device into Left Mandible, Open Approach
0NHV34Z	Insertion of Internal Fixation Device into Left Mandible, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NHV35Z	Insertion of External Fixation Device into Left Mandible, Percutaneous Approach
0NHV44Z	Insertion of Internal Fixation Device into Left Mandible, Percutaneous Endoscopic Approach
0NHV45Z	Insertion of External Fixation Device into Left Mandible, Percutaneous Endoscopic Approach
0NHW0MZ	Insertion of Bone Growth Stimulator into Facial Bone, Open Approach
0NHW3MZ	Insertion of Bone Growth Stimulator into Facial Bone, Percutaneous Approach
0NHW4MZ	Insertion of Bone Growth Stimulator into Facial Bone, Percutaneous Endoscopic Approach
0NHX04Z	Insertion of Internal Fixation Device into Hyoid Bone, Open Approach
0NHX34Z	Insertion of Internal Fixation Device into Hyoid Bone, Percutaneous Approach
0NHX44Z	Insertion of Internal Fixation Device into Hyoid Bone, Percutaneous Endoscopic Approach
0NJW0ZZ	Inspection of Facial Bone, Open Approach
0NJW3ZZ	Inspection of Facial Bone, Percutaneous Approach
0NJW4ZZ	Inspection of Facial Bone, Percutaneous Endoscopic Approach
0NNC0ZZ	Release Right Sphenoid Bone, Open Approach
0NNC3ZZ	Release Right Sphenoid Bone, Percutaneous Approach
0NNC4ZZ	Release Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NNF0ZZ	Release Right Ethmoid Bone, Open Approach
0NNF3ZZ	Release Right Ethmoid Bone, Percutaneous Approach
0NNF4ZZ	Release Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NNG0ZZ	Release Left Ethmoid Bone, Open Approach
0NNG3ZZ	Release Left Ethmoid Bone, Percutaneous Approach
0NNG4ZZ	Release Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NNH0ZZ	Release Right Lacrimal Bone, Open Approach
0NNH3ZZ	Release Right Lacrimal Bone, Percutaneous Approach
0NNH4ZZ	Release Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NNJ0ZZ	Release Left Lacrimal Bone, Open Approach
0NNJ3ZZ	Release Left Lacrimal Bone, Percutaneous Approach
0NNJ4ZZ	Release Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NNK0ZZ	Release Right Palatine Bone, Open Approach
0NNK3ZZ	Release Right Palatine Bone, Percutaneous Approach
0NNK4ZZ	Release Right Palatine Bone, Percutaneous Endoscopic Approach
0NNL0ZZ	Release Left Palatine Bone, Open Approach
0NNL3ZZ	Release Left Palatine Bone, Percutaneous Approach
0NNL4ZZ	Release Left Palatine Bone, Percutaneous Endoscopic Approach
0NNM0ZZ	Release Right Zygomatic Bone, Open Approach
0NNM3ZZ	Release Right Zygomatic Bone, Percutaneous Approach
0NNM4ZZ	Release Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NNN0ZZ	Release Left Zygomatic Bone, Open Approach
0NNN3ZZ	Release Left Zygomatic Bone, Percutaneous Approach
0NNN4ZZ	Release Left Zygomatic Bone, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NNP0ZZ	Release Right Orbit, Open Approach
0NNP3ZZ	Release Right Orbit, Percutaneous Approach
0NNP4ZZ	Release Right Orbit, Percutaneous Endoscopic Approach
0NNQ0ZZ	Release Left Orbit, Open Approach
0NNQ3ZZ	Release Left Orbit, Percutaneous Approach
0NNQ4ZZ	Release Left Orbit, Percutaneous Endoscopic Approach
0NNR0ZZ	Release Right Maxilla, Open Approach
0NNR3ZZ	Release Right Maxilla, Percutaneous Approach
0NNR4ZZ	Release Right Maxilla, Percutaneous Endoscopic Approach
0NNT0ZZ	Release Right Mandible, Open Approach
0NNT3ZZ	Release Right Mandible, Percutaneous Approach
0NNT4ZZ	Release Right Mandible, Percutaneous Endoscopic Approach
0NNV0ZZ	Release Left Mandible, Open Approach
0NNV3ZZ	Release Left Mandible, Percutaneous Approach
0NNV4ZZ	Release Left Mandible, Percutaneous Endoscopic Approach
0NPW00Z	Removal of Drainage Device from Facial Bone, Open Approach
0NPW04Z	Removal of Internal Fixation Device from Facial Bone, Open Approach
0NPW07Z	Removal of Autologous Tissue Substitute from Facial Bone, Open Approach
0NPW0KZ	Removal of Nonautologous Tissue Substitute from Facial Bone, Open Approach
0NPW0MZ	Removal of Bone Growth Stimulator from Facial Bone, Open Approach
0NPW30Z	Removal of Drainage Device from Facial Bone, Percutaneous Approach
0NPW34Z	Removal of Internal Fixation Device from Facial Bone, Percutaneous Approach
0NPW37Z	Removal of Autologous Tissue Substitute from Facial Bone, Percutaneous Approach
0NPW3KZ	Removal of Nonautologous Tissue Substitute from Facial Bone, Percutaneous Approach
0NPW3MZ	Removal of Bone Growth Stimulator from Facial Bone, Percutaneous Approach
0NPW40Z	Removal of Drainage Device from Facial Bone, Percutaneous Endoscopic Approach
0NPW44Z	Removal of Internal Fixation Device from Facial Bone, Percutaneous Endoscopic Approach
0NPW47Z	Removal of Autologous Tissue Substitute from Facial Bone, Percutaneous Endoscopic Approach
0NPW4KZ	Removal of Nonautologous Tissue Substitute from Facial Bone, Percutaneous Endoscopic Approach
0NPW4MZ	Removal of Bone Growth Stimulator from Facial Bone, Percutaneous Endoscopic Approach
0NPWX4Z	Removal of Internal Fixation Device from Facial Bone, External Approach
0NQC0ZZ	Repair Right Sphenoid Bone, Open Approach
0NQC3ZZ	Repair Right Sphenoid Bone, Percutaneous Approach
0NQC4ZZ	Repair Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NQCXZZ	Repair Right Sphenoid Bone, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NQF0ZZ	Repair Right Ethmoid Bone, Open Approach
0NQF3ZZ	Repair Right Ethmoid Bone, Percutaneous Approach
0NQF4ZZ	Repair Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NQFXZZ	Repair Right Ethmoid Bone, External Approach
0NQG0ZZ	Repair Left Ethmoid Bone, Open Approach
0NQG3ZZ	Repair Left Ethmoid Bone, Percutaneous Approach
0NQG4ZZ	Repair Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NQGXXZZ	Repair Left Ethmoid Bone, External Approach
0NQH0ZZ	Repair Right Lacrimal Bone, Open Approach
0NQH3ZZ	Repair Right Lacrimal Bone, Percutaneous Approach
0NQH4ZZ	Repair Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NQHXXZZ	Repair Right Lacrimal Bone, External Approach
0NQJ0ZZ	Repair Left Lacrimal Bone, Open Approach
0NQJ3ZZ	Repair Left Lacrimal Bone, Percutaneous Approach
0NQJ4ZZ	Repair Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NQJXXZZ	Repair Left Lacrimal Bone, External Approach
0NQK0ZZ	Repair Right Palatine Bone, Open Approach
0NQK3ZZ	Repair Right Palatine Bone, Percutaneous Approach
0NQK4ZZ	Repair Right Palatine Bone, Percutaneous Endoscopic Approach
0NQKXXZZ	Repair Right Palatine Bone, External Approach
0NQL0ZZ	Repair Left Palatine Bone, Open Approach
0NQL3ZZ	Repair Left Palatine Bone, Percutaneous Approach
0NQL4ZZ	Repair Left Palatine Bone, Percutaneous Endoscopic Approach
0NQLXXZZ	Repair Left Palatine Bone, External Approach
0NQM0ZZ	Repair Right Zygomatic Bone, Open Approach
0NQM3ZZ	Repair Right Zygomatic Bone, Percutaneous Approach
0NQM4ZZ	Repair Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NQMXZZ	Repair Right Zygomatic Bone, External Approach
0NQN0ZZ	Repair Left Zygomatic Bone, Open Approach
0NQN3ZZ	Repair Left Zygomatic Bone, Percutaneous Approach
0NQN4ZZ	Repair Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NQNXZZ	Repair Left Zygomatic Bone, External Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQT3ZZ	Repair Right Mandible, Percutaneous Approach
0NQT4ZZ	Repair Right Mandible, Percutaneous Endoscopic Approach
0NQTXXZZ	Repair Right Mandible, External Approach
0NQV0ZZ	Repair Left Mandible, Open Approach
0NQV3ZZ	Repair Left Mandible, Percutaneous Approach
0NQV4ZZ	Repair Left Mandible, Percutaneous Endoscopic Approach
0NQVXXZZ	Repair Left Mandible, External Approach
0NQX0ZZ	Repair Hyoid Bone, Open Approach
0NQX3ZZ	Repair Hyoid Bone, Percutaneous Approach
0NQX4ZZ	Repair Hyoid Bone, Percutaneous Endoscopic Approach
0NQXXZZ	Repair Hyoid Bone, External Approach
0NRC07Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NRC0JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Open Approach
0NRC0KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRC37Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRC3JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NRC3KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRC47Z	Replacement of Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRC4JZ	Replacement of Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRC4KZ	Replacement of Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF07Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRF0JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NRF0KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRF37Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRF3JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRF3KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRF47Z	Replacement of Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRF4JZ	Replacement of Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRF4KZ	Replacement of Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG07Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NRG0JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NRG0KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRG37Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRG3JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NRG3KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NRG47Z	Replacement of Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRG4JZ	Replacement of Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRG4KZ	Replacement of Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRH07Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRH0JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NRH0KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRH37Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRH3JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRH3KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRH47Z	Replacement of Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRH4JZ	Replacement of Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRH4KZ	Replacement of Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ07Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NRJ0JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Open Approach
0NRJ0KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NRJ37Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRJ3JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NRJ3KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRJ47Z	Replacement of Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRJ4JZ	Replacement of Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRJ4KZ	Replacement of Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK07Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRK0JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NRK0KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRK37Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRK3JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRK3KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRK47Z	Replacement of Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRK4JZ	Replacement of Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRK4KZ	Replacement of Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL07Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NRL0JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Open Approach
0NRL0KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NRL37Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRL3JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NRL3KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRL47Z	Replacement of Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRL4JZ	Replacement of Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRL4KZ	Replacement of Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRM07Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRM0JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Open Approach
0NRM0KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NRM37Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRM3JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRM3KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRM47Z	Replacement of Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NRM4JZ	Replacement of Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRM4KZ	Replacement of Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN07Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NRN0JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NRN0KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NRN37Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRN3JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NRN3KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRN47Z	Replacement of Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRN4JZ	Replacement of Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRN4KZ	Replacement of Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRP0KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NRP3KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRP4KZ	Replacement of Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRQ0KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NRQ3KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NRQ4KZ	Replacement of Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR07Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Open Approach
0NRR0JZ	Replacement of Right Maxilla with Synthetic Substitute, Open Approach
0NRR0KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NRR37Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NRR3JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Approach
0NRR3KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NRR47Z	Replacement of Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRR4JZ	Replacement of Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRR4KZ	Replacement of Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX07Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NRX0JZ	Replacement of Hyoid Bone with Synthetic Substitute, Open Approach
0NRX0KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Open Approach
0NRX37Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NRX3JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NRX3KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRX47Z	Replacement of Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRX4JZ	Replacement of Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRX4KZ	Replacement of Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NS104Z	Reposition Right Frontal Bone with Internal Fixation Device, Open Approach
0NSC34Z	Reposition Right Sphenoid Bone with Internal Fixation Device, Percutaneous Approach
0NSC3ZZ	Reposition Right Sphenoid Bone, Percutaneous Approach
0NSC44Z	Reposition Right Sphenoid Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSC4ZZ	Reposition Right Sphenoid Bone, Percutaneous Endoscopic Approach
0NSCXZZ	Reposition Right Sphenoid Bone, External Approach
0NSF34Z	Reposition Right Ethmoid Bone with Internal Fixation Device, Percutaneous Approach
0NSF3ZZ	Reposition Right Ethmoid Bone, Percutaneous Approach
0NSF44Z	Reposition Right Ethmoid Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSF4ZZ	Reposition Right Ethmoid Bone, Percutaneous Endoscopic Approach
0NSFXZZ	Reposition Right Ethmoid Bone, External Approach
0NSG34Z	Reposition Left Ethmoid Bone with Internal Fixation Device, Percutaneous Approach
0NSG3ZZ	Reposition Left Ethmoid Bone, Percutaneous Approach
0NSG44Z	Reposition Left Ethmoid Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSG4ZZ	Reposition Left Ethmoid Bone, Percutaneous Endoscopic Approach
0NSGXZZ	Reposition Left Ethmoid Bone, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NSH34Z	Reposition Right Lacrimal Bone with Internal Fixation Device, Percutaneous Approach
0NSH3ZZ	Reposition Right Lacrimal Bone, Percutaneous Approach
0NSH44Z	Reposition Right Lacrimal Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSH4ZZ	Reposition Right Lacrimal Bone, Percutaneous Endoscopic Approach
0NSHXZZ	Reposition Right Lacrimal Bone, External Approach
0NSJ34Z	Reposition Left Lacrimal Bone with Internal Fixation Device, Percutaneous Approach
0NSJ3ZZ	Reposition Left Lacrimal Bone, Percutaneous Approach
0NSJ44Z	Reposition Left Lacrimal Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSJ4ZZ	Reposition Left Lacrimal Bone, Percutaneous Endoscopic Approach
0NSJXZZ	Reposition Left Lacrimal Bone, External Approach
0NSK34Z	Reposition Right Palatine Bone with Internal Fixation Device, Percutaneous Approach
0NSK3ZZ	Reposition Right Palatine Bone, Percutaneous Approach
0NSK44Z	Reposition Right Palatine Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSK4ZZ	Reposition Right Palatine Bone, Percutaneous Endoscopic Approach
0NSKXZZ	Reposition Right Palatine Bone, External Approach
0NSL34Z	Reposition Left Palatine Bone with Internal Fixation Device, Percutaneous Approach
0NSL3ZZ	Reposition Left Palatine Bone, Percutaneous Approach
0NSL44Z	Reposition Left Palatine Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSL4ZZ	Reposition Left Palatine Bone, Percutaneous Endoscopic Approach
0NSLXZZ	Reposition Left Palatine Bone, External Approach
0NSM04Z	Reposition Right Zygomatic Bone with Internal Fixation Device, Open Approach
0NSM0ZZ	Reposition Right Zygomatic Bone, Open Approach
0NSM34Z	Reposition Right Zygomatic Bone with Internal Fixation Device, Percutaneous Approach
0NSM3ZZ	Reposition Right Zygomatic Bone, Percutaneous Approach
0NSM44Z	Reposition Right Zygomatic Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSM4ZZ	Reposition Right Zygomatic Bone, Percutaneous Endoscopic Approach
0NSMXZZ	Reposition Right Zygomatic Bone, External Approach
0NSN04Z	Reposition Left Zygomatic Bone with Internal Fixation Device, Open Approach
0NSN0ZZ	Reposition Left Zygomatic Bone, Open Approach
0NSN34Z	Reposition Left Zygomatic Bone with Internal Fixation Device, Percutaneous Approach
0NSN3ZZ	Reposition Left Zygomatic Bone, Percutaneous Approach
0NSN44Z	Reposition Left Zygomatic Bone with Internal Fixation Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NSN4ZZ	Reposition Left Zygomatic Bone, Percutaneous Endoscopic Approach
0NSNXZZ	Reposition Left Zygomatic Bone, External Approach
0NSP34Z	Reposition Right Orbit with Internal Fixation Device, Percutaneous Approach
0NSP3ZZ	Reposition Right Orbit, Percutaneous Approach
0NSP44Z	Reposition Right Orbit with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSP4ZZ	Reposition Right Orbit, Percutaneous Endoscopic Approach
0NSPXZZ	Reposition Right Orbit, External Approach
0NSQ34Z	Reposition Left Orbit with Internal Fixation Device, Percutaneous Approach
0NSQ3ZZ	Reposition Left Orbit, Percutaneous Approach
0NSQ44Z	Reposition Left Orbit with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSQ4ZZ	Reposition Left Orbit, Percutaneous Endoscopic Approach
0NSQXZZ	Reposition Left Orbit, External Approach
0NSR34Z	Reposition Right Maxilla with Internal Fixation Device, Percutaneous Approach
0NSR35Z	Reposition Right Maxilla with External Fixation Device, Percutaneous Approach
0NSR3ZZ	Reposition Right Maxilla, Percutaneous Approach
0NSR44Z	Reposition Right Maxilla with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSR45Z	Reposition Right Maxilla with External Fixation Device, Percutaneous Endoscopic Approach
0NSR4ZZ	Reposition Right Maxilla, Percutaneous Endoscopic Approach
0NSRXZZ	Reposition Right Maxilla, External Approach
0NST04Z	Reposition Right Mandible with Internal Fixation Device, Open Approach
0NST05Z	Reposition Right Mandible with External Fixation Device, Open Approach
0NST0ZZ	Reposition Right Mandible, Open Approach
0NST34Z	Reposition Right Mandible with Internal Fixation Device, Percutaneous Approach
0NST35Z	Reposition Right Mandible with External Fixation Device, Percutaneous Approach
0NST3ZZ	Reposition Right Mandible, Percutaneous Approach
0NST44Z	Reposition Right Mandible with Internal Fixation Device, Percutaneous Endoscopic Approach
0NST45Z	Reposition Right Mandible with External Fixation Device, Percutaneous Endoscopic Approach
0NST4ZZ	Reposition Right Mandible, Percutaneous Endoscopic Approach
0NSTXZZ	Reposition Right Mandible, External Approach
0NSV04Z	Reposition Left Mandible with Internal Fixation Device, Open Approach
0NSV05Z	Reposition Left Mandible with External Fixation Device, Open Approach
0NSV0ZZ	Reposition Left Mandible, Open Approach
0NSV34Z	Reposition Left Mandible with Internal Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NSV35Z	Reposition Left Mandible with External Fixation Device, Percutaneous Approach
0NSV3ZZ	Reposition Left Mandible, Percutaneous Approach
0NSV44Z	Reposition Left Mandible with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSV45Z	Reposition Left Mandible with External Fixation Device, Percutaneous Endoscopic Approach
0NSV4ZZ	Reposition Left Mandible, Percutaneous Endoscopic Approach
0NSVXZZ	Reposition Left Mandible, External Approach
0NSX34Z	Reposition Hyoid Bone with Internal Fixation Device, Percutaneous Approach
0NSX3ZZ	Reposition Hyoid Bone, Percutaneous Approach
0NSX44Z	Reposition Hyoid Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0NSX4ZZ	Reposition Hyoid Bone, Percutaneous Endoscopic Approach
0NSXXZZ	Reposition Hyoid Bone, External Approach
0NUC07Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Open Approach
0NUC0JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Open Approach
0NUC0KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUC37Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUC3JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Approach
0NUC3KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUC47Z	Supplement Right Sphenoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUC4JZ	Supplement Right Sphenoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUC4KZ	Supplement Right Sphenoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF07Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUF0JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Open Approach
0NUF0KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUF37Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUF3JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUF3KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NUF47Z	Supplement Right Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUF4JZ	Supplement Right Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUF4KZ	Supplement Right Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG07Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Open Approach
0NUG0JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Open Approach
0NUG0KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUG37Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUG3JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Approach
0NUG3KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUG47Z	Supplement Left Ethmoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUG4JZ	Supplement Left Ethmoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUG4KZ	Supplement Left Ethmoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH07Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NUH0JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Open Approach
0NUH0KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NUH37Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUH3JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUH3KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUH47Z	Supplement Right Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUH4JZ	Supplement Right Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUH4KZ	Supplement Right Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ07Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Open Approach
0NUJ0JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NUJ0KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Open Approach
0NUJ37Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUJ3JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Approach
0NUJ3KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUJ47Z	Supplement Left Lacrimal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUJ4JZ	Supplement Left Lacrimal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUJ4KZ	Supplement Left Lacrimal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK07Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUK0JZ	Supplement Right Palatine Bone with Synthetic Substitute, Open Approach
0NUK0KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUK37Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUK3JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUK3KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUK47Z	Supplement Right Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUK4JZ	Supplement Right Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUK4KZ	Supplement Right Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUL07Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Open Approach
0NUL0JZ	Supplement Left Palatine Bone with Synthetic Substitute, Open Approach
0NUL0KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Open Approach
0NUL37Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUL3JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Approach
0NUL3KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUL47Z	Supplement Left Palatine Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NUL4JZ	Supplement Left Palatine Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUL4KZ	Supplement Left Palatine Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM07Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUM0JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Open Approach
0NUM0KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUM37Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUM3JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUM3KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUM47Z	Supplement Right Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUM4JZ	Supplement Right Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUM4KZ	Supplement Right Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN07Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Open Approach
0NUN0JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Open Approach
0NUN0KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Open Approach
0NUN37Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUN3JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Approach
0NUN3KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUN47Z	Supplement Left Zygomatic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUN4JZ	Supplement Left Zygomatic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUN4KZ	Supplement Left Zygomatic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP07Z	Supplement Right Orbit with Autologous Tissue Substitute, Open Approach
0NUP0KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Open Approach
0NUP37Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NUP3KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUP47Z	Supplement Right Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUP4KZ	Supplement Right Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ07Z	Supplement Left Orbit with Autologous Tissue Substitute, Open Approach
0NUQ0KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Open Approach
0NUQ37Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Approach
0NUQ3KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Approach
0NUQ47Z	Supplement Left Orbit with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUQ4KZ	Supplement Left Orbit with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR07Z	Supplement Right Maxilla with Autologous Tissue Substitute, Open Approach
0NUR0JZ	Supplement Right Maxilla with Synthetic Substitute, Open Approach
0NUR0KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Open Approach
0NUR37Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Approach
0NUR3JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Approach
0NUR3KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Approach
0NUR47Z	Supplement Right Maxilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUR4JZ	Supplement Right Maxilla with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUR4KZ	Supplement Right Maxilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX07Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Open Approach
0NUX0JZ	Supplement Hyoid Bone with Synthetic Substitute, Open Approach
0NUX0KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Open Approach
0NUX37Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUX3JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Approach
0NUX3KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0NUX47Z	Supplement Hyoid Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUX4JZ	Supplement Hyoid Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUX4KZ	Supplement Hyoid Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NWW00Z	Revision of Drainage Device in Facial Bone, Open Approach
0NWW04Z	Revision of Internal Fixation Device in Facial Bone, Open Approach
0NWW07Z	Revision of Autologous Tissue Substitute in Facial Bone, Open Approach
0NWW0JZ	Revision of Synthetic Substitute in Facial Bone, Open Approach
0NWW0KZ	Revision of Nonautologous Tissue Substitute in Facial Bone, Open Approach
0NWW0MZ	Revision of Bone Growth Stimulator in Facial Bone, Open Approach
0NWW30Z	Revision of Drainage Device in Facial Bone, Percutaneous Approach
0NWW34Z	Revision of Internal Fixation Device in Facial Bone, Percutaneous Approach
0NWW37Z	Revision of Autologous Tissue Substitute in Facial Bone, Percutaneous Approach
0NWW3JZ	Revision of Synthetic Substitute in Facial Bone, Percutaneous Approach
0NWW3KZ	Revision of Nonautologous Tissue Substitute in Facial Bone, Percutaneous Approach
0NWW3MZ	Revision of Bone Growth Stimulator in Facial Bone, Percutaneous Approach
0NWW40Z	Revision of Drainage Device in Facial Bone, Percutaneous Endoscopic Approach
0NWW44Z	Revision of Internal Fixation Device in Facial Bone, Percutaneous Endoscopic Approach
0NWW47Z	Revision of Autologous Tissue Substitute in Facial Bone, Percutaneous Endoscopic Approach
0NWW4JZ	Revision of Synthetic Substitute in Facial Bone, Percutaneous Endoscopic Approach
0NWW4KZ	Revision of Nonautologous Tissue Substitute in Facial Bone, Percutaneous Endoscopic Approach
0NWW4MZ	Revision of Bone Growth Stimulator in Facial Bone, Percutaneous Endoscopic Approach
0P500ZZ	Destruction of Sternum, Open Approach
0P503ZZ	Destruction of Sternum, Percutaneous Approach
0P504ZZ	Destruction of Sternum, Percutaneous Endoscopic Approach
0P510ZZ	Destruction of Right Rib, Open Approach
0P513ZZ	Destruction of Right Rib, Percutaneous Approach
0P514ZZ	Destruction of Right Rib, Percutaneous Endoscopic Approach
0P520ZZ	Destruction of Left Rib, Open Approach
0P523ZZ	Destruction of Left Rib, Percutaneous Approach
0P524ZZ	Destruction of Left Rib, Percutaneous Endoscopic Approach
0P530ZZ	Destruction of Cervical Vertebra, Open Approach
0P533ZZ	Destruction of Cervical Vertebra, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P534ZZ	Destruction of Cervical Vertebra, Percutaneous Endoscopic Approach
0P540ZZ	Destruction of Thoracic Vertebra, Open Approach
0P543ZZ	Destruction of Thoracic Vertebra, Percutaneous Approach
0P544ZZ	Destruction of Thoracic Vertebra, Percutaneous Endoscopic Approach
0P550ZZ	Destruction of Right Scapula, Open Approach
0P553ZZ	Destruction of Right Scapula, Percutaneous Approach
0P554ZZ	Destruction of Right Scapula, Percutaneous Endoscopic Approach
0P560ZZ	Destruction of Left Scapula, Open Approach
0P563ZZ	Destruction of Left Scapula, Percutaneous Approach
0P564ZZ	Destruction of Left Scapula, Percutaneous Endoscopic Approach
0P570ZZ	Destruction of Right Glenoid Cavity, Open Approach
0P573ZZ	Destruction of Right Glenoid Cavity, Percutaneous Approach
0P574ZZ	Destruction of Right Glenoid Cavity, Percutaneous Endoscopic Approach
0P580ZZ	Destruction of Left Glenoid Cavity, Open Approach
0P583ZZ	Destruction of Left Glenoid Cavity, Percutaneous Approach
0P584ZZ	Destruction of Left Glenoid Cavity, Percutaneous Endoscopic Approach
0P590ZZ	Destruction of Right Clavicle, Open Approach
0P593ZZ	Destruction of Right Clavicle, Percutaneous Approach
0P594ZZ	Destruction of Right Clavicle, Percutaneous Endoscopic Approach
0P5B0ZZ	Destruction of Left Clavicle, Open Approach
0P5B3ZZ	Destruction of Left Clavicle, Percutaneous Approach
0P5B4ZZ	Destruction of Left Clavicle, Percutaneous Endoscopic Approach
0P5C0ZZ	Destruction of Right Humeral Head, Open Approach
0P5C3ZZ	Destruction of Right Humeral Head, Percutaneous Approach
0P5C4ZZ	Destruction of Right Humeral Head, Percutaneous Endoscopic Approach
0P5D0ZZ	Destruction of Left Humeral Head, Open Approach
0P5D3ZZ	Destruction of Left Humeral Head, Percutaneous Approach
0P5D4ZZ	Destruction of Left Humeral Head, Percutaneous Endoscopic Approach
0P5F0ZZ	Destruction of Right Humeral Shaft, Open Approach
0P5F3ZZ	Destruction of Right Humeral Shaft, Percutaneous Approach
0P5F4ZZ	Destruction of Right Humeral Shaft, Percutaneous Endoscopic Approach
0P5G0ZZ	Destruction of Left Humeral Shaft, Open Approach
0P5G3ZZ	Destruction of Left Humeral Shaft, Percutaneous Approach
0P5G4ZZ	Destruction of Left Humeral Shaft, Percutaneous Endoscopic Approach
0P5H0ZZ	Destruction of Right Radius, Open Approach
0P5H3ZZ	Destruction of Right Radius, Percutaneous Approach
0P5H4ZZ	Destruction of Right Radius, Percutaneous Endoscopic Approach
0P5J0ZZ	Destruction of Left Radius, Open Approach
0P5J3ZZ	Destruction of Left Radius, Percutaneous Approach
0P5J4ZZ	Destruction of Left Radius, Percutaneous Endoscopic Approach
0P5K0ZZ	Destruction of Right Ulna, Open Approach
0P5K3ZZ	Destruction of Right Ulna, Percutaneous Approach
0P5K4ZZ	Destruction of Right Ulna, Percutaneous Endoscopic Approach
0P5L0ZZ	Destruction of Left Ulna, Open Approach
0P5L3ZZ	Destruction of Left Ulna, Percutaneous Approach
0P5L4ZZ	Destruction of Left Ulna, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P5M0ZZ	Destruction of Right Carpal, Open Approach
0P5M3ZZ	Destruction of Right Carpal, Percutaneous Approach
0P5M4ZZ	Destruction of Right Carpal, Percutaneous Endoscopic Approach
0P5N0ZZ	Destruction of Left Carpal, Open Approach
0P5N3ZZ	Destruction of Left Carpal, Percutaneous Approach
0P5N4ZZ	Destruction of Left Carpal, Percutaneous Endoscopic Approach
0P5P0ZZ	Destruction of Right Metacarpal, Open Approach
0P5P3ZZ	Destruction of Right Metacarpal, Percutaneous Approach
0P5P4ZZ	Destruction of Right Metacarpal, Percutaneous Endoscopic Approach
0P5Q0ZZ	Destruction of Left Metacarpal, Open Approach
0P5Q3ZZ	Destruction of Left Metacarpal, Percutaneous Approach
0P5Q4ZZ	Destruction of Left Metacarpal, Percutaneous Endoscopic Approach
0P5R0ZZ	Destruction of Right Thumb Phalanx, Open Approach
0P5R3ZZ	Destruction of Right Thumb Phalanx, Percutaneous Approach
0P5R4ZZ	Destruction of Right Thumb Phalanx, Percutaneous Endoscopic Approach
0P5S0ZZ	Destruction of Left Thumb Phalanx, Open Approach
0P5S3ZZ	Destruction of Left Thumb Phalanx, Percutaneous Approach
0P5S4ZZ	Destruction of Left Thumb Phalanx, Percutaneous Endoscopic Approach
0P5T0ZZ	Destruction of Right Finger Phalanx, Open Approach
0P5T3ZZ	Destruction of Right Finger Phalanx, Percutaneous Approach
0P5T4ZZ	Destruction of Right Finger Phalanx, Percutaneous Endoscopic Approach
0P5V0ZZ	Destruction of Left Finger Phalanx, Open Approach
0P5V3ZZ	Destruction of Left Finger Phalanx, Percutaneous Approach
0P5V4ZZ	Destruction of Left Finger Phalanx, Percutaneous Endoscopic Approach
0P800ZZ	Division of Sternum, Open Approach
0P803ZZ	Division of Sternum, Percutaneous Approach
0P804ZZ	Division of Sternum, Percutaneous Endoscopic Approach
0P810ZZ	Division of Right Rib, Open Approach
0P813ZZ	Division of Right Rib, Percutaneous Approach
0P814ZZ	Division of Right Rib, Percutaneous Endoscopic Approach
0P820ZZ	Division of Left Rib, Open Approach
0P823ZZ	Division of Left Rib, Percutaneous Approach
0P824ZZ	Division of Left Rib, Percutaneous Endoscopic Approach
0P830ZZ	Division of Cervical Vertebra, Open Approach
0P833ZZ	Division of Cervical Vertebra, Percutaneous Approach
0P834ZZ	Division of Cervical Vertebra, Percutaneous Endoscopic Approach
0P840ZZ	Division of Thoracic Vertebra, Open Approach
0P843ZZ	Division of Thoracic Vertebra, Percutaneous Approach
0P844ZZ	Division of Thoracic Vertebra, Percutaneous Endoscopic Approach
0P850ZZ	Division of Right Scapula, Open Approach
0P853ZZ	Division of Right Scapula, Percutaneous Approach
0P854ZZ	Division of Right Scapula, Percutaneous Endoscopic Approach
0P860ZZ	Division of Left Scapula, Open Approach
0P863ZZ	Division of Left Scapula, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P864ZZ	Division of Left Scapula, Percutaneous Endoscopic Approach
0P870ZZ	Division of Right Glenoid Cavity, Open Approach
0P873ZZ	Division of Right Glenoid Cavity, Percutaneous Approach
0P874ZZ	Division of Right Glenoid Cavity, Percutaneous Endoscopic Approach
0P880ZZ	Division of Left Glenoid Cavity, Open Approach
0P883ZZ	Division of Left Glenoid Cavity, Percutaneous Approach
0P884ZZ	Division of Left Glenoid Cavity, Percutaneous Endoscopic Approach
0P890ZZ	Division of Right Clavicle, Open Approach
0P893ZZ	Division of Right Clavicle, Percutaneous Approach
0P894ZZ	Division of Right Clavicle, Percutaneous Endoscopic Approach
0P8B0ZZ	Division of Left Clavicle, Open Approach
0P8B3ZZ	Division of Left Clavicle, Percutaneous Approach
0P8B4ZZ	Division of Left Clavicle, Percutaneous Endoscopic Approach
0P8C0ZZ	Division of Right Humeral Head, Open Approach
0P8C3ZZ	Division of Right Humeral Head, Percutaneous Approach
0P8C4ZZ	Division of Right Humeral Head, Percutaneous Endoscopic Approach
0P8D0ZZ	Division of Left Humeral Head, Open Approach
0P8D3ZZ	Division of Left Humeral Head, Percutaneous Approach
0P8D4ZZ	Division of Left Humeral Head, Percutaneous Endoscopic Approach
0P8F0ZZ	Division of Right Humeral Shaft, Open Approach
0P8F3ZZ	Division of Right Humeral Shaft, Percutaneous Approach
0P8F4ZZ	Division of Right Humeral Shaft, Percutaneous Endoscopic Approach
0P8G0ZZ	Division of Left Humeral Shaft, Open Approach
0P8G3ZZ	Division of Left Humeral Shaft, Percutaneous Approach
0P8G4ZZ	Division of Left Humeral Shaft, Percutaneous Endoscopic Approach
0P8H0ZZ	Division of Right Radius, Open Approach
0P8H3ZZ	Division of Right Radius, Percutaneous Approach
0P8H4ZZ	Division of Right Radius, Percutaneous Endoscopic Approach
0P8J0ZZ	Division of Left Radius, Open Approach
0P8J3ZZ	Division of Left Radius, Percutaneous Approach
0P8J4ZZ	Division of Left Radius, Percutaneous Endoscopic Approach
0P8K0ZZ	Division of Right Ulna, Open Approach
0P8K3ZZ	Division of Right Ulna, Percutaneous Approach
0P8K4ZZ	Division of Right Ulna, Percutaneous Endoscopic Approach
0P8L0ZZ	Division of Left Ulna, Open Approach
0P8L3ZZ	Division of Left Ulna, Percutaneous Approach
0P8L4ZZ	Division of Left Ulna, Percutaneous Endoscopic Approach
0P8M0ZZ	Division of Right Carpal, Open Approach
0P8M3ZZ	Division of Right Carpal, Percutaneous Approach
0P8M4ZZ	Division of Right Carpal, Percutaneous Endoscopic Approach
0P8N0ZZ	Division of Left Carpal, Open Approach
0P8N3ZZ	Division of Left Carpal, Percutaneous Approach
0P8N4ZZ	Division of Left Carpal, Percutaneous Endoscopic Approach
0P8P0ZZ	Division of Right Metacarpal, Open Approach
0P8P3ZZ	Division of Right Metacarpal, Percutaneous Approach
0P8P4ZZ	Division of Right Metacarpal, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P8Q0ZZ	Division of Left Metacarpal, Open Approach
0P8Q3ZZ	Division of Left Metacarpal, Percutaneous Approach
0P8Q4ZZ	Division of Left Metacarpal, Percutaneous Endoscopic Approach
0P8R0ZZ	Division of Right Thumb Phalanx, Open Approach
0P8R3ZZ	Division of Right Thumb Phalanx, Percutaneous Approach
0P8R4ZZ	Division of Right Thumb Phalanx, Percutaneous Endoscopic Approach
0P8S0ZZ	Division of Left Thumb Phalanx, Open Approach
0P8S3ZZ	Division of Left Thumb Phalanx, Percutaneous Approach
0P8S4ZZ	Division of Left Thumb Phalanx, Percutaneous Endoscopic Approach
0P8T0ZZ	Division of Right Finger Phalanx, Open Approach
0P8T3ZZ	Division of Right Finger Phalanx, Percutaneous Approach
0P8T4ZZ	Division of Right Finger Phalanx, Percutaneous Endoscopic Approach
0P8V0ZZ	Division of Left Finger Phalanx, Open Approach
0P8V3ZZ	Division of Left Finger Phalanx, Percutaneous Approach
0P8V4ZZ	Division of Left Finger Phalanx, Percutaneous Endoscopic Approach
0P9000Z	Drainage of Sternum with Drainage Device, Open Approach
0P900ZX	Drainage of Sternum, Open Approach, Diagnostic
0P900ZZ	Drainage of Sternum, Open Approach
0P9030Z	Drainage of Sternum with Drainage Device, Percutaneous Approach
0P903ZX	Drainage of Sternum, Percutaneous Approach, Diagnostic
0P903ZZ	Drainage of Sternum, Percutaneous Approach
0P9040Z	Drainage of Sternum with Drainage Device, Percutaneous Endoscopic Approach
0P904ZX	Drainage of Sternum, Percutaneous Endoscopic Approach, Diagnostic
0P904ZZ	Drainage of Sternum, Percutaneous Endoscopic Approach
0P9100Z	Drainage of Right Rib with Drainage Device, Open Approach
0P910ZX	Drainage of Right Rib, Open Approach, Diagnostic
0P910ZZ	Drainage of Right Rib, Open Approach
0P9130Z	Drainage of Right Rib with Drainage Device, Percutaneous Approach
0P913ZX	Drainage of Right Rib, Percutaneous Approach, Diagnostic
0P913ZZ	Drainage of Right Rib, Percutaneous Approach
0P9140Z	Drainage of Right Rib with Drainage Device, Percutaneous Endoscopic Approach
0P914ZX	Drainage of Right Rib, Percutaneous Endoscopic Approach, Diagnostic
0P914ZZ	Drainage of Right Rib, Percutaneous Endoscopic Approach
0P9200Z	Drainage of Left Rib with Drainage Device, Open Approach
0P920ZX	Drainage of Left Rib, Open Approach, Diagnostic
0P920ZZ	Drainage of Left Rib, Open Approach
0P9230Z	Drainage of Left Rib with Drainage Device, Percutaneous Approach
0P923ZX	Drainage of Left Rib, Percutaneous Approach, Diagnostic
0P923ZZ	Drainage of Left Rib, Percutaneous Approach
0P9240Z	Drainage of Left Rib with Drainage Device, Percutaneous Endoscopic Approach
0P924ZX	Drainage of Left Rib, Percutaneous Endoscopic Approach, Diagnostic
0P924ZZ	Drainage of Left Rib, Percutaneous Endoscopic Approach
0P930ZX	Drainage of Cervical Vertebra, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P930ZZ	Drainage of Cervical Vertebra, Open Approach
0P9330Z	Drainage of Cervical Vertebra with Drainage Device, Percutaneous Approach
0P933ZX	Drainage of Cervical Vertebra, Percutaneous Approach, Diagnostic
0P933ZZ	Drainage of Cervical Vertebra, Percutaneous Approach
0P9340Z	Drainage of Cervical Vertebra with Drainage Device, Percutaneous Endoscopic Approach
0P934ZX	Drainage of Cervical Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0P934ZZ	Drainage of Cervical Vertebra, Percutaneous Endoscopic Approach
0P9400Z	Drainage of Thoracic Vertebra with Drainage Device, Open Approach
0P940ZX	Drainage of Thoracic Vertebra, Open Approach, Diagnostic
0P940ZZ	Drainage of Thoracic Vertebra, Open Approach
0P9430Z	Drainage of Thoracic Vertebra with Drainage Device, Percutaneous Approach
0P943ZX	Drainage of Thoracic Vertebra, Percutaneous Approach, Diagnostic
0P943ZZ	Drainage of Thoracic Vertebra, Percutaneous Approach
0P9440Z	Drainage of Thoracic Vertebra with Drainage Device, Percutaneous Endoscopic Approach
0P944ZX	Drainage of Thoracic Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0P944ZZ	Drainage of Thoracic Vertebra, Percutaneous Endoscopic Approach
0P9500Z	Drainage of Right Scapula with Drainage Device, Open Approach
0P950ZX	Drainage of Right Scapula, Open Approach, Diagnostic
0P950ZZ	Drainage of Right Scapula, Open Approach
0P9530Z	Drainage of Right Scapula with Drainage Device, Percutaneous Approach
0P953ZX	Drainage of Right Scapula, Percutaneous Approach, Diagnostic
0P953ZZ	Drainage of Right Scapula, Percutaneous Approach
0P9540Z	Drainage of Right Scapula with Drainage Device, Percutaneous Endoscopic Approach
0P954ZX	Drainage of Right Scapula, Percutaneous Endoscopic Approach, Diagnostic
0P954ZZ	Drainage of Right Scapula, Percutaneous Endoscopic Approach
0P9600Z	Drainage of Left Scapula with Drainage Device, Open Approach
0P960ZX	Drainage of Left Scapula, Open Approach, Diagnostic
0P960ZZ	Drainage of Left Scapula, Open Approach
0P9630Z	Drainage of Left Scapula with Drainage Device, Percutaneous Approach
0P963ZX	Drainage of Left Scapula, Percutaneous Approach, Diagnostic
0P963ZZ	Drainage of Left Scapula, Percutaneous Approach
0P9640Z	Drainage of Left Scapula with Drainage Device, Percutaneous Endoscopic Approach
0P964ZX	Drainage of Left Scapula, Percutaneous Endoscopic Approach, Diagnostic
0P964ZZ	Drainage of Left Scapula, Percutaneous Endoscopic Approach
0P9700Z	Drainage of Right Glenoid Cavity with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P970ZX	Drainage of Right Glenoid Cavity, Open Approach, Diagnostic
0P970ZZ	Drainage of Right Glenoid Cavity, Open Approach
0P9730Z	Drainage of Right Glenoid Cavity with Drainage Device, Percutaneous Approach
0P973ZX	Drainage of Right Glenoid Cavity, Percutaneous Approach, Diagnostic
0P973ZZ	Drainage of Right Glenoid Cavity, Percutaneous Approach
0P9740Z	Drainage of Right Glenoid Cavity with Drainage Device, Percutaneous Endoscopic Approach
0P974ZX	Drainage of Right Glenoid Cavity, Percutaneous Endoscopic Approach, Diagnostic
0P974ZZ	Drainage of Right Glenoid Cavity, Percutaneous Endoscopic Approach
0P9800Z	Drainage of Left Glenoid Cavity with Drainage Device, Open Approach
0P980ZX	Drainage of Left Glenoid Cavity, Open Approach, Diagnostic
0P980ZZ	Drainage of Left Glenoid Cavity, Open Approach
0P9830Z	Drainage of Left Glenoid Cavity with Drainage Device, Percutaneous Approach
0P983ZX	Drainage of Left Glenoid Cavity, Percutaneous Approach, Diagnostic
0P983ZZ	Drainage of Left Glenoid Cavity, Percutaneous Approach
0P9840Z	Drainage of Left Glenoid Cavity with Drainage Device, Percutaneous Endoscopic Approach
0P984ZX	Drainage of Left Glenoid Cavity, Percutaneous Endoscopic Approach, Diagnostic
0P984ZZ	Drainage of Left Glenoid Cavity, Percutaneous Endoscopic Approach
0P9900Z	Drainage of Right Clavicle with Drainage Device, Open Approach
0P990ZX	Drainage of Right Clavicle, Open Approach, Diagnostic
0P990ZZ	Drainage of Right Clavicle, Open Approach
0P9930Z	Drainage of Right Clavicle with Drainage Device, Percutaneous Approach
0P993ZX	Drainage of Right Clavicle, Percutaneous Approach, Diagnostic
0P993ZZ	Drainage of Right Clavicle, Percutaneous Approach
0P9940Z	Drainage of Right Clavicle with Drainage Device, Percutaneous Endoscopic Approach
0P994ZX	Drainage of Right Clavicle, Percutaneous Endoscopic Approach, Diagnostic
0P994ZZ	Drainage of Right Clavicle, Percutaneous Endoscopic Approach
0P9B00Z	Drainage of Left Clavicle with Drainage Device, Open Approach
0P9B0ZX	Drainage of Left Clavicle, Open Approach, Diagnostic
0P9B0ZZ	Drainage of Left Clavicle, Open Approach
0P9B30Z	Drainage of Left Clavicle with Drainage Device, Percutaneous Approach
0P9B3ZX	Drainage of Left Clavicle, Percutaneous Approach, Diagnostic
0P9B3ZZ	Drainage of Left Clavicle, Percutaneous Approach
0P9B40Z	Drainage of Left Clavicle with Drainage Device, Percutaneous Endoscopic Approach
0P9B4ZX	Drainage of Left Clavicle, Percutaneous Endoscopic Approach, Diagnostic
0P9B4ZZ	Drainage of Left Clavicle, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P9C00Z	Drainage of Right Humeral Head with Drainage Device, Open Approach
0P9C0ZX	Drainage of Right Humeral Head, Open Approach, Diagnostic
0P9C0ZZ	Drainage of Right Humeral Head, Open Approach
0P9C30Z	Drainage of Right Humeral Head with Drainage Device, Percutaneous Approach
0P9C3ZX	Drainage of Right Humeral Head, Percutaneous Approach, Diagnostic
0P9C3ZZ	Drainage of Right Humeral Head, Percutaneous Approach
0P9C40Z	Drainage of Right Humeral Head with Drainage Device, Percutaneous Endoscopic Approach
0P9C4ZX	Drainage of Right Humeral Head, Percutaneous Endoscopic Approach, Diagnostic
0P9C4ZZ	Drainage of Right Humeral Head, Percutaneous Endoscopic Approach
0P9D00Z	Drainage of Left Humeral Head with Drainage Device, Open Approach
0P9D0ZX	Drainage of Left Humeral Head, Open Approach, Diagnostic
0P9D0ZZ	Drainage of Left Humeral Head, Open Approach
0P9D30Z	Drainage of Left Humeral Head with Drainage Device, Percutaneous Approach
0P9D3ZX	Drainage of Left Humeral Head, Percutaneous Approach, Diagnostic
0P9D3ZZ	Drainage of Left Humeral Head, Percutaneous Approach
0P9D40Z	Drainage of Left Humeral Head with Drainage Device, Percutaneous Endoscopic Approach
0P9D4ZX	Drainage of Left Humeral Head, Percutaneous Endoscopic Approach, Diagnostic
0P9D4ZZ	Drainage of Left Humeral Head, Percutaneous Endoscopic Approach
0P9F00Z	Drainage of Right Humeral Shaft with Drainage Device, Open Approach
0P9F0ZX	Drainage of Right Humeral Shaft, Open Approach, Diagnostic
0P9F0ZZ	Drainage of Right Humeral Shaft, Open Approach
0P9F30Z	Drainage of Right Humeral Shaft with Drainage Device, Percutaneous Approach
0P9F3ZX	Drainage of Right Humeral Shaft, Percutaneous Approach, Diagnostic
0P9F3ZZ	Drainage of Right Humeral Shaft, Percutaneous Approach
0P9F40Z	Drainage of Right Humeral Shaft with Drainage Device, Percutaneous Endoscopic Approach
0P9F4ZX	Drainage of Right Humeral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0P9F4ZZ	Drainage of Right Humeral Shaft, Percutaneous Endoscopic Approach
0P9G00Z	Drainage of Left Humeral Shaft with Drainage Device, Open Approach
0P9G0ZX	Drainage of Left Humeral Shaft, Open Approach, Diagnostic
0P9G0ZZ	Drainage of Left Humeral Shaft, Open Approach
0P9G30Z	Drainage of Left Humeral Shaft with Drainage Device, Percutaneous Approach
0P9G3ZX	Drainage of Left Humeral Shaft, Percutaneous Approach, Diagnostic
0P9G3ZZ	Drainage of Left Humeral Shaft, Percutaneous Approach
0P9G40Z	Drainage of Left Humeral Shaft with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P9G4ZX	Drainage of Left Humeral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0P9G4ZZ	Drainage of Left Humeral Shaft, Percutaneous Endoscopic Approach
0P9H00Z	Drainage of Right Radius with Drainage Device, Open Approach
0P9H0ZX	Drainage of Right Radius, Open Approach, Diagnostic
0P9H0ZZ	Drainage of Right Radius, Open Approach
0P9H30Z	Drainage of Right Radius with Drainage Device, Percutaneous Approach
0P9H3ZX	Drainage of Right Radius, Percutaneous Approach, Diagnostic
0P9H3ZZ	Drainage of Right Radius, Percutaneous Approach
0P9H40Z	Drainage of Right Radius with Drainage Device, Percutaneous Endoscopic Approach
0P9H4ZX	Drainage of Right Radius, Percutaneous Endoscopic Approach, Diagnostic
0P9H4ZZ	Drainage of Right Radius, Percutaneous Endoscopic Approach
0P9J00Z	Drainage of Left Radius with Drainage Device, Open Approach
0P9J0ZX	Drainage of Left Radius, Open Approach, Diagnostic
0P9J0ZZ	Drainage of Left Radius, Open Approach
0P9J30Z	Drainage of Left Radius with Drainage Device, Percutaneous Approach
0P9J3ZX	Drainage of Left Radius, Percutaneous Approach, Diagnostic
0P9J3ZZ	Drainage of Left Radius, Percutaneous Approach
0P9J40Z	Drainage of Left Radius with Drainage Device, Percutaneous Endoscopic Approach
0P9J4ZX	Drainage of Left Radius, Percutaneous Endoscopic Approach, Diagnostic
0P9J4ZZ	Drainage of Left Radius, Percutaneous Endoscopic Approach
0P9K00Z	Drainage of Right Ulna with Drainage Device, Open Approach
0P9K0ZX	Drainage of Right Ulna, Open Approach, Diagnostic
0P9K0ZZ	Drainage of Right Ulna, Open Approach
0P9K30Z	Drainage of Right Ulna with Drainage Device, Percutaneous Approach
0P9K3ZX	Drainage of Right Ulna, Percutaneous Approach, Diagnostic
0P9K3ZZ	Drainage of Right Ulna, Percutaneous Approach
0P9K40Z	Drainage of Right Ulna with Drainage Device, Percutaneous Endoscopic Approach
0P9K4ZX	Drainage of Right Ulna, Percutaneous Endoscopic Approach, Diagnostic
0P9K4ZZ	Drainage of Right Ulna, Percutaneous Endoscopic Approach
0P9L00Z	Drainage of Left Ulna with Drainage Device, Open Approach
0P9L0ZX	Drainage of Left Ulna, Open Approach, Diagnostic
0P9L0ZZ	Drainage of Left Ulna, Open Approach
0P9L30Z	Drainage of Left Ulna with Drainage Device, Percutaneous Approach
0P9L3ZX	Drainage of Left Ulna, Percutaneous Approach, Diagnostic
0P9L3ZZ	Drainage of Left Ulna, Percutaneous Approach
0P9L40Z	Drainage of Left Ulna with Drainage Device, Percutaneous Endoscopic Approach
0P9L4ZX	Drainage of Left Ulna, Percutaneous Endoscopic Approach, Diagnostic
0P9L4ZZ	Drainage of Left Ulna, Percutaneous Endoscopic Approach
0P9M00Z	Drainage of Right Carpal with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P9M0ZX	Drainage of Right Carpal, Open Approach, Diagnostic
0P9M0ZZ	Drainage of Right Carpal, Open Approach
0P9M30Z	Drainage of Right Carpal with Drainage Device, Percutaneous Approach
0P9M3ZX	Drainage of Right Carpal, Percutaneous Approach, Diagnostic
0P9M3ZZ	Drainage of Right Carpal, Percutaneous Approach
0P9M40Z	Drainage of Right Carpal with Drainage Device, Percutaneous Endoscopic Approach
0P9M4ZX	Drainage of Right Carpal, Percutaneous Endoscopic Approach, Diagnostic
0P9M4ZZ	Drainage of Right Carpal, Percutaneous Endoscopic Approach
0P9N00Z	Drainage of Left Carpal with Drainage Device, Open Approach
0P9N0ZX	Drainage of Left Carpal, Open Approach, Diagnostic
0P9N0ZZ	Drainage of Left Carpal, Open Approach
0P9N30Z	Drainage of Left Carpal with Drainage Device, Percutaneous Approach
0P9N3ZX	Drainage of Left Carpal, Percutaneous Approach, Diagnostic
0P9N3ZZ	Drainage of Left Carpal, Percutaneous Approach
0P9N40Z	Drainage of Left Carpal with Drainage Device, Percutaneous Endoscopic Approach
0P9N4ZX	Drainage of Left Carpal, Percutaneous Endoscopic Approach, Diagnostic
0P9N4ZZ	Drainage of Left Carpal, Percutaneous Endoscopic Approach
0P9P00Z	Drainage of Right Metacarpal with Drainage Device, Open Approach
0P9P0ZX	Drainage of Right Metacarpal, Open Approach, Diagnostic
0P9P0ZZ	Drainage of Right Metacarpal, Open Approach
0P9P30Z	Drainage of Right Metacarpal with Drainage Device, Percutaneous Approach
0P9P3ZX	Drainage of Right Metacarpal, Percutaneous Approach, Diagnostic
0P9P3ZZ	Drainage of Right Metacarpal, Percutaneous Approach
0P9P40Z	Drainage of Right Metacarpal with Drainage Device, Percutaneous Endoscopic Approach
0P9P4ZX	Drainage of Right Metacarpal, Percutaneous Endoscopic Approach, Diagnostic
0P9P4ZZ	Drainage of Right Metacarpal, Percutaneous Endoscopic Approach
0P9Q00Z	Drainage of Left Metacarpal with Drainage Device, Open Approach
0P9Q0ZX	Drainage of Left Metacarpal, Open Approach, Diagnostic
0P9Q0ZZ	Drainage of Left Metacarpal, Open Approach
0P9Q30Z	Drainage of Left Metacarpal with Drainage Device, Percutaneous Approach
0P9Q3ZX	Drainage of Left Metacarpal, Percutaneous Approach, Diagnostic
0P9Q3ZZ	Drainage of Left Metacarpal, Percutaneous Approach
0P9Q40Z	Drainage of Left Metacarpal with Drainage Device, Percutaneous Endoscopic Approach
0P9Q4ZX	Drainage of Left Metacarpal, Percutaneous Endoscopic Approach, Diagnostic
0P9Q4ZZ	Drainage of Left Metacarpal, Percutaneous Endoscopic Approach
0P9R00Z	Drainage of Right Thumb Phalanx with Drainage Device, Open Approach
0P9R0ZX	Drainage of Right Thumb Phalanx, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0P9R0ZZ	Drainage of Right Thumb Phalanx, Open Approach
0P9R30Z	Drainage of Right Thumb Phalanx with Drainage Device, Percutaneous Approach
0P9R3ZX	Drainage of Right Thumb Phalanx, Percutaneous Approach, Diagnostic
0P9R3ZZ	Drainage of Right Thumb Phalanx, Percutaneous Approach
0P9R40Z	Drainage of Right Thumb Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0P9R4ZX	Drainage of Right Thumb Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0P9R4ZZ	Drainage of Right Thumb Phalanx, Percutaneous Endoscopic Approach
0P9S00Z	Drainage of Left Thumb Phalanx with Drainage Device, Open Approach
0P9S0ZX	Drainage of Left Thumb Phalanx, Open Approach, Diagnostic
0P9S0ZZ	Drainage of Left Thumb Phalanx, Open Approach
0P9S30Z	Drainage of Left Thumb Phalanx with Drainage Device, Percutaneous Approach
0P9S3ZX	Drainage of Left Thumb Phalanx, Percutaneous Approach, Diagnostic
0P9S3ZZ	Drainage of Left Thumb Phalanx, Percutaneous Approach
0P9S40Z	Drainage of Left Thumb Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0P9S4ZX	Drainage of Left Thumb Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0P9S4ZZ	Drainage of Left Thumb Phalanx, Percutaneous Endoscopic Approach
0P9T00Z	Drainage of Right Finger Phalanx with Drainage Device, Open Approach
0P9T0ZX	Drainage of Right Finger Phalanx, Open Approach, Diagnostic
0P9T0ZZ	Drainage of Right Finger Phalanx, Open Approach
0P9T30Z	Drainage of Right Finger Phalanx with Drainage Device, Percutaneous Approach
0P9T3ZX	Drainage of Right Finger Phalanx, Percutaneous Approach, Diagnostic
0P9T3ZZ	Drainage of Right Finger Phalanx, Percutaneous Approach
0P9T40Z	Drainage of Right Finger Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0P9T4ZX	Drainage of Right Finger Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0P9T4ZZ	Drainage of Right Finger Phalanx, Percutaneous Endoscopic Approach
0P9V00Z	Drainage of Left Finger Phalanx with Drainage Device, Open Approach
0P9V0ZX	Drainage of Left Finger Phalanx, Open Approach, Diagnostic
0P9V0ZZ	Drainage of Left Finger Phalanx, Open Approach
0P9V30Z	Drainage of Left Finger Phalanx with Drainage Device, Percutaneous Approach
0P9V3ZX	Drainage of Left Finger Phalanx, Percutaneous Approach, Diagnostic
0P9V3ZZ	Drainage of Left Finger Phalanx, Percutaneous Approach
0P9V40Z	Drainage of Left Finger Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0P9V4ZX	Drainage of Left Finger Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0P9V4ZZ	Drainage of Left Finger Phalanx, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PB00ZX	Excision of Sternum, Open Approach, Diagnostic
0PB03ZX	Excision of Sternum, Percutaneous Approach, Diagnostic
0PB03ZZ	Excision of Sternum, Percutaneous Approach
0PB04ZX	Excision of Sternum, Percutaneous Endoscopic Approach, Diagnostic
0PB04ZZ	Excision of Sternum, Percutaneous Endoscopic Approach
0PB10ZX	Excision of Right Rib, Open Approach, Diagnostic
0PB13ZX	Excision of Right Rib, Percutaneous Approach, Diagnostic
0PB13ZZ	Excision of Right Rib, Percutaneous Approach
0PB14ZX	Excision of Right Rib, Percutaneous Endoscopic Approach, Diagnostic
0PB14ZZ	Excision of Right Rib, Percutaneous Endoscopic Approach
0PB20ZX	Excision of Left Rib, Open Approach, Diagnostic
0PB23ZX	Excision of Left Rib, Percutaneous Approach, Diagnostic
0PB23ZZ	Excision of Left Rib, Percutaneous Approach
0PB24ZX	Excision of Left Rib, Percutaneous Endoscopic Approach, Diagnostic
0PB24ZZ	Excision of Left Rib, Percutaneous Endoscopic Approach
0PB30ZX	Excision of Cervical Vertebra, Open Approach, Diagnostic
0PB33ZX	Excision of Cervical Vertebra, Percutaneous Approach, Diagnostic
0PB33ZZ	Excision of Cervical Vertebra, Percutaneous Approach
0PB34ZX	Excision of Cervical Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0PB34ZZ	Excision of Cervical Vertebra, Percutaneous Endoscopic Approach
0PB40ZX	Excision of Thoracic Vertebra, Open Approach, Diagnostic
0PB43ZX	Excision of Thoracic Vertebra, Percutaneous Approach, Diagnostic
0PB43ZZ	Excision of Thoracic Vertebra, Percutaneous Approach
0PB44ZX	Excision of Thoracic Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0PB44ZZ	Excision of Thoracic Vertebra, Percutaneous Endoscopic Approach
0PB50ZX	Excision of Right Scapula, Open Approach, Diagnostic
0PB53ZX	Excision of Right Scapula, Percutaneous Approach, Diagnostic
0PB53ZZ	Excision of Right Scapula, Percutaneous Approach
0PB54ZX	Excision of Right Scapula, Percutaneous Endoscopic Approach, Diagnostic
0PB54ZZ	Excision of Right Scapula, Percutaneous Endoscopic Approach
0PB60ZX	Excision of Left Scapula, Open Approach, Diagnostic
0PB63ZX	Excision of Left Scapula, Percutaneous Approach, Diagnostic
0PB63ZZ	Excision of Left Scapula, Percutaneous Approach
0PB64ZX	Excision of Left Scapula, Percutaneous Endoscopic Approach, Diagnostic
0PB64ZZ	Excision of Left Scapula, Percutaneous Endoscopic Approach
0PB70ZX	Excision of Right Glenoid Cavity, Open Approach, Diagnostic
0PB73ZX	Excision of Right Glenoid Cavity, Percutaneous Approach, Diagnostic
0PB73ZZ	Excision of Right Glenoid Cavity, Percutaneous Approach
0PB74ZX	Excision of Right Glenoid Cavity, Percutaneous Endoscopic Approach, Diagnostic
0PB74ZZ	Excision of Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PB80ZX	Excision of Left Glenoid Cavity, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PB83ZX	Excision of Left Glenoid Cavity, Percutaneous Approach, Diagnostic
0PB83ZZ	Excision of Left Glenoid Cavity, Percutaneous Approach
0PB84ZX	Excision of Left Glenoid Cavity, Percutaneous Endoscopic Approach, Diagnostic
0PB84ZZ	Excision of Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PB90ZX	Excision of Right Clavicle, Open Approach, Diagnostic
0PB93ZX	Excision of Right Clavicle, Percutaneous Approach, Diagnostic
0PB93ZZ	Excision of Right Clavicle, Percutaneous Approach
0PB94ZX	Excision of Right Clavicle, Percutaneous Endoscopic Approach, Diagnostic
0PB94ZZ	Excision of Right Clavicle, Percutaneous Endoscopic Approach
0PBB0ZX	Excision of Left Clavicle, Open Approach, Diagnostic
0PBB3ZX	Excision of Left Clavicle, Percutaneous Approach, Diagnostic
0PBB3ZZ	Excision of Left Clavicle, Percutaneous Approach
0PBB4ZX	Excision of Left Clavicle, Percutaneous Endoscopic Approach, Diagnostic
0PBB4ZZ	Excision of Left Clavicle, Percutaneous Endoscopic Approach
0PBC0ZX	Excision of Right Humeral Head, Open Approach, Diagnostic
0PBC3ZX	Excision of Right Humeral Head, Percutaneous Approach, Diagnostic
0PBC3ZZ	Excision of Right Humeral Head, Percutaneous Approach
0PBC4ZX	Excision of Right Humeral Head, Percutaneous Endoscopic Approach, Diagnostic
0PBC4ZZ	Excision of Right Humeral Head, Percutaneous Endoscopic Approach
0PBD0ZX	Excision of Left Humeral Head, Open Approach, Diagnostic
0PBD3ZX	Excision of Left Humeral Head, Percutaneous Approach, Diagnostic
0PBD3ZZ	Excision of Left Humeral Head, Percutaneous Approach
0PBD4ZX	Excision of Left Humeral Head, Percutaneous Endoscopic Approach, Diagnostic
0PBD4ZZ	Excision of Left Humeral Head, Percutaneous Endoscopic Approach
0PBF0ZX	Excision of Right Humeral Shaft, Open Approach, Diagnostic
0PBF3ZX	Excision of Right Humeral Shaft, Percutaneous Approach, Diagnostic
0PBF3ZZ	Excision of Right Humeral Shaft, Percutaneous Approach
0PBF4ZX	Excision of Right Humeral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0PBF4ZZ	Excision of Right Humeral Shaft, Percutaneous Endoscopic Approach
0PBG0ZX	Excision of Left Humeral Shaft, Open Approach, Diagnostic
0PBG3ZX	Excision of Left Humeral Shaft, Percutaneous Approach, Diagnostic
0PBG3ZZ	Excision of Left Humeral Shaft, Percutaneous Approach
0PBG4ZX	Excision of Left Humeral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0PBG4ZZ	Excision of Left Humeral Shaft, Percutaneous Endoscopic Approach
0PBH0ZX	Excision of Right Radius, Open Approach, Diagnostic
0PBH0ZZ	Excision of Right Radius, Open Approach
0PBH3ZX	Excision of Right Radius, Percutaneous Approach, Diagnostic
0PBH3ZZ	Excision of Right Radius, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PBH4ZX	Excision of Right Radius, Percutaneous Endoscopic Approach, Diagnostic
0PBH4ZZ	Excision of Right Radius, Percutaneous Endoscopic Approach
0PBJ0ZX	Excision of Left Radius, Open Approach, Diagnostic
0PBJ0ZZ	Excision of Left Radius, Open Approach
0PBJ3ZX	Excision of Left Radius, Percutaneous Approach, Diagnostic
0PBJ3ZZ	Excision of Left Radius, Percutaneous Approach
0PBJ4ZX	Excision of Left Radius, Percutaneous Endoscopic Approach, Diagnostic
0PBJ4ZZ	Excision of Left Radius, Percutaneous Endoscopic Approach
0PBK0ZX	Excision of Right Ulna, Open Approach, Diagnostic
0PBK0ZZ	Excision of Right Ulna, Open Approach
0PBK3ZX	Excision of Right Ulna, Percutaneous Approach, Diagnostic
0PBK3ZZ	Excision of Right Ulna, Percutaneous Approach
0PBK4ZX	Excision of Right Ulna, Percutaneous Endoscopic Approach, Diagnostic
0PBK4ZZ	Excision of Right Ulna, Percutaneous Endoscopic Approach
0PBL0ZX	Excision of Left Ulna, Open Approach, Diagnostic
0PBL0ZZ	Excision of Left Ulna, Open Approach
0PBL3ZX	Excision of Left Ulna, Percutaneous Approach, Diagnostic
0PBL3ZZ	Excision of Left Ulna, Percutaneous Approach
0PBL4ZX	Excision of Left Ulna, Percutaneous Endoscopic Approach, Diagnostic
0PBL4ZZ	Excision of Left Ulna, Percutaneous Endoscopic Approach
0PBM0ZX	Excision of Right Carpal, Open Approach, Diagnostic
0PBM0ZZ	Excision of Right Carpal, Open Approach
0PBM3ZX	Excision of Right Carpal, Percutaneous Approach, Diagnostic
0PBM3ZZ	Excision of Right Carpal, Percutaneous Approach
0PBM4ZX	Excision of Right Carpal, Percutaneous Endoscopic Approach, Diagnostic
0PBM4ZZ	Excision of Right Carpal, Percutaneous Endoscopic Approach
0PBN0ZX	Excision of Left Carpal, Open Approach, Diagnostic
0PBN3ZX	Excision of Left Carpal, Percutaneous Approach, Diagnostic
0PBN3ZZ	Excision of Left Carpal, Percutaneous Approach
0PBN4ZX	Excision of Left Carpal, Percutaneous Endoscopic Approach, Diagnostic
0PBN4ZZ	Excision of Left Carpal, Percutaneous Endoscopic Approach
0PBP0ZX	Excision of Right Metacarpal, Open Approach, Diagnostic
0PBP3ZX	Excision of Right Metacarpal, Percutaneous Approach, Diagnostic
0PBP3ZZ	Excision of Right Metacarpal, Percutaneous Approach
0PBP4ZX	Excision of Right Metacarpal, Percutaneous Endoscopic Approach, Diagnostic
0PBP4ZZ	Excision of Right Metacarpal, Percutaneous Endoscopic Approach
0PBQ0ZX	Excision of Left Metacarpal, Open Approach, Diagnostic
0PBQ3ZX	Excision of Left Metacarpal, Percutaneous Approach, Diagnostic
0PBQ3ZZ	Excision of Left Metacarpal, Percutaneous Approach
0PBQ4ZX	Excision of Left Metacarpal, Percutaneous Endoscopic Approach, Diagnostic
0PBQ4ZZ	Excision of Left Metacarpal, Percutaneous Endoscopic Approach
0PBR0ZX	Excision of Right Thumb Phalanx, Open Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PBR3ZX	Excision of Right Thumb Phalanx, Percutaneous Approach, Diagnostic
0PBR3ZZ	Excision of Right Thumb Phalanx, Percutaneous Approach
0PBR4ZX	Excision of Right Thumb Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0PBR4ZZ	Excision of Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PBS0ZX	Excision of Left Thumb Phalanx, Open Approach, Diagnostic
0PBS3ZX	Excision of Left Thumb Phalanx, Percutaneous Approach, Diagnostic
0PBS3ZZ	Excision of Left Thumb Phalanx, Percutaneous Approach
0PBS4ZX	Excision of Left Thumb Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0PBS4ZZ	Excision of Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PBT0ZX	Excision of Right Finger Phalanx, Open Approach, Diagnostic
0PBT3ZX	Excision of Right Finger Phalanx, Percutaneous Approach, Diagnostic
0PBT3ZZ	Excision of Right Finger Phalanx, Percutaneous Approach
0PBT4ZX	Excision of Right Finger Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0PBT4ZZ	Excision of Right Finger Phalanx, Percutaneous Endoscopic Approach
0PBV0ZX	Excision of Left Finger Phalanx, Open Approach, Diagnostic
0PBV3ZX	Excision of Left Finger Phalanx, Percutaneous Approach, Diagnostic
0PBV3ZZ	Excision of Left Finger Phalanx, Percutaneous Approach
0PBV4ZX	Excision of Left Finger Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0PBV4ZZ	Excision of Left Finger Phalanx, Percutaneous Endoscopic Approach
0PC00ZZ	Extirpation of Matter from Sternum, Open Approach
0PC03ZZ	Extirpation of Matter from Sternum, Percutaneous Approach
0PC04ZZ	Extirpation of Matter from Sternum, Percutaneous Endoscopic Approach
0PC10ZZ	Extirpation of Matter from Right Rib, Open Approach
0PC13ZZ	Extirpation of Matter from Right Rib, Percutaneous Approach
0PC14ZZ	Extirpation of Matter from Right Rib, Percutaneous Endoscopic Approach
0PC20ZZ	Extirpation of Matter from Left Rib, Open Approach
0PC23ZZ	Extirpation of Matter from Left Rib, Percutaneous Approach
0PC24ZZ	Extirpation of Matter from Left Rib, Percutaneous Endoscopic Approach
0PC30ZZ	Extirpation of Matter from Cervical Vertebra, Open Approach
0PC33ZZ	Extirpation of Matter from Cervical Vertebra, Percutaneous Approach
0PC34ZZ	Extirpation of Matter from Cervical Vertebra, Percutaneous Endoscopic Approach
0PC40ZZ	Extirpation of Matter from Thoracic Vertebra, Open Approach
0PC43ZZ	Extirpation of Matter from Thoracic Vertebra, Percutaneous Approach
0PC44ZZ	Extirpation of Matter from Thoracic Vertebra, Percutaneous Endoscopic Approach
0PC50ZZ	Extirpation of Matter from Right Scapula, Open Approach
0PC53ZZ	Extirpation of Matter from Right Scapula, Percutaneous Approach
0PC54ZZ	Extirpation of Matter from Right Scapula, Percutaneous Endoscopic Approach
0PC60ZZ	Extirpation of Matter from Left Scapula, Open Approach
0PC63ZZ	Extirpation of Matter from Left Scapula, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PC64ZZ	Extirpation of Matter from Left Scapula, Percutaneous Endoscopic Approach
0PC70ZZ	Extirpation of Matter from Right Glenoid Cavity, Open Approach
0PC73ZZ	Extirpation of Matter from Right Glenoid Cavity, Percutaneous Approach
0PC74ZZ	Extirpation of Matter from Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PC80ZZ	Extirpation of Matter from Left Glenoid Cavity, Open Approach
0PC83ZZ	Extirpation of Matter from Left Glenoid Cavity, Percutaneous Approach
0PC84ZZ	Extirpation of Matter from Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PC90ZZ	Extirpation of Matter from Right Clavicle, Open Approach
0PC93ZZ	Extirpation of Matter from Right Clavicle, Percutaneous Approach
0PC94ZZ	Extirpation of Matter from Right Clavicle, Percutaneous Endoscopic Approach
0PCB0ZZ	Extirpation of Matter from Left Clavicle, Open Approach
0PCB3ZZ	Extirpation of Matter from Left Clavicle, Percutaneous Approach
0PCB4ZZ	Extirpation of Matter from Left Clavicle, Percutaneous Endoscopic Approach
0PCC0ZZ	Extirpation of Matter from Right Humeral Head, Open Approach
0PCC3ZZ	Extirpation of Matter from Right Humeral Head, Percutaneous Approach
0PCC4ZZ	Extirpation of Matter from Right Humeral Head, Percutaneous Endoscopic Approach
0PCD0ZZ	Extirpation of Matter from Left Humeral Head, Open Approach
0PCD3ZZ	Extirpation of Matter from Left Humeral Head, Percutaneous Approach
0PCD4ZZ	Extirpation of Matter from Left Humeral Head, Percutaneous Endoscopic Approach
0PCF0ZZ	Extirpation of Matter from Right Humeral Shaft, Open Approach
0PCF3ZZ	Extirpation of Matter from Right Humeral Shaft, Percutaneous Approach
0PCF4ZZ	Extirpation of Matter from Right Humeral Shaft, Percutaneous Endoscopic Approach
0PCG0ZZ	Extirpation of Matter from Left Humeral Shaft, Open Approach
0PCG3ZZ	Extirpation of Matter from Left Humeral Shaft, Percutaneous Approach
0PCG4ZZ	Extirpation of Matter from Left Humeral Shaft, Percutaneous Endoscopic Approach
0PCH0ZZ	Extirpation of Matter from Right Radius, Open Approach
0PCH3ZZ	Extirpation of Matter from Right Radius, Percutaneous Approach
0PCH4ZZ	Extirpation of Matter from Right Radius, Percutaneous Endoscopic Approach
0PCJ0ZZ	Extirpation of Matter from Left Radius, Open Approach
0PCJ3ZZ	Extirpation of Matter from Left Radius, Percutaneous Approach
0PCJ4ZZ	Extirpation of Matter from Left Radius, Percutaneous Endoscopic Approach
0PCK0ZZ	Extirpation of Matter from Right Ulna, Open Approach
0PCK3ZZ	Extirpation of Matter from Right Ulna, Percutaneous Approach
0PCK4ZZ	Extirpation of Matter from Right Ulna, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PCL0ZZ	Extirpation of Matter from Left Ulna, Open Approach
0PCL3ZZ	Extirpation of Matter from Left Ulna, Percutaneous Approach
0PCL4ZZ	Extirpation of Matter from Left Ulna, Percutaneous Endoscopic Approach
0PCM0ZZ	Extirpation of Matter from Right Carpal, Open Approach
0PCM3ZZ	Extirpation of Matter from Right Carpal, Percutaneous Approach
0PCM4ZZ	Extirpation of Matter from Right Carpal, Percutaneous Endoscopic Approach
0PCN0ZZ	Extirpation of Matter from Left Carpal, Open Approach
0PCN3ZZ	Extirpation of Matter from Left Carpal, Percutaneous Approach
0PCN4ZZ	Extirpation of Matter from Left Carpal, Percutaneous Endoscopic Approach
0PCP0ZZ	Extirpation of Matter from Right Metacarpal, Open Approach
0PCP3ZZ	Extirpation of Matter from Right Metacarpal, Percutaneous Approach
0PCP4ZZ	Extirpation of Matter from Right Metacarpal, Percutaneous Endoscopic Approach
0PCQ0ZZ	Extirpation of Matter from Left Metacarpal, Open Approach
0PCQ3ZZ	Extirpation of Matter from Left Metacarpal, Percutaneous Approach
0PCQ4ZZ	Extirpation of Matter from Left Metacarpal, Percutaneous Endoscopic Approach
0PCR0ZZ	Extirpation of Matter from Right Thumb Phalanx, Open Approach
0PCR3ZZ	Extirpation of Matter from Right Thumb Phalanx, Percutaneous Approach
0PCR4ZZ	Extirpation of Matter from Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PCS0ZZ	Extirpation of Matter from Left Thumb Phalanx, Open Approach
0PCS3ZZ	Extirpation of Matter from Left Thumb Phalanx, Percutaneous Approach
0PCS4ZZ	Extirpation of Matter from Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PCT0ZZ	Extirpation of Matter from Right Finger Phalanx, Open Approach
0PCT3ZZ	Extirpation of Matter from Right Finger Phalanx, Percutaneous Approach
0PCT4ZZ	Extirpation of Matter from Right Finger Phalanx, Percutaneous Endoscopic Approach
0PCV0ZZ	Extirpation of Matter from Left Finger Phalanx, Open Approach
0PCV3ZZ	Extirpation of Matter from Left Finger Phalanx, Percutaneous Approach
0PCV4ZZ	Extirpation of Matter from Left Finger Phalanx, Percutaneous Endoscopic Approach
0PH334Z	Insertion of Internal Fixation Device into Cervical Vertebra, Percutaneous Approach
0PH344Z	Insertion of Internal Fixation Device into Cervical Vertebra, Percutaneous Endoscopic Approach
0PH434Z	Insertion of Internal Fixation Device into Thoracic Vertebra, Percutaneous Approach
0PH444Z	Insertion of Internal Fixation Device into Thoracic Vertebra, Percutaneous Endoscopic Approach
0PHC05Z	Insertion of External Fixation Device into Right Humeral Head, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHC0BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Head, Open Approach
0PHC0CZ	Insertion of Ring External Fixation Device into Right Humeral Head, Open Approach
0PHC0DZ	Insertion of Hybrid External Fixation Device into Right Humeral Head, Open Approach
0PHC35Z	Insertion of External Fixation Device into Right Humeral Head, Percutaneous Approach
0PHC3BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Head, Percutaneous Approach
0PHC3CZ	Insertion of Ring External Fixation Device into Right Humeral Head, Percutaneous Approach
0PHC3DZ	Insertion of Hybrid External Fixation Device into Right Humeral Head, Percutaneous Approach
0PHC45Z	Insertion of External Fixation Device into Right Humeral Head, Percutaneous Endoscopic Approach
0PHC4BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Head, Percutaneous Endoscopic Approach
0PHC4CZ	Insertion of Ring External Fixation Device into Right Humeral Head, Percutaneous Endoscopic Approach
0PHC4DZ	Insertion of Hybrid External Fixation Device into Right Humeral Head, Percutaneous Endoscopic Approach
0PHD05Z	Insertion of External Fixation Device into Left Humeral Head, Open Approach
0PHD0BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Head, Open Approach
0PHD0CZ	Insertion of Ring External Fixation Device into Left Humeral Head, Open Approach
0PHD0DZ	Insertion of Hybrid External Fixation Device into Left Humeral Head, Open Approach
0PHD35Z	Insertion of External Fixation Device into Left Humeral Head, Percutaneous Approach
0PHD3BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Head, Percutaneous Approach
0PHD3CZ	Insertion of Ring External Fixation Device into Left Humeral Head, Percutaneous Approach
0PHD3DZ	Insertion of Hybrid External Fixation Device into Left Humeral Head, Percutaneous Approach
0PHD45Z	Insertion of External Fixation Device into Left Humeral Head, Percutaneous Endoscopic Approach
0PHD4BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Head, Percutaneous Endoscopic Approach
0PHD4CZ	Insertion of Ring External Fixation Device into Left Humeral Head, Percutaneous Endoscopic Approach
0PHD4DZ	Insertion of Hybrid External Fixation Device into Left Humeral Head, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHF05Z	Insertion of External Fixation Device into Right Humeral Shaft, Open Approach
0PHF0BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Shaft, Open Approach
0PHF0CZ	Insertion of Ring External Fixation Device into Right Humeral Shaft, Open Approach
0PHF0DZ	Insertion of Hybrid External Fixation Device into Right Humeral Shaft, Open Approach
0PHF35Z	Insertion of External Fixation Device into Right Humeral Shaft, Percutaneous Approach
0PHF3BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Shaft, Percutaneous Approach
0PHF3CZ	Insertion of Ring External Fixation Device into Right Humeral Shaft, Percutaneous Approach
0PHF3DZ	Insertion of Hybrid External Fixation Device into Right Humeral Shaft, Percutaneous Approach
0PHF45Z	Insertion of External Fixation Device into Right Humeral Shaft, Percutaneous Endoscopic Approach
0PHF4BZ	Insertion of Monoplanar External Fixation Device into Right Humeral Shaft, Percutaneous Endoscopic Approach
0PHF4CZ	Insertion of Ring External Fixation Device into Right Humeral Shaft, Percutaneous Endoscopic Approach
0PHF4DZ	Insertion of Hybrid External Fixation Device into Right Humeral Shaft, Percutaneous Endoscopic Approach
0PHG05Z	Insertion of External Fixation Device into Left Humeral Shaft, Open Approach
0PHG0BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Shaft, Open Approach
0PHG0CZ	Insertion of Ring External Fixation Device into Left Humeral Shaft, Open Approach
0PHG0DZ	Insertion of Hybrid External Fixation Device into Left Humeral Shaft, Open Approach
0PHG35Z	Insertion of External Fixation Device into Left Humeral Shaft, Percutaneous Approach
0PHG3BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Shaft, Percutaneous Approach
0PHG3CZ	Insertion of Ring External Fixation Device into Left Humeral Shaft, Percutaneous Approach
0PHG3DZ	Insertion of Hybrid External Fixation Device into Left Humeral Shaft, Percutaneous Approach
0PHG45Z	Insertion of External Fixation Device into Left Humeral Shaft, Percutaneous Endoscopic Approach
0PHG4BZ	Insertion of Monoplanar External Fixation Device into Left Humeral Shaft, Percutaneous Endoscopic Approach
0PHG4CZ	Insertion of Ring External Fixation Device into Left Humeral Shaft, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHG4DZ	Insertion of Hybrid External Fixation Device into Left Humeral Shaft, Percutaneous Endoscopic Approach
0PHH05Z	Insertion of External Fixation Device into Right Radius, Open Approach
0PHH0BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Open Approach
0PHH0CZ	Insertion of Ring External Fixation Device into Right Radius, Open Approach
0PHH0DZ	Insertion of Hybrid External Fixation Device into Right Radius, Open Approach
0PHH35Z	Insertion of External Fixation Device into Right Radius, Percutaneous Approach
0PHH3BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Percutaneous Approach
0PHH3CZ	Insertion of Ring External Fixation Device into Right Radius, Percutaneous Approach
0PHH3DZ	Insertion of Hybrid External Fixation Device into Right Radius, Percutaneous Approach
0PHH45Z	Insertion of External Fixation Device into Right Radius, Percutaneous Endoscopic Approach
0PHH4BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Percutaneous Endoscopic Approach
0PHH4CZ	Insertion of Ring External Fixation Device into Right Radius, Percutaneous Endoscopic Approach
0PHH4DZ	Insertion of Hybrid External Fixation Device into Right Radius, Percutaneous Endoscopic Approach
0PHJ05Z	Insertion of External Fixation Device into Left Radius, Open Approach
0PHJ0BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Open Approach
0PHJ0CZ	Insertion of Ring External Fixation Device into Left Radius, Open Approach
0PHJ0DZ	Insertion of Hybrid External Fixation Device into Left Radius, Open Approach
0PHJ35Z	Insertion of External Fixation Device into Left Radius, Percutaneous Approach
0PHJ3BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Percutaneous Approach
0PHJ3CZ	Insertion of Ring External Fixation Device into Left Radius, Percutaneous Approach
0PHJ3DZ	Insertion of Hybrid External Fixation Device into Left Radius, Percutaneous Approach
0PHJ45Z	Insertion of External Fixation Device into Left Radius, Percutaneous Endoscopic Approach
0PHJ4BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Percutaneous Endoscopic Approach
0PHJ4CZ	Insertion of Ring External Fixation Device into Left Radius, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHJ4DZ	Insertion of Hybrid External Fixation Device into Left Radius, Percutaneous Endoscopic Approach
0PHK05Z	Insertion of External Fixation Device into Right Ulna, Open Approach
0PHK0BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Open Approach
0PHK0CZ	Insertion of Ring External Fixation Device into Right Ulna, Open Approach
0PHK0DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Open Approach
0PHK35Z	Insertion of External Fixation Device into Right Ulna, Percutaneous Approach
0PHK3BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Percutaneous Approach
0PHK3CZ	Insertion of Ring External Fixation Device into Right Ulna, Percutaneous Approach
0PHK3DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Percutaneous Approach
0PHK45Z	Insertion of External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach
0PHK4BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach
0PHK4CZ	Insertion of Ring External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach
0PHK4DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach
0PHL05Z	Insertion of External Fixation Device into Left Ulna, Open Approach
0PHL0BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Open Approach
0PHL0CZ	Insertion of Ring External Fixation Device into Left Ulna, Open Approach
0PHL0DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Open Approach
0PHL35Z	Insertion of External Fixation Device into Left Ulna, Percutaneous Approach
0PHL3BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Percutaneous Approach
0PHL3CZ	Insertion of Ring External Fixation Device into Left Ulna, Percutaneous Approach
0PHL3DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Percutaneous Approach
0PHL45Z	Insertion of External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach
0PHL4BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach
0PHL4CZ	Insertion of Ring External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach
0PHL4DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach
0PHM04Z	Insertion of Internal Fixation Device into Right Carpal, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHM05Z	Insertion of External Fixation Device into Right Carpal, Open Approach
0PHM34Z	Insertion of Internal Fixation Device into Right Carpal, Percutaneous Approach
0PHM35Z	Insertion of External Fixation Device into Right Carpal, Percutaneous Approach
0PHM44Z	Insertion of Internal Fixation Device into Right Carpal, Percutaneous Endoscopic Approach
0PHM45Z	Insertion of External Fixation Device into Right Carpal, Percutaneous Endoscopic Approach
0PHN04Z	Insertion of Internal Fixation Device into Left Carpal, Open Approach
0PHN05Z	Insertion of External Fixation Device into Left Carpal, Open Approach
0PHN34Z	Insertion of Internal Fixation Device into Left Carpal, Percutaneous Approach
0PHN35Z	Insertion of External Fixation Device into Left Carpal, Percutaneous Approach
0PHN44Z	Insertion of Internal Fixation Device into Left Carpal, Percutaneous Endoscopic Approach
0PHN45Z	Insertion of External Fixation Device into Left Carpal, Percutaneous Endoscopic Approach
0PHP04Z	Insertion of Internal Fixation Device into Right Metacarpal, Open Approach
0PHP05Z	Insertion of External Fixation Device into Right Metacarpal, Open Approach
0PHP34Z	Insertion of Internal Fixation Device into Right Metacarpal, Percutaneous Approach
0PHP35Z	Insertion of External Fixation Device into Right Metacarpal, Percutaneous Approach
0PHP44Z	Insertion of Internal Fixation Device into Right Metacarpal, Percutaneous Endoscopic Approach
0PHP45Z	Insertion of External Fixation Device into Right Metacarpal, Percutaneous Endoscopic Approach
0PHQ04Z	Insertion of Internal Fixation Device into Left Metacarpal, Open Approach
0PHQ05Z	Insertion of External Fixation Device into Left Metacarpal, Open Approach
0PHQ34Z	Insertion of Internal Fixation Device into Left Metacarpal, Percutaneous Approach
0PHQ35Z	Insertion of External Fixation Device into Left Metacarpal, Percutaneous Approach
0PHQ44Z	Insertion of Internal Fixation Device into Left Metacarpal, Percutaneous Endoscopic Approach
0PHQ45Z	Insertion of External Fixation Device into Left Metacarpal, Percutaneous Endoscopic Approach
0PHR04Z	Insertion of Internal Fixation Device into Right Thumb Phalanx, Open Approach
0PHR05Z	Insertion of External Fixation Device into Right Thumb Phalanx, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHR34Z	Insertion of Internal Fixation Device into Right Thumb Phalanx, Percutaneous Approach
0PHR35Z	Insertion of External Fixation Device into Right Thumb Phalanx, Percutaneous Approach
0PHR44Z	Insertion of Internal Fixation Device into Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PHR45Z	Insertion of External Fixation Device into Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PHS04Z	Insertion of Internal Fixation Device into Left Thumb Phalanx, Open Approach
0PHS05Z	Insertion of External Fixation Device into Left Thumb Phalanx, Open Approach
0PHS34Z	Insertion of Internal Fixation Device into Left Thumb Phalanx, Percutaneous Approach
0PHS35Z	Insertion of External Fixation Device into Left Thumb Phalanx, Percutaneous Approach
0PHS44Z	Insertion of Internal Fixation Device into Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PHS45Z	Insertion of External Fixation Device into Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PHT04Z	Insertion of Internal Fixation Device into Right Finger Phalanx, Open Approach
0PHT05Z	Insertion of External Fixation Device into Right Finger Phalanx, Open Approach
0PHT34Z	Insertion of Internal Fixation Device into Right Finger Phalanx, Percutaneous Approach
0PHT35Z	Insertion of External Fixation Device into Right Finger Phalanx, Percutaneous Approach
0PHT44Z	Insertion of Internal Fixation Device into Right Finger Phalanx, Percutaneous Endoscopic Approach
0PHT45Z	Insertion of External Fixation Device into Right Finger Phalanx, Percutaneous Endoscopic Approach
0PHV04Z	Insertion of Internal Fixation Device into Left Finger Phalanx, Open Approach
0PHV05Z	Insertion of External Fixation Device into Left Finger Phalanx, Open Approach
0PHV34Z	Insertion of Internal Fixation Device into Left Finger Phalanx, Percutaneous Approach
0PHV35Z	Insertion of External Fixation Device into Left Finger Phalanx, Percutaneous Approach
0PHV44Z	Insertion of Internal Fixation Device into Left Finger Phalanx, Percutaneous Endoscopic Approach
0PHV45Z	Insertion of External Fixation Device into Left Finger Phalanx, Percutaneous Endoscopic Approach
0PHY0MZ	Insertion of Bone Growth Stimulator into Upper Bone, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PHY3MZ	Insertion of Bone Growth Stimulator into Upper Bone, Percutaneous Approach
0PHY4MZ	Insertion of Bone Growth Stimulator into Upper Bone, Percutaneous Endoscopic Approach
0PJY0ZZ	Inspection of Upper Bone, Open Approach
0PJY3ZZ	Inspection of Upper Bone, Percutaneous Approach
0PJY4ZZ	Inspection of Upper Bone, Percutaneous Endoscopic Approach
0PN00ZZ	Release Sternum, Open Approach
0PN03ZZ	Release Sternum, Percutaneous Approach
0PN04ZZ	Release Sternum, Percutaneous Endoscopic Approach
0PN10ZZ	Release Right Rib, Open Approach
0PN13ZZ	Release Right Rib, Percutaneous Approach
0PN14ZZ	Release Right Rib, Percutaneous Endoscopic Approach
0PN20ZZ	Release Left Rib, Open Approach
0PN23ZZ	Release Left Rib, Percutaneous Approach
0PN24ZZ	Release Left Rib, Percutaneous Endoscopic Approach
0PN30ZZ	Release Cervical Vertebra, Open Approach
0PN33ZZ	Release Cervical Vertebra, Percutaneous Approach
0PN34ZZ	Release Cervical Vertebra, Percutaneous Endoscopic Approach
0PN40ZZ	Release Thoracic Vertebra, Open Approach
0PN43ZZ	Release Thoracic Vertebra, Percutaneous Approach
0PN44ZZ	Release Thoracic Vertebra, Percutaneous Endoscopic Approach
0PN50ZZ	Release Right Scapula, Open Approach
0PN53ZZ	Release Right Scapula, Percutaneous Approach
0PN54ZZ	Release Right Scapula, Percutaneous Endoscopic Approach
0PN60ZZ	Release Left Scapula, Open Approach
0PN63ZZ	Release Left Scapula, Percutaneous Approach
0PN64ZZ	Release Left Scapula, Percutaneous Endoscopic Approach
0PN70ZZ	Release Right Glenoid Cavity, Open Approach
0PN73ZZ	Release Right Glenoid Cavity, Percutaneous Approach
0PN74ZZ	Release Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PN80ZZ	Release Left Glenoid Cavity, Open Approach
0PN83ZZ	Release Left Glenoid Cavity, Percutaneous Approach
0PN84ZZ	Release Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PN90ZZ	Release Right Clavicle, Open Approach
0PN93ZZ	Release Right Clavicle, Percutaneous Approach
0PN94ZZ	Release Right Clavicle, Percutaneous Endoscopic Approach
0PNB0ZZ	Release Left Clavicle, Open Approach
0PNB3ZZ	Release Left Clavicle, Percutaneous Approach
0PNB4ZZ	Release Left Clavicle, Percutaneous Endoscopic Approach
0PNM0ZZ	Release Right Carpal, Open Approach
0PNM3ZZ	Release Right Carpal, Percutaneous Approach
0PNM4ZZ	Release Right Carpal, Percutaneous Endoscopic Approach
0PNN0ZZ	Release Left Carpal, Open Approach
0PNN3ZZ	Release Left Carpal, Percutaneous Approach
0PNN4ZZ	Release Left Carpal, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PNP0ZZ	Release Right Metacarpal, Open Approach
0PNP3ZZ	Release Right Metacarpal, Percutaneous Approach
0PNP4ZZ	Release Right Metacarpal, Percutaneous Endoscopic Approach
0PNQ0ZZ	Release Left Metacarpal, Open Approach
0PNQ3ZZ	Release Left Metacarpal, Percutaneous Approach
0PNQ4ZZ	Release Left Metacarpal, Percutaneous Endoscopic Approach
0PNR0ZZ	Release Right Thumb Phalanx, Open Approach
0PNR3ZZ	Release Right Thumb Phalanx, Percutaneous Approach
0PNR4ZZ	Release Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PNS0ZZ	Release Left Thumb Phalanx, Open Approach
0PNS3ZZ	Release Left Thumb Phalanx, Percutaneous Approach
0PNS4ZZ	Release Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PNT0ZZ	Release Right Finger Phalanx, Open Approach
0PNT3ZZ	Release Right Finger Phalanx, Percutaneous Approach
0PNT4ZZ	Release Right Finger Phalanx, Percutaneous Endoscopic Approach
0PNV0ZZ	Release Left Finger Phalanx, Open Approach
0PNV3ZZ	Release Left Finger Phalanx, Percutaneous Approach
0PNV4ZZ	Release Left Finger Phalanx, Percutaneous Endoscopic Approach
0PP004Z	Removal of Internal Fixation Device from Sternum, Open Approach
0PP034Z	Removal of Internal Fixation Device from Sternum, Percutaneous Approach
0PP044Z	Removal of Internal Fixation Device from Sternum, Percutaneous Endoscopic Approach
0PP104Z	Removal of Internal Fixation Device from Right Rib, Open Approach
0PP134Z	Removal of Internal Fixation Device from Right Rib, Percutaneous Approach
0PP144Z	Removal of Internal Fixation Device from Right Rib, Percutaneous Endoscopic Approach
0PP204Z	Removal of Internal Fixation Device from Left Rib, Open Approach
0PP234Z	Removal of Internal Fixation Device from Left Rib, Percutaneous Approach
0PP244Z	Removal of Internal Fixation Device from Left Rib, Percutaneous Endoscopic Approach
0PP334Z	Removal of Internal Fixation Device from Cervical Vertebra, Percutaneous Approach
0PP344Z	Removal of Internal Fixation Device from Cervical Vertebra, Percutaneous Endoscopic Approach
0PP434Z	Removal of Internal Fixation Device from Thoracic Vertebra, Percutaneous Approach
0PP444Z	Removal of Internal Fixation Device from Thoracic Vertebra, Percutaneous Endoscopic Approach
0PP504Z	Removal of Internal Fixation Device from Right Scapula, Open Approach
0PP534Z	Removal of Internal Fixation Device from Right Scapula, Percutaneous Approach
0PP544Z	Removal of Internal Fixation Device from Right Scapula, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PP604Z	Removal of Internal Fixation Device from Left Scapula, Open Approach
0PP634Z	Removal of Internal Fixation Device from Left Scapula, Percutaneous Approach
0PP644Z	Removal of Internal Fixation Device from Left Scapula, Percutaneous Endoscopic Approach
0PP704Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Open Approach
0PP734Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Percutaneous Approach
0PP744Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PP804Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Open Approach
0PP834Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Percutaneous Approach
0PP844Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PP904Z	Removal of Internal Fixation Device from Right Clavicle, Open Approach
0PP934Z	Removal of Internal Fixation Device from Right Clavicle, Percutaneous Approach
0PP944Z	Removal of Internal Fixation Device from Right Clavicle, Percutaneous Endoscopic Approach
0PPB04Z	Removal of Internal Fixation Device from Left Clavicle, Open Approach
0PPB34Z	Removal of Internal Fixation Device from Left Clavicle, Percutaneous Approach
0PPB44Z	Removal of Internal Fixation Device from Left Clavicle, Percutaneous Endoscopic Approach
0PPC04Z	Removal of Internal Fixation Device from Right Humeral Head, Open Approach
0PPC05Z	Removal of External Fixation Device from Right Humeral Head, Open Approach
0PPC34Z	Removal of Internal Fixation Device from Right Humeral Head, Percutaneous Approach
0PPC35Z	Removal of External Fixation Device from Right Humeral Head, Percutaneous Approach
0PPC44Z	Removal of Internal Fixation Device from Right Humeral Head, Percutaneous Endoscopic Approach
0PPC45Z	Removal of External Fixation Device from Right Humeral Head, Percutaneous Endoscopic Approach
0PPD04Z	Removal of Internal Fixation Device from Left Humeral Head, Open Approach
0PPD05Z	Removal of External Fixation Device from Left Humeral Head, Open Approach
0PPD34Z	Removal of Internal Fixation Device from Left Humeral Head, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PPD35Z	Removal of External Fixation Device from Left Humeral Head, Percutaneous Approach
0PPD44Z	Removal of Internal Fixation Device from Left Humeral Head, Percutaneous Endoscopic Approach
0PPD45Z	Removal of External Fixation Device from Left Humeral Head, Percutaneous Endoscopic Approach
0PPF04Z	Removal of Internal Fixation Device from Right Humeral Shaft, Open Approach
0PPF05Z	Removal of External Fixation Device from Right Humeral Shaft, Open Approach
0PPF34Z	Removal of Internal Fixation Device from Right Humeral Shaft, Percutaneous Approach
0PPF35Z	Removal of External Fixation Device from Right Humeral Shaft, Percutaneous Approach
0PPF44Z	Removal of Internal Fixation Device from Right Humeral Shaft, Percutaneous Endoscopic Approach
0PPF45Z	Removal of External Fixation Device from Right Humeral Shaft, Percutaneous Endoscopic Approach
0PPG04Z	Removal of Internal Fixation Device from Left Humeral Shaft, Open Approach
0PPG05Z	Removal of External Fixation Device from Left Humeral Shaft, Open Approach
0PPG34Z	Removal of Internal Fixation Device from Left Humeral Shaft, Percutaneous Approach
0PPG35Z	Removal of External Fixation Device from Left Humeral Shaft, Percutaneous Approach
0PPG44Z	Removal of Internal Fixation Device from Left Humeral Shaft, Percutaneous Endoscopic Approach
0PPG45Z	Removal of External Fixation Device from Left Humeral Shaft, Percutaneous Endoscopic Approach
0PPH04Z	Removal of Internal Fixation Device from Right Radius, Open Approach
0PPH05Z	Removal of External Fixation Device from Right Radius, Open Approach
0PPH34Z	Removal of Internal Fixation Device from Right Radius, Percutaneous Approach
0PPH35Z	Removal of External Fixation Device from Right Radius, Percutaneous Approach
0PPH44Z	Removal of Internal Fixation Device from Right Radius, Percutaneous Endoscopic Approach
0PPH45Z	Removal of External Fixation Device from Right Radius, Percutaneous Endoscopic Approach
0PPJ04Z	Removal of Internal Fixation Device from Left Radius, Open Approach
0PPJ05Z	Removal of External Fixation Device from Left Radius, Open Approach
0PPJ34Z	Removal of Internal Fixation Device from Left Radius, Percutaneous Approach
0PPJ35Z	Removal of External Fixation Device from Left Radius, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PPJ44Z	Removal of Internal Fixation Device from Left Radius, Percutaneous Endoscopic Approach
0PPJ45Z	Removal of External Fixation Device from Left Radius, Percutaneous Endoscopic Approach
0PPK04Z	Removal of Internal Fixation Device from Right Ulna, Open Approach
0PPK05Z	Removal of External Fixation Device from Right Ulna, Open Approach
0PPK34Z	Removal of Internal Fixation Device from Right Ulna, Percutaneous Approach
0PPK35Z	Removal of External Fixation Device from Right Ulna, Percutaneous Approach
0PPK44Z	Removal of Internal Fixation Device from Right Ulna, Percutaneous Endoscopic Approach
0PPK45Z	Removal of External Fixation Device from Right Ulna, Percutaneous Endoscopic Approach
0PPL04Z	Removal of Internal Fixation Device from Left Ulna, Open Approach
0PPL05Z	Removal of External Fixation Device from Left Ulna, Open Approach
0PPL34Z	Removal of Internal Fixation Device from Left Ulna, Percutaneous Approach
0PPL35Z	Removal of External Fixation Device from Left Ulna, Percutaneous Approach
0PPL44Z	Removal of Internal Fixation Device from Left Ulna, Percutaneous Endoscopic Approach
0PPL45Z	Removal of External Fixation Device from Left Ulna, Percutaneous Endoscopic Approach
0PPM04Z	Removal of Internal Fixation Device from Right Carpal, Open Approach
0PPM05Z	Removal of External Fixation Device from Right Carpal, Open Approach
0PPM34Z	Removal of Internal Fixation Device from Right Carpal, Percutaneous Approach
0PPM35Z	Removal of External Fixation Device from Right Carpal, Percutaneous Approach
0PPM44Z	Removal of Internal Fixation Device from Right Carpal, Percutaneous Endoscopic Approach
0PPM45Z	Removal of External Fixation Device from Right Carpal, Percutaneous Endoscopic Approach
0PPN04Z	Removal of Internal Fixation Device from Left Carpal, Open Approach
0PPN05Z	Removal of External Fixation Device from Left Carpal, Open Approach
0PPN34Z	Removal of Internal Fixation Device from Left Carpal, Percutaneous Approach
0PPN35Z	Removal of External Fixation Device from Left Carpal, Percutaneous Approach
0PPN44Z	Removal of Internal Fixation Device from Left Carpal, Percutaneous Endoscopic Approach
0PPN45Z	Removal of External Fixation Device from Left Carpal, Percutaneous Endoscopic Approach
0PPP04Z	Removal of Internal Fixation Device from Right Metacarpal, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PPP05Z	Removal of External Fixation Device from Right Metacarpal, Open Approach
0PPP34Z	Removal of Internal Fixation Device from Right Metacarpal, Percutaneous Approach
0PPP35Z	Removal of External Fixation Device from Right Metacarpal, Percutaneous Approach
0PPP44Z	Removal of Internal Fixation Device from Right Metacarpal, Percutaneous Endoscopic Approach
0PPP45Z	Removal of External Fixation Device from Right Metacarpal, Percutaneous Endoscopic Approach
0PPQ04Z	Removal of Internal Fixation Device from Left Metacarpal, Open Approach
0PPQ05Z	Removal of External Fixation Device from Left Metacarpal, Open Approach
0PPQ34Z	Removal of Internal Fixation Device from Left Metacarpal, Percutaneous Approach
0PPQ35Z	Removal of External Fixation Device from Left Metacarpal, Percutaneous Approach
0PPQ44Z	Removal of Internal Fixation Device from Left Metacarpal, Percutaneous Endoscopic Approach
0PPQ45Z	Removal of External Fixation Device from Left Metacarpal, Percutaneous Endoscopic Approach
0PPR04Z	Removal of Internal Fixation Device from Right Thumb Phalanx, Open Approach
0PPR05Z	Removal of External Fixation Device from Right Thumb Phalanx, Open Approach
0PPR34Z	Removal of Internal Fixation Device from Right Thumb Phalanx, Percutaneous Approach
0PPR35Z	Removal of External Fixation Device from Right Thumb Phalanx, Percutaneous Approach
0PPR44Z	Removal of Internal Fixation Device from Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PPR45Z	Removal of External Fixation Device from Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PPS04Z	Removal of Internal Fixation Device from Left Thumb Phalanx, Open Approach
0PPS05Z	Removal of External Fixation Device from Left Thumb Phalanx, Open Approach
0PPS34Z	Removal of Internal Fixation Device from Left Thumb Phalanx, Percutaneous Approach
0PPS35Z	Removal of External Fixation Device from Left Thumb Phalanx, Percutaneous Approach
0PPS44Z	Removal of Internal Fixation Device from Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PPS45Z	Removal of External Fixation Device from Left Thumb Phalanx, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PPT04Z	Removal of Internal Fixation Device from Right Finger Phalanx, Open Approach
0PPT05Z	Removal of External Fixation Device from Right Finger Phalanx, Open Approach
0PPT34Z	Removal of Internal Fixation Device from Right Finger Phalanx, Percutaneous Approach
0PPT35Z	Removal of External Fixation Device from Right Finger Phalanx, Percutaneous Approach
0PPT44Z	Removal of Internal Fixation Device from Right Finger Phalanx, Percutaneous Endoscopic Approach
0PPT45Z	Removal of External Fixation Device from Right Finger Phalanx, Percutaneous Endoscopic Approach
0PPV04Z	Removal of Internal Fixation Device from Left Finger Phalanx, Open Approach
0PPV05Z	Removal of External Fixation Device from Left Finger Phalanx, Open Approach
0PPV34Z	Removal of Internal Fixation Device from Left Finger Phalanx, Percutaneous Approach
0PPV35Z	Removal of External Fixation Device from Left Finger Phalanx, Percutaneous Approach
0PPV44Z	Removal of Internal Fixation Device from Left Finger Phalanx, Percutaneous Endoscopic Approach
0PPV45Z	Removal of External Fixation Device from Left Finger Phalanx, Percutaneous Endoscopic Approach
0PPY0MZ	Removal of Bone Growth Stimulator from Upper Bone, Open Approach
0PPY3MZ	Removal of Bone Growth Stimulator from Upper Bone, Percutaneous Approach
0PPY4MZ	Removal of Bone Growth Stimulator from Upper Bone, Percutaneous Endoscopic Approach
0PQ00ZZ	Repair Sternum, Open Approach
0PQ03ZZ	Repair Sternum, Percutaneous Approach
0PQ04ZZ	Repair Sternum, Percutaneous Endoscopic Approach
0PQ0XZZ	Repair Sternum, External Approach
0PQ10ZZ	Repair Right Rib, Open Approach
0PQ13ZZ	Repair Right Rib, Percutaneous Approach
0PQ14ZZ	Repair Right Rib, Percutaneous Endoscopic Approach
0PQ1XZZ	Repair Right Rib, External Approach
0PQ20ZZ	Repair Left Rib, Open Approach
0PQ23ZZ	Repair Left Rib, Percutaneous Approach
0PQ24ZZ	Repair Left Rib, Percutaneous Endoscopic Approach
0PQ2XZZ	Repair Left Rib, External Approach
0PQ30ZZ	Repair Cervical Vertebra, Open Approach
0PQ33ZZ	Repair Cervical Vertebra, Percutaneous Approach
0PQ34ZZ	Repair Cervical Vertebra, Percutaneous Endoscopic Approach
0PQ3XZZ	Repair Cervical Vertebra, External Approach
0PQ40ZZ	Repair Thoracic Vertebra, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PQ43ZZ	Repair Thoracic Vertebra, Percutaneous Approach
0PQ44ZZ	Repair Thoracic Vertebra, Percutaneous Endoscopic Approach
0PQ4XZZ	Repair Thoracic Vertebra, External Approach
0PQ50ZZ	Repair Right Scapula, Open Approach
0PQ53ZZ	Repair Right Scapula, Percutaneous Approach
0PQ54ZZ	Repair Right Scapula, Percutaneous Endoscopic Approach
0PQ5XZZ	Repair Right Scapula, External Approach
0PQ60ZZ	Repair Left Scapula, Open Approach
0PQ63ZZ	Repair Left Scapula, Percutaneous Approach
0PQ64ZZ	Repair Left Scapula, Percutaneous Endoscopic Approach
0PQ6XZZ	Repair Left Scapula, External Approach
0PQ70ZZ	Repair Right Glenoid Cavity, Open Approach
0PQ73ZZ	Repair Right Glenoid Cavity, Percutaneous Approach
0PQ74ZZ	Repair Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PQ7XZZ	Repair Right Glenoid Cavity, External Approach
0PQ80ZZ	Repair Left Glenoid Cavity, Open Approach
0PQ83ZZ	Repair Left Glenoid Cavity, Percutaneous Approach
0PQ84ZZ	Repair Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PQ8XZZ	Repair Left Glenoid Cavity, External Approach
0PQ90ZZ	Repair Right Clavicle, Open Approach
0PQ93ZZ	Repair Right Clavicle, Percutaneous Approach
0PQ94ZZ	Repair Right Clavicle, Percutaneous Endoscopic Approach
0PQ9XZZ	Repair Right Clavicle, External Approach
0PQB0ZZ	Repair Left Clavicle, Open Approach
0PQB3ZZ	Repair Left Clavicle, Percutaneous Approach
0PQB4ZZ	Repair Left Clavicle, Percutaneous Endoscopic Approach
0PQBXXZZ	Repair Left Clavicle, External Approach
0PQC0ZZ	Repair Right Humeral Head, Open Approach
0PQC3ZZ	Repair Right Humeral Head, Percutaneous Approach
0PQC4ZZ	Repair Right Humeral Head, Percutaneous Endoscopic Approach
0PQCXZZ	Repair Right Humeral Head, External Approach
0PQD0ZZ	Repair Left Humeral Head, Open Approach
0PQD3ZZ	Repair Left Humeral Head, Percutaneous Approach
0PQD4ZZ	Repair Left Humeral Head, Percutaneous Endoscopic Approach
0PQDXZZ	Repair Left Humeral Head, External Approach
0PQF0ZZ	Repair Right Humeral Shaft, Open Approach
0PQF3ZZ	Repair Right Humeral Shaft, Percutaneous Approach
0PQF4ZZ	Repair Right Humeral Shaft, Percutaneous Endoscopic Approach
0PQFXZZ	Repair Right Humeral Shaft, External Approach
0PQG0ZZ	Repair Left Humeral Shaft, Open Approach
0PQG3ZZ	Repair Left Humeral Shaft, Percutaneous Approach
0PQG4ZZ	Repair Left Humeral Shaft, Percutaneous Endoscopic Approach
0PQGXXZZ	Repair Left Humeral Shaft, External Approach
0PQH0ZZ	Repair Right Radius, Open Approach
0PQH3ZZ	Repair Right Radius, Percutaneous Approach
0PQH4ZZ	Repair Right Radius, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PQHZZ	Repair Right Radius, External Approach
0PQJ0ZZ	Repair Left Radius, Open Approach
0PQJ3ZZ	Repair Left Radius, Percutaneous Approach
0PQJ4ZZ	Repair Left Radius, Percutaneous Endoscopic Approach
0PQJXZZ	Repair Left Radius, External Approach
0PQK0ZZ	Repair Right Ulna, Open Approach
0PQK3ZZ	Repair Right Ulna, Percutaneous Approach
0PQK4ZZ	Repair Right Ulna, Percutaneous Endoscopic Approach
0PQKXZZ	Repair Right Ulna, External Approach
0PQL0ZZ	Repair Left Ulna, Open Approach
0PQL3ZZ	Repair Left Ulna, Percutaneous Approach
0PQL4ZZ	Repair Left Ulna, Percutaneous Endoscopic Approach
0PQLXZZ	Repair Left Ulna, External Approach
0PQM0ZZ	Repair Right Carpal, Open Approach
0PQM3ZZ	Repair Right Carpal, Percutaneous Approach
0PQM4ZZ	Repair Right Carpal, Percutaneous Endoscopic Approach
0PQMXXZZ	Repair Right Carpal, External Approach
0PQN0ZZ	Repair Left Carpal, Open Approach
0PQN3ZZ	Repair Left Carpal, Percutaneous Approach
0PQN4ZZ	Repair Left Carpal, Percutaneous Endoscopic Approach
0PQNXZZ	Repair Left Carpal, External Approach
0PQP0ZZ	Repair Right Metacarpal, Open Approach
0PQP3ZZ	Repair Right Metacarpal, Percutaneous Approach
0PQP4ZZ	Repair Right Metacarpal, Percutaneous Endoscopic Approach
0PQPXXZZ	Repair Right Metacarpal, External Approach
0PQQ0ZZ	Repair Left Metacarpal, Open Approach
0PQQ3ZZ	Repair Left Metacarpal, Percutaneous Approach
0PQQ4ZZ	Repair Left Metacarpal, Percutaneous Endoscopic Approach
0PQQXXZZ	Repair Left Metacarpal, External Approach
0PQR0ZZ	Repair Right Thumb Phalanx, Open Approach
0PQR3ZZ	Repair Right Thumb Phalanx, Percutaneous Approach
0PQR4ZZ	Repair Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PQRXXZZ	Repair Right Thumb Phalanx, External Approach
0PQS0ZZ	Repair Left Thumb Phalanx, Open Approach
0PQS3ZZ	Repair Left Thumb Phalanx, Percutaneous Approach
0PQS4ZZ	Repair Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PQSXXZZ	Repair Left Thumb Phalanx, External Approach
0PQT0ZZ	Repair Right Finger Phalanx, Open Approach
0PQT3ZZ	Repair Right Finger Phalanx, Percutaneous Approach
0PQT4ZZ	Repair Right Finger Phalanx, Percutaneous Endoscopic Approach
0PQTXXZZ	Repair Right Finger Phalanx, External Approach
0PQV0ZZ	Repair Left Finger Phalanx, Open Approach
0PQV3ZZ	Repair Left Finger Phalanx, Percutaneous Approach
0PQV4ZZ	Repair Left Finger Phalanx, Percutaneous Endoscopic Approach
0PQVXXZZ	Repair Left Finger Phalanx, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PR007Z	Replacement of Sternum with Autologous Tissue Substitute, Open Approach
0PR00JZ	Replacement of Sternum with Synthetic Substitute, Open Approach
0PR00KZ	Replacement of Sternum with Nonautologous Tissue Substitute, Open Approach
0PR037Z	Replacement of Sternum with Autologous Tissue Substitute, Percutaneous Approach
0PR03JZ	Replacement of Sternum with Synthetic Substitute, Percutaneous Approach
0PR03KZ	Replacement of Sternum with Nonautologous Tissue Substitute, Percutaneous Approach
0PR047Z	Replacement of Sternum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR04JZ	Replacement of Sternum with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR04KZ	Replacement of Sternum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR107Z	Replacement of Right Rib with Autologous Tissue Substitute, Open Approach
0PR10JZ	Replacement of Right Rib with Synthetic Substitute, Open Approach
0PR10KZ	Replacement of Right Rib with Nonautologous Tissue Substitute, Open Approach
0PR137Z	Replacement of Right Rib with Autologous Tissue Substitute, Percutaneous Approach
0PR13JZ	Replacement of Right Rib with Synthetic Substitute, Percutaneous Approach
0PR13KZ	Replacement of Right Rib with Nonautologous Tissue Substitute, Percutaneous Approach
0PR147Z	Replacement of Right Rib with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR14JZ	Replacement of Right Rib with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR14KZ	Replacement of Right Rib with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR207Z	Replacement of Left Rib with Autologous Tissue Substitute, Open Approach
0PR20JZ	Replacement of Left Rib with Synthetic Substitute, Open Approach
0PR20KZ	Replacement of Left Rib with Nonautologous Tissue Substitute, Open Approach
0PR237Z	Replacement of Left Rib with Autologous Tissue Substitute, Percutaneous Approach
0PR23JZ	Replacement of Left Rib with Synthetic Substitute, Percutaneous Approach
0PR23KZ	Replacement of Left Rib with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PR247Z	Replacement of Left Rib with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR24JZ	Replacement of Left Rib with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR24KZ	Replacement of Left Rib with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR307Z	Replacement of Cervical Vertebra with Autologous Tissue Substitute, Open Approach
0PR30JZ	Replacement of Cervical Vertebra with Synthetic Substitute, Open Approach
0PR30KZ	Replacement of Cervical Vertebra with Nonautologous Tissue Substitute, Open Approach
0PR337Z	Replacement of Cervical Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0PR33JZ	Replacement of Cervical Vertebra with Synthetic Substitute, Percutaneous Approach
0PR33KZ	Replacement of Cervical Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0PR347Z	Replacement of Cervical Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR34JZ	Replacement of Cervical Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR34KZ	Replacement of Cervical Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR407Z	Replacement of Thoracic Vertebra with Autologous Tissue Substitute, Open Approach
0PR40JZ	Replacement of Thoracic Vertebra with Synthetic Substitute, Open Approach
0PR40KZ	Replacement of Thoracic Vertebra with Nonautologous Tissue Substitute, Open Approach
0PR437Z	Replacement of Thoracic Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0PR43JZ	Replacement of Thoracic Vertebra with Synthetic Substitute, Percutaneous Approach
0PR43KZ	Replacement of Thoracic Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0PR447Z	Replacement of Thoracic Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR44JZ	Replacement of Thoracic Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR44KZ	Replacement of Thoracic Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR507Z	Replacement of Right Scapula with Autologous Tissue Substitute, Open Approach
0PR50JZ	Replacement of Right Scapula with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PR50KZ	Replacement of Right Scapula with Nonautologous Tissue Substitute, Open Approach
0PR537Z	Replacement of Right Scapula with Autologous Tissue Substitute, Percutaneous Approach
0PR53JZ	Replacement of Right Scapula with Synthetic Substitute, Percutaneous Approach
0PR53KZ	Replacement of Right Scapula with Nonautologous Tissue Substitute, Percutaneous Approach
0PR547Z	Replacement of Right Scapula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR54JZ	Replacement of Right Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR54KZ	Replacement of Right Scapula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR607Z	Replacement of Left Scapula with Autologous Tissue Substitute, Open Approach
0PR60JZ	Replacement of Left Scapula with Synthetic Substitute, Open Approach
0PR60KZ	Replacement of Left Scapula with Nonautologous Tissue Substitute, Open Approach
0PR637Z	Replacement of Left Scapula with Autologous Tissue Substitute, Percutaneous Approach
0PR63JZ	Replacement of Left Scapula with Synthetic Substitute, Percutaneous Approach
0PR63KZ	Replacement of Left Scapula with Nonautologous Tissue Substitute, Percutaneous Approach
0PR647Z	Replacement of Left Scapula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR64JZ	Replacement of Left Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR64KZ	Replacement of Left Scapula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR707Z	Replacement of Right Glenoid Cavity with Autologous Tissue Substitute, Open Approach
0PR70JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Open Approach
0PR70KZ	Replacement of Right Glenoid Cavity with Nonautologous Tissue Substitute, Open Approach
0PR737Z	Replacement of Right Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Approach
0PR73JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Percutaneous Approach
0PR73KZ	Replacement of Right Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Approach
0PR747Z	Replacement of Right Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PR74JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR74KZ	Replacement of Right Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR807Z	Replacement of Left Glenoid Cavity with Autologous Tissue Substitute, Open Approach
0PR80JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Open Approach
0PR80KZ	Replacement of Left Glenoid Cavity with Nonautologous Tissue Substitute, Open Approach
0PR837Z	Replacement of Left Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Approach
0PR83JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Percutaneous Approach
0PR83KZ	Replacement of Left Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Approach
0PR847Z	Replacement of Left Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR84JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR84KZ	Replacement of Left Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR907Z	Replacement of Right Clavicle with Autologous Tissue Substitute, Open Approach
0PR90JZ	Replacement of Right Clavicle with Synthetic Substitute, Open Approach
0PR90KZ	Replacement of Right Clavicle with Nonautologous Tissue Substitute, Open Approach
0PR937Z	Replacement of Right Clavicle with Autologous Tissue Substitute, Percutaneous Approach
0PR93JZ	Replacement of Right Clavicle with Synthetic Substitute, Percutaneous Approach
0PR93KZ	Replacement of Right Clavicle with Nonautologous Tissue Substitute, Percutaneous Approach
0PR947Z	Replacement of Right Clavicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PR94JZ	Replacement of Right Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0PR94KZ	Replacement of Right Clavicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRB07Z	Replacement of Left Clavicle with Autologous Tissue Substitute, Open Approach
0PRB0JZ	Replacement of Left Clavicle with Synthetic Substitute, Open Approach
0PRB0KZ	Replacement of Left Clavicle with Nonautologous Tissue Substitute, Open Approach
0PRB37Z	Replacement of Left Clavicle with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRB3JZ	Replacement of Left Clavicle with Synthetic Substitute, Percutaneous Approach
0PRB3KZ	Replacement of Left Clavicle with Nonautologous Tissue Substitute, Percutaneous Approach
0PRB47Z	Replacement of Left Clavicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRB4JZ	Replacement of Left Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRB4KZ	Replacement of Left Clavicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRC07Z	Replacement of Right Humeral Head with Autologous Tissue Substitute, Open Approach
0PRC0KZ	Replacement of Right Humeral Head with Nonautologous Tissue Substitute, Open Approach
0PRC37Z	Replacement of Right Humeral Head with Autologous Tissue Substitute, Percutaneous Approach
0PRC3KZ	Replacement of Right Humeral Head with Nonautologous Tissue Substitute, Percutaneous Approach
0PRC47Z	Replacement of Right Humeral Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRC4KZ	Replacement of Right Humeral Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRD07Z	Replacement of Left Humeral Head with Autologous Tissue Substitute, Open Approach
0PRD0KZ	Replacement of Left Humeral Head with Nonautologous Tissue Substitute, Open Approach
0PRD37Z	Replacement of Left Humeral Head with Autologous Tissue Substitute, Percutaneous Approach
0PRD3KZ	Replacement of Left Humeral Head with Nonautologous Tissue Substitute, Percutaneous Approach
0PRD47Z	Replacement of Left Humeral Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRD4KZ	Replacement of Left Humeral Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRF07Z	Replacement of Right Humeral Shaft with Autologous Tissue Substitute, Open Approach
0PRF0KZ	Replacement of Right Humeral Shaft with Nonautologous Tissue Substitute, Open Approach
0PRF37Z	Replacement of Right Humeral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0PRF3KZ	Replacement of Right Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0PRF47Z	Replacement of Right Humeral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRF4KZ	Replacement of Right Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRG07Z	Replacement of Left Humeral Shaft with Autologous Tissue Substitute, Open Approach
0PRG0KZ	Replacement of Left Humeral Shaft with Nonautologous Tissue Substitute, Open Approach
0PRG37Z	Replacement of Left Humeral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0PRG3KZ	Replacement of Left Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0PRG47Z	Replacement of Left Humeral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRG4KZ	Replacement of Left Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRH07Z	Replacement of Right Radius with Autologous Tissue Substitute, Open Approach
0PRH0KZ	Replacement of Right Radius with Nonautologous Tissue Substitute, Open Approach
0PRH37Z	Replacement of Right Radius with Autologous Tissue Substitute, Percutaneous Approach
0PRH3KZ	Replacement of Right Radius with Nonautologous Tissue Substitute, Percutaneous Approach
0PRH47Z	Replacement of Right Radius with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRH4KZ	Replacement of Right Radius with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRJ07Z	Replacement of Left Radius with Autologous Tissue Substitute, Open Approach
0PRJ0KZ	Replacement of Left Radius with Nonautologous Tissue Substitute, Open Approach
0PRJ37Z	Replacement of Left Radius with Autologous Tissue Substitute, Percutaneous Approach
0PRJ3KZ	Replacement of Left Radius with Nonautologous Tissue Substitute, Percutaneous Approach
0PRJ47Z	Replacement of Left Radius with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRJ4KZ	Replacement of Left Radius with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRK07Z	Replacement of Right Ulna with Autologous Tissue Substitute, Open Approach
0PRK0KZ	Replacement of Right Ulna with Nonautologous Tissue Substitute, Open Approach
0PRK37Z	Replacement of Right Ulna with Autologous Tissue Substitute, Percutaneous Approach
0PRK3KZ	Replacement of Right Ulna with Nonautologous Tissue Substitute, Percutaneous Approach
0PRK47Z	Replacement of Right Ulna with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRK4KZ	Replacement of Right Ulna with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRL07Z	Replacement of Left Ulna with Autologous Tissue Substitute, Open Approach
0PRL0KZ	Replacement of Left Ulna with Nonautologous Tissue Substitute, Open Approach
0PRL37Z	Replacement of Left Ulna with Autologous Tissue Substitute, Percutaneous Approach
0PRL3KZ	Replacement of Left Ulna with Nonautologous Tissue Substitute, Percutaneous Approach
0PRL47Z	Replacement of Left Ulna with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRL4KZ	Replacement of Left Ulna with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRM07Z	Replacement of Right Carpal with Autologous Tissue Substitute, Open Approach
0PRM0JZ	Replacement of Right Carpal with Synthetic Substitute, Open Approach
0PRM0KZ	Replacement of Right Carpal with Nonautologous Tissue Substitute, Open Approach
0PRM37Z	Replacement of Right Carpal with Autologous Tissue Substitute, Percutaneous Approach
0PRM3JZ	Replacement of Right Carpal with Synthetic Substitute, Percutaneous Approach
0PRM3KZ	Replacement of Right Carpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PRM47Z	Replacement of Right Carpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRM4JZ	Replacement of Right Carpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRM4KZ	Replacement of Right Carpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRN07Z	Replacement of Left Carpal with Autologous Tissue Substitute, Open Approach
0PRN0JZ	Replacement of Left Carpal with Synthetic Substitute, Open Approach
0PRN0KZ	Replacement of Left Carpal with Nonautologous Tissue Substitute, Open Approach
0PRN37Z	Replacement of Left Carpal with Autologous Tissue Substitute, Percutaneous Approach
0PRN3JZ	Replacement of Left Carpal with Synthetic Substitute, Percutaneous Approach
0PRN3KZ	Replacement of Left Carpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PRN47Z	Replacement of Left Carpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRN4JZ	Replacement of Left Carpal with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRN4KZ	Replacement of Left Carpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRP07Z	Replacement of Right Metacarpal with Autologous Tissue Substitute, Open Approach
0PRP0JZ	Replacement of Right Metacarpal with Synthetic Substitute, Open Approach
0PRP0KZ	Replacement of Right Metacarpal with Nonautologous Tissue Substitute, Open Approach
0PRP37Z	Replacement of Right Metacarpal with Autologous Tissue Substitute, Percutaneous Approach
0PRP3JZ	Replacement of Right Metacarpal with Synthetic Substitute, Percutaneous Approach
0PRP3KZ	Replacement of Right Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PRP47Z	Replacement of Right Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRP4JZ	Replacement of Right Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRP4KZ	Replacement of Right Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRQ07Z	Replacement of Left Metacarpal with Autologous Tissue Substitute, Open Approach
0PRQ0JZ	Replacement of Left Metacarpal with Synthetic Substitute, Open Approach
0PRQ0KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Open Approach
0PRQ37Z	Replacement of Left Metacarpal with Autologous Tissue Substitute, Percutaneous Approach
0PRQ3JZ	Replacement of Left Metacarpal with Synthetic Substitute, Percutaneous Approach
0PRQ3KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PRQ47Z	Replacement of Left Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRQ4JZ	Replacement of Left Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRQ4KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRR07Z	Replacement of Right Thumb Phalanx with Autologous Tissue Substitute, Open Approach
0PRR0JZ	Replacement of Right Thumb Phalanx with Synthetic Substitute, Open Approach
0PRR0KZ	Replacement of Right Thumb Phalanx with Nonautologous Tissue Substitute, Open Approach
0PRR37Z	Replacement of Right Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRR3JZ	Replacement of Right Thumb Phalanx with Synthetic Substitute, Percutaneous Approach
0PRR3KZ	Replacement of Right Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PRR47Z	Replacement of Right Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRR4JZ	Replacement of Right Thumb Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRR4KZ	Replacement of Right Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRS07Z	Replacement of Left Thumb Phalanx with Autologous Tissue Substitute, Open Approach
0PRS0JZ	Replacement of Left Thumb Phalanx with Synthetic Substitute, Open Approach
0PRS0KZ	Replacement of Left Thumb Phalanx with Nonautologous Tissue Substitute, Open Approach
0PRS37Z	Replacement of Left Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PRS3JZ	Replacement of Left Thumb Phalanx with Synthetic Substitute, Percutaneous Approach
0PRS3KZ	Replacement of Left Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PRS47Z	Replacement of Left Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRS4JZ	Replacement of Left Thumb Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRS4KZ	Replacement of Left Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRT07Z	Replacement of Right Finger Phalanx with Autologous Tissue Substitute, Open Approach
0PRT0JZ	Replacement of Right Finger Phalanx with Synthetic Substitute, Open Approach
0PRT0KZ	Replacement of Right Finger Phalanx with Nonautologous Tissue Substitute, Open Approach
0PRT37Z	Replacement of Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PRT3JZ	Replacement of Right Finger Phalanx with Synthetic Substitute, Percutaneous Approach
0PRT3KZ	Replacement of Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PRT47Z	Replacement of Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRT4JZ	Replacement of Right Finger Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRT4KZ	Replacement of Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PRV07Z	Replacement of Left Finger Phalanx with Autologous Tissue Substitute, Open Approach
0PRV0JZ	Replacement of Left Finger Phalanx with Synthetic Substitute, Open Approach
0PRV0KZ	Replacement of Left Finger Phalanx with Nonautologous Tissue Substitute, Open Approach
0PRV37Z	Replacement of Left Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PRV3JZ	Replacement of Left Finger Phalanx with Synthetic Substitute, Percutaneous Approach
0PRV3KZ	Replacement of Left Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PRV47Z	Replacement of Left Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PRV4JZ	Replacement of Left Finger Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PRV4KZ	Replacement of Left Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PS004Z	Reposition Sternum with Internal Fixation Device, Open Approach
0PS00ZZ	Reposition Sternum, Open Approach
0PS034Z	Reposition Sternum with Internal Fixation Device, Percutaneous Approach
0PS03ZZ	Reposition Sternum, Percutaneous Approach
0PS044Z	Reposition Sternum with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS04ZZ	Reposition Sternum, Percutaneous Endoscopic Approach
0PS0XZZ	Reposition Sternum, External Approach
0PS104Z	Reposition Right Rib with Internal Fixation Device, Open Approach
0PS10ZZ	Reposition Right Rib, Open Approach
0PS134Z	Reposition Right Rib with Internal Fixation Device, Percutaneous Approach
0PS13ZZ	Reposition Right Rib, Percutaneous Approach
0PS144Z	Reposition Right Rib with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS14ZZ	Reposition Right Rib, Percutaneous Endoscopic Approach
0PS1XZZ	Reposition Right Rib, External Approach
0PS204Z	Reposition Left Rib with Internal Fixation Device, Open Approach
0PS20ZZ	Reposition Left Rib, Open Approach
0PS234Z	Reposition Left Rib with Internal Fixation Device, Percutaneous Approach
0PS23ZZ	Reposition Left Rib, Percutaneous Approach
0PS244Z	Reposition Left Rib with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS24ZZ	Reposition Left Rib, Percutaneous Endoscopic Approach
0PS2XZZ	Reposition Left Rib, External Approach
0PS334Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PS33ZZ	Reposition Cervical Vertebra, Percutaneous Approach
0PS344Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS434Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Approach
0PS43ZZ	Reposition Thoracic Vertebra, Percutaneous Approach
0PS444Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS504Z	Reposition Right Scapula with Internal Fixation Device, Open Approach
0PS50ZZ	Reposition Right Scapula, Open Approach
0PS534Z	Reposition Right Scapula with Internal Fixation Device, Percutaneous Approach
0PS53ZZ	Reposition Right Scapula, Percutaneous Approach
0PS544Z	Reposition Right Scapula with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS54ZZ	Reposition Right Scapula, Percutaneous Endoscopic Approach
0PS5XZZ	Reposition Right Scapula, External Approach
0PS604Z	Reposition Left Scapula with Internal Fixation Device, Open Approach
0PS60ZZ	Reposition Left Scapula, Open Approach
0PS634Z	Reposition Left Scapula with Internal Fixation Device, Percutaneous Approach
0PS63ZZ	Reposition Left Scapula, Percutaneous Approach
0PS644Z	Reposition Left Scapula with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS64ZZ	Reposition Left Scapula, Percutaneous Endoscopic Approach
0PS6XZZ	Reposition Left Scapula, External Approach
0PS704Z	Reposition Right Glenoid Cavity with Internal Fixation Device, Open Approach
0PS70ZZ	Reposition Right Glenoid Cavity, Open Approach
0PS734Z	Reposition Right Glenoid Cavity with Internal Fixation Device, Percutaneous Approach
0PS73ZZ	Reposition Right Glenoid Cavity, Percutaneous Approach
0PS744Z	Reposition Right Glenoid Cavity with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS74ZZ	Reposition Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PS7XZZ	Reposition Right Glenoid Cavity, External Approach
0PS804Z	Reposition Left Glenoid Cavity with Internal Fixation Device, Open Approach
0PS80ZZ	Reposition Left Glenoid Cavity, Open Approach
0PS834Z	Reposition Left Glenoid Cavity with Internal Fixation Device, Percutaneous Approach
0PS83ZZ	Reposition Left Glenoid Cavity, Percutaneous Approach
0PS844Z	Reposition Left Glenoid Cavity with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS84ZZ	Reposition Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PS8XZZ	Reposition Left Glenoid Cavity, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PS904Z	Reposition Right Clavicle with Internal Fixation Device, Open Approach
0PS90ZZ	Reposition Right Clavicle, Open Approach
0PS934Z	Reposition Right Clavicle with Internal Fixation Device, Percutaneous Approach
0PS93ZZ	Reposition Right Clavicle, Percutaneous Approach
0PS944Z	Reposition Right Clavicle with Internal Fixation Device, Percutaneous Endoscopic Approach
0PS94ZZ	Reposition Right Clavicle, Percutaneous Endoscopic Approach
0PS9XZZ	Reposition Right Clavicle, External Approach
0PSB04Z	Reposition Left Clavicle with Internal Fixation Device, Open Approach
0PSB0ZZ	Reposition Left Clavicle, Open Approach
0PSB34Z	Reposition Left Clavicle with Internal Fixation Device, Percutaneous Approach
0PSB3ZZ	Reposition Left Clavicle, Percutaneous Approach
0PSB44Z	Reposition Left Clavicle with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSB4ZZ	Reposition Left Clavicle, Percutaneous Endoscopic Approach
0PSBXZZ	Reposition Left Clavicle, External Approach
0PSC04Z	Reposition Right Humeral Head with Internal Fixation Device, Open Approach
0PSC05Z	Reposition Right Humeral Head with External Fixation Device, Open Approach
0PSC06Z	Reposition Right Humeral Head with Intramedullary Internal Fixation Device, Open Approach
0PSC0BZ	Reposition Right Humeral Head with Monoplanar External Fixation Device, Open Approach
0PSC0CZ	Reposition Right Humeral Head with Ring External Fixation Device, Open Approach
0PSC0DZ	Reposition Right Humeral Head with Hybrid External Fixation Device, Open Approach
0PSC0ZZ	Reposition Right Humeral Head, Open Approach
0PSC34Z	Reposition Right Humeral Head with Internal Fixation Device, Percutaneous Approach
0PSC35Z	Reposition Right Humeral Head with External Fixation Device, Percutaneous Approach
0PSC36Z	Reposition Right Humeral Head with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSC3BZ	Reposition Right Humeral Head with Monoplanar External Fixation Device, Percutaneous Approach
0PSC3CZ	Reposition Right Humeral Head with Ring External Fixation Device, Percutaneous Approach
0PSC3DZ	Reposition Right Humeral Head with Hybrid External Fixation Device, Percutaneous Approach
0PSC3ZZ	Reposition Right Humeral Head, Percutaneous Approach
0PSC44Z	Reposition Right Humeral Head with Internal Fixation Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSC45Z	Reposition Right Humeral Head with External Fixation Device, Percutaneous Endoscopic Approach
0PSC46Z	Reposition Right Humeral Head with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSC4BZ	Reposition Right Humeral Head with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSC4CZ	Reposition Right Humeral Head with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSC4DZ	Reposition Right Humeral Head with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSC4ZZ	Reposition Right Humeral Head, Percutaneous Endoscopic Approach
0PSCXZZ	Reposition Right Humeral Head, External Approach
0PSD04Z	Reposition Left Humeral Head with Internal Fixation Device, Open Approach
0PSD05Z	Reposition Left Humeral Head with External Fixation Device, Open Approach
0PSD06Z	Reposition Left Humeral Head with Intramedullary Internal Fixation Device, Open Approach
0PSD0BZ	Reposition Left Humeral Head with Monoplanar External Fixation Device, Open Approach
0PSD0CZ	Reposition Left Humeral Head with Ring External Fixation Device, Open Approach
0PSD0DZ	Reposition Left Humeral Head with Hybrid External Fixation Device, Open Approach
0PSD0ZZ	Reposition Left Humeral Head, Open Approach
0PSD34Z	Reposition Left Humeral Head with Internal Fixation Device, Percutaneous Approach
0PSD35Z	Reposition Left Humeral Head with External Fixation Device, Percutaneous Approach
0PSD36Z	Reposition Left Humeral Head with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSD3BZ	Reposition Left Humeral Head with Monoplanar External Fixation Device, Percutaneous Approach
0PSD3CZ	Reposition Left Humeral Head with Ring External Fixation Device, Percutaneous Approach
0PSD3DZ	Reposition Left Humeral Head with Hybrid External Fixation Device, Percutaneous Approach
0PSD3ZZ	Reposition Left Humeral Head, Percutaneous Approach
0PSD44Z	Reposition Left Humeral Head with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSD45Z	Reposition Left Humeral Head with External Fixation Device, Percutaneous Endoscopic Approach
0PSD46Z	Reposition Left Humeral Head with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSD4BZ	Reposition Left Humeral Head with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSD4CZ	Reposition Left Humeral Head with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSD4DZ	Reposition Left Humeral Head with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSD4ZZ	Reposition Left Humeral Head, Percutaneous Endoscopic Approach
0PSDXZZ	Reposition Left Humeral Head, External Approach
0PSF04Z	Reposition Right Humeral Shaft with Internal Fixation Device, Open Approach
0PSF05Z	Reposition Right Humeral Shaft with External Fixation Device, Open Approach
0PSF06Z	Reposition Right Humeral Shaft with Intramedullary Internal Fixation Device, Open Approach
0PSF0BZ	Reposition Right Humeral Shaft with Monoplanar External Fixation Device, Open Approach
0PSF0CZ	Reposition Right Humeral Shaft with Ring External Fixation Device, Open Approach
0PSF0DZ	Reposition Right Humeral Shaft with Hybrid External Fixation Device, Open Approach
0PSF0ZZ	Reposition Right Humeral Shaft, Open Approach
0PSF34Z	Reposition Right Humeral Shaft with Internal Fixation Device, Percutaneous Approach
0PSF35Z	Reposition Right Humeral Shaft with External Fixation Device, Percutaneous Approach
0PSF36Z	Reposition Right Humeral Shaft with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSF3BZ	Reposition Right Humeral Shaft with Monoplanar External Fixation Device, Percutaneous Approach
0PSF3CZ	Reposition Right Humeral Shaft with Ring External Fixation Device, Percutaneous Approach
0PSF3DZ	Reposition Right Humeral Shaft with Hybrid External Fixation Device, Percutaneous Approach
0PSF3ZZ	Reposition Right Humeral Shaft, Percutaneous Approach
0PSF44Z	Reposition Right Humeral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSF45Z	Reposition Right Humeral Shaft with External Fixation Device, Percutaneous Endoscopic Approach
0PSF46Z	Reposition Right Humeral Shaft with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSF4BZ	Reposition Right Humeral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSF4CZ	Reposition Right Humeral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSF4DZ	Reposition Right Humeral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSF4ZZ	Reposition Right Humeral Shaft, Percutaneous Endoscopic Approach
0PSFXZZ	Reposition Right Humeral Shaft, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSG04Z	Reposition Left Humeral Shaft with Internal Fixation Device, Open Approach
0PSG05Z	Reposition Left Humeral Shaft with External Fixation Device, Open Approach
0PSG06Z	Reposition Left Humeral Shaft with Intramedullary Internal Fixation Device, Open Approach
0PSG0BZ	Reposition Left Humeral Shaft with Monoplanar External Fixation Device, Open Approach
0PSG0CZ	Reposition Left Humeral Shaft with Ring External Fixation Device, Open Approach
0PSG0DZ	Reposition Left Humeral Shaft with Hybrid External Fixation Device, Open Approach
0PSG0ZZ	Reposition Left Humeral Shaft, Open Approach
0PSG34Z	Reposition Left Humeral Shaft with Internal Fixation Device, Percutaneous Approach
0PSG35Z	Reposition Left Humeral Shaft with External Fixation Device, Percutaneous Approach
0PSG36Z	Reposition Left Humeral Shaft with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSG3BZ	Reposition Left Humeral Shaft with Monoplanar External Fixation Device, Percutaneous Approach
0PSG3CZ	Reposition Left Humeral Shaft with Ring External Fixation Device, Percutaneous Approach
0PSG3DZ	Reposition Left Humeral Shaft with Hybrid External Fixation Device, Percutaneous Approach
0PSG3ZZ	Reposition Left Humeral Shaft, Percutaneous Approach
0PSG44Z	Reposition Left Humeral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSG45Z	Reposition Left Humeral Shaft with External Fixation Device, Percutaneous Endoscopic Approach
0PSG46Z	Reposition Left Humeral Shaft with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSG4BZ	Reposition Left Humeral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSG4CZ	Reposition Left Humeral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSG4DZ	Reposition Left Humeral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSG4ZZ	Reposition Left Humeral Shaft, Percutaneous Endoscopic Approach
0PSGXZZ	Reposition Left Humeral Shaft, External Approach
0PSH04Z	Reposition Right Radius with Internal Fixation Device, Open Approach
0PSH05Z	Reposition Right Radius with External Fixation Device, Open Approach
0PSH06Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Open Approach
0PSH0BZ	Reposition Right Radius with Monoplanar External Fixation Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSH0CZ	Reposition Right Radius with Ring External Fixation Device, Open Approach
0PSH0DZ	Reposition Right Radius with Hybrid External Fixation Device, Open Approach
0PSH0ZZ	Reposition Right Radius, Open Approach
0PSH34Z	Reposition Right Radius with Internal Fixation Device, Percutaneous Approach
0PSH35Z	Reposition Right Radius with External Fixation Device, Percutaneous Approach
0PSH36Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSH3BZ	Reposition Right Radius with Monoplanar External Fixation Device, Percutaneous Approach
0PSH3CZ	Reposition Right Radius with Ring External Fixation Device, Percutaneous Approach
0PSH3DZ	Reposition Right Radius with Hybrid External Fixation Device, Percutaneous Approach
0PSH3ZZ	Reposition Right Radius, Percutaneous Approach
0PSH44Z	Reposition Right Radius with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSH45Z	Reposition Right Radius with External Fixation Device, Percutaneous Endoscopic Approach
0PSH46Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSH4BZ	Reposition Right Radius with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSH4CZ	Reposition Right Radius with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSH4DZ	Reposition Right Radius with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSH4ZZ	Reposition Right Radius, Percutaneous Endoscopic Approach
0PSHXZZ	Reposition Right Radius, External Approach
0PSJ04Z	Reposition Left Radius with Internal Fixation Device, Open Approach
0PSJ05Z	Reposition Left Radius with External Fixation Device, Open Approach
0PSJ06Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Open Approach
0PSJ0BZ	Reposition Left Radius with Monoplanar External Fixation Device, Open Approach
0PSJ0CZ	Reposition Left Radius with Ring External Fixation Device, Open Approach
0PSJ0DZ	Reposition Left Radius with Hybrid External Fixation Device, Open Approach
0PSJ0ZZ	Reposition Left Radius, Open Approach
0PSJ34Z	Reposition Left Radius with Internal Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSJ35Z	Reposition Left Radius with External Fixation Device, Percutaneous Approach
0PSJ36Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSJ3BZ	Reposition Left Radius with Monoplanar External Fixation Device, Percutaneous Approach
0PSJ3CZ	Reposition Left Radius with Ring External Fixation Device, Percutaneous Approach
0PSJ3DZ	Reposition Left Radius with Hybrid External Fixation Device, Percutaneous Approach
0PSJ3ZZ	Reposition Left Radius, Percutaneous Approach
0PSJ44Z	Reposition Left Radius with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSJ45Z	Reposition Left Radius with External Fixation Device, Percutaneous Endoscopic Approach
0PSJ46Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSJ4BZ	Reposition Left Radius with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSJ4CZ	Reposition Left Radius with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSJ4DZ	Reposition Left Radius with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSJ4ZZ	Reposition Left Radius, Percutaneous Endoscopic Approach
0PSJXZZ	Reposition Left Radius, External Approach
0PSK04Z	Reposition Right Ulna with Internal Fixation Device, Open Approach
0PSK05Z	Reposition Right Ulna with External Fixation Device, Open Approach
0PSK06Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Open Approach
0PSK0BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Open Approach
0PSK0CZ	Reposition Right Ulna with Ring External Fixation Device, Open Approach
0PSK0DZ	Reposition Right Ulna with Hybrid External Fixation Device, Open Approach
0PSK0ZZ	Reposition Right Ulna, Open Approach
0PSK34Z	Reposition Right Ulna with Internal Fixation Device, Percutaneous Approach
0PSK35Z	Reposition Right Ulna with External Fixation Device, Percutaneous Approach
0PSK36Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSK3BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Percutaneous Approach
0PSK3CZ	Reposition Right Ulna with Ring External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSK3DZ	Reposition Right Ulna with Hybrid External Fixation Device, Percutaneous Approach
0PSK3ZZ	Reposition Right Ulna, Percutaneous Approach
0PSK44Z	Reposition Right Ulna with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSK45Z	Reposition Right Ulna with External Fixation Device, Percutaneous Endoscopic Approach
0PSK46Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0PSK4BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSK4CZ	Reposition Right Ulna with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSK4DZ	Reposition Right Ulna with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSK4ZZ	Reposition Right Ulna, Percutaneous Endoscopic Approach
0PSKXZZ	Reposition Right Ulna, External Approach
0PSL04Z	Reposition Left Ulna with Internal Fixation Device, Open Approach
0PSL05Z	Reposition Left Ulna with External Fixation Device, Open Approach
0PSL06Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Open Approach
0PSL0BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Open Approach
0PSL0CZ	Reposition Left Ulna with Ring External Fixation Device, Open Approach
0PSL0DZ	Reposition Left Ulna with Hybrid External Fixation Device, Open Approach
0PSL0ZZ	Reposition Left Ulna, Open Approach
0PSL34Z	Reposition Left Ulna with Internal Fixation Device, Percutaneous Approach
0PSL35Z	Reposition Left Ulna with External Fixation Device, Percutaneous Approach
0PSL36Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Percutaneous Approach
0PSL3BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Percutaneous Approach
0PSL3CZ	Reposition Left Ulna with Ring External Fixation Device, Percutaneous Approach
0PSL3DZ	Reposition Left Ulna with Hybrid External Fixation Device, Percutaneous Approach
0PSL3ZZ	Reposition Left Ulna, Percutaneous Approach
0PSL44Z	Reposition Left Ulna with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSL45Z	Reposition Left Ulna with External Fixation Device, Percutaneous Endoscopic Approach
0PSL46Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSL4BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0PSL4CZ	Reposition Left Ulna with Ring External Fixation Device, Percutaneous Endoscopic Approach
0PSL4DZ	Reposition Left Ulna with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0PSL4ZZ	Reposition Left Ulna, Percutaneous Endoscopic Approach
0PSLXZZ	Reposition Left Ulna, External Approach
0PSM04Z	Reposition Right Carpal with Internal Fixation Device, Open Approach
0PSM05Z	Reposition Right Carpal with External Fixation Device, Open Approach
0PSM0ZZ	Reposition Right Carpal, Open Approach
0PSM34Z	Reposition Right Carpal with Internal Fixation Device, Percutaneous Approach
0PSM35Z	Reposition Right Carpal with External Fixation Device, Percutaneous Approach
0PSM3ZZ	Reposition Right Carpal, Percutaneous Approach
0PSM44Z	Reposition Right Carpal with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSM45Z	Reposition Right Carpal with External Fixation Device, Percutaneous Endoscopic Approach
0PSM4ZZ	Reposition Right Carpal, Percutaneous Endoscopic Approach
0PSMXZZ	Reposition Right Carpal, External Approach
0PSN04Z	Reposition Left Carpal with Internal Fixation Device, Open Approach
0PSN05Z	Reposition Left Carpal with External Fixation Device, Open Approach
0PSN0ZZ	Reposition Left Carpal, Open Approach
0PSN34Z	Reposition Left Carpal with Internal Fixation Device, Percutaneous Approach
0PSN35Z	Reposition Left Carpal with External Fixation Device, Percutaneous Approach
0PSN3ZZ	Reposition Left Carpal, Percutaneous Approach
0PSN44Z	Reposition Left Carpal with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSN45Z	Reposition Left Carpal with External Fixation Device, Percutaneous Endoscopic Approach
0PSN4ZZ	Reposition Left Carpal, Percutaneous Endoscopic Approach
0PSNXZZ	Reposition Left Carpal, External Approach
0PSP04Z	Reposition Right Metacarpal with Internal Fixation Device, Open Approach
0PSP05Z	Reposition Right Metacarpal with External Fixation Device, Open Approach
0PSP34Z	Reposition Right Metacarpal with Internal Fixation Device, Percutaneous Approach
0PSP35Z	Reposition Right Metacarpal with External Fixation Device, Percutaneous Approach
0PSP3ZZ	Reposition Right Metacarpal, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSP44Z	Reposition Right Metacarpal with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSP45Z	Reposition Right Metacarpal with External Fixation Device, Percutaneous Endoscopic Approach
0PSP4ZZ	Reposition Right Metacarpal, Percutaneous Endoscopic Approach
0PSPXZZ	Reposition Right Metacarpal, External Approach
0PSQ04Z	Reposition Left Metacarpal with Internal Fixation Device, Open Approach
0PSQ05Z	Reposition Left Metacarpal with External Fixation Device, Open Approach
0PSQ34Z	Reposition Left Metacarpal with Internal Fixation Device, Percutaneous Approach
0PSQ35Z	Reposition Left Metacarpal with External Fixation Device, Percutaneous Approach
0PSQ3ZZ	Reposition Left Metacarpal, Percutaneous Approach
0PSQ44Z	Reposition Left Metacarpal with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSQ45Z	Reposition Left Metacarpal with External Fixation Device, Percutaneous Endoscopic Approach
0PSQ4ZZ	Reposition Left Metacarpal, Percutaneous Endoscopic Approach
0PSQXZZ	Reposition Left Metacarpal, External Approach
0PSR04Z	Reposition Right Thumb Phalanx with Internal Fixation Device, Open Approach
0PSR05Z	Reposition Right Thumb Phalanx with External Fixation Device, Open Approach
0PSR34Z	Reposition Right Thumb Phalanx with Internal Fixation Device, Percutaneous Approach
0PSR35Z	Reposition Right Thumb Phalanx with External Fixation Device, Percutaneous Approach
0PSR3ZZ	Reposition Right Thumb Phalanx, Percutaneous Approach
0PSR44Z	Reposition Right Thumb Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSR45Z	Reposition Right Thumb Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0PSR4ZZ	Reposition Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PSRXZZ	Reposition Right Thumb Phalanx, External Approach
0PSS04Z	Reposition Left Thumb Phalanx with Internal Fixation Device, Open Approach
0PSS05Z	Reposition Left Thumb Phalanx with External Fixation Device, Open Approach
0PSS34Z	Reposition Left Thumb Phalanx with Internal Fixation Device, Percutaneous Approach
0PSS35Z	Reposition Left Thumb Phalanx with External Fixation Device, Percutaneous Approach
0PSS3ZZ	Reposition Left Thumb Phalanx, Percutaneous Approach
0PSS44Z	Reposition Left Thumb Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PSS45Z	Reposition Left Thumb Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0PSS4ZZ	Reposition Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PSSXZZ	Reposition Left Thumb Phalanx, External Approach
0PST04Z	Reposition Right Finger Phalanx with Internal Fixation Device, Open Approach
0PST05Z	Reposition Right Finger Phalanx with External Fixation Device, Open Approach
0PST34Z	Reposition Right Finger Phalanx with Internal Fixation Device, Percutaneous Approach
0PST35Z	Reposition Right Finger Phalanx with External Fixation Device, Percutaneous Approach
0PST3ZZ	Reposition Right Finger Phalanx, Percutaneous Approach
0PST44Z	Reposition Right Finger Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach
0PST45Z	Reposition Right Finger Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0PST4ZZ	Reposition Right Finger Phalanx, Percutaneous Endoscopic Approach
0PSTXZZ	Reposition Right Finger Phalanx, External Approach
0PSV04Z	Reposition Left Finger Phalanx with Internal Fixation Device, Open Approach
0PSV05Z	Reposition Left Finger Phalanx with External Fixation Device, Open Approach
0PSV34Z	Reposition Left Finger Phalanx with Internal Fixation Device, Percutaneous Approach
0PSV35Z	Reposition Left Finger Phalanx with External Fixation Device, Percutaneous Approach
0PSV3ZZ	Reposition Left Finger Phalanx, Percutaneous Approach
0PSV44Z	Reposition Left Finger Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach
0PSV45Z	Reposition Left Finger Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0PSV4ZZ	Reposition Left Finger Phalanx, Percutaneous Endoscopic Approach
0PSVXZZ	Reposition Left Finger Phalanx, External Approach
0PT00ZZ	Resection of Sternum, Open Approach
0PT10ZZ	Resection of Right Rib, Open Approach
0PT20ZZ	Resection of Left Rib, Open Approach
0PT50ZZ	Resection of Right Scapula, Open Approach
0PT60ZZ	Resection of Left Scapula, Open Approach
0PT90ZZ	Resection of Right Clavicle, Open Approach
0PTB0ZZ	Resection of Left Clavicle, Open Approach
0PTC0ZZ	Resection of Right Humeral Head, Open Approach
0PTD0ZZ	Resection of Left Humeral Head, Open Approach
0PTF0ZZ	Resection of Right Humeral Shaft, Open Approach
0PTG0ZZ	Resection of Left Humeral Shaft, Open Approach
0PTH0ZZ	Resection of Right Radius, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PTJ0ZZ	Resection of Left Radius, Open Approach
0PTK0ZZ	Resection of Right Ulna, Open Approach
0PTL0ZZ	Resection of Left Ulna, Open Approach
0PTM0ZZ	Resection of Right Carpal, Open Approach
0PTN0ZZ	Resection of Left Carpal, Open Approach
0PTP0ZZ	Resection of Right Metacarpal, Open Approach
0PTQ0ZZ	Resection of Left Metacarpal, Open Approach
0PTR0ZZ	Resection of Right Thumb Phalanx, Open Approach
0PTS0ZZ	Resection of Left Thumb Phalanx, Open Approach
0PTT0ZZ	Resection of Right Finger Phalanx, Open Approach
0PTV0ZZ	Resection of Left Finger Phalanx, Open Approach
0PU007Z	Supplement Sternum with Autologous Tissue Substitute, Open Approach
0PU00JZ	Supplement Sternum with Synthetic Substitute, Open Approach
0PU00KZ	Supplement Sternum with Nonautologous Tissue Substitute, Open Approach
0PU037Z	Supplement Sternum with Autologous Tissue Substitute, Percutaneous Approach
0PU03JZ	Supplement Sternum with Synthetic Substitute, Percutaneous Approach
0PU03KZ	Supplement Sternum with Nonautologous Tissue Substitute, Percutaneous Approach
0PU047Z	Supplement Sternum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU04JZ	Supplement Sternum with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU04KZ	Supplement Sternum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU107Z	Supplement Right Rib with Autologous Tissue Substitute, Open Approach
0PU10JZ	Supplement Right Rib with Synthetic Substitute, Open Approach
0PU10KZ	Supplement Right Rib with Nonautologous Tissue Substitute, Open Approach
0PU137Z	Supplement Right Rib with Autologous Tissue Substitute, Percutaneous Approach
0PU13JZ	Supplement Right Rib with Synthetic Substitute, Percutaneous Approach
0PU13KZ	Supplement Right Rib with Nonautologous Tissue Substitute, Percutaneous Approach
0PU147Z	Supplement Right Rib with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU14JZ	Supplement Right Rib with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU14KZ	Supplement Right Rib with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU207Z	Supplement Left Rib with Autologous Tissue Substitute, Open Approach
0PU20JZ	Supplement Left Rib with Synthetic Substitute, Open Approach
0PU20KZ	Supplement Left Rib with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PU237Z	Supplement Left Rib with Autologous Tissue Substitute, Percutaneous Approach
0PU23JZ	Supplement Left Rib with Synthetic Substitute, Percutaneous Approach
0PU23KZ	Supplement Left Rib with Nonautologous Tissue Substitute, Percutaneous Approach
0PU247Z	Supplement Left Rib with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU24JZ	Supplement Left Rib with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU24KZ	Supplement Left Rib with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU307Z	Supplement Cervical Vertebra with Autologous Tissue Substitute, Open Approach
0PU30JZ	Supplement Cervical Vertebra with Synthetic Substitute, Open Approach
0PU30KZ	Supplement Cervical Vertebra with Nonautologous Tissue Substitute, Open Approach
0PU337Z	Supplement Cervical Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0PU33JZ	Supplement Cervical Vertebra with Synthetic Substitute, Percutaneous Approach
0PU33KZ	Supplement Cervical Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0PU347Z	Supplement Cervical Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU34JZ	Supplement Cervical Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU34KZ	Supplement Cervical Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU407Z	Supplement Thoracic Vertebra with Autologous Tissue Substitute, Open Approach
0PU40JZ	Supplement Thoracic Vertebra with Synthetic Substitute, Open Approach
0PU40KZ	Supplement Thoracic Vertebra with Nonautologous Tissue Substitute, Open Approach
0PU437Z	Supplement Thoracic Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0PU43JZ	Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Approach
0PU43KZ	Supplement Thoracic Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0PU447Z	Supplement Thoracic Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU44JZ	Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU44KZ	Supplement Thoracic Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PU507Z	Supplement Right Scapula with Autologous Tissue Substitute, Open Approach
0PU50JZ	Supplement Right Scapula with Synthetic Substitute, Open Approach
0PU50KZ	Supplement Right Scapula with Nonautologous Tissue Substitute, Open Approach
0PU537Z	Supplement Right Scapula with Autologous Tissue Substitute, Percutaneous Approach
0PU53JZ	Supplement Right Scapula with Synthetic Substitute, Percutaneous Approach
0PU53KZ	Supplement Right Scapula with Nonautologous Tissue Substitute, Percutaneous Approach
0PU547Z	Supplement Right Scapula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU54JZ	Supplement Right Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU54KZ	Supplement Right Scapula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU607Z	Supplement Left Scapula with Autologous Tissue Substitute, Open Approach
0PU60JZ	Supplement Left Scapula with Synthetic Substitute, Open Approach
0PU60KZ	Supplement Left Scapula with Nonautologous Tissue Substitute, Open Approach
0PU637Z	Supplement Left Scapula with Autologous Tissue Substitute, Percutaneous Approach
0PU63JZ	Supplement Left Scapula with Synthetic Substitute, Percutaneous Approach
0PU63KZ	Supplement Left Scapula with Nonautologous Tissue Substitute, Percutaneous Approach
0PU647Z	Supplement Left Scapula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU64JZ	Supplement Left Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU64KZ	Supplement Left Scapula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU707Z	Supplement Right Glenoid Cavity with Autologous Tissue Substitute, Open Approach
0PU70JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Open Approach
0PU70KZ	Supplement Right Glenoid Cavity with Nonautologous Tissue Substitute, Open Approach
0PU737Z	Supplement Right Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Approach
0PU73JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Percutaneous Approach
0PU73KZ	Supplement Right Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PU747Z	Supplement Right Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU74JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU74KZ	Supplement Right Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU807Z	Supplement Left Glenoid Cavity with Autologous Tissue Substitute, Open Approach
0PU80JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Open Approach
0PU80KZ	Supplement Left Glenoid Cavity with Nonautologous Tissue Substitute, Open Approach
0PU837Z	Supplement Left Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Approach
0PU83JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Percutaneous Approach
0PU83KZ	Supplement Left Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Approach
0PU847Z	Supplement Left Glenoid Cavity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU84JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU84KZ	Supplement Left Glenoid Cavity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU907Z	Supplement Right Clavicle with Autologous Tissue Substitute, Open Approach
0PU90JZ	Supplement Right Clavicle with Synthetic Substitute, Open Approach
0PU90KZ	Supplement Right Clavicle with Nonautologous Tissue Substitute, Open Approach
0PU937Z	Supplement Right Clavicle with Autologous Tissue Substitute, Percutaneous Approach
0PU93JZ	Supplement Right Clavicle with Synthetic Substitute, Percutaneous Approach
0PU93KZ	Supplement Right Clavicle with Nonautologous Tissue Substitute, Percutaneous Approach
0PU947Z	Supplement Right Clavicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PU94JZ	Supplement Right Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0PU94KZ	Supplement Right Clavicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUB07Z	Supplement Left Clavicle with Autologous Tissue Substitute, Open Approach
0PUB0JZ	Supplement Left Clavicle with Synthetic Substitute, Open Approach
0PUB0KZ	Supplement Left Clavicle with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUB37Z	Supplement Left Clavicle with Autologous Tissue Substitute, Percutaneous Approach
0PUB3JZ	Supplement Left Clavicle with Synthetic Substitute, Percutaneous Approach
0PUB3KZ	Supplement Left Clavicle with Nonautologous Tissue Substitute, Percutaneous Approach
0PUB47Z	Supplement Left Clavicle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUB4JZ	Supplement Left Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUB4KZ	Supplement Left Clavicle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUC07Z	Supplement Right Humeral Head with Autologous Tissue Substitute, Open Approach
0PUC0KZ	Supplement Right Humeral Head with Nonautologous Tissue Substitute, Open Approach
0PUC37Z	Supplement Right Humeral Head with Autologous Tissue Substitute, Percutaneous Approach
0PUC3KZ	Supplement Right Humeral Head with Nonautologous Tissue Substitute, Percutaneous Approach
0PUC47Z	Supplement Right Humeral Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUC4KZ	Supplement Right Humeral Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUD07Z	Supplement Left Humeral Head with Autologous Tissue Substitute, Open Approach
0PUD0KZ	Supplement Left Humeral Head with Nonautologous Tissue Substitute, Open Approach
0PUD37Z	Supplement Left Humeral Head with Autologous Tissue Substitute, Percutaneous Approach
0PUD3KZ	Supplement Left Humeral Head with Nonautologous Tissue Substitute, Percutaneous Approach
0PUD47Z	Supplement Left Humeral Head with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUD4KZ	Supplement Left Humeral Head with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUF07Z	Supplement Right Humeral Shaft with Autologous Tissue Substitute, Open Approach
0PUF0KZ	Supplement Right Humeral Shaft with Nonautologous Tissue Substitute, Open Approach
0PUF37Z	Supplement Right Humeral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0PUF3KZ	Supplement Right Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0PUF47Z	Supplement Right Humeral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUF4KZ	Supplement Right Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUG07Z	Supplement Left Humeral Shaft with Autologous Tissue Substitute, Open Approach
0PUG0KZ	Supplement Left Humeral Shaft with Nonautologous Tissue Substitute, Open Approach
0PUG37Z	Supplement Left Humeral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0PUG3KZ	Supplement Left Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0PUG47Z	Supplement Left Humeral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUG4KZ	Supplement Left Humeral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUH07Z	Supplement Right Radius with Autologous Tissue Substitute, Open Approach
0PUH0KZ	Supplement Right Radius with Nonautologous Tissue Substitute, Open Approach
0PUH37Z	Supplement Right Radius with Autologous Tissue Substitute, Percutaneous Approach
0PUH3KZ	Supplement Right Radius with Nonautologous Tissue Substitute, Percutaneous Approach
0PUH47Z	Supplement Right Radius with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUH4KZ	Supplement Right Radius with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUJ07Z	Supplement Left Radius with Autologous Tissue Substitute, Open Approach
0PUJ0KZ	Supplement Left Radius with Nonautologous Tissue Substitute, Open Approach
0PUJ37Z	Supplement Left Radius with Autologous Tissue Substitute, Percutaneous Approach
0PUJ3KZ	Supplement Left Radius with Nonautologous Tissue Substitute, Percutaneous Approach
0PUJ47Z	Supplement Left Radius with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUJ4KZ	Supplement Left Radius with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUK07Z	Supplement Right Ulna with Autologous Tissue Substitute, Open Approach
0PUK0KZ	Supplement Right Ulna with Nonautologous Tissue Substitute, Open Approach
0PUK37Z	Supplement Right Ulna with Autologous Tissue Substitute, Percutaneous Approach
0PUK3KZ	Supplement Right Ulna with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUK47Z	Supplement Right Ulna with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUK4KZ	Supplement Right Ulna with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUL07Z	Supplement Left Ulna with Autologous Tissue Substitute, Open Approach
0PUL0KZ	Supplement Left Ulna with Nonautologous Tissue Substitute, Open Approach
0PUL37Z	Supplement Left Ulna with Autologous Tissue Substitute, Percutaneous Approach
0PUL3KZ	Supplement Left Ulna with Nonautologous Tissue Substitute, Percutaneous Approach
0PUL47Z	Supplement Left Ulna with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUL4KZ	Supplement Left Ulna with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUM07Z	Supplement Right Carpal with Autologous Tissue Substitute, Open Approach
0PUM0JZ	Supplement Right Carpal with Synthetic Substitute, Open Approach
0PUM0KZ	Supplement Right Carpal with Nonautologous Tissue Substitute, Open Approach
0PUM37Z	Supplement Right Carpal with Autologous Tissue Substitute, Percutaneous Approach
0PUM3JZ	Supplement Right Carpal with Synthetic Substitute, Percutaneous Approach
0PUM3KZ	Supplement Right Carpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PUM47Z	Supplement Right Carpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUM4JZ	Supplement Right Carpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUM4KZ	Supplement Right Carpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUN07Z	Supplement Left Carpal with Autologous Tissue Substitute, Open Approach
0PUN0JZ	Supplement Left Carpal with Synthetic Substitute, Open Approach
0PUN0KZ	Supplement Left Carpal with Nonautologous Tissue Substitute, Open Approach
0PUN37Z	Supplement Left Carpal with Autologous Tissue Substitute, Percutaneous Approach
0PUN3JZ	Supplement Left Carpal with Synthetic Substitute, Percutaneous Approach
0PUN3KZ	Supplement Left Carpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PUN47Z	Supplement Left Carpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUN4JZ	Supplement Left Carpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUN4KZ	Supplement Left Carpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUP07Z	Supplement Right Metacarpal with Autologous Tissue Substitute, Open Approach
0PUP0JZ	Supplement Right Metacarpal with Synthetic Substitute, Open Approach
0PUP0KZ	Supplement Right Metacarpal with Nonautologous Tissue Substitute, Open Approach
0PUP37Z	Supplement Right Metacarpal with Autologous Tissue Substitute, Percutaneous Approach
0PUP3JZ	Supplement Right Metacarpal with Synthetic Substitute, Percutaneous Approach
0PUP3KZ	Supplement Right Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PUP47Z	Supplement Right Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUP4JZ	Supplement Right Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUP4KZ	Supplement Right Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUQ07Z	Supplement Left Metacarpal with Autologous Tissue Substitute, Open Approach
0PUQ0JZ	Supplement Left Metacarpal with Synthetic Substitute, Open Approach
0PUQ0KZ	Supplement Left Metacarpal with Nonautologous Tissue Substitute, Open Approach
0PUQ37Z	Supplement Left Metacarpal with Autologous Tissue Substitute, Percutaneous Approach
0PUQ3JZ	Supplement Left Metacarpal with Synthetic Substitute, Percutaneous Approach
0PUQ3KZ	Supplement Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach
0PUQ47Z	Supplement Left Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUQ4JZ	Supplement Left Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUQ4KZ	Supplement Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUR07Z	Supplement Right Thumb Phalanx with Autologous Tissue Substitute, Open Approach
0PUR0JZ	Supplement Right Thumb Phalanx with Synthetic Substitute, Open Approach
0PUR0KZ	Supplement Right Thumb Phalanx with Nonautologous Tissue Substitute, Open Approach
0PUR37Z	Supplement Right Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUR3JZ	Supplement Right Thumb Phalanx with Synthetic Substitute, Percutaneous Approach
0PUR3KZ	Supplement Right Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PUR47Z	Supplement Right Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUR4JZ	Supplement Right Thumb Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUR4KZ	Supplement Right Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUS07Z	Supplement Left Thumb Phalanx with Autologous Tissue Substitute, Open Approach
0PUS0JZ	Supplement Left Thumb Phalanx with Synthetic Substitute, Open Approach
0PUS0KZ	Supplement Left Thumb Phalanx with Nonautologous Tissue Substitute, Open Approach
0PUS37Z	Supplement Left Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PUS3JZ	Supplement Left Thumb Phalanx with Synthetic Substitute, Percutaneous Approach
0PUS3KZ	Supplement Left Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PUS47Z	Supplement Left Thumb Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUS4JZ	Supplement Left Thumb Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUS4KZ	Supplement Left Thumb Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUT07Z	Supplement Right Finger Phalanx with Autologous Tissue Substitute, Open Approach
0PUT0JZ	Supplement Right Finger Phalanx with Synthetic Substitute, Open Approach
0PUT0KZ	Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Open Approach
0PUT37Z	Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PUT3JZ	Supplement Right Finger Phalanx with Synthetic Substitute, Percutaneous Approach
0PUT3KZ	Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PUT47Z	Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUT4JZ	Supplement Right Finger Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUT4KZ	Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PUV07Z	Supplement Left Finger Phalanx with Autologous Tissue Substitute, Open Approach
0PUV0JZ	Supplement Left Finger Phalanx with Synthetic Substitute, Open Approach
0PUV0KZ	Supplement Left Finger Phalanx with Nonautologous Tissue Substitute, Open Approach
0PUV37Z	Supplement Left Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0PUV3JZ	Supplement Left Finger Phalanx with Synthetic Substitute, Percutaneous Approach
0PUV3KZ	Supplement Left Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0PUV47Z	Supplement Left Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0PUV4JZ	Supplement Left Finger Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0PUV4KZ	Supplement Left Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0PW004Z	Revision of Internal Fixation Device in Sternum, Open Approach
0PW007Z	Revision of Autologous Tissue Substitute in Sternum, Open Approach
0PW00JZ	Revision of Synthetic Substitute in Sternum, Open Approach
0PW00KZ	Revision of Nonautologous Tissue Substitute in Sternum, Open Approach
0PW034Z	Revision of Internal Fixation Device in Sternum, Percutaneous Approach
0PW037Z	Revision of Autologous Tissue Substitute in Sternum, Percutaneous Approach
0PW03JZ	Revision of Synthetic Substitute in Sternum, Percutaneous Approach
0PW03KZ	Revision of Nonautologous Tissue Substitute in Sternum, Percutaneous Approach
0PW044Z	Revision of Internal Fixation Device in Sternum, Percutaneous Endoscopic Approach
0PW047Z	Revision of Autologous Tissue Substitute in Sternum, Percutaneous Endoscopic Approach
0PW04JZ	Revision of Synthetic Substitute in Sternum, Percutaneous Endoscopic Approach
0PW04KZ	Revision of Nonautologous Tissue Substitute in Sternum, Percutaneous Endoscopic Approach
0PW104Z	Revision of Internal Fixation Device in Right Rib, Open Approach
0PW107Z	Revision of Autologous Tissue Substitute in Right Rib, Open Approach
0PW10JZ	Revision of Synthetic Substitute in Right Rib, Open Approach
0PW10KZ	Revision of Nonautologous Tissue Substitute in Right Rib, Open Approach
0PW134Z	Revision of Internal Fixation Device in Right Rib, Percutaneous Approach
0PW137Z	Revision of Autologous Tissue Substitute in Right Rib, Percutaneous Approach
0PW13JZ	Revision of Synthetic Substitute in Right Rib, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PW13KZ	Revision of Nonautologous Tissue Substitute in Right Rib, Percutaneous Approach
0PW144Z	Revision of Internal Fixation Device in Right Rib, Percutaneous Endoscopic Approach
0PW147Z	Revision of Autologous Tissue Substitute in Right Rib, Percutaneous Endoscopic Approach
0PW14JZ	Revision of Synthetic Substitute in Right Rib, Percutaneous Endoscopic Approach
0PW14KZ	Revision of Nonautologous Tissue Substitute in Right Rib, Percutaneous Endoscopic Approach
0PW204Z	Revision of Internal Fixation Device in Left Rib, Open Approach
0PW207Z	Revision of Autologous Tissue Substitute in Left Rib, Open Approach
0PW20JZ	Revision of Synthetic Substitute in Left Rib, Open Approach
0PW20KZ	Revision of Nonautologous Tissue Substitute in Left Rib, Open Approach
0PW234Z	Revision of Internal Fixation Device in Left Rib, Percutaneous Approach
0PW237Z	Revision of Autologous Tissue Substitute in Left Rib, Percutaneous Approach
0PW23JZ	Revision of Synthetic Substitute in Left Rib, Percutaneous Approach
0PW23KZ	Revision of Nonautologous Tissue Substitute in Left Rib, Percutaneous Approach
0PW244Z	Revision of Internal Fixation Device in Left Rib, Percutaneous Endoscopic Approach
0PW247Z	Revision of Autologous Tissue Substitute in Left Rib, Percutaneous Endoscopic Approach
0PW24JZ	Revision of Synthetic Substitute in Left Rib, Percutaneous Endoscopic Approach
0PW24KZ	Revision of Nonautologous Tissue Substitute in Left Rib, Percutaneous Endoscopic Approach
0PW304Z	Revision of Internal Fixation Device in Cervical Vertebra, Open Approach
0PW307Z	Revision of Autologous Tissue Substitute in Cervical Vertebra, Open Approach
0PW30JZ	Revision of Synthetic Substitute in Cervical Vertebra, Open Approach
0PW30KZ	Revision of Nonautologous Tissue Substitute in Cervical Vertebra, Open Approach
0PW334Z	Revision of Internal Fixation Device in Cervical Vertebra, Percutaneous Approach
0PW337Z	Revision of Autologous Tissue Substitute in Cervical Vertebra, Percutaneous Approach
0PW33JZ	Revision of Synthetic Substitute in Cervical Vertebra, Percutaneous Approach
0PW33KZ	Revision of Nonautologous Tissue Substitute in Cervical Vertebra, Percutaneous Approach
0PW344Z	Revision of Internal Fixation Device in Cervical Vertebra, Percutaneous Endoscopic Approach
0PW347Z	Revision of Autologous Tissue Substitute in Cervical Vertebra, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PW34JZ	Revision of Synthetic Substitute in Cervical Vertebra, Percutaneous Endoscopic Approach
0PW34KZ	Revision of Nonautologous Tissue Substitute in Cervical Vertebra, Percutaneous Endoscopic Approach
0PW404Z	Revision of Internal Fixation Device in Thoracic Vertebra, Open Approach
0PW407Z	Revision of Autologous Tissue Substitute in Thoracic Vertebra, Open Approach
0PW40JZ	Revision of Synthetic Substitute in Thoracic Vertebra, Open Approach
0PW40KZ	Revision of Nonautologous Tissue Substitute in Thoracic Vertebra, Open Approach
0PW434Z	Revision of Internal Fixation Device in Thoracic Vertebra, Percutaneous Approach
0PW437Z	Revision of Autologous Tissue Substitute in Thoracic Vertebra, Percutaneous Approach
0PW43JZ	Revision of Synthetic Substitute in Thoracic Vertebra, Percutaneous Approach
0PW43KZ	Revision of Nonautologous Tissue Substitute in Thoracic Vertebra, Percutaneous Approach
0PW444Z	Revision of Internal Fixation Device in Thoracic Vertebra, Percutaneous Endoscopic Approach
0PW447Z	Revision of Autologous Tissue Substitute in Thoracic Vertebra, Percutaneous Endoscopic Approach
0PW44JZ	Revision of Synthetic Substitute in Thoracic Vertebra, Percutaneous Endoscopic Approach
0PW44KZ	Revision of Nonautologous Tissue Substitute in Thoracic Vertebra, Percutaneous Endoscopic Approach
0PW504Z	Revision of Internal Fixation Device in Right Scapula, Open Approach
0PW507Z	Revision of Autologous Tissue Substitute in Right Scapula, Open Approach
0PW50JZ	Revision of Synthetic Substitute in Right Scapula, Open Approach
0PW50KZ	Revision of Nonautologous Tissue Substitute in Right Scapula, Open Approach
0PW534Z	Revision of Internal Fixation Device in Right Scapula, Percutaneous Approach
0PW537Z	Revision of Autologous Tissue Substitute in Right Scapula, Percutaneous Approach
0PW53JZ	Revision of Synthetic Substitute in Right Scapula, Percutaneous Approach
0PW53KZ	Revision of Nonautologous Tissue Substitute in Right Scapula, Percutaneous Approach
0PW544Z	Revision of Internal Fixation Device in Right Scapula, Percutaneous Endoscopic Approach
0PW547Z	Revision of Autologous Tissue Substitute in Right Scapula, Percutaneous Endoscopic Approach
0PW54JZ	Revision of Synthetic Substitute in Right Scapula, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PW54KZ	Revision of Nonautologous Tissue Substitute in Right Scapula, Percutaneous Endoscopic Approach
0PW604Z	Revision of Internal Fixation Device in Left Scapula, Open Approach
0PW607Z	Revision of Autologous Tissue Substitute in Left Scapula, Open Approach
0PW60JZ	Revision of Synthetic Substitute in Left Scapula, Open Approach
0PW60KZ	Revision of Nonautologous Tissue Substitute in Left Scapula, Open Approach
0PW634Z	Revision of Internal Fixation Device in Left Scapula, Percutaneous Approach
0PW637Z	Revision of Autologous Tissue Substitute in Left Scapula, Percutaneous Approach
0PW63JZ	Revision of Synthetic Substitute in Left Scapula, Percutaneous Approach
0PW63KZ	Revision of Nonautologous Tissue Substitute in Left Scapula, Percutaneous Approach
0PW644Z	Revision of Internal Fixation Device in Left Scapula, Percutaneous Endoscopic Approach
0PW647Z	Revision of Autologous Tissue Substitute in Left Scapula, Percutaneous Endoscopic Approach
0PW64JZ	Revision of Synthetic Substitute in Left Scapula, Percutaneous Endoscopic Approach
0PW64KZ	Revision of Nonautologous Tissue Substitute in Left Scapula, Percutaneous Endoscopic Approach
0PW704Z	Revision of Internal Fixation Device in Right Glenoid Cavity, Open Approach
0PW707Z	Revision of Autologous Tissue Substitute in Right Glenoid Cavity, Open Approach
0PW70JZ	Revision of Synthetic Substitute in Right Glenoid Cavity, Open Approach
0PW70KZ	Revision of Nonautologous Tissue Substitute in Right Glenoid Cavity, Open Approach
0PW734Z	Revision of Internal Fixation Device in Right Glenoid Cavity, Percutaneous Approach
0PW737Z	Revision of Autologous Tissue Substitute in Right Glenoid Cavity, Percutaneous Approach
0PW73JZ	Revision of Synthetic Substitute in Right Glenoid Cavity, Percutaneous Approach
0PW73KZ	Revision of Nonautologous Tissue Substitute in Right Glenoid Cavity, Percutaneous Approach
0PW744Z	Revision of Internal Fixation Device in Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PW747Z	Revision of Autologous Tissue Substitute in Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PW74JZ	Revision of Synthetic Substitute in Right Glenoid Cavity, Percutaneous Endoscopic Approach
0PW74KZ	Revision of Nonautologous Tissue Substitute in Right Glenoid Cavity, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PW804Z	Revision of Internal Fixation Device in Left Glenoid Cavity, Open Approach
0PW807Z	Revision of Autologous Tissue Substitute in Left Glenoid Cavity, Open Approach
0PW80JZ	Revision of Synthetic Substitute in Left Glenoid Cavity, Open Approach
0PW80KZ	Revision of Nonautologous Tissue Substitute in Left Glenoid Cavity, Open Approach
0PW834Z	Revision of Internal Fixation Device in Left Glenoid Cavity, Percutaneous Approach
0PW837Z	Revision of Autologous Tissue Substitute in Left Glenoid Cavity, Percutaneous Approach
0PW83JZ	Revision of Synthetic Substitute in Left Glenoid Cavity, Percutaneous Approach
0PW83KZ	Revision of Nonautologous Tissue Substitute in Left Glenoid Cavity, Percutaneous Approach
0PW844Z	Revision of Internal Fixation Device in Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PW847Z	Revision of Autologous Tissue Substitute in Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PW84JZ	Revision of Synthetic Substitute in Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PW84KZ	Revision of Nonautologous Tissue Substitute in Left Glenoid Cavity, Percutaneous Endoscopic Approach
0PW904Z	Revision of Internal Fixation Device in Right Clavicle, Open Approach
0PW907Z	Revision of Autologous Tissue Substitute in Right Clavicle, Open Approach
0PW90JZ	Revision of Synthetic Substitute in Right Clavicle, Open Approach
0PW90KZ	Revision of Nonautologous Tissue Substitute in Right Clavicle, Open Approach
0PW934Z	Revision of Internal Fixation Device in Right Clavicle, Percutaneous Approach
0PW937Z	Revision of Autologous Tissue Substitute in Right Clavicle, Percutaneous Approach
0PW93JZ	Revision of Synthetic Substitute in Right Clavicle, Percutaneous Approach
0PW93KZ	Revision of Nonautologous Tissue Substitute in Right Clavicle, Percutaneous Approach
0PW944Z	Revision of Internal Fixation Device in Right Clavicle, Percutaneous Endoscopic Approach
0PW947Z	Revision of Autologous Tissue Substitute in Right Clavicle, Percutaneous Endoscopic Approach
0PW94JZ	Revision of Synthetic Substitute in Right Clavicle, Percutaneous Endoscopic Approach
0PW94KZ	Revision of Nonautologous Tissue Substitute in Right Clavicle, Percutaneous Endoscopic Approach
0PWB04Z	Revision of Internal Fixation Device in Left Clavicle, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWB07Z	Revision of Autologous Tissue Substitute in Left Clavicle, Open Approach
0PWB0JZ	Revision of Synthetic Substitute in Left Clavicle, Open Approach
0PWB0KZ	Revision of Nonautologous Tissue Substitute in Left Clavicle, Open Approach
0PWB34Z	Revision of Internal Fixation Device in Left Clavicle, Percutaneous Approach
0PWB37Z	Revision of Autologous Tissue Substitute in Left Clavicle, Percutaneous Approach
0PWB3JZ	Revision of Synthetic Substitute in Left Clavicle, Percutaneous Approach
0PWB3KZ	Revision of Nonautologous Tissue Substitute in Left Clavicle, Percutaneous Approach
0PWB44Z	Revision of Internal Fixation Device in Left Clavicle, Percutaneous Endoscopic Approach
0PWB47Z	Revision of Autologous Tissue Substitute in Left Clavicle, Percutaneous Endoscopic Approach
0PWB4JZ	Revision of Synthetic Substitute in Left Clavicle, Percutaneous Endoscopic Approach
0PWB4KZ	Revision of Nonautologous Tissue Substitute in Left Clavicle, Percutaneous Endoscopic Approach
0PWC04Z	Revision of Internal Fixation Device in Right Humeral Head, Open Approach
0PWC05Z	Revision of External Fixation Device in Right Humeral Head, Open Approach
0PWC07Z	Revision of Autologous Tissue Substitute in Right Humeral Head, Open Approach
0PWC0JZ	Revision of Synthetic Substitute in Right Humeral Head, Open Approach
0PWC0KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Head, Open Approach
0PWC34Z	Revision of Internal Fixation Device in Right Humeral Head, Percutaneous Approach
0PWC35Z	Revision of External Fixation Device in Right Humeral Head, Percutaneous Approach
0PWC37Z	Revision of Autologous Tissue Substitute in Right Humeral Head, Percutaneous Approach
0PWC3JZ	Revision of Synthetic Substitute in Right Humeral Head, Percutaneous Approach
0PWC3KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Head, Percutaneous Approach
0PWC44Z	Revision of Internal Fixation Device in Right Humeral Head, Percutaneous Endoscopic Approach
0PWC45Z	Revision of External Fixation Device in Right Humeral Head, Percutaneous Endoscopic Approach
0PWC47Z	Revision of Autologous Tissue Substitute in Right Humeral Head, Percutaneous Endoscopic Approach
0PWC4JZ	Revision of Synthetic Substitute in Right Humeral Head, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWC4KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Head, Percutaneous Endoscopic Approach
0PWD04Z	Revision of Internal Fixation Device in Left Humeral Head, Open Approach
0PWD05Z	Revision of External Fixation Device in Left Humeral Head, Open Approach
0PWD07Z	Revision of Autologous Tissue Substitute in Left Humeral Head, Open Approach
0PWD0JZ	Revision of Synthetic Substitute in Left Humeral Head, Open Approach
0PWD0KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Head, Open Approach
0PWD34Z	Revision of Internal Fixation Device in Left Humeral Head, Percutaneous Approach
0PWD35Z	Revision of External Fixation Device in Left Humeral Head, Percutaneous Approach
0PWD37Z	Revision of Autologous Tissue Substitute in Left Humeral Head, Percutaneous Approach
0PWD3JZ	Revision of Synthetic Substitute in Left Humeral Head, Percutaneous Approach
0PWD3KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Head, Percutaneous Approach
0PWD44Z	Revision of Internal Fixation Device in Left Humeral Head, Percutaneous Endoscopic Approach
0PWD45Z	Revision of External Fixation Device in Left Humeral Head, Percutaneous Endoscopic Approach
0PWD47Z	Revision of Autologous Tissue Substitute in Left Humeral Head, Percutaneous Endoscopic Approach
0PWD4JZ	Revision of Synthetic Substitute in Left Humeral Head, Percutaneous Endoscopic Approach
0PWD4KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Head, Percutaneous Endoscopic Approach
0PWF04Z	Revision of Internal Fixation Device in Right Humeral Shaft, Open Approach
0PWF05Z	Revision of External Fixation Device in Right Humeral Shaft, Open Approach
0PWF07Z	Revision of Autologous Tissue Substitute in Right Humeral Shaft, Open Approach
0PWF0JZ	Revision of Synthetic Substitute in Right Humeral Shaft, Open Approach
0PWF0KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Shaft, Open Approach
0PWF34Z	Revision of Internal Fixation Device in Right Humeral Shaft, Percutaneous Approach
0PWF35Z	Revision of External Fixation Device in Right Humeral Shaft, Percutaneous Approach
0PWF37Z	Revision of Autologous Tissue Substitute in Right Humeral Shaft, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWF3JZ	Revision of Synthetic Substitute in Right Humeral Shaft, Percutaneous Approach
0PWF3KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Shaft, Percutaneous Approach
0PWF44Z	Revision of Internal Fixation Device in Right Humeral Shaft, Percutaneous Endoscopic Approach
0PWF45Z	Revision of External Fixation Device in Right Humeral Shaft, Percutaneous Endoscopic Approach
0PWF47Z	Revision of Autologous Tissue Substitute in Right Humeral Shaft, Percutaneous Endoscopic Approach
0PWF4JZ	Revision of Synthetic Substitute in Right Humeral Shaft, Percutaneous Endoscopic Approach
0PWF4KZ	Revision of Nonautologous Tissue Substitute in Right Humeral Shaft, Percutaneous Endoscopic Approach
0PWG04Z	Revision of Internal Fixation Device in Left Humeral Shaft, Open Approach
0PWG05Z	Revision of External Fixation Device in Left Humeral Shaft, Open Approach
0PWG07Z	Revision of Autologous Tissue Substitute in Left Humeral Shaft, Open Approach
0PWG0JZ	Revision of Synthetic Substitute in Left Humeral Shaft, Open Approach
0PWG0KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Shaft, Open Approach
0PWG34Z	Revision of Internal Fixation Device in Left Humeral Shaft, Percutaneous Approach
0PWG35Z	Revision of External Fixation Device in Left Humeral Shaft, Percutaneous Approach
0PWG37Z	Revision of Autologous Tissue Substitute in Left Humeral Shaft, Percutaneous Approach
0PWG3JZ	Revision of Synthetic Substitute in Left Humeral Shaft, Percutaneous Approach
0PWG3KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Shaft, Percutaneous Approach
0PWG44Z	Revision of Internal Fixation Device in Left Humeral Shaft, Percutaneous Endoscopic Approach
0PWG45Z	Revision of External Fixation Device in Left Humeral Shaft, Percutaneous Endoscopic Approach
0PWG47Z	Revision of Autologous Tissue Substitute in Left Humeral Shaft, Percutaneous Endoscopic Approach
0PWG4JZ	Revision of Synthetic Substitute in Left Humeral Shaft, Percutaneous Endoscopic Approach
0PWG4KZ	Revision of Nonautologous Tissue Substitute in Left Humeral Shaft, Percutaneous Endoscopic Approach
0PWH04Z	Revision of Internal Fixation Device in Right Radius, Open Approach
0PWH05Z	Revision of External Fixation Device in Right Radius, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWH07Z	Revision of Autologous Tissue Substitute in Right Radius, Open Approach
0PWH0JZ	Revision of Synthetic Substitute in Right Radius, Open Approach
0PWH0KZ	Revision of Nonautologous Tissue Substitute in Right Radius, Open Approach
0PWH34Z	Revision of Internal Fixation Device in Right Radius, Percutaneous Approach
0PWH35Z	Revision of External Fixation Device in Right Radius, Percutaneous Approach
0PWH37Z	Revision of Autologous Tissue Substitute in Right Radius, Percutaneous Approach
0PWH3JZ	Revision of Synthetic Substitute in Right Radius, Percutaneous Approach
0PWH3KZ	Revision of Nonautologous Tissue Substitute in Right Radius, Percutaneous Approach
0PWH44Z	Revision of Internal Fixation Device in Right Radius, Percutaneous Endoscopic Approach
0PWH45Z	Revision of External Fixation Device in Right Radius, Percutaneous Endoscopic Approach
0PWH47Z	Revision of Autologous Tissue Substitute in Right Radius, Percutaneous Endoscopic Approach
0PWH4JZ	Revision of Synthetic Substitute in Right Radius, Percutaneous Endoscopic Approach
0PWH4KZ	Revision of Nonautologous Tissue Substitute in Right Radius, Percutaneous Endoscopic Approach
0PWJ04Z	Revision of Internal Fixation Device in Left Radius, Open Approach
0PWJ05Z	Revision of External Fixation Device in Left Radius, Open Approach
0PWJ07Z	Revision of Autologous Tissue Substitute in Left Radius, Open Approach
0PWJ0JZ	Revision of Synthetic Substitute in Left Radius, Open Approach
0PWJ0KZ	Revision of Nonautologous Tissue Substitute in Left Radius, Open Approach
0PWJ34Z	Revision of Internal Fixation Device in Left Radius, Percutaneous Approach
0PWJ35Z	Revision of External Fixation Device in Left Radius, Percutaneous Approach
0PWJ37Z	Revision of Autologous Tissue Substitute in Left Radius, Percutaneous Approach
0PWJ3JZ	Revision of Synthetic Substitute in Left Radius, Percutaneous Approach
0PWJ3KZ	Revision of Nonautologous Tissue Substitute in Left Radius, Percutaneous Approach
0PWJ44Z	Revision of Internal Fixation Device in Left Radius, Percutaneous Endoscopic Approach
0PWJ45Z	Revision of External Fixation Device in Left Radius, Percutaneous Endoscopic Approach
0PWJ47Z	Revision of Autologous Tissue Substitute in Left Radius, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWJ4JZ	Revision of Synthetic Substitute in Left Radius, Percutaneous Endoscopic Approach
0PWJ4KZ	Revision of Nonautologous Tissue Substitute in Left Radius, Percutaneous Endoscopic Approach
0PWK04Z	Revision of Internal Fixation Device in Right Ulna, Open Approach
0PWK05Z	Revision of External Fixation Device in Right Ulna, Open Approach
0PWK07Z	Revision of Autologous Tissue Substitute in Right Ulna, Open Approach
0PWK0JZ	Revision of Synthetic Substitute in Right Ulna, Open Approach
0PWK0KZ	Revision of Nonautologous Tissue Substitute in Right Ulna, Open Approach
0PWK34Z	Revision of Internal Fixation Device in Right Ulna, Percutaneous Approach
0PWK35Z	Revision of External Fixation Device in Right Ulna, Percutaneous Approach
0PWK37Z	Revision of Autologous Tissue Substitute in Right Ulna, Percutaneous Approach
0PWK3JZ	Revision of Synthetic Substitute in Right Ulna, Percutaneous Approach
0PWK3KZ	Revision of Nonautologous Tissue Substitute in Right Ulna, Percutaneous Approach
0PWK44Z	Revision of Internal Fixation Device in Right Ulna, Percutaneous Endoscopic Approach
0PWK45Z	Revision of External Fixation Device in Right Ulna, Percutaneous Endoscopic Approach
0PWK47Z	Revision of Autologous Tissue Substitute in Right Ulna, Percutaneous Endoscopic Approach
0PWK4JZ	Revision of Synthetic Substitute in Right Ulna, Percutaneous Endoscopic Approach
0PWK4KZ	Revision of Nonautologous Tissue Substitute in Right Ulna, Percutaneous Endoscopic Approach
0PWL04Z	Revision of Internal Fixation Device in Left Ulna, Open Approach
0PWL05Z	Revision of External Fixation Device in Left Ulna, Open Approach
0PWL07Z	Revision of Autologous Tissue Substitute in Left Ulna, Open Approach
0PWL0JZ	Revision of Synthetic Substitute in Left Ulna, Open Approach
0PWL0KZ	Revision of Nonautologous Tissue Substitute in Left Ulna, Open Approach
0PWL34Z	Revision of Internal Fixation Device in Left Ulna, Percutaneous Approach
0PWL35Z	Revision of External Fixation Device in Left Ulna, Percutaneous Approach
0PWL37Z	Revision of Autologous Tissue Substitute in Left Ulna, Percutaneous Approach
0PWL3JZ	Revision of Synthetic Substitute in Left Ulna, Percutaneous Approach
0PWL3KZ	Revision of Nonautologous Tissue Substitute in Left Ulna, Percutaneous Approach
0PWL44Z	Revision of Internal Fixation Device in Left Ulna, Percutaneous Endoscopic Approach
0PWL45Z	Revision of External Fixation Device in Left Ulna, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWL47Z	Revision of Autologous Tissue Substitute in Left Ulna, Percutaneous Endoscopic Approach
0PWL4JZ	Revision of Synthetic Substitute in Left Ulna, Percutaneous Endoscopic Approach
0PWL4KZ	Revision of Nonautologous Tissue Substitute in Left Ulna, Percutaneous Endoscopic Approach
0PWM04Z	Revision of Internal Fixation Device in Right Carpal, Open Approach
0PWM05Z	Revision of External Fixation Device in Right Carpal, Open Approach
0PWM07Z	Revision of Autologous Tissue Substitute in Right Carpal, Open Approach
0PWM0JZ	Revision of Synthetic Substitute in Right Carpal, Open Approach
0PWM0KZ	Revision of Nonautologous Tissue Substitute in Right Carpal, Open Approach
0PWM34Z	Revision of Internal Fixation Device in Right Carpal, Percutaneous Approach
0PWM35Z	Revision of External Fixation Device in Right Carpal, Percutaneous Approach
0PWM37Z	Revision of Autologous Tissue Substitute in Right Carpal, Percutaneous Approach
0PWM3JZ	Revision of Synthetic Substitute in Right Carpal, Percutaneous Approach
0PWM3KZ	Revision of Nonautologous Tissue Substitute in Right Carpal, Percutaneous Approach
0PWM44Z	Revision of Internal Fixation Device in Right Carpal, Percutaneous Endoscopic Approach
0PWM45Z	Revision of External Fixation Device in Right Carpal, Percutaneous Endoscopic Approach
0PWM47Z	Revision of Autologous Tissue Substitute in Right Carpal, Percutaneous Endoscopic Approach
0PWM4JZ	Revision of Synthetic Substitute in Right Carpal, Percutaneous Endoscopic Approach
0PWM4KZ	Revision of Nonautologous Tissue Substitute in Right Carpal, Percutaneous Endoscopic Approach
0PWN04Z	Revision of Internal Fixation Device in Left Carpal, Open Approach
0PWN05Z	Revision of External Fixation Device in Left Carpal, Open Approach
0PWN07Z	Revision of Autologous Tissue Substitute in Left Carpal, Open Approach
0PWN0JZ	Revision of Synthetic Substitute in Left Carpal, Open Approach
0PWN0KZ	Revision of Nonautologous Tissue Substitute in Left Carpal, Open Approach
0PWN34Z	Revision of Internal Fixation Device in Left Carpal, Percutaneous Approach
0PWN35Z	Revision of External Fixation Device in Left Carpal, Percutaneous Approach
0PWN37Z	Revision of Autologous Tissue Substitute in Left Carpal, Percutaneous Approach
0PWN3JZ	Revision of Synthetic Substitute in Left Carpal, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWN3KZ	Revision of Nonautologous Tissue Substitute in Left Carpal, Percutaneous Approach
0PWN44Z	Revision of Internal Fixation Device in Left Carpal, Percutaneous Endoscopic Approach
0PWN45Z	Revision of External Fixation Device in Left Carpal, Percutaneous Endoscopic Approach
0PWN47Z	Revision of Autologous Tissue Substitute in Left Carpal, Percutaneous Endoscopic Approach
0PWN4JZ	Revision of Synthetic Substitute in Left Carpal, Percutaneous Endoscopic Approach
0PWN4KZ	Revision of Nonautologous Tissue Substitute in Left Carpal, Percutaneous Endoscopic Approach
0PWP04Z	Revision of Internal Fixation Device in Right Metacarpal, Open Approach
0PWP05Z	Revision of External Fixation Device in Right Metacarpal, Open Approach
0PWP07Z	Revision of Autologous Tissue Substitute in Right Metacarpal, Open Approach
0PWP0JZ	Revision of Synthetic Substitute in Right Metacarpal, Open Approach
0PWP0KZ	Revision of Nonautologous Tissue Substitute in Right Metacarpal, Open Approach
0PWP34Z	Revision of Internal Fixation Device in Right Metacarpal, Percutaneous Approach
0PWP35Z	Revision of External Fixation Device in Right Metacarpal, Percutaneous Approach
0PWP37Z	Revision of Autologous Tissue Substitute in Right Metacarpal, Percutaneous Approach
0PWP3JZ	Revision of Synthetic Substitute in Right Metacarpal, Percutaneous Approach
0PWP3KZ	Revision of Nonautologous Tissue Substitute in Right Metacarpal, Percutaneous Approach
0PWP44Z	Revision of Internal Fixation Device in Right Metacarpal, Percutaneous Endoscopic Approach
0PWP45Z	Revision of External Fixation Device in Right Metacarpal, Percutaneous Endoscopic Approach
0PWP47Z	Revision of Autologous Tissue Substitute in Right Metacarpal, Percutaneous Endoscopic Approach
0PWP4JZ	Revision of Synthetic Substitute in Right Metacarpal, Percutaneous Endoscopic Approach
0PWP4KZ	Revision of Nonautologous Tissue Substitute in Right Metacarpal, Percutaneous Endoscopic Approach
0PWQ04Z	Revision of Internal Fixation Device in Left Metacarpal, Open Approach
0PWQ05Z	Revision of External Fixation Device in Left Metacarpal, Open Approach
0PWQ07Z	Revision of Autologous Tissue Substitute in Left Metacarpal, Open Approach
0PWQ0JZ	Revision of Synthetic Substitute in Left Metacarpal, Open Approach
0PWQ0KZ	Revision of Nonautologous Tissue Substitute in Left Metacarpal, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWQ34Z	Revision of Internal Fixation Device in Left Metacarpal, Percutaneous Approach
0PWQ35Z	Revision of External Fixation Device in Left Metacarpal, Percutaneous Approach
0PWQ37Z	Revision of Autologous Tissue Substitute in Left Metacarpal, Percutaneous Approach
0PWQ3JZ	Revision of Synthetic Substitute in Left Metacarpal, Percutaneous Approach
0PWQ3KZ	Revision of Nonautologous Tissue Substitute in Left Metacarpal, Percutaneous Approach
0PWQ44Z	Revision of Internal Fixation Device in Left Metacarpal, Percutaneous Endoscopic Approach
0PWQ45Z	Revision of External Fixation Device in Left Metacarpal, Percutaneous Endoscopic Approach
0PWQ47Z	Revision of Autologous Tissue Substitute in Left Metacarpal, Percutaneous Endoscopic Approach
0PWQ4JZ	Revision of Synthetic Substitute in Left Metacarpal, Percutaneous Endoscopic Approach
0PWQ4KZ	Revision of Nonautologous Tissue Substitute in Left Metacarpal, Percutaneous Endoscopic Approach
0PWR04Z	Revision of Internal Fixation Device in Right Thumb Phalanx, Open Approach
0PWR05Z	Revision of External Fixation Device in Right Thumb Phalanx, Open Approach
0PWR07Z	Revision of Autologous Tissue Substitute in Right Thumb Phalanx, Open Approach
0PWR0JZ	Revision of Synthetic Substitute in Right Thumb Phalanx, Open Approach
0PWR0KZ	Revision of Nonautologous Tissue Substitute in Right Thumb Phalanx, Open Approach
0PWR34Z	Revision of Internal Fixation Device in Right Thumb Phalanx, Percutaneous Approach
0PWR35Z	Revision of External Fixation Device in Right Thumb Phalanx, Percutaneous Approach
0PWR37Z	Revision of Autologous Tissue Substitute in Right Thumb Phalanx, Percutaneous Approach
0PWR3JZ	Revision of Synthetic Substitute in Right Thumb Phalanx, Percutaneous Approach
0PWR3KZ	Revision of Nonautologous Tissue Substitute in Right Thumb Phalanx, Percutaneous Approach
0PWR44Z	Revision of Internal Fixation Device in Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PWR45Z	Revision of External Fixation Device in Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PWR47Z	Revision of Autologous Tissue Substitute in Right Thumb Phalanx, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWR4JZ	Revision of Synthetic Substitute in Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PWR4KZ	Revision of Nonautologous Tissue Substitute in Right Thumb Phalanx, Percutaneous Endoscopic Approach
0PWS04Z	Revision of Internal Fixation Device in Left Thumb Phalanx, Open Approach
0PWS05Z	Revision of External Fixation Device in Left Thumb Phalanx, Open Approach
0PWS07Z	Revision of Autologous Tissue Substitute in Left Thumb Phalanx, Open Approach
0PWS0JZ	Revision of Synthetic Substitute in Left Thumb Phalanx, Open Approach
0PWS0KZ	Revision of Nonautologous Tissue Substitute in Left Thumb Phalanx, Open Approach
0PWS34Z	Revision of Internal Fixation Device in Left Thumb Phalanx, Percutaneous Approach
0PWS35Z	Revision of External Fixation Device in Left Thumb Phalanx, Percutaneous Approach
0PWS37Z	Revision of Autologous Tissue Substitute in Left Thumb Phalanx, Percutaneous Approach
0PWS3JZ	Revision of Synthetic Substitute in Left Thumb Phalanx, Percutaneous Approach
0PWS3KZ	Revision of Nonautologous Tissue Substitute in Left Thumb Phalanx, Percutaneous Approach
0PWS44Z	Revision of Internal Fixation Device in Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PWS45Z	Revision of External Fixation Device in Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PWS47Z	Revision of Autologous Tissue Substitute in Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PWS4JZ	Revision of Synthetic Substitute in Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PWS4KZ	Revision of Nonautologous Tissue Substitute in Left Thumb Phalanx, Percutaneous Endoscopic Approach
0PWT04Z	Revision of Internal Fixation Device in Right Finger Phalanx, Open Approach
0PWT05Z	Revision of External Fixation Device in Right Finger Phalanx, Open Approach
0PWT07Z	Revision of Autologous Tissue Substitute in Right Finger Phalanx, Open Approach
0PWT0JZ	Revision of Synthetic Substitute in Right Finger Phalanx, Open Approach
0PWT0KZ	Revision of Nonautologous Tissue Substitute in Right Finger Phalanx, Open Approach
0PWT34Z	Revision of Internal Fixation Device in Right Finger Phalanx, Percutaneous Approach
0PWT35Z	Revision of External Fixation Device in Right Finger Phalanx, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWT37Z	Revision of Autologous Tissue Substitute in Right Finger Phalanx, Percutaneous Approach
0PWT3JZ	Revision of Synthetic Substitute in Right Finger Phalanx, Percutaneous Approach
0PWT3KZ	Revision of Nonautologous Tissue Substitute in Right Finger Phalanx, Percutaneous Approach
0PWT44Z	Revision of Internal Fixation Device in Right Finger Phalanx, Percutaneous Endoscopic Approach
0PWT45Z	Revision of External Fixation Device in Right Finger Phalanx, Percutaneous Endoscopic Approach
0PWT47Z	Revision of Autologous Tissue Substitute in Right Finger Phalanx, Percutaneous Endoscopic Approach
0PWT4JZ	Revision of Synthetic Substitute in Right Finger Phalanx, Percutaneous Endoscopic Approach
0PWT4KZ	Revision of Nonautologous Tissue Substitute in Right Finger Phalanx, Percutaneous Endoscopic Approach
0PWV04Z	Revision of Internal Fixation Device in Left Finger Phalanx, Open Approach
0PWV05Z	Revision of External Fixation Device in Left Finger Phalanx, Open Approach
0PWV07Z	Revision of Autologous Tissue Substitute in Left Finger Phalanx, Open Approach
0PWV0JZ	Revision of Synthetic Substitute in Left Finger Phalanx, Open Approach
0PWV0KZ	Revision of Nonautologous Tissue Substitute in Left Finger Phalanx, Open Approach
0PWV34Z	Revision of Internal Fixation Device in Left Finger Phalanx, Percutaneous Approach
0PWV35Z	Revision of External Fixation Device in Left Finger Phalanx, Percutaneous Approach
0PWV37Z	Revision of Autologous Tissue Substitute in Left Finger Phalanx, Percutaneous Approach
0PWV3JZ	Revision of Synthetic Substitute in Left Finger Phalanx, Percutaneous Approach
0PWV3KZ	Revision of Nonautologous Tissue Substitute in Left Finger Phalanx, Percutaneous Approach
0PWV44Z	Revision of Internal Fixation Device in Left Finger Phalanx, Percutaneous Endoscopic Approach
0PWV45Z	Revision of External Fixation Device in Left Finger Phalanx, Percutaneous Endoscopic Approach
0PWV47Z	Revision of Autologous Tissue Substitute in Left Finger Phalanx, Percutaneous Endoscopic Approach
0PWV4JZ	Revision of Synthetic Substitute in Left Finger Phalanx, Percutaneous Endoscopic Approach
0PWV4KZ	Revision of Nonautologous Tissue Substitute in Left Finger Phalanx, Percutaneous Endoscopic Approach
0PWY00Z	Revision of Drainage Device in Upper Bone, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0PWY0MZ	Revision of Bone Growth Stimulator in Upper Bone, Open Approach
0PWY30Z	Revision of Drainage Device in Upper Bone, Percutaneous Approach
0PWY3MZ	Revision of Bone Growth Stimulator in Upper Bone, Percutaneous Approach
0PWY40Z	Revision of Drainage Device in Upper Bone, Percutaneous Endoscopic Approach
0PWY4MZ	Revision of Bone Growth Stimulator in Upper Bone, Percutaneous Endoscopic Approach
0Q500ZZ	Destruction of Lumbar Vertebra, Open Approach
0Q503ZZ	Destruction of Lumbar Vertebra, Percutaneous Approach
0Q504ZZ	Destruction of Lumbar Vertebra, Percutaneous Endoscopic Approach
0Q510ZZ	Destruction of Sacrum, Open Approach
0Q513ZZ	Destruction of Sacrum, Percutaneous Approach
0Q514ZZ	Destruction of Sacrum, Percutaneous Endoscopic Approach
0Q520ZZ	Destruction of Right Pelvic Bone, Open Approach
0Q523ZZ	Destruction of Right Pelvic Bone, Percutaneous Approach
0Q524ZZ	Destruction of Right Pelvic Bone, Percutaneous Endoscopic Approach
0Q530ZZ	Destruction of Left Pelvic Bone, Open Approach
0Q533ZZ	Destruction of Left Pelvic Bone, Percutaneous Approach
0Q534ZZ	Destruction of Left Pelvic Bone, Percutaneous Endoscopic Approach
0Q540ZZ	Destruction of Right Acetabulum, Open Approach
0Q543ZZ	Destruction of Right Acetabulum, Percutaneous Approach
0Q544ZZ	Destruction of Right Acetabulum, Percutaneous Endoscopic Approach
0Q550ZZ	Destruction of Left Acetabulum, Open Approach
0Q553ZZ	Destruction of Left Acetabulum, Percutaneous Approach
0Q554ZZ	Destruction of Left Acetabulum, Percutaneous Endoscopic Approach
0Q560ZZ	Destruction of Right Upper Femur, Open Approach
0Q563ZZ	Destruction of Right Upper Femur, Percutaneous Approach
0Q564ZZ	Destruction of Right Upper Femur, Percutaneous Endoscopic Approach
0Q570ZZ	Destruction of Left Upper Femur, Open Approach
0Q573ZZ	Destruction of Left Upper Femur, Percutaneous Approach
0Q574ZZ	Destruction of Left Upper Femur, Percutaneous Endoscopic Approach
0Q580ZZ	Destruction of Right Femoral Shaft, Open Approach
0Q583ZZ	Destruction of Right Femoral Shaft, Percutaneous Approach
0Q584ZZ	Destruction of Right Femoral Shaft, Percutaneous Endoscopic Approach
0Q590ZZ	Destruction of Left Femoral Shaft, Open Approach
0Q593ZZ	Destruction of Left Femoral Shaft, Percutaneous Approach
0Q594ZZ	Destruction of Left Femoral Shaft, Percutaneous Endoscopic Approach
0Q5B0ZZ	Destruction of Right Lower Femur, Open Approach
0Q5B3ZZ	Destruction of Right Lower Femur, Percutaneous Approach
0Q5B4ZZ	Destruction of Right Lower Femur, Percutaneous Endoscopic Approach
0Q5C0ZZ	Destruction of Left Lower Femur, Open Approach
0Q5C3ZZ	Destruction of Left Lower Femur, Percutaneous Approach
0Q5C4ZZ	Destruction of Left Lower Femur, Percutaneous Endoscopic Approach
0Q5D0ZZ	Destruction of Right Patella, Open Approach
0Q5D3ZZ	Destruction of Right Patella, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q5D4ZZ	Destruction of Right Patella, Percutaneous Endoscopic Approach
0Q5F0ZZ	Destruction of Left Patella, Open Approach
0Q5F3ZZ	Destruction of Left Patella, Percutaneous Approach
0Q5F4ZZ	Destruction of Left Patella, Percutaneous Endoscopic Approach
0Q5G0ZZ	Destruction of Right Tibia, Open Approach
0Q5G3ZZ	Destruction of Right Tibia, Percutaneous Approach
0Q5G4ZZ	Destruction of Right Tibia, Percutaneous Endoscopic Approach
0Q5H0ZZ	Destruction of Left Tibia, Open Approach
0Q5H3ZZ	Destruction of Left Tibia, Percutaneous Approach
0Q5H4ZZ	Destruction of Left Tibia, Percutaneous Endoscopic Approach
0Q5J0ZZ	Destruction of Right Fibula, Open Approach
0Q5J3ZZ	Destruction of Right Fibula, Percutaneous Approach
0Q5J4ZZ	Destruction of Right Fibula, Percutaneous Endoscopic Approach
0Q5K0ZZ	Destruction of Left Fibula, Open Approach
0Q5K3ZZ	Destruction of Left Fibula, Percutaneous Approach
0Q5K4ZZ	Destruction of Left Fibula, Percutaneous Endoscopic Approach
0Q5L0ZZ	Destruction of Right Tarsal, Open Approach
0Q5L3ZZ	Destruction of Right Tarsal, Percutaneous Approach
0Q5L4ZZ	Destruction of Right Tarsal, Percutaneous Endoscopic Approach
0Q5M0ZZ	Destruction of Left Tarsal, Open Approach
0Q5M3ZZ	Destruction of Left Tarsal, Percutaneous Approach
0Q5M4ZZ	Destruction of Left Tarsal, Percutaneous Endoscopic Approach
0Q5N0ZZ	Destruction of Right Metatarsal, Open Approach
0Q5N3ZZ	Destruction of Right Metatarsal, Percutaneous Approach
0Q5N4ZZ	Destruction of Right Metatarsal, Percutaneous Endoscopic Approach
0Q5P0ZZ	Destruction of Left Metatarsal, Open Approach
0Q5P3ZZ	Destruction of Left Metatarsal, Percutaneous Approach
0Q5P4ZZ	Destruction of Left Metatarsal, Percutaneous Endoscopic Approach
0Q5Q0ZZ	Destruction of Right Toe Phalanx, Open Approach
0Q5Q3ZZ	Destruction of Right Toe Phalanx, Percutaneous Approach
0Q5Q4ZZ	Destruction of Right Toe Phalanx, Percutaneous Endoscopic Approach
0Q5R0ZZ	Destruction of Left Toe Phalanx, Open Approach
0Q5R3ZZ	Destruction of Left Toe Phalanx, Percutaneous Approach
0Q5R4ZZ	Destruction of Left Toe Phalanx, Percutaneous Endoscopic Approach
0Q5S0ZZ	Destruction of Coccyx, Open Approach
0Q5S3ZZ	Destruction of Coccyx, Percutaneous Approach
0Q5S4ZZ	Destruction of Coccyx, Percutaneous Endoscopic Approach
0Q800ZZ	Division of Lumbar Vertebra, Open Approach
0Q803ZZ	Division of Lumbar Vertebra, Percutaneous Approach
0Q804ZZ	Division of Lumbar Vertebra, Percutaneous Endoscopic Approach
0Q810ZZ	Division of Sacrum, Open Approach
0Q813ZZ	Division of Sacrum, Percutaneous Approach
0Q814ZZ	Division of Sacrum, Percutaneous Endoscopic Approach
0Q820ZZ	Division of Right Pelvic Bone, Open Approach
0Q823ZZ	Division of Right Pelvic Bone, Percutaneous Approach
0Q824ZZ	Division of Right Pelvic Bone, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q830ZZ	Division of Left Pelvic Bone, Open Approach
0Q833ZZ	Division of Left Pelvic Bone, Percutaneous Approach
0Q834ZZ	Division of Left Pelvic Bone, Percutaneous Endoscopic Approach
0Q840ZZ	Division of Right Acetabulum, Open Approach
0Q843ZZ	Division of Right Acetabulum, Percutaneous Approach
0Q844ZZ	Division of Right Acetabulum, Percutaneous Endoscopic Approach
0Q850ZZ	Division of Left Acetabulum, Open Approach
0Q853ZZ	Division of Left Acetabulum, Percutaneous Approach
0Q854ZZ	Division of Left Acetabulum, Percutaneous Endoscopic Approach
0Q860ZZ	Division of Right Upper Femur, Open Approach
0Q863ZZ	Division of Right Upper Femur, Percutaneous Approach
0Q864ZZ	Division of Right Upper Femur, Percutaneous Endoscopic Approach
0Q870ZZ	Division of Left Upper Femur, Open Approach
0Q873ZZ	Division of Left Upper Femur, Percutaneous Approach
0Q874ZZ	Division of Left Upper Femur, Percutaneous Endoscopic Approach
0Q880ZZ	Division of Right Femoral Shaft, Open Approach
0Q883ZZ	Division of Right Femoral Shaft, Percutaneous Approach
0Q884ZZ	Division of Right Femoral Shaft, Percutaneous Endoscopic Approach
0Q890ZZ	Division of Left Femoral Shaft, Open Approach
0Q893ZZ	Division of Left Femoral Shaft, Percutaneous Approach
0Q894ZZ	Division of Left Femoral Shaft, Percutaneous Endoscopic Approach
0Q8B0ZZ	Division of Right Lower Femur, Open Approach
0Q8B3ZZ	Division of Right Lower Femur, Percutaneous Approach
0Q8B4ZZ	Division of Right Lower Femur, Percutaneous Endoscopic Approach
0Q8C0ZZ	Division of Left Lower Femur, Open Approach
0Q8C3ZZ	Division of Left Lower Femur, Percutaneous Approach
0Q8C4ZZ	Division of Left Lower Femur, Percutaneous Endoscopic Approach
0Q8D0ZZ	Division of Right Patella, Open Approach
0Q8D3ZZ	Division of Right Patella, Percutaneous Approach
0Q8D4ZZ	Division of Right Patella, Percutaneous Endoscopic Approach
0Q8F0ZZ	Division of Left Patella, Open Approach
0Q8F3ZZ	Division of Left Patella, Percutaneous Approach
0Q8F4ZZ	Division of Left Patella, Percutaneous Endoscopic Approach
0Q8G0ZZ	Division of Right Tibia, Open Approach
0Q8G3ZZ	Division of Right Tibia, Percutaneous Approach
0Q8G4ZZ	Division of Right Tibia, Percutaneous Endoscopic Approach
0Q8H0ZZ	Division of Left Tibia, Open Approach
0Q8H3ZZ	Division of Left Tibia, Percutaneous Approach
0Q8H4ZZ	Division of Left Tibia, Percutaneous Endoscopic Approach
0Q8J0ZZ	Division of Right Fibula, Open Approach
0Q8J3ZZ	Division of Right Fibula, Percutaneous Approach
0Q8J4ZZ	Division of Right Fibula, Percutaneous Endoscopic Approach
0Q8K0ZZ	Division of Left Fibula, Open Approach
0Q8K3ZZ	Division of Left Fibula, Percutaneous Approach
0Q8K4ZZ	Division of Left Fibula, Percutaneous Endoscopic Approach
0Q8L0ZZ	Division of Right Tarsal, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q8L3ZZ	Division of Right Tarsal, Percutaneous Approach
0Q8L4ZZ	Division of Right Tarsal, Percutaneous Endoscopic Approach
0Q8M0ZZ	Division of Left Tarsal, Open Approach
0Q8M3ZZ	Division of Left Tarsal, Percutaneous Approach
0Q8M4ZZ	Division of Left Tarsal, Percutaneous Endoscopic Approach
0Q8N0ZZ	Division of Right Metatarsal, Open Approach
0Q8N3ZZ	Division of Right Metatarsal, Percutaneous Approach
0Q8N4ZZ	Division of Right Metatarsal, Percutaneous Endoscopic Approach
0Q8P0ZZ	Division of Left Metatarsal, Open Approach
0Q8P3ZZ	Division of Left Metatarsal, Percutaneous Approach
0Q8P4ZZ	Division of Left Metatarsal, Percutaneous Endoscopic Approach
0Q8Q0ZZ	Division of Right Toe Phalanx, Open Approach
0Q8Q3ZZ	Division of Right Toe Phalanx, Percutaneous Approach
0Q8Q4ZZ	Division of Right Toe Phalanx, Percutaneous Endoscopic Approach
0Q8R0ZZ	Division of Left Toe Phalanx, Open Approach
0Q8R3ZZ	Division of Left Toe Phalanx, Percutaneous Approach
0Q8R4ZZ	Division of Left Toe Phalanx, Percutaneous Endoscopic Approach
0Q8S0ZZ	Division of Coccyx, Open Approach
0Q8S3ZZ	Division of Coccyx, Percutaneous Approach
0Q8S4ZZ	Division of Coccyx, Percutaneous Endoscopic Approach
0Q900ZX	Drainage of Lumbar Vertebra, Open Approach, Diagnostic
0Q9030Z	Drainage of Lumbar Vertebra with Drainage Device, Percutaneous Approach
0Q903ZX	Drainage of Lumbar Vertebra, Percutaneous Approach, Diagnostic
0Q903ZZ	Drainage of Lumbar Vertebra, Percutaneous Approach
0Q9040Z	Drainage of Lumbar Vertebra with Drainage Device, Percutaneous Endoscopic Approach
0Q904ZX	Drainage of Lumbar Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0Q904ZZ	Drainage of Lumbar Vertebra, Percutaneous Endoscopic Approach
0Q9100Z	Drainage of Sacrum with Drainage Device, Open Approach
0Q910ZX	Drainage of Sacrum, Open Approach, Diagnostic
0Q910ZZ	Drainage of Sacrum, Open Approach
0Q9130Z	Drainage of Sacrum with Drainage Device, Percutaneous Approach
0Q913ZX	Drainage of Sacrum, Percutaneous Approach, Diagnostic
0Q913ZZ	Drainage of Sacrum, Percutaneous Approach
0Q9140Z	Drainage of Sacrum with Drainage Device, Percutaneous Endoscopic Approach
0Q914ZX	Drainage of Sacrum, Percutaneous Endoscopic Approach, Diagnostic
0Q914ZZ	Drainage of Sacrum, Percutaneous Endoscopic Approach
0Q9200Z	Drainage of Right Pelvic Bone with Drainage Device, Open Approach
0Q920ZX	Drainage of Right Pelvic Bone, Open Approach, Diagnostic
0Q920ZZ	Drainage of Right Pelvic Bone, Open Approach
0Q9230Z	Drainage of Right Pelvic Bone with Drainage Device, Percutaneous Approach
0Q923ZX	Drainage of Right Pelvic Bone, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q923ZZ	Drainage of Right Pelvic Bone, Percutaneous Approach
0Q9240Z	Drainage of Right Pelvic Bone with Drainage Device, Percutaneous Endoscopic Approach
0Q924ZX	Drainage of Right Pelvic Bone, Percutaneous Endoscopic Approach, Diagnostic
0Q924ZZ	Drainage of Right Pelvic Bone, Percutaneous Endoscopic Approach
0Q9300Z	Drainage of Left Pelvic Bone with Drainage Device, Open Approach
0Q930ZX	Drainage of Left Pelvic Bone, Open Approach, Diagnostic
0Q930ZZ	Drainage of Left Pelvic Bone, Open Approach
0Q9330Z	Drainage of Left Pelvic Bone with Drainage Device, Percutaneous Approach
0Q933ZX	Drainage of Left Pelvic Bone, Percutaneous Approach, Diagnostic
0Q933ZZ	Drainage of Left Pelvic Bone, Percutaneous Approach
0Q9340Z	Drainage of Left Pelvic Bone with Drainage Device, Percutaneous Endoscopic Approach
0Q934ZX	Drainage of Left Pelvic Bone, Percutaneous Endoscopic Approach, Diagnostic
0Q934ZZ	Drainage of Left Pelvic Bone, Percutaneous Endoscopic Approach
0Q9400Z	Drainage of Right Acetabulum with Drainage Device, Open Approach
0Q940ZX	Drainage of Right Acetabulum, Open Approach, Diagnostic
0Q940ZZ	Drainage of Right Acetabulum, Open Approach
0Q9430Z	Drainage of Right Acetabulum with Drainage Device, Percutaneous Approach
0Q943ZX	Drainage of Right Acetabulum, Percutaneous Approach, Diagnostic
0Q943ZZ	Drainage of Right Acetabulum, Percutaneous Approach
0Q9440Z	Drainage of Right Acetabulum with Drainage Device, Percutaneous Endoscopic Approach
0Q944ZX	Drainage of Right Acetabulum, Percutaneous Endoscopic Approach, Diagnostic
0Q944ZZ	Drainage of Right Acetabulum, Percutaneous Endoscopic Approach
0Q9500Z	Drainage of Left Acetabulum with Drainage Device, Open Approach
0Q950ZX	Drainage of Left Acetabulum, Open Approach, Diagnostic
0Q950ZZ	Drainage of Left Acetabulum, Open Approach
0Q9530Z	Drainage of Left Acetabulum with Drainage Device, Percutaneous Approach
0Q953ZX	Drainage of Left Acetabulum, Percutaneous Approach, Diagnostic
0Q953ZZ	Drainage of Left Acetabulum, Percutaneous Approach
0Q9540Z	Drainage of Left Acetabulum with Drainage Device, Percutaneous Endoscopic Approach
0Q954ZX	Drainage of Left Acetabulum, Percutaneous Endoscopic Approach, Diagnostic
0Q954ZZ	Drainage of Left Acetabulum, Percutaneous Endoscopic Approach
0Q9600Z	Drainage of Right Upper Femur with Drainage Device, Open Approach
0Q960ZX	Drainage of Right Upper Femur, Open Approach, Diagnostic
0Q960ZZ	Drainage of Right Upper Femur, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q9630Z	Drainage of Right Upper Femur with Drainage Device, Percutaneous Approach
0Q963ZX	Drainage of Right Upper Femur, Percutaneous Approach, Diagnostic
0Q963ZZ	Drainage of Right Upper Femur, Percutaneous Approach
0Q9640Z	Drainage of Right Upper Femur with Drainage Device, Percutaneous Endoscopic Approach
0Q964ZX	Drainage of Right Upper Femur, Percutaneous Endoscopic Approach, Diagnostic
0Q964ZZ	Drainage of Right Upper Femur, Percutaneous Endoscopic Approach
0Q9700Z	Drainage of Left Upper Femur with Drainage Device, Open Approach
0Q970ZX	Drainage of Left Upper Femur, Open Approach, Diagnostic
0Q970ZZ	Drainage of Left Upper Femur, Open Approach
0Q9730Z	Drainage of Left Upper Femur with Drainage Device, Percutaneous Approach
0Q973ZX	Drainage of Left Upper Femur, Percutaneous Approach, Diagnostic
0Q973ZZ	Drainage of Left Upper Femur, Percutaneous Approach
0Q9740Z	Drainage of Left Upper Femur with Drainage Device, Percutaneous Endoscopic Approach
0Q974ZX	Drainage of Left Upper Femur, Percutaneous Endoscopic Approach, Diagnostic
0Q974ZZ	Drainage of Left Upper Femur, Percutaneous Endoscopic Approach
0Q9800Z	Drainage of Right Femoral Shaft with Drainage Device, Open Approach
0Q980ZX	Drainage of Right Femoral Shaft, Open Approach, Diagnostic
0Q980ZZ	Drainage of Right Femoral Shaft, Open Approach
0Q9830Z	Drainage of Right Femoral Shaft with Drainage Device, Percutaneous Approach
0Q983ZX	Drainage of Right Femoral Shaft, Percutaneous Approach, Diagnostic
0Q983ZZ	Drainage of Right Femoral Shaft, Percutaneous Approach
0Q9840Z	Drainage of Right Femoral Shaft with Drainage Device, Percutaneous Endoscopic Approach
0Q984ZX	Drainage of Right Femoral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0Q984ZZ	Drainage of Right Femoral Shaft, Percutaneous Endoscopic Approach
0Q9900Z	Drainage of Left Femoral Shaft with Drainage Device, Open Approach
0Q990ZX	Drainage of Left Femoral Shaft, Open Approach, Diagnostic
0Q990ZZ	Drainage of Left Femoral Shaft, Open Approach
0Q9930Z	Drainage of Left Femoral Shaft with Drainage Device, Percutaneous Approach
0Q993ZX	Drainage of Left Femoral Shaft, Percutaneous Approach, Diagnostic
0Q993ZZ	Drainage of Left Femoral Shaft, Percutaneous Approach
0Q9940Z	Drainage of Left Femoral Shaft with Drainage Device, Percutaneous Endoscopic Approach
0Q994ZX	Drainage of Left Femoral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0Q994ZZ	Drainage of Left Femoral Shaft, Percutaneous Endoscopic Approach
0Q9B00Z	Drainage of Right Lower Femur with Drainage Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q9B0ZX	Drainage of Right Lower Femur, Open Approach, Diagnostic
0Q9B0ZZ	Drainage of Right Lower Femur, Open Approach
0Q9B30Z	Drainage of Right Lower Femur with Drainage Device, Percutaneous Approach
0Q9B3ZX	Drainage of Right Lower Femur, Percutaneous Approach, Diagnostic
0Q9B3ZZ	Drainage of Right Lower Femur, Percutaneous Approach
0Q9B40Z	Drainage of Right Lower Femur with Drainage Device, Percutaneous Endoscopic Approach
0Q9B4ZX	Drainage of Right Lower Femur, Percutaneous Endoscopic Approach, Diagnostic
0Q9B4ZZ	Drainage of Right Lower Femur, Percutaneous Endoscopic Approach
0Q9C00Z	Drainage of Left Lower Femur with Drainage Device, Open Approach
0Q9C0ZX	Drainage of Left Lower Femur, Open Approach, Diagnostic
0Q9C0ZZ	Drainage of Left Lower Femur, Open Approach
0Q9C30Z	Drainage of Left Lower Femur with Drainage Device, Percutaneous Approach
0Q9C3ZX	Drainage of Left Lower Femur, Percutaneous Approach, Diagnostic
0Q9C3ZZ	Drainage of Left Lower Femur, Percutaneous Approach
0Q9C40Z	Drainage of Left Lower Femur with Drainage Device, Percutaneous Endoscopic Approach
0Q9C4ZX	Drainage of Left Lower Femur, Percutaneous Endoscopic Approach, Diagnostic
0Q9C4ZZ	Drainage of Left Lower Femur, Percutaneous Endoscopic Approach
0Q9D00Z	Drainage of Right Patella with Drainage Device, Open Approach
0Q9D0ZX	Drainage of Right Patella, Open Approach, Diagnostic
0Q9D0ZZ	Drainage of Right Patella, Open Approach
0Q9D30Z	Drainage of Right Patella with Drainage Device, Percutaneous Approach
0Q9D3ZX	Drainage of Right Patella, Percutaneous Approach, Diagnostic
0Q9D3ZZ	Drainage of Right Patella, Percutaneous Approach
0Q9D40Z	Drainage of Right Patella with Drainage Device, Percutaneous Endoscopic Approach
0Q9D4ZX	Drainage of Right Patella, Percutaneous Endoscopic Approach, Diagnostic
0Q9D4ZZ	Drainage of Right Patella, Percutaneous Endoscopic Approach
0Q9F00Z	Drainage of Left Patella with Drainage Device, Open Approach
0Q9F0ZX	Drainage of Left Patella, Open Approach, Diagnostic
0Q9F0ZZ	Drainage of Left Patella, Open Approach
0Q9F30Z	Drainage of Left Patella with Drainage Device, Percutaneous Approach
0Q9F3ZX	Drainage of Left Patella, Percutaneous Approach, Diagnostic
0Q9F3ZZ	Drainage of Left Patella, Percutaneous Approach
0Q9F40Z	Drainage of Left Patella with Drainage Device, Percutaneous Endoscopic Approach
0Q9F4ZX	Drainage of Left Patella, Percutaneous Endoscopic Approach, Diagnostic
0Q9F4ZZ	Drainage of Left Patella, Percutaneous Endoscopic Approach
0Q9G00Z	Drainage of Right Tibia with Drainage Device, Open Approach
0Q9G0ZX	Drainage of Right Tibia, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q9G0ZZ	Drainage of Right Tibia, Open Approach
0Q9G30Z	Drainage of Right Tibia with Drainage Device, Percutaneous Approach
0Q9G3ZX	Drainage of Right Tibia, Percutaneous Approach, Diagnostic
0Q9G3ZZ	Drainage of Right Tibia, Percutaneous Approach
0Q9G40Z	Drainage of Right Tibia with Drainage Device, Percutaneous Endoscopic Approach
0Q9G4ZX	Drainage of Right Tibia, Percutaneous Endoscopic Approach, Diagnostic
0Q9G4ZZ	Drainage of Right Tibia, Percutaneous Endoscopic Approach
0Q9H00Z	Drainage of Left Tibia with Drainage Device, Open Approach
0Q9H0ZX	Drainage of Left Tibia, Open Approach, Diagnostic
0Q9H0ZZ	Drainage of Left Tibia, Open Approach
0Q9H30Z	Drainage of Left Tibia with Drainage Device, Percutaneous Approach
0Q9H3ZX	Drainage of Left Tibia, Percutaneous Approach, Diagnostic
0Q9H3ZZ	Drainage of Left Tibia, Percutaneous Approach
0Q9H40Z	Drainage of Left Tibia with Drainage Device, Percutaneous Endoscopic Approach
0Q9H4ZX	Drainage of Left Tibia, Percutaneous Endoscopic Approach, Diagnostic
0Q9H4ZZ	Drainage of Left Tibia, Percutaneous Endoscopic Approach
0Q9J00Z	Drainage of Right Fibula with Drainage Device, Open Approach
0Q9J0ZX	Drainage of Right Fibula, Open Approach, Diagnostic
0Q9J0ZZ	Drainage of Right Fibula, Open Approach
0Q9J30Z	Drainage of Right Fibula with Drainage Device, Percutaneous Approach
0Q9J3ZX	Drainage of Right Fibula, Percutaneous Approach, Diagnostic
0Q9J3ZZ	Drainage of Right Fibula, Percutaneous Approach
0Q9J40Z	Drainage of Right Fibula with Drainage Device, Percutaneous Endoscopic Approach
0Q9J4ZX	Drainage of Right Fibula, Percutaneous Endoscopic Approach, Diagnostic
0Q9J4ZZ	Drainage of Right Fibula, Percutaneous Endoscopic Approach
0Q9K00Z	Drainage of Left Fibula with Drainage Device, Open Approach
0Q9K0ZX	Drainage of Left Fibula, Open Approach, Diagnostic
0Q9K0ZZ	Drainage of Left Fibula, Open Approach
0Q9K30Z	Drainage of Left Fibula with Drainage Device, Percutaneous Approach
0Q9K3ZX	Drainage of Left Fibula, Percutaneous Approach, Diagnostic
0Q9K3ZZ	Drainage of Left Fibula, Percutaneous Approach
0Q9K40Z	Drainage of Left Fibula with Drainage Device, Percutaneous Endoscopic Approach
0Q9K4ZX	Drainage of Left Fibula, Percutaneous Endoscopic Approach, Diagnostic
0Q9K4ZZ	Drainage of Left Fibula, Percutaneous Endoscopic Approach
0Q9L00Z	Drainage of Right Tarsal with Drainage Device, Open Approach
0Q9L0ZX	Drainage of Right Tarsal, Open Approach, Diagnostic
0Q9L0ZZ	Drainage of Right Tarsal, Open Approach
0Q9L30Z	Drainage of Right Tarsal with Drainage Device, Percutaneous Approach
0Q9L3ZX	Drainage of Right Tarsal, Percutaneous Approach, Diagnostic
0Q9L3ZZ	Drainage of Right Tarsal, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q9L40Z	Drainage of Right Tarsal with Drainage Device, Percutaneous Endoscopic Approach
0Q9L4ZX	Drainage of Right Tarsal, Percutaneous Endoscopic Approach, Diagnostic
0Q9L4ZZ	Drainage of Right Tarsal, Percutaneous Endoscopic Approach
0Q9M00Z	Drainage of Left Tarsal with Drainage Device, Open Approach
0Q9M0ZX	Drainage of Left Tarsal, Open Approach, Diagnostic
0Q9M0ZZ	Drainage of Left Tarsal, Open Approach
0Q9M30Z	Drainage of Left Tarsal with Drainage Device, Percutaneous Approach
0Q9M3ZX	Drainage of Left Tarsal, Percutaneous Approach, Diagnostic
0Q9M3ZZ	Drainage of Left Tarsal, Percutaneous Approach
0Q9M40Z	Drainage of Left Tarsal with Drainage Device, Percutaneous Endoscopic Approach
0Q9M4ZX	Drainage of Left Tarsal, Percutaneous Endoscopic Approach, Diagnostic
0Q9M4ZZ	Drainage of Left Tarsal, Percutaneous Endoscopic Approach
0Q9N00Z	Drainage of Right Metatarsal with Drainage Device, Open Approach
0Q9N0ZX	Drainage of Right Metatarsal, Open Approach, Diagnostic
0Q9N0ZZ	Drainage of Right Metatarsal, Open Approach
0Q9N30Z	Drainage of Right Metatarsal with Drainage Device, Percutaneous Approach
0Q9N3ZX	Drainage of Right Metatarsal, Percutaneous Approach, Diagnostic
0Q9N3ZZ	Drainage of Right Metatarsal, Percutaneous Approach
0Q9N40Z	Drainage of Right Metatarsal with Drainage Device, Percutaneous Endoscopic Approach
0Q9N4ZX	Drainage of Right Metatarsal, Percutaneous Endoscopic Approach, Diagnostic
0Q9N4ZZ	Drainage of Right Metatarsal, Percutaneous Endoscopic Approach
0Q9P00Z	Drainage of Left Metatarsal with Drainage Device, Open Approach
0Q9P0ZX	Drainage of Left Metatarsal, Open Approach, Diagnostic
0Q9P0ZZ	Drainage of Left Metatarsal, Open Approach
0Q9P30Z	Drainage of Left Metatarsal with Drainage Device, Percutaneous Approach
0Q9P3ZX	Drainage of Left Metatarsal, Percutaneous Approach, Diagnostic
0Q9P3ZZ	Drainage of Left Metatarsal, Percutaneous Approach
0Q9P40Z	Drainage of Left Metatarsal with Drainage Device, Percutaneous Endoscopic Approach
0Q9P4ZX	Drainage of Left Metatarsal, Percutaneous Endoscopic Approach, Diagnostic
0Q9P4ZZ	Drainage of Left Metatarsal, Percutaneous Endoscopic Approach
0Q9Q00Z	Drainage of Right Toe Phalanx with Drainage Device, Open Approach
0Q9Q0ZX	Drainage of Right Toe Phalanx, Open Approach, Diagnostic
0Q9Q0ZZ	Drainage of Right Toe Phalanx, Open Approach
0Q9Q30Z	Drainage of Right Toe Phalanx with Drainage Device, Percutaneous Approach
0Q9Q3ZX	Drainage of Right Toe Phalanx, Percutaneous Approach, Diagnostic
0Q9Q3ZZ	Drainage of Right Toe Phalanx, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q9Q40Z	Drainage of Right Toe Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0Q9Q4ZX	Drainage of Right Toe Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0Q9Q4ZZ	Drainage of Right Toe Phalanx, Percutaneous Endoscopic Approach
0Q9R00Z	Drainage of Left Toe Phalanx with Drainage Device, Open Approach
0Q9R0ZX	Drainage of Left Toe Phalanx, Open Approach, Diagnostic
0Q9R0ZZ	Drainage of Left Toe Phalanx, Open Approach
0Q9R30Z	Drainage of Left Toe Phalanx with Drainage Device, Percutaneous Approach
0Q9R3ZX	Drainage of Left Toe Phalanx, Percutaneous Approach, Diagnostic
0Q9R3ZZ	Drainage of Left Toe Phalanx, Percutaneous Approach
0Q9R40Z	Drainage of Left Toe Phalanx with Drainage Device, Percutaneous Endoscopic Approach
0Q9R4ZX	Drainage of Left Toe Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0Q9R4ZZ	Drainage of Left Toe Phalanx, Percutaneous Endoscopic Approach
0Q9S00Z	Drainage of Coccyx with Drainage Device, Open Approach
0Q9S0ZX	Drainage of Coccyx, Open Approach, Diagnostic
0Q9S0ZZ	Drainage of Coccyx, Open Approach
0Q9S30Z	Drainage of Coccyx with Drainage Device, Percutaneous Approach
0Q9S3ZX	Drainage of Coccyx, Percutaneous Approach, Diagnostic
0Q9S3ZZ	Drainage of Coccyx, Percutaneous Approach
0Q9S40Z	Drainage of Coccyx with Drainage Device, Percutaneous Endoscopic Approach
0Q9S4ZX	Drainage of Coccyx, Percutaneous Endoscopic Approach, Diagnostic
0Q9S4ZZ	Drainage of Coccyx, Percutaneous Endoscopic Approach
0QB00ZX	Excision of Lumbar Vertebra, Open Approach, Diagnostic
0QB03ZX	Excision of Lumbar Vertebra, Percutaneous Approach, Diagnostic
0QB03ZZ	Excision of Lumbar Vertebra, Percutaneous Approach
0QB04ZX	Excision of Lumbar Vertebra, Percutaneous Endoscopic Approach, Diagnostic
0QB04ZZ	Excision of Lumbar Vertebra, Percutaneous Endoscopic Approach
0QB10ZX	Excision of Sacrum, Open Approach, Diagnostic
0QB13ZX	Excision of Sacrum, Percutaneous Approach, Diagnostic
0QB13ZZ	Excision of Sacrum, Percutaneous Approach
0QB14ZX	Excision of Sacrum, Percutaneous Endoscopic Approach, Diagnostic
0QB14ZZ	Excision of Sacrum, Percutaneous Endoscopic Approach
0QB20ZX	Excision of Right Pelvic Bone, Open Approach, Diagnostic
0QB23ZX	Excision of Right Pelvic Bone, Percutaneous Approach, Diagnostic
0QB23ZZ	Excision of Right Pelvic Bone, Percutaneous Approach
0QB24ZX	Excision of Right Pelvic Bone, Percutaneous Endoscopic Approach, Diagnostic
0QB24ZZ	Excision of Right Pelvic Bone, Percutaneous Endoscopic Approach
0QB30ZX	Excision of Left Pelvic Bone, Open Approach, Diagnostic
0QB33ZX	Excision of Left Pelvic Bone, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QB33ZZ	Excision of Left Pelvic Bone, Percutaneous Approach
0QB34ZX	Excision of Left Pelvic Bone, Percutaneous Endoscopic Approach, Diagnostic
0QB34ZZ	Excision of Left Pelvic Bone, Percutaneous Endoscopic Approach
0QB40ZX	Excision of Right Acetabulum, Open Approach, Diagnostic
0QB43ZX	Excision of Right Acetabulum, Percutaneous Approach, Diagnostic
0QB43ZZ	Excision of Right Acetabulum, Percutaneous Approach
0QB44ZX	Excision of Right Acetabulum, Percutaneous Endoscopic Approach, Diagnostic
0QB44ZZ	Excision of Right Acetabulum, Percutaneous Endoscopic Approach
0QB50ZX	Excision of Left Acetabulum, Open Approach, Diagnostic
0QB53ZX	Excision of Left Acetabulum, Percutaneous Approach, Diagnostic
0QB53ZZ	Excision of Left Acetabulum, Percutaneous Approach
0QB54ZX	Excision of Left Acetabulum, Percutaneous Endoscopic Approach, Diagnostic
0QB54ZZ	Excision of Left Acetabulum, Percutaneous Endoscopic Approach
0QB60ZX	Excision of Right Upper Femur, Open Approach, Diagnostic
0QB63ZX	Excision of Right Upper Femur, Percutaneous Approach, Diagnostic
0QB63ZZ	Excision of Right Upper Femur, Percutaneous Approach
0QB64ZX	Excision of Right Upper Femur, Percutaneous Endoscopic Approach, Diagnostic
0QB64ZZ	Excision of Right Upper Femur, Percutaneous Endoscopic Approach
0QB70ZX	Excision of Left Upper Femur, Open Approach, Diagnostic
0QB70ZZ	Excision of Left Upper Femur, Open Approach
0QB73ZX	Excision of Left Upper Femur, Percutaneous Approach, Diagnostic
0QB73ZZ	Excision of Left Upper Femur, Percutaneous Approach
0QB74ZX	Excision of Left Upper Femur, Percutaneous Endoscopic Approach, Diagnostic
0QB74ZZ	Excision of Left Upper Femur, Percutaneous Endoscopic Approach
0QB80ZX	Excision of Right Femoral Shaft, Open Approach, Diagnostic
0QB83ZX	Excision of Right Femoral Shaft, Percutaneous Approach, Diagnostic
0QB83ZZ	Excision of Right Femoral Shaft, Percutaneous Approach
0QB84ZX	Excision of Right Femoral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0QB84ZZ	Excision of Right Femoral Shaft, Percutaneous Endoscopic Approach
0QB90ZX	Excision of Left Femoral Shaft, Open Approach, Diagnostic
0QB93ZX	Excision of Left Femoral Shaft, Percutaneous Approach, Diagnostic
0QB93ZZ	Excision of Left Femoral Shaft, Percutaneous Approach
0QB94ZX	Excision of Left Femoral Shaft, Percutaneous Endoscopic Approach, Diagnostic
0QB94ZZ	Excision of Left Femoral Shaft, Percutaneous Endoscopic Approach
0QBB0ZX	Excision of Right Lower Femur, Open Approach, Diagnostic
0QBB3ZX	Excision of Right Lower Femur, Percutaneous Approach, Diagnostic
0QBB3ZZ	Excision of Right Lower Femur, Percutaneous Approach
0QBB4ZX	Excision of Right Lower Femur, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QBB4ZZ	Excision of Right Lower Femur, Percutaneous Endoscopic Approach
0QBC0ZX	Excision of Left Lower Femur, Open Approach, Diagnostic
0QBC3ZX	Excision of Left Lower Femur, Percutaneous Approach, Diagnostic
0QBC3ZZ	Excision of Left Lower Femur, Percutaneous Approach
0QBC4ZX	Excision of Left Lower Femur, Percutaneous Endoscopic Approach, Diagnostic
0QBC4ZZ	Excision of Left Lower Femur, Percutaneous Endoscopic Approach
0QBD0ZX	Excision of Right Patella, Open Approach, Diagnostic
0QBD3ZX	Excision of Right Patella, Percutaneous Approach, Diagnostic
0QBD3ZZ	Excision of Right Patella, Percutaneous Approach
0QBD4ZX	Excision of Right Patella, Percutaneous Endoscopic Approach, Diagnostic
0QBD4ZZ	Excision of Right Patella, Percutaneous Endoscopic Approach
0QBF0ZX	Excision of Left Patella, Open Approach, Diagnostic
0QBF3ZX	Excision of Left Patella, Percutaneous Approach, Diagnostic
0QBF3ZZ	Excision of Left Patella, Percutaneous Approach
0QBF4ZX	Excision of Left Patella, Percutaneous Endoscopic Approach, Diagnostic
0QBF4ZZ	Excision of Left Patella, Percutaneous Endoscopic Approach
0QBG0ZX	Excision of Right Tibia, Open Approach, Diagnostic
0QBG3ZX	Excision of Right Tibia, Percutaneous Approach, Diagnostic
0QBG3ZZ	Excision of Right Tibia, Percutaneous Approach
0QBG4ZX	Excision of Right Tibia, Percutaneous Endoscopic Approach, Diagnostic
0QBG4ZZ	Excision of Right Tibia, Percutaneous Endoscopic Approach
0QBH0ZX	Excision of Left Tibia, Open Approach, Diagnostic
0QBH3ZX	Excision of Left Tibia, Percutaneous Approach, Diagnostic
0QBH3ZZ	Excision of Left Tibia, Percutaneous Approach
0QBH4ZX	Excision of Left Tibia, Percutaneous Endoscopic Approach, Diagnostic
0QBH4ZZ	Excision of Left Tibia, Percutaneous Endoscopic Approach
0QBJ0ZX	Excision of Right Fibula, Open Approach, Diagnostic
0QBJ3ZX	Excision of Right Fibula, Percutaneous Approach, Diagnostic
0QBJ3ZZ	Excision of Right Fibula, Percutaneous Approach
0QBJ4ZX	Excision of Right Fibula, Percutaneous Endoscopic Approach, Diagnostic
0QBJ4ZZ	Excision of Right Fibula, Percutaneous Endoscopic Approach
0QBK0ZX	Excision of Left Fibula, Open Approach, Diagnostic
0QBK3ZX	Excision of Left Fibula, Percutaneous Approach, Diagnostic
0QBK3ZZ	Excision of Left Fibula, Percutaneous Approach
0QBK4ZX	Excision of Left Fibula, Percutaneous Endoscopic Approach, Diagnostic
0QBK4ZZ	Excision of Left Fibula, Percutaneous Endoscopic Approach
0QBL0ZX	Excision of Right Tarsal, Open Approach, Diagnostic
0QBL3ZX	Excision of Right Tarsal, Percutaneous Approach, Diagnostic
0QBL3ZZ	Excision of Right Tarsal, Percutaneous Approach
0QBL4ZX	Excision of Right Tarsal, Percutaneous Endoscopic Approach, Diagnostic
0QBL4ZZ	Excision of Right Tarsal, Percutaneous Endoscopic Approach
0QBM0ZX	Excision of Left Tarsal, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QBM3ZX	Excision of Left Tarsal, Percutaneous Approach, Diagnostic
0QBM3ZZ	Excision of Left Tarsal, Percutaneous Approach
0QBM4ZX	Excision of Left Tarsal, Percutaneous Endoscopic Approach, Diagnostic
0QBM4ZZ	Excision of Left Tarsal, Percutaneous Endoscopic Approach
0QBN0ZX	Excision of Right Metatarsal, Open Approach, Diagnostic
0QBN3ZX	Excision of Right Metatarsal, Percutaneous Approach, Diagnostic
0QBN3ZZ	Excision of Right Metatarsal, Percutaneous Approach
0QBN4ZX	Excision of Right Metatarsal, Percutaneous Endoscopic Approach, Diagnostic
0QBN4ZZ	Excision of Right Metatarsal, Percutaneous Endoscopic Approach
0QBP0ZX	Excision of Left Metatarsal, Open Approach, Diagnostic
0QBP3ZX	Excision of Left Metatarsal, Percutaneous Approach, Diagnostic
0QBP3ZZ	Excision of Left Metatarsal, Percutaneous Approach
0QBP4ZX	Excision of Left Metatarsal, Percutaneous Endoscopic Approach, Diagnostic
0QBP4ZZ	Excision of Left Metatarsal, Percutaneous Endoscopic Approach
0QBQ0ZX	Excision of Right Toe Phalanx, Open Approach, Diagnostic
0QBQ3ZX	Excision of Right Toe Phalanx, Percutaneous Approach, Diagnostic
0QBQ3ZZ	Excision of Right Toe Phalanx, Percutaneous Approach
0QBQ4ZX	Excision of Right Toe Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0QBQ4ZZ	Excision of Right Toe Phalanx, Percutaneous Endoscopic Approach
0QBR0ZX	Excision of Left Toe Phalanx, Open Approach, Diagnostic
0QBR3ZX	Excision of Left Toe Phalanx, Percutaneous Approach, Diagnostic
0QBR3ZZ	Excision of Left Toe Phalanx, Percutaneous Approach
0QBR4ZX	Excision of Left Toe Phalanx, Percutaneous Endoscopic Approach, Diagnostic
0QBR4ZZ	Excision of Left Toe Phalanx, Percutaneous Endoscopic Approach
0QBS0ZX	Excision of Coccyx, Open Approach, Diagnostic
0QBS3ZX	Excision of Coccyx, Percutaneous Approach, Diagnostic
0QBS3ZZ	Excision of Coccyx, Percutaneous Approach
0QBS4ZX	Excision of Coccyx, Percutaneous Endoscopic Approach, Diagnostic
0QBS4ZZ	Excision of Coccyx, Percutaneous Endoscopic Approach
0QC00ZZ	Extirpation of Matter from Lumbar Vertebra, Open Approach
0QC03ZZ	Extirpation of Matter from Lumbar Vertebra, Percutaneous Approach
0QC04ZZ	Extirpation of Matter from Lumbar Vertebra, Percutaneous Endoscopic Approach
0QC10ZZ	Extirpation of Matter from Sacrum, Open Approach
0QC13ZZ	Extirpation of Matter from Sacrum, Percutaneous Approach
0QC14ZZ	Extirpation of Matter from Sacrum, Percutaneous Endoscopic Approach
0QC20ZZ	Extirpation of Matter from Right Pelvic Bone, Open Approach
0QC23ZZ	Extirpation of Matter from Right Pelvic Bone, Percutaneous Approach
0QC24ZZ	Extirpation of Matter from Right Pelvic Bone, Percutaneous Endoscopic Approach
0QC30ZZ	Extirpation of Matter from Left Pelvic Bone, Open Approach
0QC33ZZ	Extirpation of Matter from Left Pelvic Bone, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QC34ZZ	Extirpation of Matter from Left Pelvic Bone, Percutaneous Endoscopic Approach
0QC40ZZ	Extirpation of Matter from Right Acetabulum, Open Approach
0QC43ZZ	Extirpation of Matter from Right Acetabulum, Percutaneous Approach
0QC44ZZ	Extirpation of Matter from Right Acetabulum, Percutaneous Endoscopic Approach
0QC50ZZ	Extirpation of Matter from Left Acetabulum, Open Approach
0QC53ZZ	Extirpation of Matter from Left Acetabulum, Percutaneous Approach
0QC54ZZ	Extirpation of Matter from Left Acetabulum, Percutaneous Endoscopic Approach
0QC60ZZ	Extirpation of Matter from Right Upper Femur, Open Approach
0QC63ZZ	Extirpation of Matter from Right Upper Femur, Percutaneous Approach
0QC64ZZ	Extirpation of Matter from Right Upper Femur, Percutaneous Endoscopic Approach
0QC70ZZ	Extirpation of Matter from Left Upper Femur, Open Approach
0QC73ZZ	Extirpation of Matter from Left Upper Femur, Percutaneous Approach
0QC74ZZ	Extirpation of Matter from Left Upper Femur, Percutaneous Endoscopic Approach
0QC80ZZ	Extirpation of Matter from Right Femoral Shaft, Open Approach
0QC83ZZ	Extirpation of Matter from Right Femoral Shaft, Percutaneous Approach
0QC84ZZ	Extirpation of Matter from Right Femoral Shaft, Percutaneous Endoscopic Approach
0QC90ZZ	Extirpation of Matter from Left Femoral Shaft, Open Approach
0QC93ZZ	Extirpation of Matter from Left Femoral Shaft, Percutaneous Approach
0QC94ZZ	Extirpation of Matter from Left Femoral Shaft, Percutaneous Endoscopic Approach
0QCB0ZZ	Extirpation of Matter from Right Lower Femur, Open Approach
0QCB3ZZ	Extirpation of Matter from Right Lower Femur, Percutaneous Approach
0QCB4ZZ	Extirpation of Matter from Right Lower Femur, Percutaneous Endoscopic Approach
0QCC0ZZ	Extirpation of Matter from Left Lower Femur, Open Approach
0QCC3ZZ	Extirpation of Matter from Left Lower Femur, Percutaneous Approach
0QCC4ZZ	Extirpation of Matter from Left Lower Femur, Percutaneous Endoscopic Approach
0QCD0ZZ	Extirpation of Matter from Right Patella, Open Approach
0QCD3ZZ	Extirpation of Matter from Right Patella, Percutaneous Approach
0QCD4ZZ	Extirpation of Matter from Right Patella, Percutaneous Endoscopic Approach
0QCF0ZZ	Extirpation of Matter from Left Patella, Open Approach
0QCF3ZZ	Extirpation of Matter from Left Patella, Percutaneous Approach
0QCF4ZZ	Extirpation of Matter from Left Patella, Percutaneous Endoscopic Approach
0QCG0ZZ	Extirpation of Matter from Right Tibia, Open Approach
0QCG3ZZ	Extirpation of Matter from Right Tibia, Percutaneous Approach
0QCG4ZZ	Extirpation of Matter from Right Tibia, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QCH0ZZ	Extirpation of Matter from Left Tibia, Open Approach
0QCH3ZZ	Extirpation of Matter from Left Tibia, Percutaneous Approach
0QCH4ZZ	Extirpation of Matter from Left Tibia, Percutaneous Endoscopic Approach
0QCJ0ZZ	Extirpation of Matter from Right Fibula, Open Approach
0QCJ3ZZ	Extirpation of Matter from Right Fibula, Percutaneous Approach
0QCJ4ZZ	Extirpation of Matter from Right Fibula, Percutaneous Endoscopic Approach
0QCK0ZZ	Extirpation of Matter from Left Fibula, Open Approach
0QCK3ZZ	Extirpation of Matter from Left Fibula, Percutaneous Approach
0QCK4ZZ	Extirpation of Matter from Left Fibula, Percutaneous Endoscopic Approach
0QCL0ZZ	Extirpation of Matter from Right Tarsal, Open Approach
0QCL3ZZ	Extirpation of Matter from Right Tarsal, Percutaneous Approach
0QCL4ZZ	Extirpation of Matter from Right Tarsal, Percutaneous Endoscopic Approach
0QCM0ZZ	Extirpation of Matter from Left Tarsal, Open Approach
0QCM3ZZ	Extirpation of Matter from Left Tarsal, Percutaneous Approach
0QCM4ZZ	Extirpation of Matter from Left Tarsal, Percutaneous Endoscopic Approach
0QCN0ZZ	Extirpation of Matter from Right Metatarsal, Open Approach
0QCN3ZZ	Extirpation of Matter from Right Metatarsal, Percutaneous Approach
0QCN4ZZ	Extirpation of Matter from Right Metatarsal, Percutaneous Endoscopic Approach
0QCP0ZZ	Extirpation of Matter from Left Metatarsal, Open Approach
0QCP3ZZ	Extirpation of Matter from Left Metatarsal, Percutaneous Approach
0QCP4ZZ	Extirpation of Matter from Left Metatarsal, Percutaneous Endoscopic Approach
0QCQ0ZZ	Extirpation of Matter from Right Toe Phalanx, Open Approach
0QCQ3ZZ	Extirpation of Matter from Right Toe Phalanx, Percutaneous Approach
0QCQ4ZZ	Extirpation of Matter from Right Toe Phalanx, Percutaneous Endoscopic Approach
0QCR0ZZ	Extirpation of Matter from Left Toe Phalanx, Open Approach
0QCR3ZZ	Extirpation of Matter from Left Toe Phalanx, Percutaneous Approach
0QCR4ZZ	Extirpation of Matter from Left Toe Phalanx, Percutaneous Endoscopic Approach
0QCS0ZZ	Extirpation of Matter from Coccyx, Open Approach
0QCS3ZZ	Extirpation of Matter from Coccyx, Percutaneous Approach
0QCS4ZZ	Extirpation of Matter from Coccyx, Percutaneous Endoscopic Approach
0QH005Z	Insertion of External Fixation Device into Lumbar Vertebra, Open Approach
0QH034Z	Insertion of Internal Fixation Device into Lumbar Vertebra, Percutaneous Approach
0QH035Z	Insertion of External Fixation Device into Lumbar Vertebra, Percutaneous Approach
0QH044Z	Insertion of Internal Fixation Device into Lumbar Vertebra, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QH045Z	Insertion of External Fixation Device into Lumbar Vertebra, Percutaneous Endoscopic Approach
0QH105Z	Insertion of External Fixation Device into Sacrum, Open Approach
0QH134Z	Insertion of Internal Fixation Device into Sacrum, Percutaneous Approach
0QH135Z	Insertion of External Fixation Device into Sacrum, Percutaneous Approach
0QH144Z	Insertion of Internal Fixation Device into Sacrum, Percutaneous Endoscopic Approach
0QH145Z	Insertion of External Fixation Device into Sacrum, Percutaneous Endoscopic Approach
0QH205Z	Insertion of External Fixation Device into Right Pelvic Bone, Open Approach
0QH234Z	Insertion of Internal Fixation Device into Right Pelvic Bone, Percutaneous Approach
0QH235Z	Insertion of External Fixation Device into Right Pelvic Bone, Percutaneous Approach
0QH244Z	Insertion of Internal Fixation Device into Right Pelvic Bone, Percutaneous Endoscopic Approach
0QH245Z	Insertion of External Fixation Device into Right Pelvic Bone, Percutaneous Endoscopic Approach
0QH305Z	Insertion of External Fixation Device into Left Pelvic Bone, Open Approach
0QH334Z	Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Approach
0QH335Z	Insertion of External Fixation Device into Left Pelvic Bone, Percutaneous Approach
0QH344Z	Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Endoscopic Approach
0QH345Z	Insertion of External Fixation Device into Left Pelvic Bone, Percutaneous Endoscopic Approach
0QH405Z	Insertion of External Fixation Device into Right Acetabulum, Open Approach
0QH434Z	Insertion of Internal Fixation Device into Right Acetabulum, Percutaneous Approach
0QH435Z	Insertion of External Fixation Device into Right Acetabulum, Percutaneous Approach
0QH444Z	Insertion of Internal Fixation Device into Right Acetabulum, Percutaneous Endoscopic Approach
0QH445Z	Insertion of External Fixation Device into Right Acetabulum, Percutaneous Endoscopic Approach
0QH505Z	Insertion of External Fixation Device into Left Acetabulum, Open Approach
0QH534Z	Insertion of Internal Fixation Device into Left Acetabulum, Percutaneous Approach
0QH535Z	Insertion of External Fixation Device into Left Acetabulum, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QH544Z	Insertion of Internal Fixation Device into Left Acetabulum, Percutaneous Endoscopic Approach
0QH545Z	Insertion of External Fixation Device into Left Acetabulum, Percutaneous Endoscopic Approach
0QH60BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Open Approach
0QH60CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Open Approach
0QH60DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Open Approach
0QH635Z	Insertion of External Fixation Device into Right Upper Femur, Percutaneous Approach
0QH63BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Percutaneous Approach
0QH63CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Percutaneous Approach
0QH63DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Percutaneous Approach
0QH645Z	Insertion of External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach
0QH64BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach
0QH64CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach
0QH64DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach
0QH70BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Open Approach
0QH70CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Open Approach
0QH70DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Open Approach
0QH735Z	Insertion of External Fixation Device into Left Upper Femur, Percutaneous Approach
0QH73BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Percutaneous Approach
0QH73CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Percutaneous Approach
0QH73DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Percutaneous Approach
0QH745Z	Insertion of External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach
0QH74BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach
0QH74CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QH74DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach
0QH805Z	Insertion of External Fixation Device into Right Femoral Shaft, Open Approach
0QH80BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Open Approach
0QH80CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Open Approach
0QH80DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Open Approach
0QH835Z	Insertion of External Fixation Device into Right Femoral Shaft, Percutaneous Approach
0QH83BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Percutaneous Approach
0QH83CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Percutaneous Approach
0QH83DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Percutaneous Approach
0QH845Z	Insertion of External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach
0QH84BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach
0QH84CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach
0QH84DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach
0QH905Z	Insertion of External Fixation Device into Left Femoral Shaft, Open Approach
0QH90BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Open Approach
0QH90CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Open Approach
0QH90DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Open Approach
0QH935Z	Insertion of External Fixation Device into Left Femoral Shaft, Percutaneous Approach
0QH93BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Percutaneous Approach
0QH93CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Percutaneous Approach
0QH93DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Percutaneous Approach
0QH945Z	Insertion of External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach
0QH94BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QH94CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach
0QH94DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach
0QHB05Z	Insertion of External Fixation Device into Right Lower Femur, Open Approach
0QHB0BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Open Approach
0QHB0CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Open Approach
0QHB0DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Open Approach
0QHB35Z	Insertion of External Fixation Device into Right Lower Femur, Percutaneous Approach
0QHB3BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Percutaneous Approach
0QHB3CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Percutaneous Approach
0QHB3DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Percutaneous Approach
0QHB45Z	Insertion of External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach
0QHB4BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach
0QHB4CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach
0QHB4DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach
0QHC05Z	Insertion of External Fixation Device into Left Lower Femur, Open Approach
0QHC0BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Open Approach
0QHC0CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Open Approach
0QHC0DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Open Approach
0QHC35Z	Insertion of External Fixation Device into Left Lower Femur, Percutaneous Approach
0QHC3BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Percutaneous Approach
0QHC3CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Percutaneous Approach
0QHC3DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Percutaneous Approach
0QHC45Z	Insertion of External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QHC4BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach
0QHC4CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach
0QHC4DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach
0QHD05Z	Insertion of External Fixation Device into Right Patella, Open Approach
0QHD35Z	Insertion of External Fixation Device into Right Patella, Percutaneous Approach
0QHD45Z	Insertion of External Fixation Device into Right Patella, Percutaneous Endoscopic Approach
0QHF05Z	Insertion of External Fixation Device into Left Patella, Open Approach
0QHF35Z	Insertion of External Fixation Device into Left Patella, Percutaneous Approach
0QHF45Z	Insertion of External Fixation Device into Left Patella, Percutaneous Endoscopic Approach
0QHG04Z	Insertion Of Internal Fixation Device Into Right Tibia, Open Approach
0QHG05Z	Insertion of External Fixation Device into Right Tibia, Open Approach
0QHG0BZ	Insertion of Monoplanar External Fixation Device into Right Tibia, Open Approach
0QHG0CZ	Insertion of Ring External Fixation Device into Right Tibia, Open Approach
0QHG0DZ	Insertion of Hybrid External Fixation Device into Right Tibia, Open Approach
0QHG34Z	Insertion Of Internal Fixation Device Into Right Tibia, Percutaneous Approach
0QHG35Z	Insertion of External Fixation Device into Right Tibia, Percutaneous Approach
0QHG3BZ	Insertion of Monoplanar External Fixation Device into Right Tibia, Percutaneous Approach
0QHG3CZ	Insertion of Ring External Fixation Device into Right Tibia, Percutaneous Approach
0QHG3DZ	Insertion of Hybrid External Fixation Device into Right Tibia, Percutaneous Approach
0QHG44Z	Insertion Of Internal Fixation Device Into Right Tibia, Percutaneous Endoscopic Approach
0QHG45Z	Insertion of External Fixation Device into Right Tibia, Percutaneous Endoscopic Approach
0QHG4BZ	Insertion of Monoplanar External Fixation Device into Right Tibia, Percutaneous Endoscopic Approach
0QHG4CZ	Insertion of Ring External Fixation Device into Right Tibia, Percutaneous Endoscopic Approach
0QHG4DZ	Insertion of Hybrid External Fixation Device into Right Tibia, Percutaneous Endoscopic Approach
0QHH04Z	Insertion Of Internal Fixation Device Into Left Tibia, Open Approach
0QHH05Z	Insertion of External Fixation Device into Left Tibia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QHH0BZ	Insertion of Monoplanar External Fixation Device into Left Tibia, Open Approach
0QHH0CZ	Insertion of Ring External Fixation Device into Left Tibia, Open Approach
0QHH0DZ	Insertion of Hybrid External Fixation Device into Left Tibia, Open Approach
0QHH34Z	Insertion Of Internal Fixation Device Into Left Tibia, Percutaneous Approach
0QHH35Z	Insertion of External Fixation Device into Left Tibia, Percutaneous Approach
0QHH3BZ	Insertion of Monoplanar External Fixation Device into Left Tibia, Percutaneous Approach
0QHH3CZ	Insertion of Ring External Fixation Device into Left Tibia, Percutaneous Approach
0QHH3DZ	Insertion of Hybrid External Fixation Device into Left Tibia, Percutaneous Approach
0QHH44Z	Insertion Of Internal Fixation Device Into Left Tibia, Percutaneous Endoscopic Approach
0QHH45Z	Insertion of External Fixation Device into Left Tibia, Percutaneous Endoscopic Approach
0QHH4BZ	Insertion of Monoplanar External Fixation Device into Left Tibia, Percutaneous Endoscopic Approach
0QHH4CZ	Insertion of Ring External Fixation Device into Left Tibia, Percutaneous Endoscopic Approach
0QHH4DZ	Insertion of Hybrid External Fixation Device into Left Tibia, Percutaneous Endoscopic Approach
0QHJ04Z	Insertion Of Internal Fixation Device Into Right Fibula, Open Approach
0QHJ05Z	Insertion of External Fixation Device into Right Fibula, Open Approach
0QHJ0BZ	Insertion of Monoplanar External Fixation Device into Right Fibula, Open Approach
0QHJ0CZ	Insertion of Ring External Fixation Device into Right Fibula, Open Approach
0QHJ0DZ	Insertion of Hybrid External Fixation Device into Right Fibula, Open Approach
0QHJ34Z	Insertion Of Internal Fixation Device Into Right Fibula, Percutaneous Approach
0QHJ35Z	Insertion of External Fixation Device into Right Fibula, Percutaneous Approach
0QHJ3BZ	Insertion of Monoplanar External Fixation Device into Right Fibula, Percutaneous Approach
0QHJ3CZ	Insertion of Ring External Fixation Device into Right Fibula, Percutaneous Approach
0QHJ3DZ	Insertion of Hybrid External Fixation Device into Right Fibula, Percutaneous Approach
0QHJ44Z	Insertion Of Internal Fixation Device Into Right Fibula, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QHJ45Z	Insertion of External Fixation Device into Right Fibula, Percutaneous Endoscopic Approach
0QHJ4BZ	Insertion of Monoplanar External Fixation Device into Right Fibula, Percutaneous Endoscopic Approach
0QHJ4CZ	Insertion of Ring External Fixation Device into Right Fibula, Percutaneous Endoscopic Approach
0QHJ4DZ	Insertion of Hybrid External Fixation Device into Right Fibula, Percutaneous Endoscopic Approach
0QHK04Z	Insertion Of Internal Fixation Device Into Left Fibula, Open Approach
0QHK05Z	Insertion of External Fixation Device into Left Fibula, Open Approach
0QHK0BZ	Insertion of Monoplanar External Fixation Device into Left Fibula, Open Approach
0QHK0CZ	Insertion of Ring External Fixation Device into Left Fibula, Open Approach
0QHK0DZ	Insertion of Hybrid External Fixation Device into Left Fibula, Open Approach
0QHK34Z	Insertion Of Internal Fixation Device Into Left Fibula, Percutaneous Approach
0QHK35Z	Insertion of External Fixation Device into Left Fibula, Percutaneous Approach
0QHK3BZ	Insertion of Monoplanar External Fixation Device into Left Fibula, Percutaneous Approach
0QHK3CZ	Insertion of Ring External Fixation Device into Left Fibula, Percutaneous Approach
0QHK3DZ	Insertion of Hybrid External Fixation Device into Left Fibula, Percutaneous Approach
0QHK44Z	Insertion Of Internal Fixation Device Into Left Fibula, Percutaneous Endoscopic Approach
0QHK45Z	Insertion of External Fixation Device into Left Fibula, Percutaneous Endoscopic Approach
0QHK4BZ	Insertion of Monoplanar External Fixation Device into Left Fibula, Percutaneous Endoscopic Approach
0QHK4CZ	Insertion of Ring External Fixation Device into Left Fibula, Percutaneous Endoscopic Approach
0QHK4DZ	Insertion of Hybrid External Fixation Device into Left Fibula, Percutaneous Endoscopic Approach
0QHL04Z	Insertion of Internal Fixation Device into Right Tarsal, Open Approach
0QHL05Z	Insertion of External Fixation Device into Right Tarsal, Open Approach
0QHL34Z	Insertion of Internal Fixation Device into Right Tarsal, Percutaneous Approach
0QHL35Z	Insertion of External Fixation Device into Right Tarsal, Percutaneous Approach
0QHL44Z	Insertion of Internal Fixation Device into Right Tarsal, Percutaneous Endoscopic Approach
0QHL45Z	Insertion of External Fixation Device into Right Tarsal, Percutaneous Endoscopic Approach
0QHM04Z	Insertion of Internal Fixation Device into Left Tarsal, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QHM05Z	Insertion of External Fixation Device into Left Tarsal, Open Approach
0QHM34Z	Insertion of Internal Fixation Device into Left Tarsal, Percutaneous Approach
0QHM35Z	Insertion of External Fixation Device into Left Tarsal, Percutaneous Approach
0QHM44Z	Insertion of Internal Fixation Device into Left Tarsal, Percutaneous Endoscopic Approach
0QHM45Z	Insertion of External Fixation Device into Left Tarsal, Percutaneous Endoscopic Approach
0QHN04Z	Insertion of Internal Fixation Device into Right Metatarsal, Open Approach
0QHN05Z	Insertion of External Fixation Device into Right Metatarsal, Open Approach
0QHN34Z	Insertion of Internal Fixation Device into Right Metatarsal, Percutaneous Approach
0QHN35Z	Insertion of External Fixation Device into Right Metatarsal, Percutaneous Approach
0QHN44Z	Insertion of Internal Fixation Device into Right Metatarsal, Percutaneous Endoscopic Approach
0QHN45Z	Insertion of External Fixation Device into Right Metatarsal, Percutaneous Endoscopic Approach
0QHP04Z	Insertion of Internal Fixation Device into Left Metatarsal, Open Approach
0QHP05Z	Insertion of External Fixation Device into Left Metatarsal, Open Approach
0QHP34Z	Insertion of Internal Fixation Device into Left Metatarsal, Percutaneous Approach
0QHP35Z	Insertion of External Fixation Device into Left Metatarsal, Percutaneous Approach
0QHP44Z	Insertion of Internal Fixation Device into Left Metatarsal, Percutaneous Endoscopic Approach
0QHP45Z	Insertion of External Fixation Device into Left Metatarsal, Percutaneous Endoscopic Approach
0QHQ04Z	Insertion of Internal Fixation Device into Right Toe Phalanx, Open Approach
0QHQ05Z	Insertion of External Fixation Device into Right Toe Phalanx, Open Approach
0QHQ34Z	Insertion of Internal Fixation Device into Right Toe Phalanx, Percutaneous Approach
0QHQ35Z	Insertion of External Fixation Device into Right Toe Phalanx, Percutaneous Approach
0QHQ44Z	Insertion of Internal Fixation Device into Right Toe Phalanx, Percutaneous Endoscopic Approach
0QHQ45Z	Insertion of External Fixation Device into Right Toe Phalanx, Percutaneous Endoscopic Approach
0QHR04Z	Insertion of Internal Fixation Device into Left Toe Phalanx, Open Approach
0QHR05Z	Insertion of External Fixation Device into Left Toe Phalanx, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QHR34Z	Insertion of Internal Fixation Device into Left Toe Phalanx, Percutaneous Approach
0QHR35Z	Insertion of External Fixation Device into Left Toe Phalanx, Percutaneous Approach
0QHR44Z	Insertion of Internal Fixation Device into Left Toe Phalanx, Percutaneous Endoscopic Approach
0QHR45Z	Insertion of External Fixation Device into Left Toe Phalanx, Percutaneous Endoscopic Approach
0QHS05Z	Insertion of External Fixation Device into Coccyx, Open Approach
0QHS34Z	Insertion of Internal Fixation Device into Coccyx, Percutaneous Approach
0QHS35Z	Insertion of External Fixation Device into Coccyx, Percutaneous Approach
0QHS44Z	Insertion of Internal Fixation Device into Coccyx, Percutaneous Endoscopic Approach
0QHS45Z	Insertion of External Fixation Device into Coccyx, Percutaneous Endoscopic Approach
0QHY0MZ	Insertion of Bone Growth Stimulator into Lower Bone, Open Approach
0QHY3MZ	Insertion of Bone Growth Stimulator into Lower Bone, Percutaneous Approach
0QHY4MZ	Insertion of Bone Growth Stimulator into Lower Bone, Percutaneous Endoscopic Approach
0QJY0ZZ	Inspection of Lower Bone, Open Approach
0QJY3ZZ	Inspection of Lower Bone, Percutaneous Approach
0QJY4ZZ	Inspection of Lower Bone, Percutaneous Endoscopic Approach
0QN03ZZ	Release Lumbar Vertebra, Percutaneous Approach
0QN04ZZ	Release Lumbar Vertebra, Percutaneous Endoscopic Approach
0QN10ZZ	Release Sacrum, Open Approach
0QN13ZZ	Release Sacrum, Percutaneous Approach
0QN14ZZ	Release Sacrum, Percutaneous Endoscopic Approach
0QN20ZZ	Release Right Pelvic Bone, Open Approach
0QN23ZZ	Release Right Pelvic Bone, Percutaneous Approach
0QN24ZZ	Release Right Pelvic Bone, Percutaneous Endoscopic Approach
0QN30ZZ	Release Left Pelvic Bone, Open Approach
0QN33ZZ	Release Left Pelvic Bone, Percutaneous Approach
0QN34ZZ	Release Left Pelvic Bone, Percutaneous Endoscopic Approach
0QN40ZZ	Release Right Acetabulum, Open Approach
0QN43ZZ	Release Right Acetabulum, Percutaneous Approach
0QN44ZZ	Release Right Acetabulum, Percutaneous Endoscopic Approach
0QN50ZZ	Release Left Acetabulum, Open Approach
0QN53ZZ	Release Left Acetabulum, Percutaneous Approach
0QN54ZZ	Release Left Acetabulum, Percutaneous Endoscopic Approach
0QND0ZZ	Release Right Patella, Open Approach
0QND3ZZ	Release Right Patella, Percutaneous Approach
0QND4ZZ	Release Right Patella, Percutaneous Endoscopic Approach
0QNF0ZZ	Release Left Patella, Open Approach
0QNF3ZZ	Release Left Patella, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QNF4ZZ	Release Left Patella, Percutaneous Endoscopic Approach
0QNL0ZZ	Release Right Tarsal, Open Approach
0QNL3ZZ	Release Right Tarsal, Percutaneous Approach
0QNL4ZZ	Release Right Tarsal, Percutaneous Endoscopic Approach
0QNM0ZZ	Release Left Tarsal, Open Approach
0QNM3ZZ	Release Left Tarsal, Percutaneous Approach
0QNM4ZZ	Release Left Tarsal, Percutaneous Endoscopic Approach
0QNN0ZZ	Release Right Metatarsal, Open Approach
0QNN3ZZ	Release Right Metatarsal, Percutaneous Approach
0QNN4ZZ	Release Right Metatarsal, Percutaneous Endoscopic Approach
0QNP0ZZ	Release Left Metatarsal, Open Approach
0QNP3ZZ	Release Left Metatarsal, Percutaneous Approach
0QNP4ZZ	Release Left Metatarsal, Percutaneous Endoscopic Approach
0QNQ0ZZ	Release Right Toe Phalanx, Open Approach
0QNQ3ZZ	Release Right Toe Phalanx, Percutaneous Approach
0QNQ4ZZ	Release Right Toe Phalanx, Percutaneous Endoscopic Approach
0QNR0ZZ	Release Left Toe Phalanx, Open Approach
0QNR3ZZ	Release Left Toe Phalanx, Percutaneous Approach
0QNR4ZZ	Release Left Toe Phalanx, Percutaneous Endoscopic Approach
0QNS0ZZ	Release Coccyx, Open Approach
0QNS3ZZ	Release Coccyx, Percutaneous Approach
0QNS4ZZ	Release Coccyx, Percutaneous Endoscopic Approach
0QP034Z	Removal of Internal Fixation Device from Lumbar Vertebra, Percutaneous Approach
0QP044Z	Removal of Internal Fixation Device from Lumbar Vertebra, Percutaneous Endoscopic Approach
0QP134Z	Removal of Internal Fixation Device from Sacrum, Percutaneous Approach
0QP144Z	Removal of Internal Fixation Device from Sacrum, Percutaneous Endoscopic Approach
0QP204Z	Removal of Internal Fixation Device from Right Pelvic Bone, Open Approach
0QP205Z	Removal of External Fixation Device from Right Pelvic Bone, Open Approach
0QP234Z	Removal of Internal Fixation Device from Right Pelvic Bone, Percutaneous Approach
0QP235Z	Removal of External Fixation Device from Right Pelvic Bone, Percutaneous Approach
0QP244Z	Removal of Internal Fixation Device from Right Pelvic Bone, Percutaneous Endoscopic Approach
0QP245Z	Removal of External Fixation Device from Right Pelvic Bone, Percutaneous Endoscopic Approach
0QP304Z	Removal of Internal Fixation Device from Left Pelvic Bone, Open Approach
0QP305Z	Removal of External Fixation Device from Left Pelvic Bone, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QP334Z	Removal of Internal Fixation Device from Left Pelvic Bone, Percutaneous Approach
0QP335Z	Removal of External Fixation Device from Left Pelvic Bone, Percutaneous Approach
0QP344Z	Removal of Internal Fixation Device from Left Pelvic Bone, Percutaneous Endoscopic Approach
0QP345Z	Removal of External Fixation Device from Left Pelvic Bone, Percutaneous Endoscopic Approach
0QP404Z	Removal of Internal Fixation Device from Right Acetabulum, Open Approach
0QP434Z	Removal of Internal Fixation Device from Right Acetabulum, Percutaneous Approach
0QP444Z	Removal of Internal Fixation Device from Right Acetabulum, Percutaneous Endoscopic Approach
0QP534Z	Removal of Internal Fixation Device from Left Acetabulum, Percutaneous Approach
0QP544Z	Removal of Internal Fixation Device from Left Acetabulum, Percutaneous Endoscopic Approach
0QP604Z	Removal of Internal Fixation Device from Right Upper Femur, Open Approach
0QP605Z	Removal of External Fixation Device from Right Upper Femur, Open Approach
0QP634Z	Removal of Internal Fixation Device from Right Upper Femur, Percutaneous Approach
0QP635Z	Removal of External Fixation Device from Right Upper Femur, Percutaneous Approach
0QP644Z	Removal of Internal Fixation Device from Right Upper Femur, Percutaneous Endoscopic Approach
0QP645Z	Removal of External Fixation Device from Right Upper Femur, Percutaneous Endoscopic Approach
0QP704Z	Removal of Internal Fixation Device from Left Upper Femur, Open Approach
0QP705Z	Removal of External Fixation Device from Left Upper Femur, Open Approach
0QP734Z	Removal of Internal Fixation Device from Left Upper Femur, Percutaneous Approach
0QP735Z	Removal of External Fixation Device from Left Upper Femur, Percutaneous Approach
0QP744Z	Removal of Internal Fixation Device from Left Upper Femur, Percutaneous Endoscopic Approach
0QP745Z	Removal of External Fixation Device from Left Upper Femur, Percutaneous Endoscopic Approach
0QP804Z	Removal of Internal Fixation Device from Right Femoral Shaft, Open Approach
0QP805Z	Removal of External Fixation Device from Right Femoral Shaft, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QP834Z	Removal of Internal Fixation Device from Right Femoral Shaft, Percutaneous Approach
0QP835Z	Removal of External Fixation Device from Right Femoral Shaft, Percutaneous Approach
0QP844Z	Removal of Internal Fixation Device from Right Femoral Shaft, Percutaneous Endoscopic Approach
0QP845Z	Removal of External Fixation Device from Right Femoral Shaft, Percutaneous Endoscopic Approach
0QP904Z	Removal of Internal Fixation Device from Left Femoral Shaft, Open Approach
0QP905Z	Removal of External Fixation Device from Left Femoral Shaft, Open Approach
0QP934Z	Removal of Internal Fixation Device from Left Femoral Shaft, Percutaneous Approach
0QP935Z	Removal of External Fixation Device from Left Femoral Shaft, Percutaneous Approach
0QP944Z	Removal of Internal Fixation Device from Left Femoral Shaft, Percutaneous Endoscopic Approach
0QP945Z	Removal of External Fixation Device from Left Femoral Shaft, Percutaneous Endoscopic Approach
0QPB04Z	Removal of Internal Fixation Device from Right Lower Femur, Open Approach
0QPB05Z	Removal of External Fixation Device from Right Lower Femur, Open Approach
0QPB34Z	Removal of Internal Fixation Device from Right Lower Femur, Percutaneous Approach
0QPB35Z	Removal of External Fixation Device from Right Lower Femur, Percutaneous Approach
0QPB44Z	Removal of Internal Fixation Device from Right Lower Femur, Percutaneous Endoscopic Approach
0QPB45Z	Removal of External Fixation Device from Right Lower Femur, Percutaneous Endoscopic Approach
0QPC04Z	Removal of Internal Fixation Device from Left Lower Femur, Open Approach
0QPC05Z	Removal of External Fixation Device from Left Lower Femur, Open Approach
0QPC34Z	Removal of Internal Fixation Device from Left Lower Femur, Percutaneous Approach
0QPC35Z	Removal of External Fixation Device from Left Lower Femur, Percutaneous Approach
0QPC44Z	Removal of Internal Fixation Device from Left Lower Femur, Percutaneous Endoscopic Approach
0QPC45Z	Removal of External Fixation Device from Left Lower Femur, Percutaneous Endoscopic Approach
0QPD04Z	Removal of Internal Fixation Device from Right Patella, Open Approach
0QPD05Z	Removal of External Fixation Device from Right Patella, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QPD34Z	Removal of Internal Fixation Device from Right Patella, Percutaneous Approach
0QPD35Z	Removal of External Fixation Device from Right Patella, Percutaneous Approach
0QPD44Z	Removal of Internal Fixation Device from Right Patella, Percutaneous Endoscopic Approach
0QPD45Z	Removal of External Fixation Device from Right Patella, Percutaneous Endoscopic Approach
0QPF04Z	Removal of Internal Fixation Device from Left Patella, Open Approach
0QPF05Z	Removal of External Fixation Device from Left Patella, Open Approach
0QPF34Z	Removal of Internal Fixation Device from Left Patella, Percutaneous Approach
0QPF35Z	Removal of External Fixation Device from Left Patella, Percutaneous Approach
0QPF44Z	Removal of Internal Fixation Device from Left Patella, Percutaneous Endoscopic Approach
0QPF45Z	Removal of External Fixation Device from Left Patella, Percutaneous Endoscopic Approach
0QPG04Z	Removal of Internal Fixation Device from Right Tibia, Open Approach
0QPG05Z	Removal of External Fixation Device from Right Tibia, Open Approach
0QPG34Z	Removal of Internal Fixation Device from Right Tibia, Percutaneous Approach
0QPG35Z	Removal of External Fixation Device from Right Tibia, Percutaneous Approach
0QPG44Z	Removal of Internal Fixation Device from Right Tibia, Percutaneous Endoscopic Approach
0QPG45Z	Removal of External Fixation Device from Right Tibia, Percutaneous Endoscopic Approach
0QPH04Z	Removal of Internal Fixation Device from Left Tibia, Open Approach
0QPH05Z	Removal of External Fixation Device from Left Tibia, Open Approach
0QPH34Z	Removal of Internal Fixation Device from Left Tibia, Percutaneous Approach
0QPH35Z	Removal of External Fixation Device from Left Tibia, Percutaneous Approach
0QPH44Z	Removal of Internal Fixation Device from Left Tibia, Percutaneous Endoscopic Approach
0QPH45Z	Removal of External Fixation Device from Left Tibia, Percutaneous Endoscopic Approach
0QPJ04Z	Removal of Internal Fixation Device from Right Fibula, Open Approach
0QPJ05Z	Removal of External Fixation Device from Right Fibula, Open Approach
0QPJ34Z	Removal of Internal Fixation Device from Right Fibula, Percutaneous Approach
0QPJ35Z	Removal of External Fixation Device from Right Fibula, Percutaneous Approach
0QPJ44Z	Removal of Internal Fixation Device from Right Fibula, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QPJ45Z	Removal of External Fixation Device from Right Fibula, Percutaneous Endoscopic Approach
0QPK04Z	Removal of Internal Fixation Device from Left Fibula, Open Approach
0QPK05Z	Removal of External Fixation Device from Left Fibula, Open Approach
0QPK34Z	Removal of Internal Fixation Device from Left Fibula, Percutaneous Approach
0QPK35Z	Removal of External Fixation Device from Left Fibula, Percutaneous Approach
0QPK44Z	Removal of Internal Fixation Device from Left Fibula, Percutaneous Endoscopic Approach
0QPK45Z	Removal of External Fixation Device from Left Fibula, Percutaneous Endoscopic Approach
0QPL04Z	Removal of Internal Fixation Device from Right Tarsal, Open Approach
0QPL05Z	Removal of External Fixation Device from Right Tarsal, Open Approach
0QPL34Z	Removal of Internal Fixation Device from Right Tarsal, Percutaneous Approach
0QPL35Z	Removal of External Fixation Device from Right Tarsal, Percutaneous Approach
0QPL44Z	Removal of Internal Fixation Device from Right Tarsal, Percutaneous Endoscopic Approach
0QPL45Z	Removal of External Fixation Device from Right Tarsal, Percutaneous Endoscopic Approach
0QPM04Z	Removal of Internal Fixation Device from Left Tarsal, Open Approach
0QPM05Z	Removal of External Fixation Device from Left Tarsal, Open Approach
0QPM34Z	Removal of Internal Fixation Device from Left Tarsal, Percutaneous Approach
0QPM35Z	Removal of External Fixation Device from Left Tarsal, Percutaneous Approach
0QPM44Z	Removal of Internal Fixation Device from Left Tarsal, Percutaneous Endoscopic Approach
0QPM45Z	Removal of External Fixation Device from Left Tarsal, Percutaneous Endoscopic Approach
0QPN04Z	Removal of Internal Fixation Device from Right Metatarsal, Open Approach
0QPN05Z	Removal of External Fixation Device from Right Metatarsal, Open Approach
0QPN34Z	Removal of Internal Fixation Device from Right Metatarsal, Percutaneous Approach
0QPN35Z	Removal of External Fixation Device from Right Metatarsal, Percutaneous Approach
0QPN44Z	Removal of Internal Fixation Device from Right Metatarsal, Percutaneous Endoscopic Approach
0QPN45Z	Removal of External Fixation Device from Right Metatarsal, Percutaneous Endoscopic Approach
0QPP04Z	Removal of Internal Fixation Device from Left Metatarsal, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QPP05Z	Removal of External Fixation Device from Left Metatarsal, Open Approach
0QPP34Z	Removal of Internal Fixation Device from Left Metatarsal, Percutaneous Approach
0QPP35Z	Removal of External Fixation Device from Left Metatarsal, Percutaneous Approach
0QPP44Z	Removal of Internal Fixation Device from Left Metatarsal, Percutaneous Endoscopic Approach
0QPP45Z	Removal of External Fixation Device from Left Metatarsal, Percutaneous Endoscopic Approach
0QPQ04Z	Removal of Internal Fixation Device from Right Toe Phalanx, Open Approach
0QPQ05Z	Removal of External Fixation Device from Right Toe Phalanx, Open Approach
0QPQ34Z	Removal of Internal Fixation Device from Right Toe Phalanx, Percutaneous Approach
0QPQ35Z	Removal of External Fixation Device from Right Toe Phalanx, Percutaneous Approach
0QPQ44Z	Removal of Internal Fixation Device from Right Toe Phalanx, Percutaneous Endoscopic Approach
0QPQ45Z	Removal of External Fixation Device from Right Toe Phalanx, Percutaneous Endoscopic Approach
0QPR04Z	Removal of Internal Fixation Device from Left Toe Phalanx, Open Approach
0QPR05Z	Removal of External Fixation Device from Left Toe Phalanx, Open Approach
0QPR34Z	Removal of Internal Fixation Device from Left Toe Phalanx, Percutaneous Approach
0QPR35Z	Removal of External Fixation Device from Left Toe Phalanx, Percutaneous Approach
0QPR44Z	Removal of Internal Fixation Device from Left Toe Phalanx, Percutaneous Endoscopic Approach
0QPR45Z	Removal of External Fixation Device from Left Toe Phalanx, Percutaneous Endoscopic Approach
0QPS04Z	Removal of Internal Fixation Device from Coccyx, Open Approach
0QPS34Z	Removal of Internal Fixation Device from Coccyx, Percutaneous Approach
0QPS44Z	Removal of Internal Fixation Device from Coccyx, Percutaneous Endoscopic Approach
0QPY0MZ	Removal of Bone Growth Stimulator from Lower Bone, Open Approach
0QPY3MZ	Removal of Bone Growth Stimulator from Lower Bone, Percutaneous Approach
0QPY4MZ	Removal of Bone Growth Stimulator from Lower Bone, Percutaneous Endoscopic Approach
0QQ00ZZ	Repair Lumbar Vertebra, Open Approach
0QQ03ZZ	Repair Lumbar Vertebra, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QQ04ZZ	Repair Lumbar Vertebra, Percutaneous Endoscopic Approach
0QQ0XZZ	Repair Lumbar Vertebra, External Approach
0QQ10ZZ	Repair Sacrum, Open Approach
0QQ13ZZ	Repair Sacrum, Percutaneous Approach
0QQ14ZZ	Repair Sacrum, Percutaneous Endoscopic Approach
0QQ1XZZ	Repair Sacrum, External Approach
0QQ20ZZ	Repair Right Pelvic Bone, Open Approach
0QQ23ZZ	Repair Right Pelvic Bone, Percutaneous Approach
0QQ24ZZ	Repair Right Pelvic Bone, Percutaneous Endoscopic Approach
0QQ2XZZ	Repair Right Pelvic Bone, External Approach
0QQ30ZZ	Repair Left Pelvic Bone, Open Approach
0QQ33ZZ	Repair Left Pelvic Bone, Percutaneous Approach
0QQ34ZZ	Repair Left Pelvic Bone, Percutaneous Endoscopic Approach
0QQ3XZZ	Repair Left Pelvic Bone, External Approach
0QQ40ZZ	Repair Right Acetabulum, Open Approach
0QQ43ZZ	Repair Right Acetabulum, Percutaneous Approach
0QQ44ZZ	Repair Right Acetabulum, Percutaneous Endoscopic Approach
0QQ4XZZ	Repair Right Acetabulum, External Approach
0QQ50ZZ	Repair Left Acetabulum, Open Approach
0QQ53ZZ	Repair Left Acetabulum, Percutaneous Approach
0QQ54ZZ	Repair Left Acetabulum, Percutaneous Endoscopic Approach
0QQ5XZZ	Repair Left Acetabulum, External Approach
0QQ60ZZ	Repair Right Upper Femur, Open Approach
0QQ63ZZ	Repair Right Upper Femur, Percutaneous Approach
0QQ64ZZ	Repair Right Upper Femur, Percutaneous Endoscopic Approach
0QQ6XZZ	Repair Right Upper Femur, External Approach
0QQ70ZZ	Repair Left Upper Femur, Open Approach
0QQ73ZZ	Repair Left Upper Femur, Percutaneous Approach
0QQ74ZZ	Repair Left Upper Femur, Percutaneous Endoscopic Approach
0QQ7XZZ	Repair Left Upper Femur, External Approach
0QQ80ZZ	Repair Right Femoral Shaft, Open Approach
0QQ83ZZ	Repair Right Femoral Shaft, Percutaneous Approach
0QQ84ZZ	Repair Right Femoral Shaft, Percutaneous Endoscopic Approach
0QQ8XZZ	Repair Right Femoral Shaft, External Approach
0QQ90ZZ	Repair Left Femoral Shaft, Open Approach
0QQ93ZZ	Repair Left Femoral Shaft, Percutaneous Approach
0QQ94ZZ	Repair Left Femoral Shaft, Percutaneous Endoscopic Approach
0QQ9XZZ	Repair Left Femoral Shaft, External Approach
0QQB0ZZ	Repair Right Lower Femur, Open Approach
0QQB3ZZ	Repair Right Lower Femur, Percutaneous Approach
0QQB4ZZ	Repair Right Lower Femur, Percutaneous Endoscopic Approach
0QQBXZZ	Repair Right Lower Femur, External Approach
0QQC0ZZ	Repair Left Lower Femur, Open Approach
0QQC3ZZ	Repair Left Lower Femur, Percutaneous Approach
0QQC4ZZ	Repair Left Lower Femur, Percutaneous Endoscopic Approach
0QQCXZZ	Repair Left Lower Femur, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QQD3ZZ	Repair Right Patella, Percutaneous Approach
0QQD4ZZ	Repair Right Patella, Percutaneous Endoscopic Approach
0QQDXZZ	Repair Right Patella, External Approach
0QQF3ZZ	Repair Left Patella, Percutaneous Approach
0QQF4ZZ	Repair Left Patella, Percutaneous Endoscopic Approach
0QQFXZZ	Repair Left Patella, External Approach
0QQG0ZZ	Repair Right Tibia, Open Approach
0QQG3ZZ	Repair Right Tibia, Percutaneous Approach
0QQG4ZZ	Repair Right Tibia, Percutaneous Endoscopic Approach
0QQGXZZ	Repair Right Tibia, External Approach
0QQH0ZZ	Repair Left Tibia, Open Approach
0QQH3ZZ	Repair Left Tibia, Percutaneous Approach
0QQH4ZZ	Repair Left Tibia, Percutaneous Endoscopic Approach
0QQHXZZ	Repair Left Tibia, External Approach
0QQJ0ZZ	Repair Right Fibula, Open Approach
0QQJ3ZZ	Repair Right Fibula, Percutaneous Approach
0QQJ4ZZ	Repair Right Fibula, Percutaneous Endoscopic Approach
0QQJXZZ	Repair Right Fibula, External Approach
0QQK0ZZ	Repair Left Fibula, Open Approach
0QQK3ZZ	Repair Left Fibula, Percutaneous Approach
0QQK4ZZ	Repair Left Fibula, Percutaneous Endoscopic Approach
0QQKXZZ	Repair Left Fibula, External Approach
0QQLOZZ	Repair Right Tarsal, Open Approach
0QQL3ZZ	Repair Right Tarsal, Percutaneous Approach
0QQL4ZZ	Repair Right Tarsal, Percutaneous Endoscopic Approach
0QQLXZZ	Repair Right Tarsal, External Approach
0QQM0ZZ	Repair Left Tarsal, Open Approach
0QQM3ZZ	Repair Left Tarsal, Percutaneous Approach
0QQM4ZZ	Repair Left Tarsal, Percutaneous Endoscopic Approach
0QQMXZZ	Repair Left Tarsal, External Approach
0QQN0ZZ	Repair Right Metatarsal, Open Approach
0QQN3ZZ	Repair Right Metatarsal, Percutaneous Approach
0QQN4ZZ	Repair Right Metatarsal, Percutaneous Endoscopic Approach
0QQNXZZ	Repair Right Metatarsal, External Approach
0QQP0ZZ	Repair Left Metatarsal, Open Approach
0QQP3ZZ	Repair Left Metatarsal, Percutaneous Approach
0QQP4ZZ	Repair Left Metatarsal, Percutaneous Endoscopic Approach
0QQPXZZ	Repair Left Metatarsal, External Approach
0QQQ0ZZ	Repair Right Toe Phalanx, Open Approach
0QQQ3ZZ	Repair Right Toe Phalanx, Percutaneous Approach
0QQQ4ZZ	Repair Right Toe Phalanx, Percutaneous Endoscopic Approach
0QQQXZZ	Repair Right Toe Phalanx, External Approach
0QQR0ZZ	Repair Left Toe Phalanx, Open Approach
0QQR3ZZ	Repair Left Toe Phalanx, Percutaneous Approach
0QQR4ZZ	Repair Left Toe Phalanx, Percutaneous Endoscopic Approach
0QQRXZZ	Repair Left Toe Phalanx, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QQS0ZZ	Repair Coccyx, Open Approach
0QQS3ZZ	Repair Coccyx, Percutaneous Approach
0QQS4ZZ	Repair Coccyx, Percutaneous Endoscopic Approach
0QQSXZZ	Repair Coccyx, External Approach
0QR007Z	Replacement of Lumbar Vertebra with Autologous Tissue Substitute, Open Approach
0QR00JZ	Replacement of Lumbar Vertebra with Synthetic Substitute, Open Approach
0QR00KZ	Replacement of Lumbar Vertebra with Nonautologous Tissue Substitute, Open Approach
0QR037Z	Replacement of Lumbar Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0QR03JZ	Replacement of Lumbar Vertebra with Synthetic Substitute, Percutaneous Approach
0QR03KZ	Replacement of Lumbar Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0QR047Z	Replacement of Lumbar Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR04JZ	Replacement of Lumbar Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0QR04KZ	Replacement of Lumbar Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR107Z	Replacement of Sacrum with Autologous Tissue Substitute, Open Approach
0QR10JZ	Replacement of Sacrum with Synthetic Substitute, Open Approach
0QR10KZ	Replacement of Sacrum with Nonautologous Tissue Substitute, Open Approach
0QR137Z	Replacement of Sacrum with Autologous Tissue Substitute, Percutaneous Approach
0QR13JZ	Replacement of Sacrum with Synthetic Substitute, Percutaneous Approach
0QR13KZ	Replacement of Sacrum with Nonautologous Tissue Substitute, Percutaneous Approach
0QR147Z	Replacement of Sacrum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR14JZ	Replacement of Sacrum with Synthetic Substitute, Percutaneous Endoscopic Approach
0QR14KZ	Replacement of Sacrum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR207Z	Replacement of Right Pelvic Bone with Autologous Tissue Substitute, Open Approach
0QR20JZ	Replacement of Right Pelvic Bone with Synthetic Substitute, Open Approach
0QR20KZ	Replacement of Right Pelvic Bone with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QR237Z	Replacement of Right Pelvic Bone with Autologous Tissue Substitute, Percutaneous Approach
0QR23JZ	Replacement of Right Pelvic Bone with Synthetic Substitute, Percutaneous Approach
0QR23KZ	Replacement of Right Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0QR247Z	Replacement of Right Pelvic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR24JZ	Replacement of Right Pelvic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0QR24KZ	Replacement of Right Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR307Z	Replacement of Left Pelvic Bone with Autologous Tissue Substitute, Open Approach
0QR30JZ	Replacement of Left Pelvic Bone with Synthetic Substitute, Open Approach
0QR30KZ	Replacement of Left Pelvic Bone with Nonautologous Tissue Substitute, Open Approach
0QR337Z	Replacement of Left Pelvic Bone with Autologous Tissue Substitute, Percutaneous Approach
0QR33JZ	Replacement of Left Pelvic Bone with Synthetic Substitute, Percutaneous Approach
0QR33KZ	Replacement of Left Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0QR347Z	Replacement of Left Pelvic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR34JZ	Replacement of Left Pelvic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0QR34KZ	Replacement of Left Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR407Z	Replacement of Right Acetabulum with Autologous Tissue Substitute, Open Approach
0QR40JZ	Replacement of Right Acetabulum with Synthetic Substitute, Open Approach
0QR40KZ	Replacement of Right Acetabulum with Nonautologous Tissue Substitute, Open Approach
0QR437Z	Replacement of Right Acetabulum with Autologous Tissue Substitute, Percutaneous Approach
0QR43JZ	Replacement of Right Acetabulum with Synthetic Substitute, Percutaneous Approach
0QR43KZ	Replacement of Right Acetabulum with Nonautologous Tissue Substitute, Percutaneous Approach
0QR447Z	Replacement of Right Acetabulum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR44JZ	Replacement of Right Acetabulum with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QR44KZ	Replacement of Right Acetabulum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR507Z	Replacement of Left Acetabulum with Autologous Tissue Substitute, Open Approach
0QR50JZ	Replacement of Left Acetabulum with Synthetic Substitute, Open Approach
0QR50KZ	Replacement of Left Acetabulum with Nonautologous Tissue Substitute, Open Approach
0QR537Z	Replacement of Left Acetabulum with Autologous Tissue Substitute, Percutaneous Approach
0QR53JZ	Replacement of Left Acetabulum with Synthetic Substitute, Percutaneous Approach
0QR53KZ	Replacement of Left Acetabulum with Nonautologous Tissue Substitute, Percutaneous Approach
0QR547Z	Replacement of Left Acetabulum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR54JZ	Replacement of Left Acetabulum with Synthetic Substitute, Percutaneous Endoscopic Approach
0QR54KZ	Replacement of Left Acetabulum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR607Z	Replacement of Right Upper Femur with Autologous Tissue Substitute, Open Approach
0QR60KZ	Replacement of Right Upper Femur with Nonautologous Tissue Substitute, Open Approach
0QR637Z	Replacement of Right Upper Femur with Autologous Tissue Substitute, Percutaneous Approach
0QR63KZ	Replacement of Right Upper Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QR647Z	Replacement of Right Upper Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR64KZ	Replacement of Right Upper Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR707Z	Replacement of Left Upper Femur with Autologous Tissue Substitute, Open Approach
0QR70KZ	Replacement of Left Upper Femur with Nonautologous Tissue Substitute, Open Approach
0QR737Z	Replacement of Left Upper Femur with Autologous Tissue Substitute, Percutaneous Approach
0QR73KZ	Replacement of Left Upper Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QR747Z	Replacement of Left Upper Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR74KZ	Replacement of Left Upper Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR807Z	Replacement of Right Femoral Shaft with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QR80KZ	Replacement of Right Femoral Shaft with Nonautologous Tissue Substitute, Open Approach
0QR837Z	Replacement of Right Femoral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0QR83KZ	Replacement of Right Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0QR847Z	Replacement of Right Femoral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR84KZ	Replacement of Right Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR907Z	Replacement of Left Femoral Shaft with Autologous Tissue Substitute, Open Approach
0QR90KZ	Replacement of Left Femoral Shaft with Nonautologous Tissue Substitute, Open Approach
0QR937Z	Replacement of Left Femoral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0QR93KZ	Replacement of Left Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0QR947Z	Replacement of Left Femoral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QR94KZ	Replacement of Left Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRB07Z	Replacement of Right Lower Femur with Autologous Tissue Substitute, Open Approach
0QRB0KZ	Replacement of Right Lower Femur with Nonautologous Tissue Substitute, Open Approach
0QRB37Z	Replacement of Right Lower Femur with Autologous Tissue Substitute, Percutaneous Approach
0QRB3KZ	Replacement of Right Lower Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QRB47Z	Replacement of Right Lower Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRB4KZ	Replacement of Right Lower Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRC07Z	Replacement of Left Lower Femur with Autologous Tissue Substitute, Open Approach
0QRC0KZ	Replacement of Left Lower Femur with Nonautologous Tissue Substitute, Open Approach
0QRC37Z	Replacement of Left Lower Femur with Autologous Tissue Substitute, Percutaneous Approach
0QRC3KZ	Replacement of Left Lower Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QRC47Z	Replacement of Left Lower Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRC4KZ	Replacement of Left Lower Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QRD07Z	Replacement of Right Patella with Autologous Tissue Substitute, Open Approach
0QRD0JZ	Replacement of Right Patella with Synthetic Substitute, Open Approach
0QRD37Z	Replacement of Right Patella with Autologous Tissue Substitute, Percutaneous Approach
0QRD3JZ	Replacement of Right Patella with Synthetic Substitute, Percutaneous Approach
0QRD47Z	Replacement of Right Patella with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRD4JZ	Replacement of Right Patella with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRF07Z	Replacement of Left Patella with Autologous Tissue Substitute, Open Approach
0QRF0JZ	Replacement of Left Patella with Synthetic Substitute, Open Approach
0QRF37Z	Replacement of Left Patella with Autologous Tissue Substitute, Percutaneous Approach
0QRF3JZ	Replacement of Left Patella with Synthetic Substitute, Percutaneous Approach
0QRF47Z	Replacement of Left Patella with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRF4JZ	Replacement of Left Patella with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRG07Z	Replacement of Right Tibia with Autologous Tissue Substitute, Open Approach
0QRG0KZ	Replacement of Right Tibia with Nonautologous Tissue Substitute, Open Approach
0QRG37Z	Replacement of Right Tibia with Autologous Tissue Substitute, Percutaneous Approach
0QRG3KZ	Replacement of Right Tibia with Nonautologous Tissue Substitute, Percutaneous Approach
0QRG47Z	Replacement of Right Tibia with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRG4KZ	Replacement of Right Tibia with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRH07Z	Replacement of Left Tibia with Autologous Tissue Substitute, Open Approach
0QRH0KZ	Replacement of Left Tibia with Nonautologous Tissue Substitute, Open Approach
0QRH37Z	Replacement of Left Tibia with Autologous Tissue Substitute, Percutaneous Approach
0QRH3KZ	Replacement of Left Tibia with Nonautologous Tissue Substitute, Percutaneous Approach
0QRH47Z	Replacement of Left Tibia with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRH4KZ	Replacement of Left Tibia with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QRJ07Z	Replacement of Right Fibula with Autologous Tissue Substitute, Open Approach
0QRJ0KZ	Replacement of Right Fibula with Nonautologous Tissue Substitute, Open Approach
0QRJ37Z	Replacement of Right Fibula with Autologous Tissue Substitute, Percutaneous Approach
0QRJ3KZ	Replacement of Right Fibula with Nonautologous Tissue Substitute, Percutaneous Approach
0QRJ47Z	Replacement of Right Fibula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRJ4KZ	Replacement of Right Fibula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRK07Z	Replacement of Left Fibula with Autologous Tissue Substitute, Open Approach
0QRK0KZ	Replacement of Left Fibula with Nonautologous Tissue Substitute, Open Approach
0QRK37Z	Replacement of Left Fibula with Autologous Tissue Substitute, Percutaneous Approach
0QRK3KZ	Replacement of Left Fibula with Nonautologous Tissue Substitute, Percutaneous Approach
0QRK47Z	Replacement of Left Fibula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRK4KZ	Replacement of Left Fibula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRL07Z	Replacement of Right Tarsal with Autologous Tissue Substitute, Open Approach
0QRL0JZ	Replacement of Right Tarsal with Synthetic Substitute, Open Approach
0QRL0KZ	Replacement of Right Tarsal with Nonautologous Tissue Substitute, Open Approach
0QRL37Z	Replacement of Right Tarsal with Autologous Tissue Substitute, Percutaneous Approach
0QRL3JZ	Replacement of Right Tarsal with Synthetic Substitute, Percutaneous Approach
0QRL3KZ	Replacement of Right Tarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QRL47Z	Replacement of Right Tarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRL4JZ	Replacement of Right Tarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRL4KZ	Replacement of Right Tarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRM07Z	Replacement of Left Tarsal with Autologous Tissue Substitute, Open Approach
0QRM0JZ	Replacement of Left Tarsal with Synthetic Substitute, Open Approach
0QRM0KZ	Replacement of Left Tarsal with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QRM37Z	Replacement of Left Tarsal with Autologous Tissue Substitute, Percutaneous Approach
0QRM3JZ	Replacement of Left Tarsal with Synthetic Substitute, Percutaneous Approach
0QRM3KZ	Replacement of Left Tarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QRM47Z	Replacement of Left Tarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRM4JZ	Replacement of Left Tarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRM4KZ	Replacement of Left Tarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRN07Z	Replacement of Right Metatarsal with Autologous Tissue Substitute, Open Approach
0QRN0JZ	Replacement of Right Metatarsal with Synthetic Substitute, Open Approach
0QRN0KZ	Replacement of Right Metatarsal with Nonautologous Tissue Substitute, Open Approach
0QRN37Z	Replacement of Right Metatarsal with Autologous Tissue Substitute, Percutaneous Approach
0QRN3JZ	Replacement of Right Metatarsal with Synthetic Substitute, Percutaneous Approach
0QRN3KZ	Replacement of Right Metatarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QRN47Z	Replacement of Right Metatarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRN4JZ	Replacement of Right Metatarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRN4KZ	Replacement of Right Metatarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRP07Z	Replacement of Left Metatarsal with Autologous Tissue Substitute, Open Approach
0QRP0JZ	Replacement of Left Metatarsal with Synthetic Substitute, Open Approach
0QRP0KZ	Replacement of Left Metatarsal with Nonautologous Tissue Substitute, Open Approach
0QRP37Z	Replacement of Left Metatarsal with Autologous Tissue Substitute, Percutaneous Approach
0QRP3JZ	Replacement of Left Metatarsal with Synthetic Substitute, Percutaneous Approach
0QRP3KZ	Replacement of Left Metatarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QRP47Z	Replacement of Left Metatarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRP4JZ	Replacement of Left Metatarsal with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QRP4KZ	Replacement of Left Metatarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRQ07Z	Replacement of Right Toe Phalanx with Autologous Tissue Substitute, Open Approach
0QRQ0JZ	Replacement of Right Toe Phalanx with Synthetic Substitute, Open Approach
0QRQ0KZ	Replacement of Right Toe Phalanx with Nonautologous Tissue Substitute, Open Approach
0QRQ37Z	Replacement of Right Toe Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0QRQ3JZ	Replacement of Right Toe Phalanx with Synthetic Substitute, Percutaneous Approach
0QRQ3KZ	Replacement of Right Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0QRQ47Z	Replacement of Right Toe Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRQ4JZ	Replacement of Right Toe Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRQ4KZ	Replacement of Right Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRR07Z	Replacement of Left Toe Phalanx with Autologous Tissue Substitute, Open Approach
0QRR0JZ	Replacement of Left Toe Phalanx with Synthetic Substitute, Open Approach
0QRR0KZ	Replacement of Left Toe Phalanx with Nonautologous Tissue Substitute, Open Approach
0QRR37Z	Replacement of Left Toe Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0QRR3JZ	Replacement of Left Toe Phalanx with Synthetic Substitute, Percutaneous Approach
0QRR3KZ	Replacement of Left Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0QRR47Z	Replacement of Left Toe Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRR4JZ	Replacement of Left Toe Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRR4KZ	Replacement of Left Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRS07Z	Replacement of Coccyx with Autologous Tissue Substitute, Open Approach
0QRS0JZ	Replacement of Coccyx with Synthetic Substitute, Open Approach
0QRS0KZ	Replacement of Coccyx with Nonautologous Tissue Substitute, Open Approach
0QRS37Z	Replacement of Coccyx with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QRS3JZ	Replacement of Coccyx with Synthetic Substitute, Percutaneous Approach
0QRS3KZ	Replacement of Coccyx with Nonautologous Tissue Substitute, Percutaneous Approach
0QRS47Z	Replacement of Coccyx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QRS4JZ	Replacement of Coccyx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QRS4KZ	Replacement of Coccyx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QS004Z	Reposition Lumbar Vertebra with Internal Fixation Device, Open Approach
0QS034Z	Reposition Lumbar Vertebra with Internal Fixation Device, Percutaneous Approach
0QS03ZZ	Reposition Lumbar Vertebra, Percutaneous Approach
0QS044Z	Reposition Lumbar Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS0XZZ	Reposition Lumbar Vertebra, External Approach
0QS13ZZ	Reposition Sacrum, Percutaneous Approach
0QS205Z	Reposition Right Pelvic Bone with External Fixation Device, Open Approach
0QS20ZZ	Reposition Right Pelvic Bone, Open Approach
0QS234Z	Reposition Right Pelvic Bone with Internal Fixation Device, Percutaneous Approach
0QS235Z	Reposition Right Pelvic Bone with External Fixation Device, Percutaneous Approach
0QS23ZZ	Reposition Right Pelvic Bone, Percutaneous Approach
0QS244Z	Reposition Right Pelvic Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS245Z	Reposition Right Pelvic Bone with External Fixation Device, Percutaneous Endoscopic Approach
0QS24ZZ	Reposition Right Pelvic Bone, Percutaneous Endoscopic Approach
0QS2XZZ	Reposition Right Pelvic Bone, External Approach
0QS305Z	Reposition Left Pelvic Bone with External Fixation Device, Open Approach
0QS30ZZ	Reposition Left Pelvic Bone, Open Approach
0QS334Z	Reposition Left Pelvic Bone with Internal Fixation Device, Percutaneous Approach
0QS335Z	Reposition Left Pelvic Bone with External Fixation Device, Percutaneous Approach
0QS33ZZ	Reposition Left Pelvic Bone, Percutaneous Approach
0QS344Z	Reposition Left Pelvic Bone with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS345Z	Reposition Left Pelvic Bone with External Fixation Device, Percutaneous Endoscopic Approach
0QS34ZZ	Reposition Left Pelvic Bone, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QS3XZZ	Reposition Left Pelvic Bone, External Approach
0QS404Z	Reposition Right Acetabulum with Internal Fixation Device, Open Approach
0QS40ZZ	Reposition Right Acetabulum, Open Approach
0QS434Z	Reposition Right Acetabulum with Internal Fixation Device, Percutaneous Approach
0QS43ZZ	Reposition Right Acetabulum, Percutaneous Approach
0QS444Z	Reposition Right Acetabulum with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS44ZZ	Reposition Right Acetabulum, Percutaneous Endoscopic Approach
0QS4XZZ	Reposition Right Acetabulum, External Approach
0QS504Z	Reposition Left Acetabulum with Internal Fixation Device, Open Approach
0QS50ZZ	Reposition Left Acetabulum, Open Approach
0QS534Z	Reposition Left Acetabulum with Internal Fixation Device, Percutaneous Approach
0QS53ZZ	Reposition Left Acetabulum, Percutaneous Approach
0QS544Z	Reposition Left Acetabulum with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS54ZZ	Reposition Left Acetabulum, Percutaneous Endoscopic Approach
0QS5XZZ	Reposition Left Acetabulum, External Approach
0QS605Z	Reposition Right Upper Femur with External Fixation Device, Open Approach
0QS60BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Open Approach
0QS60CZ	Reposition Right Upper Femur with Ring External Fixation Device, Open Approach
0QS60DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Open Approach
0QS634Z	Reposition Right Upper Femur with Internal Fixation Device, Percutaneous Approach
0QS635Z	Reposition Right Upper Femur with External Fixation Device, Percutaneous Approach
0QS63BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Percutaneous Approach
0QS63CZ	Reposition Right Upper Femur with Ring External Fixation Device, Percutaneous Approach
0QS63DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Percutaneous Approach
0QS644Z	Reposition Right Upper Femur with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS645Z	Reposition Right Upper Femur with External Fixation Device, Percutaneous Endoscopic Approach
0QS64BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QS64CZ	Reposition Right Upper Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QS64DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QS6XZZ	Reposition Right Upper Femur, External Approach
0QS705Z	Reposition Left Upper Femur with External Fixation Device, Open Approach
0QS70BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Open Approach
0QS70CZ	Reposition Left Upper Femur with Ring External Fixation Device, Open Approach
0QS70DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Open Approach
0QS734Z	Reposition Left Upper Femur with Internal Fixation Device, Percutaneous Approach
0QS735Z	Reposition Left Upper Femur with External Fixation Device, Percutaneous Approach
0QS73BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Percutaneous Approach
0QS73CZ	Reposition Left Upper Femur with Ring External Fixation Device, Percutaneous Approach
0QS73DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Percutaneous Approach
0QS744Z	Reposition Left Upper Femur with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS745Z	Reposition Left Upper Femur with External Fixation Device, Percutaneous Endoscopic Approach
0QS74BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QS74CZ	Reposition Left Upper Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QS74DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QS7XZZ	Reposition Left Upper Femur, External Approach
0QS805Z	Reposition Right Femoral Shaft with External Fixation Device, Open Approach
0QS80BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Open Approach
0QS80CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Open Approach
0QS80DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Open Approach
0QS834Z	Reposition Right Femoral Shaft with Internal Fixation Device, Percutaneous Approach
0QS835Z	Reposition Right Femoral Shaft with External Fixation Device, Percutaneous Approach
0QS83BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QS83CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Percutaneous Approach
0QS83DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Percutaneous Approach
0QS844Z	Reposition Right Femoral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS845Z	Reposition Right Femoral Shaft with External Fixation Device, Percutaneous Endoscopic Approach
0QS84BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QS84CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QS84DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QS8XZZ	Reposition Right Femoral Shaft, External Approach
0QS905Z	Reposition Left Femoral Shaft with External Fixation Device, Open Approach
0QS90BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Open Approach
0QS90CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Open Approach
0QS90DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Open Approach
0QS934Z	Reposition Left Femoral Shaft with Internal Fixation Device, Percutaneous Approach
0QS935Z	Reposition Left Femoral Shaft with External Fixation Device, Percutaneous Approach
0QS93BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Approach
0QS93CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Percutaneous Approach
0QS93DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Percutaneous Approach
0QS944Z	Reposition Left Femoral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach
0QS945Z	Reposition Left Femoral Shaft with External Fixation Device, Percutaneous Endoscopic Approach
0QS94BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QS94CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QS94DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QS9XZZ	Reposition Left Femoral Shaft, External Approach
0QSB05Z	Reposition Right Lower Femur with External Fixation Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSB0BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Open Approach
0QSB0CZ	Reposition Right Lower Femur with Ring External Fixation Device, Open Approach
0QSB0DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Open Approach
0QSB34Z	Reposition Right Lower Femur with Internal Fixation Device, Percutaneous Approach
0QSB35Z	Reposition Right Lower Femur with External Fixation Device, Percutaneous Approach
0QSB3BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Percutaneous Approach
0QSB3CZ	Reposition Right Lower Femur with Ring External Fixation Device, Percutaneous Approach
0QSB3DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Percutaneous Approach
0QSB44Z	Reposition Right Lower Femur with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSB45Z	Reposition Right Lower Femur with External Fixation Device, Percutaneous Endoscopic Approach
0QSB4BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QSB4CZ	Reposition Right Lower Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QSB4DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QSBXZZ	Reposition Right Lower Femur, External Approach
0QSC05Z	Reposition Left Lower Femur with External Fixation Device, Open Approach
0QSC0BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Open Approach
0QSC0CZ	Reposition Left Lower Femur with Ring External Fixation Device, Open Approach
0QSC0DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Open Approach
0QSC34Z	Reposition Left Lower Femur with Internal Fixation Device, Percutaneous Approach
0QSC35Z	Reposition Left Lower Femur with External Fixation Device, Percutaneous Approach
0QSC3BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Percutaneous Approach
0QSC3CZ	Reposition Left Lower Femur with Ring External Fixation Device, Percutaneous Approach
0QSC3DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSC44Z	Reposition Left Lower Femur with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSC45Z	Reposition Left Lower Femur with External Fixation Device, Percutaneous Endoscopic Approach
0QSC4BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QSC4CZ	Reposition Left Lower Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QSC4DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QSCXZZ	Reposition Left Lower Femur, External Approach
0QSD04Z	Reposition Right Patella with Internal Fixation Device, Open Approach
0QSD05Z	Reposition Right Patella with External Fixation Device, Open Approach
0QSD0ZZ	Reposition Right Patella, Open Approach
0QSD34Z	Reposition Right Patella with Internal Fixation Device, Percutaneous Approach
0QSD35Z	Reposition Right Patella with External Fixation Device, Percutaneous Approach
0QSD3ZZ	Reposition Right Patella, Percutaneous Approach
0QSD44Z	Reposition Right Patella with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSD45Z	Reposition Right Patella with External Fixation Device, Percutaneous Endoscopic Approach
0QSD4ZZ	Reposition Right Patella, Percutaneous Endoscopic Approach
0QSDXZZ	Reposition Right Patella, External Approach
0QSF04Z	Reposition Left Patella with Internal Fixation Device, Open Approach
0QSF05Z	Reposition Left Patella with External Fixation Device, Open Approach
0QSF0ZZ	Reposition Left Patella, Open Approach
0QSF34Z	Reposition Left Patella with Internal Fixation Device, Percutaneous Approach
0QSF35Z	Reposition Left Patella with External Fixation Device, Percutaneous Approach
0QSF3ZZ	Reposition Left Patella, Percutaneous Approach
0QSF44Z	Reposition Left Patella with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSF45Z	Reposition Left Patella with External Fixation Device, Percutaneous Endoscopic Approach
0QSF4ZZ	Reposition Left Patella, Percutaneous Endoscopic Approach
0QSFXZZ	Reposition Left Patella, External Approach
0QSG04Z	Reposition Right Tibia With Internal Fixation Device, Open Approach
0QSG05Z	Reposition Right Tibia with External Fixation Device, Open Approach
0QSG0BZ	Reposition Right Tibia with Monoplanar External Fixation Device, Open Approach
0QSG0CZ	Reposition Right Tibia with Ring External Fixation Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSG0DZ	Reposition Right Tibia with Hybrid External Fixation Device, Open Approach
0QSG0ZZ	Reposition Right Tibia, Open Approach
0QSG34Z	Reposition Right Tibia with Internal Fixation Device, Percutaneous Approach
0QSG35Z	Reposition Right Tibia with External Fixation Device, Percutaneous Approach
0QSG36Z	Reposition Right Tibia with Intramedullary Internal Fixation Device, Percutaneous Approach
0QSG3BZ	Reposition Right Tibia with Monoplanar External Fixation Device, Percutaneous Approach
0QSG3CZ	Reposition Right Tibia with Ring External Fixation Device, Percutaneous Approach
0QSG3DZ	Reposition Right Tibia with Hybrid External Fixation Device, Percutaneous Approach
0QSG3ZZ	Reposition Right Tibia, Percutaneous Approach
0QSG44Z	Reposition Right Tibia with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSG45Z	Reposition Right Tibia with External Fixation Device, Percutaneous Endoscopic Approach
0QSG46Z	Reposition Right Tibia with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0QSG4BZ	Reposition Right Tibia with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QSG4CZ	Reposition Right Tibia with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QSG4DZ	Reposition Right Tibia with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QSG4ZZ	Reposition Right Tibia, Percutaneous Endoscopic Approach
0QSGXZZ	Reposition Right Tibia, External Approach
0QSH04Z	Reposition Left Tibia With Internal Fixation Device, Open Approach
0QSH05Z	Reposition Left Tibia with External Fixation Device, Open Approach
0QSH0BZ	Reposition Left Tibia with Monoplanar External Fixation Device, Open Approach
0QSH0CZ	Reposition Left Tibia with Ring External Fixation Device, Open Approach
0QSH0DZ	Reposition Left Tibia with Hybrid External Fixation Device, Open Approach
0QSH0ZZ	Reposition Left Tibia, Open Approach
0QSH34Z	Reposition Left Tibia with Internal Fixation Device, Percutaneous Approach
0QSH35Z	Reposition Left Tibia with External Fixation Device, Percutaneous Approach
0QSH36Z	Reposition Left Tibia with Intramedullary Internal Fixation Device, Percutaneous Approach
0QSH3BZ	Reposition Left Tibia with Monoplanar External Fixation Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSH3CZ	Reposition Left Tibia with Ring External Fixation Device, Percutaneous Approach
0QSH3DZ	Reposition Left Tibia with Hybrid External Fixation Device, Percutaneous Approach
0QSH3ZZ	Reposition Left Tibia, Percutaneous Approach
0QSH44Z	Reposition Left Tibia with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSH45Z	Reposition Left Tibia with External Fixation Device, Percutaneous Endoscopic Approach
0QSH46Z	Reposition Left Tibia with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0QSH4BZ	Reposition Left Tibia with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0QSH4CZ	Reposition Left Tibia with Ring External Fixation Device, Percutaneous Endoscopic Approach
0QSH4DZ	Reposition Left Tibia with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0QSH4ZZ	Reposition Left Tibia, Percutaneous Endoscopic Approach
0QSHXZZ	Reposition Left Tibia, External Approach
0QSJ04Z	Reposition Right Fibula With Internal Fixation Device, Open Approach
0QSJ05Z	Reposition Right Fibula with External Fixation Device, Open Approach
0QSJ0BZ	Reposition Right Fibula with Monoplanar External Fixation Device, Open Approach
0QSJ0CZ	Reposition Right Fibula with Ring External Fixation Device, Open Approach
0QSJ0DZ	Reposition Right Fibula with Hybrid External Fixation Device, Open Approach
0QSJ0ZZ	Reposition Right Fibula, Open Approach
0QSJ34Z	Reposition Right Fibula with Internal Fixation Device, Percutaneous Approach
0QSJ35Z	Reposition Right Fibula with External Fixation Device, Percutaneous Approach
0QSJ36Z	Reposition Right Fibula with Intramedullary Internal Fixation Device, Percutaneous Approach
0QSJ3BZ	Reposition Right Fibula with Monoplanar External Fixation Device, Percutaneous Approach
0QSJ3CZ	Reposition Right Fibula with Ring External Fixation Device, Percutaneous Approach
0QSJ3DZ	Reposition Right Fibula with Hybrid External Fixation Device, Percutaneous Approach
0QSJ3ZZ	Reposition Right Fibula, Percutaneous Approach
0QSJ44Z	Reposition Right Fibula with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSJ45Z	Reposition Right Fibula with External Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Q SJ46Z	Reposition Right Fibula with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0Q SJ4BZ	Reposition Right Fibula with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0Q SJ4CZ	Reposition Right Fibula with Ring External Fixation Device, Percutaneous Endoscopic Approach
0Q SJ4DZ	Reposition Right Fibula with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0Q SJ4ZZ	Reposition Right Fibula, Percutaneous Endoscopic Approach
0Q SJXZZ	Reposition Right Fibula, External Approach
0Q SK04Z	Reposition Left Fibula With Internal Fixation Device, Open Approach
0Q SK05Z	Reposition Left Fibula with External Fixation Device, Open Approach
0Q SK0BZ	Reposition Left Fibula with Monoplanar External Fixation Device, Open Approach
0Q SK0CZ	Reposition Left Fibula with Ring External Fixation Device, Open Approach
0Q SK0DZ	Reposition Left Fibula with Hybrid External Fixation Device, Open Approach
0Q SK0ZZ	Reposition Left Fibula, Open Approach
0Q SK34Z	Reposition Left Fibula with Internal Fixation Device, Percutaneous Approach
0Q SK35Z	Reposition Left Fibula with External Fixation Device, Percutaneous Approach
0Q SK36Z	Reposition Left Fibula with Intramedullary Internal Fixation Device, Percutaneous Approach
0Q SK3BZ	Reposition Left Fibula with Monoplanar External Fixation Device, Percutaneous Approach
0Q SK3CZ	Reposition Left Fibula with Ring External Fixation Device, Percutaneous Approach
0Q SK3DZ	Reposition Left Fibula with Hybrid External Fixation Device, Percutaneous Approach
0Q SK3ZZ	Reposition Left Fibula, Percutaneous Approach
0Q SK44Z	Reposition Left Fibula with Internal Fixation Device, Percutaneous Endoscopic Approach
0Q SK45Z	Reposition Left Fibula with External Fixation Device, Percutaneous Endoscopic Approach
0Q SK46Z	Reposition Left Fibula with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach
0Q SK4BZ	Reposition Left Fibula with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach
0Q SK4CZ	Reposition Left Fibula with Ring External Fixation Device, Percutaneous Endoscopic Approach
0Q SK4DZ	Reposition Left Fibula with Hybrid External Fixation Device, Percutaneous Endoscopic Approach
0Q SK4ZZ	Reposition Left Fibula, Percutaneous Endoscopic Approach
0Q SKXZZ	Reposition Left Fibula, External Approach
0Q SL05Z	Reposition Right Tarsal with External Fixation Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSL34Z	Reposition Right Tarsal with Internal Fixation Device, Percutaneous Approach
0QSL35Z	Reposition Right Tarsal with External Fixation Device, Percutaneous Approach
0QSL3ZZ	Reposition Right Tarsal, Percutaneous Approach
0QSL44Z	Reposition Right Tarsal with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSL45Z	Reposition Right Tarsal with External Fixation Device, Percutaneous Endoscopic Approach
0QSL4ZZ	Reposition Right Tarsal, Percutaneous Endoscopic Approach
0QSLXZZ	Reposition Right Tarsal, External Approach
0QSM05Z	Reposition Left Tarsal with External Fixation Device, Open Approach
0QSM34Z	Reposition Left Tarsal with Internal Fixation Device, Percutaneous Approach
0QSM35Z	Reposition Left Tarsal with External Fixation Device, Percutaneous Approach
0QSM3ZZ	Reposition Left Tarsal, Percutaneous Approach
0QSM44Z	Reposition Left Tarsal with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSM45Z	Reposition Left Tarsal with External Fixation Device, Percutaneous Endoscopic Approach
0QSM4ZZ	Reposition Left Tarsal, Percutaneous Endoscopic Approach
0QSMXZZ	Reposition Left Tarsal, External Approach
0QSN05Z	Reposition Right Metatarsal with External Fixation Device, Open Approach
0QSN34Z	Reposition Right Metatarsal with Internal Fixation Device, Percutaneous Approach
0QSN35Z	Reposition Right Metatarsal with External Fixation Device, Percutaneous Approach
0QSN3ZZ	Reposition Right Metatarsal, Percutaneous Approach
0QSN44Z	Reposition Right Metatarsal with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSN45Z	Reposition Right Metatarsal with External Fixation Device, Percutaneous Endoscopic Approach
0QSN4ZZ	Reposition Right Metatarsal, Percutaneous Endoscopic Approach
0QSNXZZ	Reposition Right Metatarsal, External Approach
0QSP05Z	Reposition Left Metatarsal with External Fixation Device, Open Approach
0QSP34Z	Reposition Left Metatarsal with Internal Fixation Device, Percutaneous Approach
0QSP35Z	Reposition Left Metatarsal with External Fixation Device, Percutaneous Approach
0QSP3ZZ	Reposition Left Metatarsal, Percutaneous Approach
0QSP44Z	Reposition Left Metatarsal with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSP45Z	Reposition Left Metatarsal with External Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QSP4ZZ	Reposition Left Metatarsal, Percutaneous Endoscopic Approach
0QSPXZZ	Reposition Left Metatarsal, External Approach
0QSQ04Z	Reposition Right Toe Phalanx with Internal Fixation Device, Open Approach
0QSQ05Z	Reposition Right Toe Phalanx with External Fixation Device, Open Approach
0QSQ0ZZ	Reposition Right Toe Phalanx, Open Approach
0QSQ34Z	Reposition Right Toe Phalanx with Internal Fixation Device, Percutaneous Approach
0QSQ35Z	Reposition Right Toe Phalanx with External Fixation Device, Percutaneous Approach
0QSQ3ZZ	Reposition Right Toe Phalanx, Percutaneous Approach
0QSQ44Z	Reposition Right Toe Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSQ45Z	Reposition Right Toe Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0QSQ4ZZ	Reposition Right Toe Phalanx, Percutaneous Endoscopic Approach
0QSQXZZ	Reposition Right Toe Phalanx, External Approach
0QSR04Z	Reposition Left Toe Phalanx with Internal Fixation Device, Open Approach
0QSR05Z	Reposition Left Toe Phalanx with External Fixation Device, Open Approach
0QSR0ZZ	Reposition Left Toe Phalanx, Open Approach
0QSR34Z	Reposition Left Toe Phalanx with Internal Fixation Device, Percutaneous Approach
0QSR35Z	Reposition Left Toe Phalanx with External Fixation Device, Percutaneous Approach
0QSR3ZZ	Reposition Left Toe Phalanx, Percutaneous Approach
0QSR44Z	Reposition Left Toe Phalanx with Internal Fixation Device, Percutaneous Endoscopic Approach
0QSR45Z	Reposition Left Toe Phalanx with External Fixation Device, Percutaneous Endoscopic Approach
0QSR4ZZ	Reposition Left Toe Phalanx, Percutaneous Endoscopic Approach
0QSRXZZ	Reposition Left Toe Phalanx, External Approach
0QSS3ZZ	Reposition Coccyx, Percutaneous Approach
0QT20ZZ	Resection of Right Pelvic Bone, Open Approach
0QT30ZZ	Resection of Left Pelvic Bone, Open Approach
0QT40ZZ	Resection of Right Acetabulum, Open Approach
0QT50ZZ	Resection of Left Acetabulum, Open Approach
0QT60ZZ	Resection of Right Upper Femur, Open Approach
0QT70ZZ	Resection of Left Upper Femur, Open Approach
0QT80ZZ	Resection of Right Femoral Shaft, Open Approach
0QT90ZZ	Resection of Left Femoral Shaft, Open Approach
0QTB0ZZ	Resection of Right Lower Femur, Open Approach
0QTC0ZZ	Resection of Left Lower Femur, Open Approach
0QTD0ZZ	Resection of Right Patella, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QTF0ZZ	Resection of Left Patella, Open Approach
0QTG0ZZ	Resection of Right Tibia, Open Approach
0QTH0ZZ	Resection of Left Tibia, Open Approach
0QTJ0ZZ	Resection of Right Fibula, Open Approach
0QTK0ZZ	Resection of Left Fibula, Open Approach
0QTL0ZZ	Resection of Right Tarsal, Open Approach
0QTM0ZZ	Resection of Left Tarsal, Open Approach
0QTN0ZZ	Resection of Right Metatarsal, Open Approach
0QTP0ZZ	Resection of Left Metatarsal, Open Approach
0QTT0ZZ	Resection of Right Toe Phalanx, Open Approach
0QTR0ZZ	Resection of Left Toe Phalanx, Open Approach
0QTS0ZZ	Resection of Coccyx, Open Approach
0QU007Z	Supplement Lumbar Vertebra with Autologous Tissue Substitute, Open Approach
0QU00JZ	Supplement Lumbar Vertebra with Synthetic Substitute, Open Approach
0QU00KZ	Supplement Lumbar Vertebra with Nonautologous Tissue Substitute, Open Approach
0QU037Z	Supplement Lumbar Vertebra with Autologous Tissue Substitute, Percutaneous Approach
0QU03JZ	Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Approach
0QU03KZ	Supplement Lumbar Vertebra with Nonautologous Tissue Substitute, Percutaneous Approach
0QU047Z	Supplement Lumbar Vertebra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU04JZ	Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU04KZ	Supplement Lumbar Vertebra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU107Z	Supplement Sacrum with Autologous Tissue Substitute, Open Approach
0QU10JZ	Supplement Sacrum with Synthetic Substitute, Open Approach
0QU10KZ	Supplement Sacrum with Nonautologous Tissue Substitute, Open Approach
0QU137Z	Supplement Sacrum with Autologous Tissue Substitute, Percutaneous Approach
0QU13JZ	Supplement Sacrum with Synthetic Substitute, Percutaneous Approach
0QU13KZ	Supplement Sacrum with Nonautologous Tissue Substitute, Percutaneous Approach
0QU147Z	Supplement Sacrum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU14JZ	Supplement Sacrum with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU14KZ	Supplement Sacrum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU20JZ	Supplement Right Pelvic Bone with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QU20KZ	Supplement Right Pelvic Bone with Nonautologous Tissue Substitute, Open Approach
0QU237Z	Supplement Right Pelvic Bone with Autologous Tissue Substitute, Percutaneous Approach
0QU23JZ	Supplement Right Pelvic Bone with Synthetic Substitute, Percutaneous Approach
0QU23KZ	Supplement Right Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0QU247Z	Supplement Right Pelvic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU24JZ	Supplement Right Pelvic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU24KZ	Supplement Right Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU30JZ	Supplement Left Pelvic Bone with Synthetic Substitute, Open Approach
0QU30KZ	Supplement Left Pelvic Bone with Nonautologous Tissue Substitute, Open Approach
0QU337Z	Supplement Left Pelvic Bone with Autologous Tissue Substitute, Percutaneous Approach
0QU33JZ	Supplement Left Pelvic Bone with Synthetic Substitute, Percutaneous Approach
0QU33KZ	Supplement Left Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0QU347Z	Supplement Left Pelvic Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU34JZ	Supplement Left Pelvic Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU34KZ	Supplement Left Pelvic Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU40JZ	Supplement Right Acetabulum with Synthetic Substitute, Open Approach
0QU40KZ	Supplement Right Acetabulum with Nonautologous Tissue Substitute, Open Approach
0QU437Z	Supplement Right Acetabulum with Autologous Tissue Substitute, Percutaneous Approach
0QU43JZ	Supplement Right Acetabulum with Synthetic Substitute, Percutaneous Approach
0QU43KZ	Supplement Right Acetabulum with Nonautologous Tissue Substitute, Percutaneous Approach
0QU447Z	Supplement Right Acetabulum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU44JZ	Supplement Right Acetabulum with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU44KZ	Supplement Right Acetabulum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU50JZ	Supplement Left Acetabulum with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QU50KZ	Supplement Left Acetabulum with Nonautologous Tissue Substitute, Open Approach
0QU537Z	Supplement Left Acetabulum with Autologous Tissue Substitute, Percutaneous Approach
0QU53JZ	Supplement Left Acetabulum with Synthetic Substitute, Percutaneous Approach
0QU53KZ	Supplement Left Acetabulum with Nonautologous Tissue Substitute, Percutaneous Approach
0QU547Z	Supplement Left Acetabulum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU54JZ	Supplement Left Acetabulum with Synthetic Substitute, Percutaneous Endoscopic Approach
0QU54KZ	Supplement Left Acetabulum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU607Z	Supplement Right Upper Femur with Autologous Tissue Substitute, Open Approach
0QU60KZ	Supplement Right Upper Femur with Nonautologous Tissue Substitute, Open Approach
0QU637Z	Supplement Right Upper Femur with Autologous Tissue Substitute, Percutaneous Approach
0QU63KZ	Supplement Right Upper Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QU647Z	Supplement Right Upper Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU64KZ	Supplement Right Upper Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU707Z	Supplement Left Upper Femur with Autologous Tissue Substitute, Open Approach
0QU70KZ	Supplement Left Upper Femur with Nonautologous Tissue Substitute, Open Approach
0QU737Z	Supplement Left Upper Femur with Autologous Tissue Substitute, Percutaneous Approach
0QU73KZ	Supplement Left Upper Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QU747Z	Supplement Left Upper Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU74KZ	Supplement Left Upper Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU807Z	Supplement Right Femoral Shaft with Autologous Tissue Substitute, Open Approach
0QU80KZ	Supplement Right Femoral Shaft with Nonautologous Tissue Substitute, Open Approach
0QU837Z	Supplement Right Femoral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0QU83KZ	Supplement Right Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QU847Z	Supplement Right Femoral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU84KZ	Supplement Right Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU907Z	Supplement Left Femoral Shaft with Autologous Tissue Substitute, Open Approach
0QU90KZ	Supplement Left Femoral Shaft with Nonautologous Tissue Substitute, Open Approach
0QU937Z	Supplement Left Femoral Shaft with Autologous Tissue Substitute, Percutaneous Approach
0QU93KZ	Supplement Left Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Approach
0QU947Z	Supplement Left Femoral Shaft with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QU94KZ	Supplement Left Femoral Shaft with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUB07Z	Supplement Right Lower Femur with Autologous Tissue Substitute, Open Approach
0QUB0KZ	Supplement Right Lower Femur with Nonautologous Tissue Substitute, Open Approach
0QUB37Z	Supplement Right Lower Femur with Autologous Tissue Substitute, Percutaneous Approach
0QUB3KZ	Supplement Right Lower Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QUB47Z	Supplement Right Lower Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUB4KZ	Supplement Right Lower Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUC07Z	Supplement Left Lower Femur with Autologous Tissue Substitute, Open Approach
0QUC0KZ	Supplement Left Lower Femur with Nonautologous Tissue Substitute, Open Approach
0QUC37Z	Supplement Left Lower Femur with Autologous Tissue Substitute, Percutaneous Approach
0QUC3KZ	Supplement Left Lower Femur with Nonautologous Tissue Substitute, Percutaneous Approach
0QUC47Z	Supplement Left Lower Femur with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUC4KZ	Supplement Left Lower Femur with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUD07Z	Supplement Right Patella with Autologous Tissue Substitute, Open Approach
0QUD0JZ	Supplement Right Patella with Synthetic Substitute, Open Approach
0QUD37Z	Supplement Right Patella with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QUD3JZ	Supplement Right Patella with Synthetic Substitute, Percutaneous Approach
0QUD47Z	Supplement Right Patella with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUD4JZ	Supplement Right Patella with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUF07Z	Supplement Left Patella with Autologous Tissue Substitute, Open Approach
0QUF0JZ	Supplement Left Patella with Synthetic Substitute, Open Approach
0QUF37Z	Supplement Left Patella with Autologous Tissue Substitute, Percutaneous Approach
0QUF3JZ	Supplement Left Patella with Synthetic Substitute, Percutaneous Approach
0QUF47Z	Supplement Left Patella with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUF4JZ	Supplement Left Patella with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUG07Z	Supplement Right Tibia with Autologous Tissue Substitute, Open Approach
0QUG0KZ	Supplement Right Tibia with Nonautologous Tissue Substitute, Open Approach
0QUG37Z	Supplement Right Tibia with Autologous Tissue Substitute, Percutaneous Approach
0QUG3KZ	Supplement Right Tibia with Nonautologous Tissue Substitute, Percutaneous Approach
0QUG47Z	Supplement Right Tibia with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUG4KZ	Supplement Right Tibia with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUH07Z	Supplement Left Tibia with Autologous Tissue Substitute, Open Approach
0QUH0KZ	Supplement Left Tibia with Nonautologous Tissue Substitute, Open Approach
0QUH37Z	Supplement Left Tibia with Autologous Tissue Substitute, Percutaneous Approach
0QUH3KZ	Supplement Left Tibia with Nonautologous Tissue Substitute, Percutaneous Approach
0QUH47Z	Supplement Left Tibia with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUH4KZ	Supplement Left Tibia with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUJ07Z	Supplement Right Fibula with Autologous Tissue Substitute, Open Approach
0QUJ0KZ	Supplement Right Fibula with Nonautologous Tissue Substitute, Open Approach
0QUJ37Z	Supplement Right Fibula with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QUJ3KZ	Supplement Right Fibula with Nonautologous Tissue Substitute, Percutaneous Approach
0QUJ47Z	Supplement Right Fibula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUJ4KZ	Supplement Right Fibula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUK07Z	Supplement Left Fibula with Autologous Tissue Substitute, Open Approach
0QUK0KZ	Supplement Left Fibula with Nonautologous Tissue Substitute, Open Approach
0QUK37Z	Supplement Left Fibula with Autologous Tissue Substitute, Percutaneous Approach
0QUK3KZ	Supplement Left Fibula with Nonautologous Tissue Substitute, Percutaneous Approach
0QUK47Z	Supplement Left Fibula with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUK4KZ	Supplement Left Fibula with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUL07Z	Supplement Right Tarsal with Autologous Tissue Substitute, Open Approach
0QUL0JZ	Supplement Right Tarsal with Synthetic Substitute, Open Approach
0QUL0KZ	Supplement Right Tarsal with Nonautologous Tissue Substitute, Open Approach
0QUL37Z	Supplement Right Tarsal with Autologous Tissue Substitute, Percutaneous Approach
0QUL3JZ	Supplement Right Tarsal with Synthetic Substitute, Percutaneous Approach
0QUL3KZ	Supplement Right Tarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QUL47Z	Supplement Right Tarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUL4JZ	Supplement Right Tarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUL4KZ	Supplement Right Tarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUM07Z	Supplement Left Tarsal with Autologous Tissue Substitute, Open Approach
0QUM0JZ	Supplement Left Tarsal with Synthetic Substitute, Open Approach
0QUM0KZ	Supplement Left Tarsal with Nonautologous Tissue Substitute, Open Approach
0QUM37Z	Supplement Left Tarsal with Autologous Tissue Substitute, Percutaneous Approach
0QUM3JZ	Supplement Left Tarsal with Synthetic Substitute, Percutaneous Approach
0QUM3KZ	Supplement Left Tarsal with Nonautologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QUM47Z	Supplement Left Tarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUM4JZ	Supplement Left Tarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUM4KZ	Supplement Left Tarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUN07Z	Supplement Right Metatarsal with Autologous Tissue Substitute, Open Approach
0QUN0JZ	Supplement Right Metatarsal with Synthetic Substitute, Open Approach
0QUN0KZ	Supplement Right Metatarsal with Nonautologous Tissue Substitute, Open Approach
0QUN37Z	Supplement Right Metatarsal with Autologous Tissue Substitute, Percutaneous Approach
0QUN3JZ	Supplement Right Metatarsal with Synthetic Substitute, Percutaneous Approach
0QUN3KZ	Supplement Right Metatarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QUN47Z	Supplement Right Metatarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUN4JZ	Supplement Right Metatarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUN4KZ	Supplement Right Metatarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUP07Z	Supplement Left Metatarsal with Autologous Tissue Substitute, Open Approach
0QUP0JZ	Supplement Left Metatarsal with Synthetic Substitute, Open Approach
0QUP0KZ	Supplement Left Metatarsal with Nonautologous Tissue Substitute, Open Approach
0QUP37Z	Supplement Left Metatarsal with Autologous Tissue Substitute, Percutaneous Approach
0QUP3JZ	Supplement Left Metatarsal with Synthetic Substitute, Percutaneous Approach
0QUP3KZ	Supplement Left Metatarsal with Nonautologous Tissue Substitute, Percutaneous Approach
0QUP47Z	Supplement Left Metatarsal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUP4JZ	Supplement Left Metatarsal with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUP4KZ	Supplement Left Metatarsal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUQ07Z	Supplement Right Toe Phalanx with Autologous Tissue Substitute, Open Approach
0QUQ0JZ	Supplement Right Toe Phalanx with Synthetic Substitute, Open Approach
0QUQ0KZ	Supplement Right Toe Phalanx with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QUQ37Z	Supplement Right Toe Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0QUQ3JZ	Supplement Right Toe Phalanx with Synthetic Substitute, Percutaneous Approach
0QUQ3KZ	Supplement Right Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0QUQ47Z	Supplement Right Toe Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUQ4JZ	Supplement Right Toe Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUQ4KZ	Supplement Right Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUR07Z	Supplement Left Toe Phalanx with Autologous Tissue Substitute, Open Approach
0QUR0JZ	Supplement Left Toe Phalanx with Synthetic Substitute, Open Approach
0QUR0KZ	Supplement Left Toe Phalanx with Nonautologous Tissue Substitute, Open Approach
0QUR37Z	Supplement Left Toe Phalanx with Autologous Tissue Substitute, Percutaneous Approach
0QUR3JZ	Supplement Left Toe Phalanx with Synthetic Substitute, Percutaneous Approach
0QUR3KZ	Supplement Left Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach
0QUR47Z	Supplement Left Toe Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUR4JZ	Supplement Left Toe Phalanx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUR4KZ	Supplement Left Toe Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUS07Z	Supplement Coccyx with Autologous Tissue Substitute, Open Approach
0QUS0JZ	Supplement Coccyx with Synthetic Substitute, Open Approach
0QUS0KZ	Supplement Coccyx with Nonautologous Tissue Substitute, Open Approach
0QUS37Z	Supplement Coccyx with Autologous Tissue Substitute, Percutaneous Approach
0QUS3JZ	Supplement Coccyx with Synthetic Substitute, Percutaneous Approach
0QUS3KZ	Supplement Coccyx with Nonautologous Tissue Substitute, Percutaneous Approach
0QUS47Z	Supplement Coccyx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0QUS4JZ	Supplement Coccyx with Synthetic Substitute, Percutaneous Endoscopic Approach
0QUS4KZ	Supplement Coccyx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0QW004Z	Revision of Internal Fixation Device in Lumbar Vertebra, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW007Z	Revision of Autologous Tissue Substitute in Lumbar Vertebra, Open Approach
0QW00JZ	Revision of Synthetic Substitute in Lumbar Vertebra, Open Approach
0QW00KZ	Revision of Nonautologous Tissue Substitute in Lumbar Vertebra, Open Approach
0QW034Z	Revision of Internal Fixation Device in Lumbar Vertebra, Percutaneous Approach
0QW037Z	Revision of Autologous Tissue Substitute in Lumbar Vertebra, Percutaneous Approach
0QW03JZ	Revision of Synthetic Substitute in Lumbar Vertebra, Percutaneous Approach
0QW03KZ	Revision of Nonautologous Tissue Substitute in Lumbar Vertebra, Percutaneous Approach
0QW044Z	Revision of Internal Fixation Device in Lumbar Vertebra, Percutaneous Endoscopic Approach
0QW047Z	Revision of Autologous Tissue Substitute in Lumbar Vertebra, Percutaneous Endoscopic Approach
0QW04JZ	Revision of Synthetic Substitute in Lumbar Vertebra, Percutaneous Endoscopic Approach
0QW04KZ	Revision of Nonautologous Tissue Substitute in Lumbar Vertebra, Percutaneous Endoscopic Approach
0QW104Z	Revision of Internal Fixation Device in Sacrum, Open Approach
0QW107Z	Revision of Autologous Tissue Substitute in Sacrum, Open Approach
0QW10JZ	Revision of Synthetic Substitute in Sacrum, Open Approach
0QW10KZ	Revision of Nonautologous Tissue Substitute in Sacrum, Open Approach
0QW134Z	Revision of Internal Fixation Device in Sacrum, Percutaneous Approach
0QW137Z	Revision of Autologous Tissue Substitute in Sacrum, Percutaneous Approach
0QW13JZ	Revision of Synthetic Substitute in Sacrum, Percutaneous Approach
0QW13KZ	Revision of Nonautologous Tissue Substitute in Sacrum, Percutaneous Approach
0QW144Z	Revision of Internal Fixation Device in Sacrum, Percutaneous Endoscopic Approach
0QW147Z	Revision of Autologous Tissue Substitute in Sacrum, Percutaneous Endoscopic Approach
0QW14JZ	Revision of Synthetic Substitute in Sacrum, Percutaneous Endoscopic Approach
0QW14KZ	Revision of Nonautologous Tissue Substitute in Sacrum, Percutaneous Endoscopic Approach
0QW204Z	Revision of Internal Fixation Device in Right Pelvic Bone, Open Approach
0QW205Z	Revision of External Fixation Device in Right Pelvic Bone, Open Approach
0QW207Z	Revision of Autologous Tissue Substitute in Right Pelvic Bone, Open Approach
0QW20JZ	Revision of Synthetic Substitute in Right Pelvic Bone, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW20KZ	Revision of Nonautologous Tissue Substitute in Right Pelvic Bone, Open Approach
0QW234Z	Revision of Internal Fixation Device in Right Pelvic Bone, Percutaneous Approach
0QW235Z	Revision of External Fixation Device in Right Pelvic Bone, Percutaneous Approach
0QW237Z	Revision of Autologous Tissue Substitute in Right Pelvic Bone, Percutaneous Approach
0QW23JZ	Revision of Synthetic Substitute in Right Pelvic Bone, Percutaneous Approach
0QW23KZ	Revision of Nonautologous Tissue Substitute in Right Pelvic Bone, Percutaneous Approach
0QW244Z	Revision of Internal Fixation Device in Right Pelvic Bone, Percutaneous Endoscopic Approach
0QW245Z	Revision of External Fixation Device in Right Pelvic Bone, Percutaneous Endoscopic Approach
0QW247Z	Revision of Autologous Tissue Substitute in Right Pelvic Bone, Percutaneous Endoscopic Approach
0QW24JZ	Revision of Synthetic Substitute in Right Pelvic Bone, Percutaneous Endoscopic Approach
0QW24KZ	Revision of Nonautologous Tissue Substitute in Right Pelvic Bone, Percutaneous Endoscopic Approach
0QW304Z	Revision of Internal Fixation Device in Left Pelvic Bone, Open Approach
0QW305Z	Revision of External Fixation Device in Left Pelvic Bone, Open Approach
0QW307Z	Revision of Autologous Tissue Substitute in Left Pelvic Bone, Open Approach
0QW30JZ	Revision of Synthetic Substitute in Left Pelvic Bone, Open Approach
0QW30KZ	Revision of Nonautologous Tissue Substitute in Left Pelvic Bone, Open Approach
0QW334Z	Revision of Internal Fixation Device in Left Pelvic Bone, Percutaneous Approach
0QW335Z	Revision of External Fixation Device in Left Pelvic Bone, Percutaneous Approach
0QW337Z	Revision of Autologous Tissue Substitute in Left Pelvic Bone, Percutaneous Approach
0QW33JZ	Revision of Synthetic Substitute in Left Pelvic Bone, Percutaneous Approach
0QW33KZ	Revision of Nonautologous Tissue Substitute in Left Pelvic Bone, Percutaneous Approach
0QW344Z	Revision of Internal Fixation Device in Left Pelvic Bone, Percutaneous Endoscopic Approach
0QW345Z	Revision of External Fixation Device in Left Pelvic Bone, Percutaneous Endoscopic Approach
0QW347Z	Revision of Autologous Tissue Substitute in Left Pelvic Bone, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW34JZ	Revision of Synthetic Substitute in Left Pelvic Bone, Percutaneous Endoscopic Approach
0QW34KZ	Revision of Nonautologous Tissue Substitute in Left Pelvic Bone, Percutaneous Endoscopic Approach
0QW404Z	Revision of Internal Fixation Device in Right Acetabulum, Open Approach
0QW407Z	Revision of Autologous Tissue Substitute in Right Acetabulum, Open Approach
0QW40JZ	Revision of Synthetic Substitute in Right Acetabulum, Open Approach
0QW40KZ	Revision of Nonautologous Tissue Substitute in Right Acetabulum, Open Approach
0QW434Z	Revision of Internal Fixation Device in Right Acetabulum, Percutaneous Approach
0QW437Z	Revision of Autologous Tissue Substitute in Right Acetabulum, Percutaneous Approach
0QW43JZ	Revision of Synthetic Substitute in Right Acetabulum, Percutaneous Approach
0QW43KZ	Revision of Nonautologous Tissue Substitute in Right Acetabulum, Percutaneous Approach
0QW444Z	Revision of Internal Fixation Device in Right Acetabulum, Percutaneous Endoscopic Approach
0QW447Z	Revision of Autologous Tissue Substitute in Right Acetabulum, Percutaneous Endoscopic Approach
0QW44JZ	Revision of Synthetic Substitute in Right Acetabulum, Percutaneous Endoscopic Approach
0QW44KZ	Revision of Nonautologous Tissue Substitute in Right Acetabulum, Percutaneous Endoscopic Approach
0QW504Z	Revision of Internal Fixation Device in Left Acetabulum, Open Approach
0QW507Z	Revision of Autologous Tissue Substitute in Left Acetabulum, Open Approach
0QW50JZ	Revision of Synthetic Substitute in Left Acetabulum, Open Approach
0QW50KZ	Revision of Nonautologous Tissue Substitute in Left Acetabulum, Open Approach
0QW534Z	Revision of Internal Fixation Device in Left Acetabulum, Percutaneous Approach
0QW537Z	Revision of Autologous Tissue Substitute in Left Acetabulum, Percutaneous Approach
0QW53JZ	Revision of Synthetic Substitute in Left Acetabulum, Percutaneous Approach
0QW53KZ	Revision of Nonautologous Tissue Substitute in Left Acetabulum, Percutaneous Approach
0QW544Z	Revision of Internal Fixation Device in Left Acetabulum, Percutaneous Endoscopic Approach
0QW547Z	Revision of Autologous Tissue Substitute in Left Acetabulum, Percutaneous Endoscopic Approach
0QW54JZ	Revision of Synthetic Substitute in Left Acetabulum, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW54KZ	Revision of Nonautologous Tissue Substitute in Left Acetabulum, Percutaneous Endoscopic Approach
0QW604Z	Revision of Internal Fixation Device in Right Upper Femur, Open Approach
0QW605Z	Revision of External Fixation Device in Right Upper Femur, Open Approach
0QW607Z	Revision of Autologous Tissue Substitute in Right Upper Femur, Open Approach
0QW60JZ	Revision of Synthetic Substitute in Right Upper Femur, Open Approach
0QW60KZ	Revision of Nonautologous Tissue Substitute in Right Upper Femur, Open Approach
0QW634Z	Revision of Internal Fixation Device in Right Upper Femur, Percutaneous Approach
0QW635Z	Revision of External Fixation Device in Right Upper Femur, Percutaneous Approach
0QW637Z	Revision of Autologous Tissue Substitute in Right Upper Femur, Percutaneous Approach
0QW63JZ	Revision of Synthetic Substitute in Right Upper Femur, Percutaneous Approach
0QW63KZ	Revision of Nonautologous Tissue Substitute in Right Upper Femur, Percutaneous Approach
0QW644Z	Revision of Internal Fixation Device in Right Upper Femur, Percutaneous Endoscopic Approach
0QW645Z	Revision of External Fixation Device in Right Upper Femur, Percutaneous Endoscopic Approach
0QW647Z	Revision of Autologous Tissue Substitute in Right Upper Femur, Percutaneous Endoscopic Approach
0QW64JZ	Revision of Synthetic Substitute in Right Upper Femur, Percutaneous Endoscopic Approach
0QW64KZ	Revision of Nonautologous Tissue Substitute in Right Upper Femur, Percutaneous Endoscopic Approach
0QW704Z	Revision of Internal Fixation Device in Left Upper Femur, Open Approach
0QW705Z	Revision of External Fixation Device in Left Upper Femur, Open Approach
0QW707Z	Revision of Autologous Tissue Substitute in Left Upper Femur, Open Approach
0QW70JZ	Revision of Synthetic Substitute in Left Upper Femur, Open Approach
0QW70KZ	Revision of Nonautologous Tissue Substitute in Left Upper Femur, Open Approach
0QW734Z	Revision of Internal Fixation Device in Left Upper Femur, Percutaneous Approach
0QW735Z	Revision of External Fixation Device in Left Upper Femur, Percutaneous Approach
0QW737Z	Revision of Autologous Tissue Substitute in Left Upper Femur, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW73JZ	Revision of Synthetic Substitute in Left Upper Femur, Percutaneous Approach
0QW73KZ	Revision of Nonautologous Tissue Substitute in Left Upper Femur, Percutaneous Approach
0QW744Z	Revision of Internal Fixation Device in Left Upper Femur, Percutaneous Endoscopic Approach
0QW745Z	Revision of External Fixation Device in Left Upper Femur, Percutaneous Endoscopic Approach
0QW747Z	Revision of Autologous Tissue Substitute in Left Upper Femur, Percutaneous Endoscopic Approach
0QW74JZ	Revision of Synthetic Substitute in Left Upper Femur, Percutaneous Endoscopic Approach
0QW74KZ	Revision of Nonautologous Tissue Substitute in Left Upper Femur, Percutaneous Endoscopic Approach
0QW804Z	Revision of Internal Fixation Device in Right Femoral Shaft, Open Approach
0QW805Z	Revision of External Fixation Device in Right Femoral Shaft, Open Approach
0QW807Z	Revision of Autologous Tissue Substitute in Right Femoral Shaft, Open Approach
0QW80JZ	Revision of Synthetic Substitute in Right Femoral Shaft, Open Approach
0QW80KZ	Revision of Nonautologous Tissue Substitute in Right Femoral Shaft, Open Approach
0QW834Z	Revision of Internal Fixation Device in Right Femoral Shaft, Percutaneous Approach
0QW835Z	Revision of External Fixation Device in Right Femoral Shaft, Percutaneous Approach
0QW837Z	Revision of Autologous Tissue Substitute in Right Femoral Shaft, Percutaneous Approach
0QW83JZ	Revision of Synthetic Substitute in Right Femoral Shaft, Percutaneous Approach
0QW83KZ	Revision of Nonautologous Tissue Substitute in Right Femoral Shaft, Percutaneous Approach
0QW844Z	Revision of Internal Fixation Device in Right Femoral Shaft, Percutaneous Endoscopic Approach
0QW845Z	Revision of External Fixation Device in Right Femoral Shaft, Percutaneous Endoscopic Approach
0QW847Z	Revision of Autologous Tissue Substitute in Right Femoral Shaft, Percutaneous Endoscopic Approach
0QW84JZ	Revision of Synthetic Substitute in Right Femoral Shaft, Percutaneous Endoscopic Approach
0QW84KZ	Revision of Nonautologous Tissue Substitute in Right Femoral Shaft, Percutaneous Endoscopic Approach
0QW904Z	Revision of Internal Fixation Device in Left Femoral Shaft, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QW905Z	Revision of External Fixation Device in Left Femoral Shaft, Open Approach
0QW907Z	Revision of Autologous Tissue Substitute in Left Femoral Shaft, Open Approach
0QW90JZ	Revision of Synthetic Substitute in Left Femoral Shaft, Open Approach
0QW90KZ	Revision of Nonautologous Tissue Substitute in Left Femoral Shaft, Open Approach
0QW934Z	Revision of Internal Fixation Device in Left Femoral Shaft, Percutaneous Approach
0QW935Z	Revision of External Fixation Device in Left Femoral Shaft, Percutaneous Approach
0QW937Z	Revision of Autologous Tissue Substitute in Left Femoral Shaft, Percutaneous Approach
0QW93JZ	Revision of Synthetic Substitute in Left Femoral Shaft, Percutaneous Approach
0QW93KZ	Revision of Nonautologous Tissue Substitute in Left Femoral Shaft, Percutaneous Approach
0QW944Z	Revision of Internal Fixation Device in Left Femoral Shaft, Percutaneous Endoscopic Approach
0QW945Z	Revision of External Fixation Device in Left Femoral Shaft, Percutaneous Endoscopic Approach
0QW947Z	Revision of Autologous Tissue Substitute in Left Femoral Shaft, Percutaneous Endoscopic Approach
0QW94JZ	Revision of Synthetic Substitute in Left Femoral Shaft, Percutaneous Endoscopic Approach
0QW94KZ	Revision of Nonautologous Tissue Substitute in Left Femoral Shaft, Percutaneous Endoscopic Approach
0QWB04Z	Revision of Internal Fixation Device in Right Lower Femur, Open Approach
0QWB05Z	Revision of External Fixation Device in Right Lower Femur, Open Approach
0QWB07Z	Revision of Autologous Tissue Substitute in Right Lower Femur, Open Approach
0QWB0JZ	Revision of Synthetic Substitute in Right Lower Femur, Open Approach
0QWB0KZ	Revision of Nonautologous Tissue Substitute in Right Lower Femur, Open Approach
0QWB34Z	Revision of Internal Fixation Device in Right Lower Femur, Percutaneous Approach
0QWB35Z	Revision of External Fixation Device in Right Lower Femur, Percutaneous Approach
0QWB37Z	Revision of Autologous Tissue Substitute in Right Lower Femur, Percutaneous Approach
0QWB3JZ	Revision of Synthetic Substitute in Right Lower Femur, Percutaneous Approach
0QWB3KZ	Revision of Nonautologous Tissue Substitute in Right Lower Femur, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWB44Z	Revision of Internal Fixation Device in Right Lower Femur, Percutaneous Endoscopic Approach
0QWB45Z	Revision of External Fixation Device in Right Lower Femur, Percutaneous Endoscopic Approach
0QWB47Z	Revision of Autologous Tissue Substitute in Right Lower Femur, Percutaneous Endoscopic Approach
0QWB4JZ	Revision of Synthetic Substitute in Right Lower Femur, Percutaneous Endoscopic Approach
0QWB4KZ	Revision of Nonautologous Tissue Substitute in Right Lower Femur, Percutaneous Endoscopic Approach
0QWC04Z	Revision of Internal Fixation Device in Left Lower Femur, Open Approach
0QWC05Z	Revision of External Fixation Device in Left Lower Femur, Open Approach
0QWC07Z	Revision of Autologous Tissue Substitute in Left Lower Femur, Open Approach
0QWC0JZ	Revision of Synthetic Substitute in Left Lower Femur, Open Approach
0QWC0KZ	Revision of Nonautologous Tissue Substitute in Left Lower Femur, Open Approach
0QWC34Z	Revision of Internal Fixation Device in Left Lower Femur, Percutaneous Approach
0QWC35Z	Revision of External Fixation Device in Left Lower Femur, Percutaneous Approach
0QWC37Z	Revision of Autologous Tissue Substitute in Left Lower Femur, Percutaneous Approach
0QWC3JZ	Revision of Synthetic Substitute in Left Lower Femur, Percutaneous Approach
0QWC3KZ	Revision of Nonautologous Tissue Substitute in Left Lower Femur, Percutaneous Approach
0QWC44Z	Revision of Internal Fixation Device in Left Lower Femur, Percutaneous Endoscopic Approach
0QWC45Z	Revision of External Fixation Device in Left Lower Femur, Percutaneous Endoscopic Approach
0QWC47Z	Revision of Autologous Tissue Substitute in Left Lower Femur, Percutaneous Endoscopic Approach
0QWC4JZ	Revision of Synthetic Substitute in Left Lower Femur, Percutaneous Endoscopic Approach
0QWC4KZ	Revision of Nonautologous Tissue Substitute in Left Lower Femur, Percutaneous Endoscopic Approach
0QWD04Z	Revision of Internal Fixation Device in Right Patella, Open Approach
0QWD05Z	Revision of External Fixation Device in Right Patella, Open Approach
0QWD07Z	Revision of Autologous Tissue Substitute in Right Patella, Open Approach
0QWD0JZ	Revision of Synthetic Substitute in Right Patella, Open Approach
0QWD0KZ	Revision of Nonautologous Tissue Substitute in Right Patella, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWD34Z	Revision of Internal Fixation Device in Right Patella, Percutaneous Approach
0QWD35Z	Revision of External Fixation Device in Right Patella, Percutaneous Approach
0QWD37Z	Revision of Autologous Tissue Substitute in Right Patella, Percutaneous Approach
0QWD3JZ	Revision of Synthetic Substitute in Right Patella, Percutaneous Approach
0QWD3KZ	Revision of Nonautologous Tissue Substitute in Right Patella, Percutaneous Approach
0QWD44Z	Revision of Internal Fixation Device in Right Patella, Percutaneous Endoscopic Approach
0QWD45Z	Revision of External Fixation Device in Right Patella, Percutaneous Endoscopic Approach
0QWD47Z	Revision of Autologous Tissue Substitute in Right Patella, Percutaneous Endoscopic Approach
0QWD4JZ	Revision of Synthetic Substitute in Right Patella, Percutaneous Endoscopic Approach
0QWD4KZ	Revision of Nonautologous Tissue Substitute in Right Patella, Percutaneous Endoscopic Approach
0QWF04Z	Revision of Internal Fixation Device in Left Patella, Open Approach
0QWF05Z	Revision of External Fixation Device in Left Patella, Open Approach
0QWF07Z	Revision of Autologous Tissue Substitute in Left Patella, Open Approach
0QWF0JZ	Revision of Synthetic Substitute in Left Patella, Open Approach
0QWF0KZ	Revision of Nonautologous Tissue Substitute in Left Patella, Open Approach
0QWF34Z	Revision of Internal Fixation Device in Left Patella, Percutaneous Approach
0QWF35Z	Revision of External Fixation Device in Left Patella, Percutaneous Approach
0QWF37Z	Revision of Autologous Tissue Substitute in Left Patella, Percutaneous Approach
0QWF3JZ	Revision of Synthetic Substitute in Left Patella, Percutaneous Approach
0QWF3KZ	Revision of Nonautologous Tissue Substitute in Left Patella, Percutaneous Approach
0QWF44Z	Revision of Internal Fixation Device in Left Patella, Percutaneous Endoscopic Approach
0QWF45Z	Revision of External Fixation Device in Left Patella, Percutaneous Endoscopic Approach
0QWF47Z	Revision of Autologous Tissue Substitute in Left Patella, Percutaneous Endoscopic Approach
0QWF4JZ	Revision of Synthetic Substitute in Left Patella, Percutaneous Endoscopic Approach
0QWF4KZ	Revision of Nonautologous Tissue Substitute in Left Patella, Percutaneous Endoscopic Approach
0QWG04Z	Revision of Internal Fixation Device in Right Tibia, Open Approach
0QWG05Z	Revision of External Fixation Device in Right Tibia, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWG07Z	Revision of Autologous Tissue Substitute in Right Tibia, Open Approach
0QWG0JZ	Revision of Synthetic Substitute in Right Tibia, Open Approach
0QWG0KZ	Revision of Nonautologous Tissue Substitute in Right Tibia, Open Approach
0QWG34Z	Revision of Internal Fixation Device in Right Tibia, Percutaneous Approach
0QWG35Z	Revision of External Fixation Device in Right Tibia, Percutaneous Approach
0QWG37Z	Revision of Autologous Tissue Substitute in Right Tibia, Percutaneous Approach
0QWG3JZ	Revision of Synthetic Substitute in Right Tibia, Percutaneous Approach
0QWG3KZ	Revision of Nonautologous Tissue Substitute in Right Tibia, Percutaneous Approach
0QWG44Z	Revision of Internal Fixation Device in Right Tibia, Percutaneous Endoscopic Approach
0QWG45Z	Revision of External Fixation Device in Right Tibia, Percutaneous Endoscopic Approach
0QWG47Z	Revision of Autologous Tissue Substitute in Right Tibia, Percutaneous Endoscopic Approach
0QWG4JZ	Revision of Synthetic Substitute in Right Tibia, Percutaneous Endoscopic Approach
0QWG4KZ	Revision of Nonautologous Tissue Substitute in Right Tibia, Percutaneous Endoscopic Approach
0QWH04Z	Revision of Internal Fixation Device in Left Tibia, Open Approach
0QWH05Z	Revision of External Fixation Device in Left Tibia, Open Approach
0QWH07Z	Revision of Autologous Tissue Substitute in Left Tibia, Open Approach
0QWH0JZ	Revision of Synthetic Substitute in Left Tibia, Open Approach
0QWH0KZ	Revision of Nonautologous Tissue Substitute in Left Tibia, Open Approach
0QWH34Z	Revision of Internal Fixation Device in Left Tibia, Percutaneous Approach
0QWH35Z	Revision of External Fixation Device in Left Tibia, Percutaneous Approach
0QWH37Z	Revision of Autologous Tissue Substitute in Left Tibia, Percutaneous Approach
0QWH3JZ	Revision of Synthetic Substitute in Left Tibia, Percutaneous Approach
0QWH3KZ	Revision of Nonautologous Tissue Substitute in Left Tibia, Percutaneous Approach
0QWH44Z	Revision of Internal Fixation Device in Left Tibia, Percutaneous Endoscopic Approach
0QWH45Z	Revision of External Fixation Device in Left Tibia, Percutaneous Endoscopic Approach
0QWH47Z	Revision of Autologous Tissue Substitute in Left Tibia, Percutaneous Endoscopic Approach
0QWH4JZ	Revision of Synthetic Substitute in Left Tibia, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWH4KZ	Revision of Nonautologous Tissue Substitute in Left Tibia, Percutaneous Endoscopic Approach
0QWJ04Z	Revision of Internal Fixation Device in Right Fibula, Open Approach
0QWJ05Z	Revision of External Fixation Device in Right Fibula, Open Approach
0QWJ07Z	Revision of Autologous Tissue Substitute in Right Fibula, Open Approach
0QWJ0JZ	Revision of Synthetic Substitute in Right Fibula, Open Approach
0QWJ0KZ	Revision of Nonautologous Tissue Substitute in Right Fibula, Open Approach
0QWJ34Z	Revision of Internal Fixation Device in Right Fibula, Percutaneous Approach
0QWJ35Z	Revision of External Fixation Device in Right Fibula, Percutaneous Approach
0QWJ37Z	Revision of Autologous Tissue Substitute in Right Fibula, Percutaneous Approach
0QWJ3JZ	Revision of Synthetic Substitute in Right Fibula, Percutaneous Approach
0QWJ3KZ	Revision of Nonautologous Tissue Substitute in Right Fibula, Percutaneous Approach
0QWJ44Z	Revision of Internal Fixation Device in Right Fibula, Percutaneous Endoscopic Approach
0QWJ45Z	Revision of External Fixation Device in Right Fibula, Percutaneous Endoscopic Approach
0QWJ47Z	Revision of Autologous Tissue Substitute in Right Fibula, Percutaneous Endoscopic Approach
0QWJ4JZ	Revision of Synthetic Substitute in Right Fibula, Percutaneous Endoscopic Approach
0QWJ4KZ	Revision of Nonautologous Tissue Substitute in Right Fibula, Percutaneous Endoscopic Approach
0QWK04Z	Revision of Internal Fixation Device in Left Fibula, Open Approach
0QWK05Z	Revision of External Fixation Device in Left Fibula, Open Approach
0QWK07Z	Revision of Autologous Tissue Substitute in Left Fibula, Open Approach
0QWK0JZ	Revision of Synthetic Substitute in Left Fibula, Open Approach
0QWK0KZ	Revision of Nonautologous Tissue Substitute in Left Fibula, Open Approach
0QWK34Z	Revision of Internal Fixation Device in Left Fibula, Percutaneous Approach
0QWK35Z	Revision of External Fixation Device in Left Fibula, Percutaneous Approach
0QWK37Z	Revision of Autologous Tissue Substitute in Left Fibula, Percutaneous Approach
0QWK3JZ	Revision of Synthetic Substitute in Left Fibula, Percutaneous Approach
0QWK3KZ	Revision of Nonautologous Tissue Substitute in Left Fibula, Percutaneous Approach
0QWK44Z	Revision of Internal Fixation Device in Left Fibula, Percutaneous Endoscopic Approach
0QWK45Z	Revision of External Fixation Device in Left Fibula, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWK47Z	Revision of Autologous Tissue Substitute in Left Fibula, Percutaneous Endoscopic Approach
0QWK4JZ	Revision of Synthetic Substitute in Left Fibula, Percutaneous Endoscopic Approach
0QWK4KZ	Revision of Nonautologous Tissue Substitute in Left Fibula, Percutaneous Endoscopic Approach
0QWL04Z	Revision of Internal Fixation Device in Right Tarsal, Open Approach
0QWL05Z	Revision of External Fixation Device in Right Tarsal, Open Approach
0QWL07Z	Revision of Autologous Tissue Substitute in Right Tarsal, Open Approach
0QWL0JZ	Revision of Synthetic Substitute in Right Tarsal, Open Approach
0QWL0KZ	Revision of Nonautologous Tissue Substitute in Right Tarsal, Open Approach
0QWL34Z	Revision of Internal Fixation Device in Right Tarsal, Percutaneous Approach
0QWL35Z	Revision of External Fixation Device in Right Tarsal, Percutaneous Approach
0QWL37Z	Revision of Autologous Tissue Substitute in Right Tarsal, Percutaneous Approach
0QWL3JZ	Revision of Synthetic Substitute in Right Tarsal, Percutaneous Approach
0QWL3KZ	Revision of Nonautologous Tissue Substitute in Right Tarsal, Percutaneous Approach
0QWL44Z	Revision of Internal Fixation Device in Right Tarsal, Percutaneous Endoscopic Approach
0QWL45Z	Revision of External Fixation Device in Right Tarsal, Percutaneous Endoscopic Approach
0QWL47Z	Revision of Autologous Tissue Substitute in Right Tarsal, Percutaneous Endoscopic Approach
0QWL4JZ	Revision of Synthetic Substitute in Right Tarsal, Percutaneous Endoscopic Approach
0QWL4KZ	Revision of Nonautologous Tissue Substitute in Right Tarsal, Percutaneous Endoscopic Approach
0QWM04Z	Revision of Internal Fixation Device in Left Tarsal, Open Approach
0QWM05Z	Revision of External Fixation Device in Left Tarsal, Open Approach
0QWM07Z	Revision of Autologous Tissue Substitute in Left Tarsal, Open Approach
0QWM0JZ	Revision of Synthetic Substitute in Left Tarsal, Open Approach
0QWM0KZ	Revision of Nonautologous Tissue Substitute in Left Tarsal, Open Approach
0QWM34Z	Revision of Internal Fixation Device in Left Tarsal, Percutaneous Approach
0QWM35Z	Revision of External Fixation Device in Left Tarsal, Percutaneous Approach
0QWM37Z	Revision of Autologous Tissue Substitute in Left Tarsal, Percutaneous Approach
0QWM3JZ	Revision of Synthetic Substitute in Left Tarsal, Percutaneous Approach
0QWM3KZ	Revision of Nonautologous Tissue Substitute in Left Tarsal, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWM44Z	Revision of Internal Fixation Device in Left Tarsal, Percutaneous Endoscopic Approach
0QWM45Z	Revision of External Fixation Device in Left Tarsal, Percutaneous Endoscopic Approach
0QWM47Z	Revision of Autologous Tissue Substitute in Left Tarsal, Percutaneous Endoscopic Approach
0QWM4JZ	Revision of Synthetic Substitute in Left Tarsal, Percutaneous Endoscopic Approach
0QWM4KZ	Revision of Nonautologous Tissue Substitute in Left Tarsal, Percutaneous Endoscopic Approach
0QWN04Z	Revision of Internal Fixation Device in Right Metatarsal, Open Approach
0QWN05Z	Revision of External Fixation Device in Right Metatarsal, Open Approach
0QWN07Z	Revision of Autologous Tissue Substitute in Right Metatarsal, Open Approach
0QWN0JZ	Revision of Synthetic Substitute in Right Metatarsal, Open Approach
0QWN0KZ	Revision of Nonautologous Tissue Substitute in Right Metatarsal, Open Approach
0QWN34Z	Revision of Internal Fixation Device in Right Metatarsal, Percutaneous Approach
0QWN35Z	Revision of External Fixation Device in Right Metatarsal, Percutaneous Approach
0QWN37Z	Revision of Autologous Tissue Substitute in Right Metatarsal, Percutaneous Approach
0QWN3JZ	Revision of Synthetic Substitute in Right Metatarsal, Percutaneous Approach
0QWN3KZ	Revision of Nonautologous Tissue Substitute in Right Metatarsal, Percutaneous Approach
0QWN44Z	Revision of Internal Fixation Device in Right Metatarsal, Percutaneous Endoscopic Approach
0QWN45Z	Revision of External Fixation Device in Right Metatarsal, Percutaneous Endoscopic Approach
0QWN47Z	Revision of Autologous Tissue Substitute in Right Metatarsal, Percutaneous Endoscopic Approach
0QWN4JZ	Revision of Synthetic Substitute in Right Metatarsal, Percutaneous Endoscopic Approach
0QWN4KZ	Revision of Nonautologous Tissue Substitute in Right Metatarsal, Percutaneous Endoscopic Approach
0QWP04Z	Revision of Internal Fixation Device in Left Metatarsal, Open Approach
0QWP05Z	Revision of External Fixation Device in Left Metatarsal, Open Approach
0QWP07Z	Revision of Autologous Tissue Substitute in Left Metatarsal, Open Approach
0QWP0JZ	Revision of Synthetic Substitute in Left Metatarsal, Open Approach
0QWP0KZ	Revision of Nonautologous Tissue Substitute in Left Metatarsal, Open Approach
0QWP34Z	Revision of Internal Fixation Device in Left Metatarsal, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWP35Z	Revision of External Fixation Device in Left Metatarsal, Percutaneous Approach
0QWP37Z	Revision of Autologous Tissue Substitute in Left Metatarsal, Percutaneous Approach
0QWP3JZ	Revision of Synthetic Substitute in Left Metatarsal, Percutaneous Approach
0QWP3KZ	Revision of Nonautologous Tissue Substitute in Left Metatarsal, Percutaneous Approach
0QWP44Z	Revision of Internal Fixation Device in Left Metatarsal, Percutaneous Endoscopic Approach
0QWP45Z	Revision of External Fixation Device in Left Metatarsal, Percutaneous Endoscopic Approach
0QWP47Z	Revision of Autologous Tissue Substitute in Left Metatarsal, Percutaneous Endoscopic Approach
0QWP4JZ	Revision of Synthetic Substitute in Left Metatarsal, Percutaneous Endoscopic Approach
0QWP4KZ	Revision of Nonautologous Tissue Substitute in Left Metatarsal, Percutaneous Endoscopic Approach
0QWQ04Z	Revision of Internal Fixation Device in Right Toe Phalanx, Open Approach
0QWQ05Z	Revision of External Fixation Device in Right Toe Phalanx, Open Approach
0QWQ07Z	Revision of Autologous Tissue Substitute in Right Toe Phalanx, Open Approach
0QWQ0JZ	Revision of Synthetic Substitute in Right Toe Phalanx, Open Approach
0QWQ0KZ	Revision of Nonautologous Tissue Substitute in Right Toe Phalanx, Open Approach
0QWQ34Z	Revision of Internal Fixation Device in Right Toe Phalanx, Percutaneous Approach
0QWQ35Z	Revision of External Fixation Device in Right Toe Phalanx, Percutaneous Approach
0QWQ37Z	Revision of Autologous Tissue Substitute in Right Toe Phalanx, Percutaneous Approach
0QWQ3JZ	Revision of Synthetic Substitute in Right Toe Phalanx, Percutaneous Approach
0QWQ3KZ	Revision of Nonautologous Tissue Substitute in Right Toe Phalanx, Percutaneous Approach
0QWQ44Z	Revision of Internal Fixation Device in Right Toe Phalanx, Percutaneous Endoscopic Approach
0QWQ45Z	Revision of External Fixation Device in Right Toe Phalanx, Percutaneous Endoscopic Approach
0QWQ47Z	Revision of Autologous Tissue Substitute in Right Toe Phalanx, Percutaneous Endoscopic Approach
0QWQ4JZ	Revision of Synthetic Substitute in Right Toe Phalanx, Percutaneous Endoscopic Approach
0QWQ4KZ	Revision of Nonautologous Tissue Substitute in Right Toe Phalanx, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWR04Z	Revision of Internal Fixation Device in Left Toe Phalanx, Open Approach
0QWR05Z	Revision of External Fixation Device in Left Toe Phalanx, Open Approach
0QWR07Z	Revision of Autologous Tissue Substitute in Left Toe Phalanx, Open Approach
0QWR0JZ	Revision of Synthetic Substitute in Left Toe Phalanx, Open Approach
0QWR0KZ	Revision of Nonautologous Tissue Substitute in Left Toe Phalanx, Open Approach
0QWR34Z	Revision of Internal Fixation Device in Left Toe Phalanx, Percutaneous Approach
0QWR35Z	Revision of External Fixation Device in Left Toe Phalanx, Percutaneous Approach
0QWR37Z	Revision of Autologous Tissue Substitute in Left Toe Phalanx, Percutaneous Approach
0QWR3JZ	Revision of Synthetic Substitute in Left Toe Phalanx, Percutaneous Approach
0QWR3KZ	Revision of Nonautologous Tissue Substitute in Left Toe Phalanx, Percutaneous Approach
0QWR44Z	Revision of Internal Fixation Device in Left Toe Phalanx, Percutaneous Endoscopic Approach
0QWR45Z	Revision of External Fixation Device in Left Toe Phalanx, Percutaneous Endoscopic Approach
0QWR47Z	Revision of Autologous Tissue Substitute in Left Toe Phalanx, Percutaneous Endoscopic Approach
0QWR4JZ	Revision of Synthetic Substitute in Left Toe Phalanx, Percutaneous Endoscopic Approach
0QWR4KZ	Revision of Nonautologous Tissue Substitute in Left Toe Phalanx, Percutaneous Endoscopic Approach
0QWS04Z	Revision of Internal Fixation Device in Coccyx, Open Approach
0QWS07Z	Revision of Autologous Tissue Substitute in Coccyx, Open Approach
0QWS0JZ	Revision of Synthetic Substitute in Coccyx, Open Approach
0QWS0KZ	Revision of Nonautologous Tissue Substitute in Coccyx, Open Approach
0QWS34Z	Revision of Internal Fixation Device in Coccyx, Percutaneous Approach
0QWS37Z	Revision of Autologous Tissue Substitute in Coccyx, Percutaneous Approach
0QWS3JZ	Revision of Synthetic Substitute in Coccyx, Percutaneous Approach
0QWS3KZ	Revision of Nonautologous Tissue Substitute in Coccyx, Percutaneous Approach
0QWS44Z	Revision of Internal Fixation Device in Coccyx, Percutaneous Endoscopic Approach
0QWS47Z	Revision of Autologous Tissue Substitute in Coccyx, Percutaneous Endoscopic Approach
0QWS4JZ	Revision of Synthetic Substitute in Coccyx, Percutaneous Endoscopic Approach
0QWS4KZ	Revision of Nonautologous Tissue Substitute in Coccyx, Percutaneous Endoscopic Approach
0QWY00Z	Revision of Drainage Device in Lower Bone, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0QWY0MZ	Revision of Bone Growth Stimulator in Lower Bone, Open Approach
0QWY30Z	Revision of Drainage Device in Lower Bone, Percutaneous Approach
0QWY3MZ	Revision of Bone Growth Stimulator in Lower Bone, Percutaneous Approach
0QWY40Z	Revision of Drainage Device in Lower Bone, Percutaneous Endoscopic Approach
0QWY4MZ	Revision of Bone Growth Stimulator in Lower Bone, Percutaneous Endoscopic Approach
0R500ZZ	Destruction of Occipital-cervical Joint, Open Approach
0R503ZZ	Destruction of Occipital-cervical Joint, Percutaneous Approach
0R504ZZ	Destruction of Occipital-cervical Joint, Percutaneous Endoscopic Approach
0R510ZZ	Destruction of Cervical Vertebral Joint, Open Approach
0R513ZZ	Destruction of Cervical Vertebral Joint, Percutaneous Approach
0R514ZZ	Destruction of Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0R533ZZ	Destruction of Cervical Vertebral Disc, Percutaneous Approach
0R534ZZ	Destruction of Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0R540ZZ	Destruction of Cervicothoracic Vertebral Joint, Open Approach
0R543ZZ	Destruction of Cervicothoracic Vertebral Joint, Percutaneous Approach
0R544ZZ	Destruction of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0R550ZZ	Destruction of Cervicothoracic Vertebral Disc, Open Approach
0R553ZZ	Destruction of Cervicothoracic Vertebral Disc, Percutaneous Approach
0R554ZZ	Destruction of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0R560ZZ	Destruction of Thoracic Vertebral Joint, Open Approach
0R563ZZ	Destruction of Thoracic Vertebral Joint, Percutaneous Approach
0R564ZZ	Destruction of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0R590ZZ	Destruction of Thoracic Vertebral Disc, Open Approach
0R593ZZ	Destruction of Thoracic Vertebral Disc, Percutaneous Approach
0R594ZZ	Destruction of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0R5A0ZZ	Destruction of Thoracolumbar Vertebral Joint, Open Approach
0R5A3ZZ	Destruction of Thoracolumbar Vertebral Joint, Percutaneous Approach
0R5A4ZZ	Destruction of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0R5B0ZZ	Destruction of Thoracolumbar Vertebral Disc, Open Approach
0R5B3ZZ	Destruction of Thoracolumbar Vertebral Disc, Percutaneous Approach
0R5B4ZZ	Destruction of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0R5C0ZZ	Destruction of Right Temporomandibular Joint, Open Approach
0R5C3ZZ	Destruction of Right Temporomandibular Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R5C4ZZ	Destruction of Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0R5D0ZZ	Destruction of Left Temporomandibular Joint, Open Approach
0R5D3ZZ	Destruction of Left Temporomandibular Joint, Percutaneous Approach
0R5D4ZZ	Destruction of Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0R5E0ZZ	Destruction of Right Sternoclavicular Joint, Open Approach
0R5E3ZZ	Destruction of Right Sternoclavicular Joint, Percutaneous Approach
0R5E4ZZ	Destruction of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0R5F0ZZ	Destruction of Left Sternoclavicular Joint, Open Approach
0R5F3ZZ	Destruction of Left Sternoclavicular Joint, Percutaneous Approach
0R5F4ZZ	Destruction of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0R5G0ZZ	Destruction of Right Acromioclavicular Joint, Open Approach
0R5G3ZZ	Destruction of Right Acromioclavicular Joint, Percutaneous Approach
0R5G4ZZ	Destruction of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0R5H0ZZ	Destruction of Left Acromioclavicular Joint, Open Approach
0R5H3ZZ	Destruction of Left Acromioclavicular Joint, Percutaneous Approach
0R5H4ZZ	Destruction of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0R5J0ZZ	Destruction of Right Shoulder Joint, Open Approach
0R5J3ZZ	Destruction of Right Shoulder Joint, Percutaneous Approach
0R5J4ZZ	Destruction of Right Shoulder Joint, Percutaneous Endoscopic Approach
0R5K0ZZ	Destruction of Left Shoulder Joint, Open Approach
0R5K3ZZ	Destruction of Left Shoulder Joint, Percutaneous Approach
0R5K4ZZ	Destruction of Left Shoulder Joint, Percutaneous Endoscopic Approach
0R5L0ZZ	Destruction of Right Elbow Joint, Open Approach
0R5L3ZZ	Destruction of Right Elbow Joint, Percutaneous Approach
0R5L4ZZ	Destruction of Right Elbow Joint, Percutaneous Endoscopic Approach
0R5M0ZZ	Destruction of Left Elbow Joint, Open Approach
0R5M3ZZ	Destruction of Left Elbow Joint, Percutaneous Approach
0R5M4ZZ	Destruction of Left Elbow Joint, Percutaneous Endoscopic Approach
0R5N0ZZ	Destruction of Right Wrist Joint, Open Approach
0R5N3ZZ	Destruction of Right Wrist Joint, Percutaneous Approach
0R5N4ZZ	Destruction of Right Wrist Joint, Percutaneous Endoscopic Approach
0R5P0ZZ	Destruction of Left Wrist Joint, Open Approach
0R5P3ZZ	Destruction of Left Wrist Joint, Percutaneous Approach
0R5P4ZZ	Destruction of Left Wrist Joint, Percutaneous Endoscopic Approach
0R5Q0ZZ	Destruction of Right Carpal Joint, Open Approach
0R5Q3ZZ	Destruction of Right Carpal Joint, Percutaneous Approach
0R5Q4ZZ	Destruction of Right Carpal Joint, Percutaneous Endoscopic Approach
0R5R0ZZ	Destruction of Left Carpal Joint, Open Approach
0R5R3ZZ	Destruction of Left Carpal Joint, Percutaneous Approach
0R5R4ZZ	Destruction of Left Carpal Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R5S0ZZ	Destruction of Right Metacarpocarpal Joint, Open Approach
0R5S3ZZ	Destruction of Right Metacarpocarpal Joint, Percutaneous Approach
0R5S4ZZ	Destruction of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0R5T0ZZ	Destruction of Left Metacarpocarpal Joint, Open Approach
0R5T3ZZ	Destruction of Left Metacarpocarpal Joint, Percutaneous Approach
0R5T4ZZ	Destruction of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0R5U0ZZ	Destruction of Right Metacarpophalangeal Joint, Open Approach
0R5U3ZZ	Destruction of Right Metacarpophalangeal Joint, Percutaneous Approach
0R5U4ZZ	Destruction of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0R5V0ZZ	Destruction of Left Metacarpophalangeal Joint, Open Approach
0R5V3ZZ	Destruction of Left Metacarpophalangeal Joint, Percutaneous Approach
0R5V4ZZ	Destruction of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0R5W0ZZ	Destruction of Right Finger Phalangeal Joint, Open Approach
0R5W3ZZ	Destruction of Right Finger Phalangeal Joint, Percutaneous Approach
0R5W4ZZ	Destruction of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0R5X0ZZ	Destruction of Left Finger Phalangeal Joint, Open Approach
0R5X3ZZ	Destruction of Left Finger Phalangeal Joint, Percutaneous Approach
0R5X4ZZ	Destruction of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0R9000Z	Drainage of Occipital-cervical Joint with Drainage Device, Open Approach
0R900ZX	Drainage of Occipital-cervical Joint, Open Approach, Diagnostic
0R900ZZ	Drainage of Occipital-cervical Joint, Open Approach
0R9030Z	Drainage of Occipital-cervical Joint with Drainage Device, Percutaneous Approach
0R903ZX	Drainage of Occipital-cervical Joint, Percutaneous Approach, Diagnostic
0R903ZZ	Drainage of Occipital-cervical Joint, Percutaneous Approach
0R9040Z	Drainage of Occipital-cervical Joint with Drainage Device, Percutaneous Endoscopic Approach
0R904ZX	Drainage of Occipital-cervical Joint, Percutaneous Endoscopic Approach, Diagnostic
0R904ZZ	Drainage of Occipital-cervical Joint, Percutaneous Endoscopic Approach
0R9100Z	Drainage of Cervical Vertebral Joint with Drainage Device, Open Approach
0R910ZX	Drainage of Cervical Vertebral Joint, Open Approach, Diagnostic
0R910ZZ	Drainage of Cervical Vertebral Joint, Open Approach
0R9130Z	Drainage of Cervical Vertebral Joint with Drainage Device, Percutaneous Approach
0R913ZX	Drainage of Cervical Vertebral Joint, Percutaneous Approach, Diagnostic
0R913ZZ	Drainage of Cervical Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9140Z	Drainage of Cervical Vertebral Joint with Drainage Device, Percutaneous Endoscopic Approach
0R914ZX	Drainage of Cervical Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0R914ZZ	Drainage of Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0R9300Z	Drainage of Cervical Vertebral Disc with Drainage Device, Open Approach
0R930ZX	Drainage of Cervical Vertebral Disc, Open Approach, Diagnostic
0R930ZZ	Drainage of Cervical Vertebral Disc, Open Approach
0R9330Z	Drainage of Cervical Vertebral Disc with Drainage Device, Percutaneous Approach
0R933ZX	Drainage of Cervical Vertebral Disc, Percutaneous Approach, Diagnostic
0R933ZZ	Drainage of Cervical Vertebral Disc, Percutaneous Approach
0R9340Z	Drainage of Cervical Vertebral Disc with Drainage Device, Percutaneous Endoscopic Approach
0R934ZX	Drainage of Cervical Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0R934ZZ	Drainage of Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0R9400Z	Drainage of Cervicothoracic Vertebral Joint with Drainage Device, Open Approach
0R940ZX	Drainage of Cervicothoracic Vertebral Joint, Open Approach, Diagnostic
0R940ZZ	Drainage of Cervicothoracic Vertebral Joint, Open Approach
0R9430Z	Drainage of Cervicothoracic Vertebral Joint with Drainage Device, Percutaneous Approach
0R943ZX	Drainage of Cervicothoracic Vertebral Joint, Percutaneous Approach, Diagnostic
0R943ZZ	Drainage of Cervicothoracic Vertebral Joint, Percutaneous Approach
0R9440Z	Drainage of Cervicothoracic Vertebral Joint with Drainage Device, Percutaneous Endoscopic Approach
0R944ZX	Drainage of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0R944ZZ	Drainage of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0R9500Z	Drainage of Cervicothoracic Vertebral Disc with Drainage Device, Open Approach
0R950ZX	Drainage of Cervicothoracic Vertebral Disc, Open Approach, Diagnostic
0R950ZZ	Drainage of Cervicothoracic Vertebral Disc, Open Approach
0R9530Z	Drainage of Cervicothoracic Vertebral Disc with Drainage Device, Percutaneous Approach
0R953ZX	Drainage of Cervicothoracic Vertebral Disc, Percutaneous Approach, Diagnostic
0R953ZZ	Drainage of Cervicothoracic Vertebral Disc, Percutaneous Approach
0R9540Z	Drainage of Cervicothoracic Vertebral Disc with Drainage Device, Percutaneous Endoscopic Approach
0R954ZX	Drainage of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R954ZZ	Drainage of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0R9600Z	Drainage of Thoracic Vertebral Joint with Drainage Device, Open Approach
0R960ZX	Drainage of Thoracic Vertebral Joint, Open Approach, Diagnostic
0R960ZZ	Drainage of Thoracic Vertebral Joint, Open Approach
0R9630Z	Drainage of Thoracic Vertebral Joint with Drainage Device, Percutaneous Approach
0R963ZX	Drainage of Thoracic Vertebral Joint, Percutaneous Approach, Diagnostic
0R963ZZ	Drainage of Thoracic Vertebral Joint, Percutaneous Approach
0R9640Z	Drainage of Thoracic Vertebral Joint with Drainage Device, Percutaneous Endoscopic Approach
0R964ZX	Drainage of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0R964ZZ	Drainage of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0R9900Z	Drainage of Thoracic Vertebral Disc with Drainage Device, Open Approach
0R990ZX	Drainage of Thoracic Vertebral Disc, Open Approach, Diagnostic
0R990ZZ	Drainage of Thoracic Vertebral Disc, Open Approach
0R9930Z	Drainage of Thoracic Vertebral Disc with Drainage Device, Percutaneous Approach
0R993ZX	Drainage of Thoracic Vertebral Disc, Percutaneous Approach, Diagnostic
0R993ZZ	Drainage of Thoracic Vertebral Disc, Percutaneous Approach
0R9940Z	Drainage of Thoracic Vertebral Disc with Drainage Device, Percutaneous Endoscopic Approach
0R994ZX	Drainage of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0R994ZZ	Drainage of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0R9A00Z	Drainage of Thoracolumbar Vertebral Joint with Drainage Device, Open Approach
0R9A0ZX	Drainage of Thoracolumbar Vertebral Joint, Open Approach, Diagnostic
0R9A0ZZ	Drainage of Thoracolumbar Vertebral Joint, Open Approach
0R9A30Z	Drainage of Thoracolumbar Vertebral Joint with Drainage Device, Percutaneous Approach
0R9A3ZX	Drainage of Thoracolumbar Vertebral Joint, Percutaneous Approach, Diagnostic
0R9A3ZZ	Drainage of Thoracolumbar Vertebral Joint, Percutaneous Approach
0R9A40Z	Drainage of Thoracolumbar Vertebral Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9A4ZX	Drainage of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9A4ZZ	Drainage of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9B00Z	Drainage of Thoracolumbar Vertebral Disc with Drainage Device, Open Approach
0R9B0ZX	Drainage of Thoracolumbar Vertebral Disc, Open Approach, Diagnostic
0R9B0ZZ	Drainage of Thoracolumbar Vertebral Disc, Open Approach
0R9B30Z	Drainage of Thoracolumbar Vertebral Disc with Drainage Device, Percutaneous Approach
0R9B3ZX	Drainage of Thoracolumbar Vertebral Disc, Percutaneous Approach, Diagnostic
0R9B3ZZ	Drainage of Thoracolumbar Vertebral Disc, Percutaneous Approach
0R9B40Z	Drainage of Thoracolumbar Vertebral Disc with Drainage Device, Percutaneous Endoscopic Approach
0R9B4ZX	Drainage of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0R9B4ZZ	Drainage of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0R9C00Z	Drainage of Right Temporomandibular Joint with Drainage Device, Open Approach
0R9C0ZZ	Drainage of Right Temporomandibular Joint, Open Approach
0R9C30Z	Drainage of Right Temporomandibular Joint with Drainage Device, Percutaneous Approach
0R9C3ZX	Drainage of Right Temporomandibular Joint, Percutaneous Approach, Diagnostic
0R9C3ZZ	Drainage of Right Temporomandibular Joint, Percutaneous Approach
0R9C40Z	Drainage of Right Temporomandibular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9C4ZZ	Drainage of Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0R9D00Z	Drainage of Left Temporomandibular Joint with Drainage Device, Open Approach
0R9D0ZZ	Drainage of Left Temporomandibular Joint, Open Approach
0R9D30Z	Drainage of Left Temporomandibular Joint with Drainage Device, Percutaneous Approach
0R9D3ZX	Drainage of Left Temporomandibular Joint, Percutaneous Approach, Diagnostic
0R9D3ZZ	Drainage of Left Temporomandibular Joint, Percutaneous Approach
0R9D40Z	Drainage of Left Temporomandibular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9D4ZZ	Drainage of Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0R9E0ZX	Drainage of Right Sternoclavicular Joint, Open Approach, Diagnostic
0R9E30Z	Drainage of Right Sternoclavicular Joint with Drainage Device, Percutaneous Approach
0R9E3ZX	Drainage of Right Sternoclavicular Joint, Percutaneous Approach, Diagnostic
0R9E3ZZ	Drainage of Right Sternoclavicular Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9E40Z	Drainage of Right Sternoclavicular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9E4ZX	Drainage of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9E4ZZ	Drainage of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0R9F0ZX	Drainage of Left Sternoclavicular Joint, Open Approach, Diagnostic
0R9F30Z	Drainage of Left Sternoclavicular Joint with Drainage Device, Percutaneous Approach
0R9F3ZX	Drainage of Left Sternoclavicular Joint, Percutaneous Approach, Diagnostic
0R9F3ZZ	Drainage of Left Sternoclavicular Joint, Percutaneous Approach
0R9F40Z	Drainage of Left Sternoclavicular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9F4ZX	Drainage of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9F4ZZ	Drainage of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0R9G00Z	Drainage of Right Acromioclavicular Joint with Drainage Device, Open Approach
0R9G0ZX	Drainage of Right Acromioclavicular Joint, Open Approach, Diagnostic
0R9G0ZZ	Drainage of Right Acromioclavicular Joint, Open Approach
0R9G30Z	Drainage of Right Acromioclavicular Joint with Drainage Device, Percutaneous Approach
0R9G3ZX	Drainage of Right Acromioclavicular Joint, Percutaneous Approach, Diagnostic
0R9G3ZZ	Drainage of Right Acromioclavicular Joint, Percutaneous Approach
0R9G40Z	Drainage of Right Acromioclavicular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9G4ZX	Drainage of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9G4ZZ	Drainage of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0R9H00Z	Drainage of Left Acromioclavicular Joint with Drainage Device, Open Approach
0R9H0ZX	Drainage of Left Acromioclavicular Joint, Open Approach, Diagnostic
0R9H0ZZ	Drainage of Left Acromioclavicular Joint, Open Approach
0R9H30Z	Drainage of Left Acromioclavicular Joint with Drainage Device, Percutaneous Approach
0R9H3ZX	Drainage of Left Acromioclavicular Joint, Percutaneous Approach, Diagnostic
0R9H3ZZ	Drainage of Left Acromioclavicular Joint, Percutaneous Approach
0R9H40Z	Drainage of Left Acromioclavicular Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9H4ZX	Drainage of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9H4ZZ	Drainage of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0R9J00Z	Drainage of Right Shoulder Joint with Drainage Device, Open Approach
0R9J0ZX	Drainage of Right Shoulder Joint, Open Approach, Diagnostic
0R9J0ZZ	Drainage of Right Shoulder Joint, Open Approach
0R9J30Z	Drainage of Right Shoulder Joint with Drainage Device, Percutaneous Approach
0R9J3ZX	Drainage of Right Shoulder Joint, Percutaneous Approach, Diagnostic
0R9J3ZZ	Drainage of Right Shoulder Joint, Percutaneous Approach
0R9J40Z	Drainage of Right Shoulder Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9J4ZX	Drainage of Right Shoulder Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9J4ZZ	Drainage of Right Shoulder Joint, Percutaneous Endoscopic Approach
0R9K00Z	Drainage of Left Shoulder Joint with Drainage Device, Open Approach
0R9K0ZX	Drainage of Left Shoulder Joint, Open Approach, Diagnostic
0R9K0ZZ	Drainage of Left Shoulder Joint, Open Approach
0R9K30Z	Drainage of Left Shoulder Joint with Drainage Device, Percutaneous Approach
0R9K3ZX	Drainage of Left Shoulder Joint, Percutaneous Approach, Diagnostic
0R9K3ZZ	Drainage of Left Shoulder Joint, Percutaneous Approach
0R9K40Z	Drainage of Left Shoulder Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9K4ZX	Drainage of Left Shoulder Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9K4ZZ	Drainage of Left Shoulder Joint, Percutaneous Endoscopic Approach
0R9L00Z	Drainage of Right Elbow Joint with Drainage Device, Open Approach
0R9L0ZX	Drainage of Right Elbow Joint, Open Approach, Diagnostic
0R9L0ZZ	Drainage of Right Elbow Joint, Open Approach
0R9L30Z	Drainage of Right Elbow Joint with Drainage Device, Percutaneous Approach
0R9L3ZX	Drainage of Right Elbow Joint, Percutaneous Approach, Diagnostic
0R9L3ZZ	Drainage of Right Elbow Joint, Percutaneous Approach
0R9L40Z	Drainage of Right Elbow Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9L4ZX	Drainage of Right Elbow Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9L4ZZ	Drainage of Right Elbow Joint, Percutaneous Endoscopic Approach
0R9M00Z	Drainage of Left Elbow Joint with Drainage Device, Open Approach
0R9M0ZX	Drainage of Left Elbow Joint, Open Approach, Diagnostic
0R9M0ZZ	Drainage of Left Elbow Joint, Open Approach
0R9M30Z	Drainage of Left Elbow Joint with Drainage Device, Percutaneous Approach
0R9M3ZX	Drainage of Left Elbow Joint, Percutaneous Approach, Diagnostic
0R9M3ZZ	Drainage of Left Elbow Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9M40Z	Drainage of Left Elbow Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9M4ZX	Drainage of Left Elbow Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9M4ZZ	Drainage of Left Elbow Joint, Percutaneous Endoscopic Approach
0R9N00Z	Drainage of Right Wrist Joint with Drainage Device, Open Approach
0R9N0ZX	Drainage of Right Wrist Joint, Open Approach, Diagnostic
0R9N0ZZ	Drainage of Right Wrist Joint, Open Approach
0R9N30Z	Drainage of Right Wrist Joint with Drainage Device, Percutaneous Approach
0R9N3ZX	Drainage of Right Wrist Joint, Percutaneous Approach, Diagnostic
0R9N3ZZ	Drainage of Right Wrist Joint, Percutaneous Approach
0R9N40Z	Drainage of Right Wrist Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9N4ZX	Drainage of Right Wrist Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9N4ZZ	Drainage of Right Wrist Joint, Percutaneous Endoscopic Approach
0R9P00Z	Drainage of Left Wrist Joint with Drainage Device, Open Approach
0R9P0ZX	Drainage of Left Wrist Joint, Open Approach, Diagnostic
0R9P0ZZ	Drainage of Left Wrist Joint, Open Approach
0R9P30Z	Drainage of Left Wrist Joint with Drainage Device, Percutaneous Approach
0R9P3ZX	Drainage of Left Wrist Joint, Percutaneous Approach, Diagnostic
0R9P3ZZ	Drainage of Left Wrist Joint, Percutaneous Approach
0R9P40Z	Drainage of Left Wrist Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9P4ZX	Drainage of Left Wrist Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9P4ZZ	Drainage of Left Wrist Joint, Percutaneous Endoscopic Approach
0R9Q00Z	Drainage of Right Carpal Joint with Drainage Device, Open Approach
0R9Q0ZX	Drainage of Right Carpal Joint, Open Approach, Diagnostic
0R9Q0ZZ	Drainage of Right Carpal Joint, Open Approach
0R9Q30Z	Drainage of Right Carpal Joint with Drainage Device, Percutaneous Approach
0R9Q3ZX	Drainage of Right Carpal Joint, Percutaneous Approach, Diagnostic
0R9Q3ZZ	Drainage of Right Carpal Joint, Percutaneous Approach
0R9Q40Z	Drainage of Right Carpal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9Q4ZX	Drainage of Right Carpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9Q4ZZ	Drainage of Right Carpal Joint, Percutaneous Endoscopic Approach
0R9R00Z	Drainage of Left Carpal Joint with Drainage Device, Open Approach
0R9R0ZX	Drainage of Left Carpal Joint, Open Approach, Diagnostic
0R9R0ZZ	Drainage of Left Carpal Joint, Open Approach
0R9R30Z	Drainage of Left Carpal Joint with Drainage Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9R3ZX	Drainage of Left Carpal Joint, Percutaneous Approach, Diagnostic
0R9R3ZZ	Drainage of Left Carpal Joint, Percutaneous Approach
0R9R40Z	Drainage of Left Carpal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9R4ZX	Drainage of Left Carpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9R4ZZ	Drainage of Left Carpal Joint, Percutaneous Endoscopic Approach
0R9S00Z	Drainage of Right Metacarpocarpal Joint with Drainage Device, Open Approach
0R9S0ZX	Drainage of Right Metacarpocarpal Joint, Open Approach, Diagnostic
0R9S0ZZ	Drainage of Right Metacarpocarpal Joint, Open Approach
0R9S30Z	Drainage of Right Metacarpocarpal Joint with Drainage Device, Percutaneous Approach
0R9S3ZX	Drainage of Right Metacarpocarpal Joint, Percutaneous Approach, Diagnostic
0R9S3ZZ	Drainage of Right Metacarpocarpal Joint, Percutaneous Approach
0R9S40Z	Drainage of Right Metacarpocarpal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9S4ZX	Drainage of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9S4ZZ	Drainage of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0R9T00Z	Drainage of Left Metacarpocarpal Joint with Drainage Device, Open Approach
0R9T0ZX	Drainage of Left Metacarpocarpal Joint, Open Approach, Diagnostic
0R9T0ZZ	Drainage of Left Metacarpocarpal Joint, Open Approach
0R9T30Z	Drainage of Left Metacarpocarpal Joint with Drainage Device, Percutaneous Approach
0R9T3ZX	Drainage of Left Metacarpocarpal Joint, Percutaneous Approach, Diagnostic
0R9T3ZZ	Drainage of Left Metacarpocarpal Joint, Percutaneous Approach
0R9T40Z	Drainage of Left Metacarpocarpal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9T4ZX	Drainage of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9T4ZZ	Drainage of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0R9U00Z	Drainage of Right Metacarpophalangeal Joint with Drainage Device, Open Approach
0R9U0ZX	Drainage of Right Metacarpophalangeal Joint, Open Approach, Diagnostic
0R9U0ZZ	Drainage of Right Metacarpophalangeal Joint, Open Approach
0R9U30Z	Drainage of Right Metacarpophalangeal Joint with Drainage Device, Percutaneous Approach
0R9U3ZX	Drainage of Right Metacarpophalangeal Joint, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9U3ZZ	Drainage of Right Metacarpophalangeal Joint, Percutaneous Approach
0R9U40Z	Drainage of Right Metacarpophalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9U4ZX	Drainage of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9U4ZZ	Drainage of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0R9V00Z	Drainage of Left Metacarpophalangeal Joint with Drainage Device, Open Approach
0R9V0ZX	Drainage of Left Metacarpophalangeal Joint, Open Approach, Diagnostic
0R9V0ZZ	Drainage of Left Metacarpophalangeal Joint, Open Approach
0R9V30Z	Drainage of Left Metacarpophalangeal Joint with Drainage Device, Percutaneous Approach
0R9V3ZX	Drainage of Left Metacarpophalangeal Joint, Percutaneous Approach, Diagnostic
0R9V3ZZ	Drainage of Left Metacarpophalangeal Joint, Percutaneous Approach
0R9V40Z	Drainage of Left Metacarpophalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9V4ZX	Drainage of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9V4ZZ	Drainage of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0R9W00Z	Drainage of Right Finger Phalangeal Joint with Drainage Device, Open Approach
0R9W0ZX	Drainage of Right Finger Phalangeal Joint, Open Approach, Diagnostic
0R9W0ZZ	Drainage of Right Finger Phalangeal Joint, Open Approach
0R9W30Z	Drainage of Right Finger Phalangeal Joint with Drainage Device, Percutaneous Approach
0R9W3ZX	Drainage of Right Finger Phalangeal Joint, Percutaneous Approach, Diagnostic
0R9W3ZZ	Drainage of Right Finger Phalangeal Joint, Percutaneous Approach
0R9W40Z	Drainage of Right Finger Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9W4ZX	Drainage of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9W4ZZ	Drainage of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0R9X00Z	Drainage of Left Finger Phalangeal Joint with Drainage Device, Open Approach
0R9X0ZX	Drainage of Left Finger Phalangeal Joint, Open Approach, Diagnostic
0R9X0ZZ	Drainage of Left Finger Phalangeal Joint, Open Approach
0R9X30Z	Drainage of Left Finger Phalangeal Joint with Drainage Device, Percutaneous Approach
0R9X3ZX	Drainage of Left Finger Phalangeal Joint, Percutaneous Approach, Diagnostic
0R9X3ZZ	Drainage of Left Finger Phalangeal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0R9X40Z	Drainage of Left Finger Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0R9X4ZX	Drainage of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0R9X4ZZ	Drainage of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RB00ZX	Excision of Occipital-cervical Joint, Open Approach, Diagnostic
0RB03ZX	Excision of Occipital-cervical Joint, Open Approach
0RB04ZX	Excision of Occipital-cervical Joint, Percutaneous Approach
0RB10ZX	Excision of Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RB13ZX	Excision of Cervical Vertebral Joint, Open Approach
0RB14ZX	Excision of Cervical Vertebral Joint, Percutaneous Approach
0RB30ZX	Excision of Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RB30ZZ	Excision of Cervical Vertebral Disc, Open Approach, Diagnostic
0RB33ZX	Excision of Cervical Vertebral Disc, Open Approach
0RB34ZX	Excision of Cervical Vertebral Disc, Percutaneous Approach
0RB40ZX	Excision of Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RB40ZZ	Excision of Cervicothoracic Vertebral Joint, Open Approach, Diagnostic
0RB43ZX	Excision of Cervicothoracic Vertebral Joint, Open Approach
0RB43ZZ	Excision of Cervicothoracic Vertebral Joint, Percutaneous Approach, Diagnostic
0RB44ZX	Excision of Cervicothoracic Vertebral Joint, Percutaneous Approach
0RB44ZZ	Excision of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0RB50ZX	Excision of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RB53ZX	Excision of Cervicothoracic Vertebral Disc, Open Approach
0RB53ZZ	Excision of Cervicothoracic Vertebral Disc, Percutaneous Approach, Diagnostic
0RB54ZX	Excision of Cervicothoracic Vertebral Disc, Percutaneous Approach
0RB54ZZ	Excision of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0RB60ZX	Excision of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RB60ZZ	Excision of Thoracic Vertebral Joint, Open Approach, Diagnostic
0RB63ZX	Excision of Thoracic Vertebral Joint, Open Approach
0RB64ZX	Excision of Thoracic Vertebral Joint, Percutaneous Approach
0RB90ZX	Excision of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RB93ZX	Excision of Thoracic Vertebral Disc, Open Approach
0RB94ZX	Excision of Thoracic Vertebral Disc, Percutaneous Approach
0RBA0ZX	Excision of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RBA0ZZ	Excision of Thoracolumbar Vertebral Joint, Open Approach, Diagnostic
0RBA3ZX	Excision of Thoracolumbar Vertebral Joint, Open Approach
0RBA3ZZ	Excision of Thoracolumbar Vertebral Joint, Percutaneous Approach, Diagnostic
0RBA4ZX	Excision of Thoracolumbar Vertebral Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RBA4ZZ	Excision of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBB0ZX	Excision of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RBB0ZZ	Excision of Thoracolumbar Vertebral Disc, Open Approach, Diagnostic
0RBB3ZX	Excision of Thoracolumbar Vertebral Disc, Open Approach
0RBB3ZZ	Excision of Thoracolumbar Vertebral Disc, Percutaneous Approach, Diagnostic
0RBB4ZX	Excision of Thoracolumbar Vertebral Disc, Percutaneous Approach
0RBB4ZZ	Excision of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0RBC0ZX	Excision of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RBC0ZZ	Excision of Right Temporomandibular Joint, Open Approach, Diagnostic
0RBC3ZX	Excision of Right Temporomandibular Joint, Open Approach
0RBC3ZZ	Excision of Right Temporomandibular Joint, Percutaneous Approach, Diagnostic
0RBC4ZX	Excision of Right Temporomandibular Joint, Percutaneous Approach
0RBC4ZZ	Excision of Right Temporomandibular Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBD0ZX	Excision of Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RBD0ZZ	Excision of Left Temporomandibular Joint, Open Approach, Diagnostic
0RBD3ZX	Excision of Left Temporomandibular Joint, Open Approach
0RBD3ZZ	Excision of Left Temporomandibular Joint, Percutaneous Approach, Diagnostic
0RBD4ZX	Excision of Left Temporomandibular Joint, Percutaneous Approach
0RBD4ZZ	Excision of Left Temporomandibular Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBE0ZZ	Excision of Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RBE3ZZ	Excision of Right Sternoclavicular Joint, Open Approach
0RBE4ZZ	Excision of Right Sternoclavicular Joint, Percutaneous Approach
0RBF0ZZ	Excision of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RBF3ZZ	Excision of Left Sternoclavicular Joint, Open Approach
0RBF4ZZ	Excision of Left Sternoclavicular Joint, Percutaneous Approach
0RBG0ZX	Excision of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RBG0ZZ	Excision of Right Acromioclavicular Joint, Open Approach, Diagnostic
0RBG3ZX	Excision of Right Acromioclavicular Joint, Open Approach
0RBG3ZZ	Excision of Right Acromioclavicular Joint, Percutaneous Approach, Diagnostic
0RBG4ZX	Excision of Right Acromioclavicular Joint, Percutaneous Approach
0RBG4ZZ	Excision of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RBH0ZX	Excision of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RBH0ZZ	Excision of Left Acromioclavicular Joint, Open Approach, Diagnostic
0RBH3ZX	Excision of Left Acromioclavicular Joint, Open Approach
0RBH3ZZ	Excision of Left Acromioclavicular Joint, Percutaneous Approach, Diagnostic
0RBH4ZX	Excision of Left Acromioclavicular Joint, Percutaneous Approach
0RBH4ZZ	Excision of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBJ0ZX	Excision of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RBJ0ZZ	Excision of Right Shoulder Joint, Open Approach, Diagnostic
0RBJ3ZX	Excision of Right Shoulder Joint, Open Approach
0RBJ3ZZ	Excision of Right Shoulder Joint, Percutaneous Approach, Diagnostic
0RBJ4ZX	Excision of Right Shoulder Joint, Percutaneous Approach
0RBJ4ZZ	Excision of Right Shoulder Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBK0ZX	Excision of Right Shoulder Joint, Percutaneous Endoscopic Approach
0RBK0ZZ	Excision of Left Shoulder Joint, Open Approach, Diagnostic
0RBK3ZX	Excision of Left Shoulder Joint, Open Approach
0RBK3ZZ	Excision of Left Shoulder Joint, Percutaneous Approach, Diagnostic
0RBK4ZX	Excision of Left Shoulder Joint, Percutaneous Approach
0RBK4ZZ	Excision of Left Shoulder Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBL0ZX	Excision of Left Shoulder Joint, Percutaneous Endoscopic Approach
0RBL0ZZ	Excision of Right Elbow Joint, Open Approach, Diagnostic
0RBL3ZX	Excision of Right Elbow Joint, Open Approach
0RBL3ZZ	Excision of Right Elbow Joint, Percutaneous Approach, Diagnostic
0RBL4ZX	Excision of Right Elbow Joint, Percutaneous Approach
0RBL4ZZ	Excision of Right Elbow Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBM0ZX	Excision of Right Elbow Joint, Percutaneous Endoscopic Approach
0RBM0ZZ	Excision of Left Elbow Joint, Open Approach, Diagnostic
0RBM3ZX	Excision of Left Elbow Joint, Open Approach
0RBM3ZZ	Excision of Left Elbow Joint, Percutaneous Approach, Diagnostic
0RBM4ZX	Excision of Left Elbow Joint, Percutaneous Approach
0RBM4ZZ	Excision of Left Elbow Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBN0ZX	Excision of Left Elbow Joint, Percutaneous Endoscopic Approach
0RBN0ZZ	Excision of Right Wrist Joint, Open Approach, Diagnostic
0RBN3ZX	Excision of Right Wrist Joint, Open Approach
0RBN3ZZ	Excision of Right Wrist Joint, Percutaneous Approach, Diagnostic
0RBN4ZX	Excision of Right Wrist Joint, Percutaneous Approach
0RBN4ZZ	Excision of Right Wrist Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBP0ZX	Excision of Right Wrist Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RBP0ZZ	Excision of Left Wrist Joint, Open Approach, Diagnostic
0RBP3ZX	Excision of Left Wrist Joint, Open Approach
0RBP3ZZ	Excision of Left Wrist Joint, Percutaneous Approach, Diagnostic
0RBP4ZX	Excision of Left Wrist Joint, Percutaneous Approach
0RBP4ZZ	Excision of Left Wrist Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBQ0ZX	Excision of Left Wrist Joint, Percutaneous Endoscopic Approach
0RBQ0ZZ	Excision of Right Carpal Joint, Open Approach, Diagnostic
0RBQ3ZX	Excision of Right Carpal Joint, Open Approach
0RBQ3ZZ	Excision of Right Carpal Joint, Percutaneous Approach, Diagnostic
0RBQ4ZX	Excision of Right Carpal Joint, Percutaneous Approach
0RBQ4ZZ	Excision of Right Carpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBR0ZX	Excision of Right Carpal Joint, Percutaneous Endoscopic Approach
0RBR0ZZ	Excision of Left Carpal Joint, Open Approach, Diagnostic
0RBR3ZX	Excision of Left Carpal Joint, Open Approach
0RBR3ZZ	Excision of Left Carpal Joint, Percutaneous Approach, Diagnostic
0RBR4ZX	Excision of Left Carpal Joint, Percutaneous Approach
0RBR4ZZ	Excision of Left Carpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBS0ZX	Excision of Left Carpal Joint, Percutaneous Endoscopic Approach
0RBS0ZZ	Excision of Right Metacarpocarpal Joint, Open Approach, Diagnostic
0RBS3ZX	Excision of Right Metacarpocarpal Joint, Open Approach
0RBS3ZZ	Excision of Right Metacarpocarpal Joint, Percutaneous Approach, Diagnostic
0RBS4ZX	Excision of Right Metacarpocarpal Joint, Percutaneous Approach
0RBS4ZZ	Excision of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBT0ZX	Excision of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RBT0ZZ	Excision of Left Metacarpocarpal Joint, Open Approach, Diagnostic
0RBT3ZX	Excision of Left Metacarpocarpal Joint, Open Approach
0RBT3ZZ	Excision of Left Metacarpocarpal Joint, Percutaneous Approach, Diagnostic
0RBT4ZX	Excision of Left Metacarpocarpal Joint, Percutaneous Approach
0RBT4ZZ	Excision of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBU0ZX	Excision of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RBU0ZZ	Excision of Right Metacarpophalangeal Joint, Open Approach, Diagnostic
0RBU3ZX	Excision of Right Metacarpophalangeal Joint, Open Approach
0RBU3ZZ	Excision of Right Metacarpophalangeal Joint, Percutaneous Approach, Diagnostic
0RBU4ZX	Excision of Right Metacarpophalangeal Joint, Percutaneous Approach
0RBU4ZZ	Excision of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RBV0ZX	Excision of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RBV0ZZ	Excision of Left Metacarpophalangeal Joint, Open Approach, Diagnostic
0RBV3ZX	Excision of Left Metacarpophalangeal Joint, Open Approach
0RBV3ZZ	Excision of Left Metacarpophalangeal Joint, Percutaneous Approach, Diagnostic
0RBV4ZX	Excision of Left Metacarpophalangeal Joint, Percutaneous Approach
0RBV4ZZ	Excision of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBW0ZX	Excision of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RBW0ZZ	Excision of Right Finger Phalangeal Joint, Open Approach, Diagnostic
0RBW3ZX	Excision of Right Finger Phalangeal Joint, Open Approach
0RBW3ZZ	Excision of Right Finger Phalangeal Joint, Percutaneous Approach, Diagnostic
0RBW4ZX	Excision of Right Finger Phalangeal Joint, Percutaneous Approach
0RBW4ZZ	Excision of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RBX0ZX	Excision of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RBX0ZZ	Excision of Left Finger Phalangeal Joint, Open Approach, Diagnostic
0RBX3ZX	Excision of Left Finger Phalangeal Joint, Open Approach
0RBX3ZZ	Excision of Left Finger Phalangeal Joint, Percutaneous Approach, Diagnostic
0RBX4ZX	Excision of Left Finger Phalangeal Joint, Percutaneous Approach
0RBX4ZZ	Excision of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0RC00ZZ	Excision of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RC03ZZ	Extirpation of Matter from Occipital-cervical Joint, Open Approach
0RC04ZZ	Extirpation of Matter from Occipital-cervical Joint, Percutaneous Approach
0RC10ZZ	Extirpation of Matter from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RC13ZZ	Extirpation of Matter from Cervical Vertebral Joint, Open Approach
0RC14ZZ	Extirpation of Matter from Cervical Vertebral Joint, Percutaneous Approach
0RC30ZZ	Extirpation of Matter from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RC33ZZ	Extirpation of Matter from Cervical Vertebral Disc, Open Approach
0RC34ZZ	Extirpation of Matter from Cervical Vertebral Disc, Percutaneous Approach
0RC40ZZ	Extirpation of Matter from Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RC43ZZ	Extirpation of Matter from Cervicothoracic Vertebral Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RC44ZZ	Extirpation of Matter from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RC50ZZ	Extirpation of Matter from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RC53ZZ	Extirpation of Matter from Cervicothoracic Vertebral Disc, Open Approach
0RC54ZZ	Extirpation of Matter from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RC60ZZ	Extirpation of Matter from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RC63ZZ	Extirpation of Matter from Thoracic Vertebral Joint, Open Approach
0RC64ZZ	Extirpation of Matter from Thoracic Vertebral Joint, Percutaneous Approach
0RC90ZZ	Extirpation of Matter from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RC93ZZ	Extirpation of Matter from Thoracic Vertebral Disc, Open Approach
0RC94ZZ	Extirpation of Matter from Thoracic Vertebral Disc, Percutaneous Approach
0RCA0ZZ	Extirpation of Matter from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RCA3ZZ	Extirpation of Matter from Thoracolumbar Vertebral Joint, Open Approach
0RCA4ZZ	Extirpation of Matter from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RCB0ZZ	Extirpation of Matter from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RCB3ZZ	Extirpation of Matter from Thoracolumbar Vertebral Disc, Open Approach
0RCB4ZZ	Extirpation of Matter from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RCG0ZZ	Extirpation of Matter from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RCG3ZZ	Extirpation of Matter from Right Acromioclavicular Joint, Open Approach
0RCG4ZZ	Extirpation of Matter from Right Acromioclavicular Joint, Percutaneous Approach
0RCH0ZZ	Extirpation of Matter from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RCH3ZZ	Extirpation of Matter from Left Acromioclavicular Joint, Open Approach
0RCH4ZZ	Extirpation of Matter from Left Acromioclavicular Joint, Percutaneous Approach
0RCJ0ZZ	Extirpation of Matter from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RCJ3ZZ	Extirpation of Matter from Right Shoulder Joint, Open Approach
0RCJ4ZZ	Extirpation of Matter from Right Shoulder Joint, Percutaneous Approach
0RCK0ZZ	Extirpation of Matter from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RCK3ZZ	Extirpation of Matter from Left Shoulder Joint, Open Approach
0RCK4ZZ	Extirpation of Matter from Left Shoulder Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RCL0ZZ	Extirpation of Matter from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RCL3ZZ	Extirpation of Matter from Right Elbow Joint, Open Approach
0RCL4ZZ	Extirpation of Matter from Right Elbow Joint, Percutaneous Approach
0RCM0ZZ	Extirpation of Matter from Right Elbow Joint, Percutaneous Endoscopic Approach
0RCM3ZZ	Extirpation of Matter from Left Elbow Joint, Open Approach
0RCM4ZZ	Extirpation of Matter from Left Elbow Joint, Percutaneous Approach
0RCN0ZZ	Extirpation of Matter from Left Elbow Joint, Percutaneous Endoscopic Approach
0RCN3ZZ	Extirpation of Matter from Right Wrist Joint, Open Approach
0RCN4ZZ	Extirpation of Matter from Right Wrist Joint, Percutaneous Approach
0RCP0ZZ	Extirpation of Matter from Right Wrist Joint, Percutaneous Endoscopic Approach
0RCP3ZZ	Extirpation of Matter from Left Wrist Joint, Open Approach
0RCP4ZZ	Extirpation of Matter from Left Wrist Joint, Percutaneous Approach
0RCQ0ZZ	Extirpation of Matter from Left Wrist Joint, Percutaneous Endoscopic Approach
0RCQ3ZZ	Extirpation of Matter from Right Carpal Joint, Open Approach
0RCQ4ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Approach
0RCR0ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Endoscopic Approach
0RCR3ZZ	Extirpation of Matter from Left Carpal Joint, Open Approach
0RCR4ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Approach
0RCS0ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Endoscopic Approach
0RCS3ZZ	Extirpation of Matter from Right Metacarpocarpal Joint, Open Approach
0RCS4ZZ	Extirpation of Matter from Right Metacarpocarpal Joint, Percutaneous Approach
0RCT0ZZ	Extirpation of Matter from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RCT3ZZ	Extirpation of Matter from Left Metacarpocarpal Joint, Open Approach
0RCT4ZZ	Extirpation of Matter from Left Metacarpocarpal Joint, Percutaneous Approach
0RCU0ZZ	Extirpation of Matter from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RCU3ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Open Approach
0RCU4ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Approach
0RCV0ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RCV3ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Open Approach
0RCV4ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RCW0ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RCW3ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Open Approach
0RCW4ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Approach
0RCX0ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RCX3ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Open Approach
0RCX4ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Approach
0RGC04Z	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RGC07Z	Fusion of Right Temporomandibular Joint with Internal Fixation Device, Open Approach
0RGC0JZ	Fusion of Right Temporomandibular Joint with Autologous Tissue Substitute, Open Approach
0RGC0KZ	Fusion of Right Temporomandibular Joint with Synthetic Substitute, Open Approach
0RGC34Z	Fusion of Right Temporomandibular Joint, Open Approach
0RGC37Z	Fusion of Right Temporomandibular Joint with Internal Fixation Device, Percutaneous Approach
0RGC3JZ	Fusion of Right Temporomandibular Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGC3KZ	Fusion of Right Temporomandibular Joint with Synthetic Substitute, Percutaneous Approach
0RGC44Z	Fusion of Right Temporomandibular Joint, Percutaneous Approach
0RGC47Z	Fusion of Right Temporomandibular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGC4JZ	Fusion of Right Temporomandibular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGC4KZ	Fusion of Right Temporomandibular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGD04Z	Fusion of Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RGD07Z	Fusion of Left Temporomandibular Joint with Internal Fixation Device, Open Approach
0RGD0JZ	Fusion of Left Temporomandibular Joint with Autologous Tissue Substitute, Open Approach
0RGD0KZ	Fusion of Left Temporomandibular Joint with Synthetic Substitute, Open Approach
0RGD34Z	Fusion of Left Temporomandibular Joint, Open Approach
0RGD37Z	Fusion of Left Temporomandibular Joint with Internal Fixation Device, Percutaneous Approach
0RGD3JZ	Fusion of Left Temporomandibular Joint with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGD3KZ	Fusion of Left Temporomandibular Joint with Synthetic Substitute, Percutaneous Approach
0RGD44Z	Fusion of Left Temporomandibular Joint, Percutaneous Approach
0RGD47Z	Fusion of Left Temporomandibular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGD4JZ	Fusion of Left Temporomandibular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGD4KZ	Fusion of Left Temporomandibular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGE04Z	Fusion of Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RGE07Z	Fusion of Right Sternoclavicular Joint with Internal Fixation Device, Open Approach
0RGE0JZ	Fusion of Right Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach
0RGE0KZ	Fusion of Right Sternoclavicular Joint with Synthetic Substitute, Open Approach
0RGE34Z	Fusion of Right Sternoclavicular Joint, Open Approach
0RGE37Z	Fusion of Right Sternoclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RGE3JZ	Fusion of Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGE3KZ	Fusion of Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach
0RGE44Z	Fusion of Right Sternoclavicular Joint, Percutaneous Approach
0RGE47Z	Fusion of Right Sternoclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGE4JZ	Fusion of Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGE4KZ	Fusion of Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGF04Z	Fusion of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RGF07Z	Fusion of Left Sternoclavicular Joint with Internal Fixation Device, Open Approach
0RGF0JZ	Fusion of Left Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach
0RGF0KZ	Fusion of Left Sternoclavicular Joint with Synthetic Substitute, Open Approach
0RGF34Z	Fusion of Left Sternoclavicular Joint, Open Approach
0RGF37Z	Fusion of Left Sternoclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RGF3JZ	Fusion of Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGF3KZ	Fusion of Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGF44Z	Fusion of Left Sternoclavicular Joint, Percutaneous Approach
0RGF47Z	Fusion of Left Sternoclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGF4JZ	Fusion of Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGF4KZ	Fusion of Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGG04Z	Fusion of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RGG07Z	Fusion of Right Acromioclavicular Joint with Internal Fixation Device, Open Approach
0RGG0JZ	Fusion of Right Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach
0RGG0KZ	Fusion of Right Acromioclavicular Joint with Synthetic Substitute, Open Approach
0RGG34Z	Fusion of Right Acromioclavicular Joint, Open Approach
0RGG37Z	Fusion of Right Acromioclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RGG3JZ	Fusion of Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGG3KZ	Fusion of Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach
0RGG44Z	Fusion of Right Acromioclavicular Joint, Percutaneous Approach
0RGG47Z	Fusion of Right Acromioclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGG4JZ	Fusion of Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGG4KZ	Fusion of Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGH04Z	Fusion of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RGH07Z	Fusion of Left Acromioclavicular Joint with Internal Fixation Device, Open Approach
0RGH0JZ	Fusion of Left Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach
0RGH0KZ	Fusion of Left Acromioclavicular Joint with Synthetic Substitute, Open Approach
0RGH34Z	Fusion of Left Acromioclavicular Joint, Open Approach
0RGH37Z	Fusion of Left Acromioclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RGH3JZ	Fusion of Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGH3KZ	Fusion of Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach
0RGH44Z	Fusion of Left Acromioclavicular Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGH47Z	Fusion of Left Acromioclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGH4JZ	Fusion of Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGH4KZ	Fusion of Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGJ04Z	Fusion of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RGJ07Z	Fusion of Right Shoulder Joint with Internal Fixation Device, Open Approach
0RGJ0JZ	Fusion of Right Shoulder Joint with Autologous Tissue Substitute, Open Approach
0RGJ0KZ	Fusion of Right Shoulder Joint with Synthetic Substitute, Open Approach
0RGJ34Z	Fusion of Right Shoulder Joint, Open Approach
0RGJ37Z	Fusion of Right Shoulder Joint with Internal Fixation Device, Percutaneous Approach
0RGJ3JZ	Fusion of Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGJ3KZ	Fusion of Right Shoulder Joint with Synthetic Substitute, Percutaneous Approach
0RGJ44Z	Fusion of Right Shoulder Joint, Percutaneous Approach
0RGJ47Z	Fusion of Right Shoulder Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGJ4JZ	Fusion of Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGJ4KZ	Fusion of Right Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGK04Z	Fusion of Right Shoulder Joint, Percutaneous Endoscopic Approach
0RGK07Z	Fusion of Left Shoulder Joint with Internal Fixation Device, Open Approach
0RGK0JZ	Fusion of Left Shoulder Joint with Autologous Tissue Substitute, Open Approach
0RGK0KZ	Fusion of Left Shoulder Joint with Synthetic Substitute, Open Approach
0RGK34Z	Fusion of Left Shoulder Joint, Open Approach
0RGK37Z	Fusion of Left Shoulder Joint with Internal Fixation Device, Percutaneous Approach
0RGK3JZ	Fusion of Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGK3KZ	Fusion of Left Shoulder Joint with Synthetic Substitute, Percutaneous Approach
0RGK44Z	Fusion of Left Shoulder Joint, Percutaneous Approach
0RGK47Z	Fusion of Left Shoulder Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGK4JZ	Fusion of Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGK4KZ	Fusion of Left Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGL04Z	Fusion of Left Shoulder Joint, Percutaneous Endoscopic Approach
0RGL05Z	Fusion of Right Elbow Joint with Internal Fixation Device, Open Approach
0RGL07Z	Fusion of Right Elbow Joint with External Fixation Device, Open Approach
0RGL0JZ	Fusion of Right Elbow Joint with Autologous Tissue Substitute, Open Approach
0RGL0KZ	Fusion of Right Elbow Joint with Synthetic Substitute, Open Approach
0RGL34Z	Fusion of Right Elbow Joint, Open Approach
0RGL35Z	Fusion of Right Elbow Joint with Internal Fixation Device, Percutaneous Approach
0RGL37Z	Fusion of Right Elbow Joint with External Fixation Device, Percutaneous Approach
0RGL3JZ	Fusion of Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGL3KZ	Fusion of Right Elbow Joint with Synthetic Substitute, Percutaneous Approach
0RGL44Z	Fusion of Right Elbow Joint, Percutaneous Approach
0RGL45Z	Fusion of Right Elbow Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGL47Z	Fusion of Right Elbow Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGL4JZ	Fusion of Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGL4KZ	Fusion of Right Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGM04Z	Fusion of Right Elbow Joint, Percutaneous Endoscopic Approach
0RGM05Z	Fusion of Left Elbow Joint with Internal Fixation Device, Open Approach
0RGM07Z	Fusion of Left Elbow Joint with External Fixation Device, Open Approach
0RGM0JZ	Fusion of Left Elbow Joint with Autologous Tissue Substitute, Open Approach
0RGM0KZ	Fusion of Left Elbow Joint with Synthetic Substitute, Open Approach
0RGM34Z	Fusion of Left Elbow Joint, Open Approach
0RGM35Z	Fusion of Left Elbow Joint with Internal Fixation Device, Percutaneous Approach
0RGM37Z	Fusion of Left Elbow Joint with External Fixation Device, Percutaneous Approach
0RGM3JZ	Fusion of Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGM3KZ	Fusion of Left Elbow Joint with Synthetic Substitute, Percutaneous Approach
0RGM44Z	Fusion of Left Elbow Joint, Percutaneous Approach
0RGM45Z	Fusion of Left Elbow Joint with Internal Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGM47Z	Fusion of Left Elbow Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGM4JZ	Fusion of Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGM4KZ	Fusion of Left Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGN04Z	Fusion of Left Elbow Joint, Percutaneous Endoscopic Approach
0RGN05Z	Fusion of Right Wrist Joint with Internal Fixation Device, Open Approach
0RGN07Z	Fusion of Right Wrist Joint with External Fixation Device, Open Approach
0RGN0JZ	Fusion of Right Wrist Joint with Autologous Tissue Substitute, Open Approach
0RGN0KZ	Fusion of Right Wrist Joint with Synthetic Substitute, Open Approach
0RGN34Z	Fusion of Right Wrist Joint, Open Approach
0RGN35Z	Fusion of Right Wrist Joint with Internal Fixation Device, Percutaneous Approach
0RGN37Z	Fusion of Right Wrist Joint with External Fixation Device, Percutaneous Approach
0RGN3JZ	Fusion of Right Wrist Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGN3KZ	Fusion of Right Wrist Joint with Synthetic Substitute, Percutaneous Approach
0RGN44Z	Fusion of Right Wrist Joint, Percutaneous Approach
0RGN45Z	Fusion of Right Wrist Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGN47Z	Fusion of Right Wrist Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGN4JZ	Fusion of Right Wrist Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGN4KZ	Fusion of Right Wrist Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGP04Z	Fusion of Right Wrist Joint, Percutaneous Endoscopic Approach
0RGP05Z	Fusion of Left Wrist Joint with Internal Fixation Device, Open Approach
0RGP07Z	Fusion of Left Wrist Joint with External Fixation Device, Open Approach
0RGP0JZ	Fusion of Left Wrist Joint with Autologous Tissue Substitute, Open Approach
0RGP0KZ	Fusion of Left Wrist Joint with Synthetic Substitute, Open Approach
0RGP34Z	Fusion of Left Wrist Joint, Open Approach
0RGP35Z	Fusion of Left Wrist Joint with Internal Fixation Device, Percutaneous Approach
0RGP37Z	Fusion of Left Wrist Joint with External Fixation Device, Percutaneous Approach
0RGP3JZ	Fusion of Left Wrist Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGP3KZ	Fusion of Left Wrist Joint with Synthetic Substitute, Percutaneous Approach
0RGP44Z	Fusion of Left Wrist Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGP45Z	Fusion of Left Wrist Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGP47Z	Fusion of Left Wrist Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGP4JZ	Fusion of Left Wrist Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGP4KZ	Fusion of Left Wrist Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGQ04Z	Fusion of Left Wrist Joint, Percutaneous Endoscopic Approach
0RGQ05Z	Fusion of Right Carpal Joint with Internal Fixation Device, Open Approach
0RGQ07Z	Fusion of Right Carpal Joint with External Fixation Device, Open Approach
0RGQ0JZ	Fusion of Right Carpal Joint with Autologous Tissue Substitute, Open Approach
0RGQ0KZ	Fusion of Right Carpal Joint with Synthetic Substitute, Open Approach
0RGQ34Z	Fusion of Right Carpal Joint, Open Approach
0RGQ35Z	Fusion of Right Carpal Joint with Internal Fixation Device, Percutaneous Approach
0RGQ37Z	Fusion of Right Carpal Joint with External Fixation Device, Percutaneous Approach
0RGQ3JZ	Fusion of Right Carpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGQ3KZ	Fusion of Right Carpal Joint with Synthetic Substitute, Percutaneous Approach
0RGQ44Z	Fusion of Right Carpal Joint, Percutaneous Approach
0RGQ45Z	Fusion of Right Carpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGQ47Z	Fusion of Right Carpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGQ4JZ	Fusion of Right Carpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGQ4KZ	Fusion of Right Carpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGR04Z	Fusion of Right Carpal Joint, Percutaneous Endoscopic Approach
0RGR05Z	Fusion of Left Carpal Joint with Internal Fixation Device, Open Approach
0RGR07Z	Fusion of Left Carpal Joint with External Fixation Device, Open Approach
0RGR0JZ	Fusion of Left Carpal Joint with Autologous Tissue Substitute, Open Approach
0RGR0KZ	Fusion of Left Carpal Joint with Synthetic Substitute, Open Approach
0RGR34Z	Fusion of Left Carpal Joint, Open Approach
0RGR35Z	Fusion of Left Carpal Joint with Internal Fixation Device, Percutaneous Approach
0RGR37Z	Fusion of Left Carpal Joint with External Fixation Device, Percutaneous Approach
0RGR3JZ	Fusion of Left Carpal Joint with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGR3KZ	Fusion of Left Carpal Joint with Synthetic Substitute, Percutaneous Approach
0RGR44Z	Fusion of Left Carpal Joint, Percutaneous Approach
0RGR45Z	Fusion of Left Carpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGR47Z	Fusion of Left Carpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGR4JZ	Fusion of Left Carpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGR4KZ	Fusion of Left Carpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGS04Z	Fusion of Left Carpal Joint, Percutaneous Endoscopic Approach
0RGS05Z	Fusion of Right Metacarpocarpal Joint with Internal Fixation Device, Open Approach
0RGS07Z	Fusion of Right Metacarpocarpal Joint with External Fixation Device, Open Approach
0RGS0JZ	Fusion of Right Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach
0RGS0KZ	Fusion of Right Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RGS34Z	Fusion of Right Metacarpocarpal Joint, Open Approach
0RGS35Z	Fusion of Right Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Approach
0RGS37Z	Fusion of Right Metacarpocarpal Joint with External Fixation Device, Percutaneous Approach
0RGS3JZ	Fusion of Right Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGS3KZ	Fusion of Right Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Approach
0RGS44Z	Fusion of Right Metacarpocarpal Joint, Percutaneous Approach
0RGS45Z	Fusion of Right Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGS47Z	Fusion of Right Metacarpocarpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGS4JZ	Fusion of Right Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGS4KZ	Fusion of Right Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGT04Z	Fusion of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RGT05Z	Fusion of Left Metacarpocarpal Joint with Internal Fixation Device, Open Approach
0RGT07Z	Fusion of Left Metacarpocarpal Joint with External Fixation Device, Open Approach
0RGT0JZ	Fusion of Left Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGT0KZ	Fusion of Left Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RGT34Z	Fusion of Left Metacarpocarpal Joint, Open Approach
0RGT35Z	Fusion of Left Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Approach
0RGT37Z	Fusion of Left Metacarpocarpal Joint with External Fixation Device, Percutaneous Approach
0RGT3JZ	Fusion of Left Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGT3KZ	Fusion of Left Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Approach
0RGT44Z	Fusion of Left Metacarpocarpal Joint, Percutaneous Approach
0RGT45Z	Fusion of Left Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGT47Z	Fusion of Left Metacarpocarpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGT4JZ	Fusion of Left Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGT4KZ	Fusion of Left Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGU04Z	Fusion of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RGU05Z	Fusion of Right Metacarpophalangeal Joint with Internal Fixation Device, Open Approach
0RGU07Z	Fusion of Right Metacarpophalangeal Joint with External Fixation Device, Open Approach
0RGU0JZ	Fusion of Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RGU0KZ	Fusion of Right Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RGU34Z	Fusion of Right Metacarpophalangeal Joint, Open Approach
0RGU35Z	Fusion of Right Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RGU37Z	Fusion of Right Metacarpophalangeal Joint with External Fixation Device, Percutaneous Approach
0RGU3JZ	Fusion of Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGU3KZ	Fusion of Right Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RGU44Z	Fusion of Right Metacarpophalangeal Joint, Percutaneous Approach
0RGU45Z	Fusion of Right Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGU47Z	Fusion of Right Metacarpophalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGU4JZ	Fusion of Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGU4KZ	Fusion of Right Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGV04Z	Fusion of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RGV05Z	Fusion of Left Metacarpophalangeal Joint with Internal Fixation Device, Open Approach
0RGV07Z	Fusion of Left Metacarpophalangeal Joint with External Fixation Device, Open Approach
0RGV0JZ	Fusion of Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RGV0KZ	Fusion of Left Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RGV34Z	Fusion of Left Metacarpophalangeal Joint, Open Approach
0RGV35Z	Fusion of Left Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RGV37Z	Fusion of Left Metacarpophalangeal Joint with External Fixation Device, Percutaneous Approach
0RGV3JZ	Fusion of Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGV3KZ	Fusion of Left Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RGV44Z	Fusion of Left Metacarpophalangeal Joint, Percutaneous Approach
0RGV45Z	Fusion of Left Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGV47Z	Fusion of Left Metacarpophalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGV4JZ	Fusion of Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGV4KZ	Fusion of Left Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGW04Z	Fusion of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RGW05Z	Fusion of Right Finger Phalangeal Joint with Internal Fixation Device, Open Approach
0RGW07Z	Fusion of Right Finger Phalangeal Joint with External Fixation Device, Open Approach
0RGW0JZ	Fusion of Right Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RGW0KZ	Fusion of Right Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RGW34Z	Fusion of Right Finger Phalangeal Joint, Open Approach
0RGW35Z	Fusion of Right Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RGW37Z	Fusion of Right Finger Phalangeal Joint with External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RGW3JZ	Fusion of Right Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGW3KZ	Fusion of Right Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RGW44Z	Fusion of Right Finger Phalangeal Joint, Percutaneous Approach
0RGW45Z	Fusion of Right Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGW47Z	Fusion of Right Finger Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGW4JZ	Fusion of Right Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGW4KZ	Fusion of Right Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RGX04Z	Fusion of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RGX05Z	Fusion of Left Finger Phalangeal Joint with Internal Fixation Device, Open Approach
0RGX07Z	Fusion of Left Finger Phalangeal Joint with External Fixation Device, Open Approach
0RGX0JZ	Fusion of Left Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RGX0KZ	Fusion of Left Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RGX34Z	Fusion of Left Finger Phalangeal Joint, Open Approach
0RGX35Z	Fusion of Left Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RGX37Z	Fusion of Left Finger Phalangeal Joint with External Fixation Device, Percutaneous Approach
0RGX3JZ	Fusion of Left Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RGX3KZ	Fusion of Left Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RGX44Z	Fusion of Left Finger Phalangeal Joint, Percutaneous Approach
0RGX45Z	Fusion of Left Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RGX47Z	Fusion of Left Finger Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RGX4JZ	Fusion of Left Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RGX4KZ	Fusion of Left Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RH034Z	Fusion of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RH044Z	Insertion of Internal Fixation Device into Occipital-cervical Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RH134Z	Insertion of Internal Fixation Device into Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RH144Z	Insertion of Internal Fixation Device into Cervical Vertebral Joint, Percutaneous Approach
0RH434Z	Insertion of Internal Fixation Device into Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RH444Z	Insertion of Internal Fixation Device into Cervicothoracic Vertebral Joint, Percutaneous Approach
0RH634Z	Insertion of Internal Fixation Device into Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RH644Z	Insertion of Internal Fixation Device into Thoracic Vertebral Joint, Percutaneous Approach
0RHA34Z	Insertion of Internal Fixation Device into Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RHA44Z	Insertion of Internal Fixation Device into Thoracolumbar Vertebral Joint, Percutaneous Approach
0RHC03Z	Insertion of Internal Fixation Device into Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RHC04Z	Insertion of Infusion Device into Right Temporomandibular Joint, Open Approach
0RHC33Z	Insertion of Internal Fixation Device into Right Temporomandibular Joint, Open Approach
0RHC34Z	Insertion of Infusion Device into Right Temporomandibular Joint, Percutaneous Approach
0RHC43Z	Insertion of Internal Fixation Device into Right Temporomandibular Joint, Percutaneous Approach
0RHC44Z	Insertion of Infusion Device into Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RHD03Z	Insertion of Internal Fixation Device into Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RHD04Z	Insertion of Infusion Device into Left Temporomandibular Joint, Open Approach
0RHD33Z	Insertion of Internal Fixation Device into Left Temporomandibular Joint, Open Approach
0RHD34Z	Insertion of Infusion Device into Left Temporomandibular Joint, Percutaneous Approach
0RHD43Z	Insertion of Internal Fixation Device into Left Temporomandibular Joint, Percutaneous Approach
0RHD44Z	Insertion of Infusion Device into Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RHG04Z	Insertion of Internal Fixation Device into Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RHG34Z	Insertion of Internal Fixation Device into Right Acromioclavicular Joint, Open Approach
0RHG44Z	Insertion of Internal Fixation Device into Right Acromioclavicular Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RHH04Z	Insertion of Internal Fixation Device into Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RHH34Z	Insertion of Internal Fixation Device into Left Acromioclavicular Joint, Open Approach
0RHH44Z	Insertion of Internal Fixation Device into Left Acromioclavicular Joint, Percutaneous Approach
0RHJ04Z	Insertion of Internal Fixation Device into Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RHJ34Z	Insertion of Internal Fixation Device into Right Shoulder Joint, Open Approach
0RHJ44Z	Insertion of Internal Fixation Device into Right Shoulder Joint, Percutaneous Approach
0RHK04Z	Insertion of Internal Fixation Device into Right Shoulder Joint, Percutaneous Endoscopic Approach
0RHK34Z	Insertion of Internal Fixation Device into Left Shoulder Joint, Open Approach
0RHK44Z	Insertion of Internal Fixation Device into Left Shoulder Joint, Percutaneous Approach
0RHL04Z	Insertion of Internal Fixation Device into Left Shoulder Joint, Percutaneous Endoscopic Approach
0RHL05Z	Insertion of Internal Fixation Device into Right Elbow Joint, Open Approach
0RHL34Z	Insertion of External Fixation Device into Right Elbow Joint, Open Approach
0RHL35Z	Insertion of Internal Fixation Device into Right Elbow Joint, Percutaneous Approach
0RHL44Z	Insertion of External Fixation Device into Right Elbow Joint, Percutaneous Approach
0RHL45Z	Insertion of Internal Fixation Device into Right Elbow Joint, Percutaneous Endoscopic Approach
0RHM04Z	Insertion of External Fixation Device into Right Elbow Joint, Percutaneous Endoscopic Approach
0RHM05Z	Insertion of Internal Fixation Device into Left Elbow Joint, Open Approach
0RHM34Z	Insertion of External Fixation Device into Left Elbow Joint, Open Approach
0RHM35Z	Insertion of Internal Fixation Device into Left Elbow Joint, Percutaneous Approach
0RHM44Z	Insertion of External Fixation Device into Left Elbow Joint, Percutaneous Approach
0RHM45Z	Insertion of Internal Fixation Device into Left Elbow Joint, Percutaneous Endoscopic Approach
0RHN04Z	Insertion of External Fixation Device into Left Elbow Joint, Percutaneous Endoscopic Approach
0RHN05Z	Insertion of Internal Fixation Device into Right Wrist Joint, Open Approach
0RHN34Z	Insertion of External Fixation Device into Right Wrist Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RHN35Z	Insertion of Internal Fixation Device into Right Wrist Joint, Percutaneous Approach
0RHN44Z	Insertion of External Fixation Device into Right Wrist Joint, Percutaneous Approach
0RHN45Z	Insertion of Internal Fixation Device into Right Wrist Joint, Percutaneous Endoscopic Approach
0RHP04Z	Insertion of External Fixation Device into Right Wrist Joint, Percutaneous Endoscopic Approach
0RHP05Z	Insertion of Internal Fixation Device into Left Wrist Joint, Open Approach
0RHP34Z	Insertion of External Fixation Device into Left Wrist Joint, Open Approach
0RHP35Z	Insertion of Internal Fixation Device into Left Wrist Joint, Percutaneous Approach
0RHP44Z	Insertion of External Fixation Device into Left Wrist Joint, Percutaneous Approach
0RHP45Z	Insertion of Internal Fixation Device into Left Wrist Joint, Percutaneous Endoscopic Approach
0RHQ04Z	Insertion of External Fixation Device into Left Wrist Joint, Percutaneous Endoscopic Approach
0RHQ05Z	Insertion of Internal Fixation Device into Right Carpal Joint, Open Approach
0RHQ34Z	Insertion of External Fixation Device into Right Carpal Joint, Open Approach
0RHQ35Z	Insertion of Internal Fixation Device into Right Carpal Joint, Percutaneous Approach
0RHQ44Z	Insertion of External Fixation Device into Right Carpal Joint, Percutaneous Approach
0RHQ45Z	Insertion of Internal Fixation Device into Right Carpal Joint, Percutaneous Endoscopic Approach
0RHR04Z	Insertion of External Fixation Device into Right Carpal Joint, Percutaneous Endoscopic Approach
0RHR05Z	Insertion of Internal Fixation Device into Left Carpal Joint, Open Approach
0RHR34Z	Insertion of External Fixation Device into Left Carpal Joint, Open Approach
0RHR35Z	Insertion of Internal Fixation Device into Left Carpal Joint, Percutaneous Approach
0RHR44Z	Insertion of External Fixation Device into Left Carpal Joint, Percutaneous Approach
0RHR45Z	Insertion of Internal Fixation Device into Left Carpal Joint, Percutaneous Endoscopic Approach
0RHS04Z	Insertion of External Fixation Device into Left Carpal Joint, Percutaneous Endoscopic Approach
0RHS05Z	Insertion of Internal Fixation Device into Right Metacarpocarpal Joint, Open Approach
0RHS34Z	Insertion of External Fixation Device into Right Metacarpocarpal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RHS35Z	Insertion of Internal Fixation Device into Right Metacarpocarpal Joint, Percutaneous Approach
0RHS44Z	Insertion of External Fixation Device into Right Metacarpocarpal Joint, Percutaneous Approach
0RHS45Z	Insertion of Internal Fixation Device into Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHT04Z	Insertion of External Fixation Device into Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHT05Z	Insertion of Internal Fixation Device into Left Metacarpocarpal Joint, Open Approach
0RHT34Z	Insertion of External Fixation Device into Left Metacarpocarpal Joint, Open Approach
0RHT35Z	Insertion of Internal Fixation Device into Left Metacarpocarpal Joint, Percutaneous Approach
0RHT44Z	Insertion of External Fixation Device into Left Metacarpocarpal Joint, Percutaneous Approach
0RHT45Z	Insertion of Internal Fixation Device into Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHU04Z	Insertion of External Fixation Device into Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RHU05Z	Insertion of Internal Fixation Device into Right Metacarpophalangeal Joint, Open Approach
0RHU34Z	Insertion of External Fixation Device into Right Metacarpophalangeal Joint, Open Approach
0RHU35Z	Insertion of Internal Fixation Device into Right Metacarpophalangeal Joint, Percutaneous Approach
0RHU44Z	Insertion of External Fixation Device into Right Metacarpophalangeal Joint, Percutaneous Approach
0RHU45Z	Insertion of Internal Fixation Device into Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHV04Z	Insertion of External Fixation Device into Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHV05Z	Insertion of Internal Fixation Device into Left Metacarpophalangeal Joint, Open Approach
0RHV34Z	Insertion of External Fixation Device into Left Metacarpophalangeal Joint, Open Approach
0RHV35Z	Insertion of Internal Fixation Device into Left Metacarpophalangeal Joint, Percutaneous Approach
0RHV44Z	Insertion of External Fixation Device into Left Metacarpophalangeal Joint, Percutaneous Approach
0RHV45Z	Insertion of Internal Fixation Device into Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHW04Z	Insertion of External Fixation Device into Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RHW05Z	Insertion of Internal Fixation Device into Right Finger Phalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RHW34Z	Insertion of External Fixation Device into Right Finger Phalangeal Joint, Open Approach
0RHW35Z	Insertion of Internal Fixation Device into Right Finger Phalangeal Joint, Percutaneous Approach
0RHW44Z	Insertion of External Fixation Device into Right Finger Phalangeal Joint, Percutaneous Approach
0RHW45Z	Insertion of Internal Fixation Device into Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RHX04Z	Insertion of External Fixation Device into Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RHX05Z	Insertion of Internal Fixation Device into Left Finger Phalangeal Joint, Open Approach
0RHX34Z	Insertion of External Fixation Device into Left Finger Phalangeal Joint, Open Approach
0RHX35Z	Insertion of Internal Fixation Device into Left Finger Phalangeal Joint, Percutaneous Approach
0RHX44Z	Insertion of External Fixation Device into Left Finger Phalangeal Joint, Percutaneous Approach
0RHX45Z	Insertion of Internal Fixation Device into Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RJ00ZZ	Insertion of External Fixation Device into Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RJ03ZZ	Inspection of Occipital-cervical Joint, Open Approach
0RJ04ZZ	Inspection of Occipital-cervical Joint, Percutaneous Approach
0RJ10ZZ	Inspection of Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RJ13ZZ	Inspection of Cervical Vertebral Joint, Open Approach
0RJ14ZZ	Inspection of Cervical Vertebral Joint, Percutaneous Approach
0RJ30ZZ	Inspection of Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RJ33ZZ	Inspection of Cervical Vertebral Disc, Open Approach
0RJ34ZZ	Inspection of Cervical Vertebral Disc, Percutaneous Approach
0RJ40ZZ	Inspection of Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RJ43ZZ	Inspection of Cervicothoracic Vertebral Joint, Open Approach
0RJ44ZZ	Inspection of Cervicothoracic Vertebral Joint, Percutaneous Approach
0RJ50ZZ	Inspection of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RJ53ZZ	Inspection of Cervicothoracic Vertebral Disc, Open Approach
0RJ54ZZ	Inspection of Cervicothoracic Vertebral Disc, Percutaneous Approach
0RJ60ZZ	Inspection of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RJ63ZZ	Inspection of Thoracic Vertebral Joint, Open Approach
0RJ64ZZ	Inspection of Thoracic Vertebral Joint, Percutaneous Approach
0RJ90ZZ	Inspection of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RJ93ZZ	Inspection of Thoracic Vertebral Disc, Open Approach
0RJ94ZZ	Inspection of Thoracic Vertebral Disc, Percutaneous Approach
0RJA0ZZ	Inspection of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RJA3ZZ	Inspection of Thoracolumbar Vertebral Joint, Open Approach
0RJA4ZZ	Inspection of Thoracolumbar Vertebral Joint, Percutaneous Approach
0RJB0ZZ	Inspection of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RJB3ZZ	Inspection of Thoracolumbar Vertebral Disc, Open Approach
0RJB4ZZ	Inspection of Thoracolumbar Vertebral Disc, Percutaneous Approach
0RJC0ZZ	Inspection of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RJC3ZZ	Inspection of Right Temporomandibular Joint, Open Approach
0RJC4ZZ	Inspection of Right Temporomandibular Joint, Percutaneous Approach
0RJD0ZZ	Inspection of Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RJD3ZZ	Inspection of Left Temporomandibular Joint, Open Approach
0RJD4ZZ	Inspection of Left Temporomandibular Joint, Percutaneous Approach
0RJE3ZZ	Inspection of Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RJE4ZZ	Inspection of Right Sternoclavicular Joint, Percutaneous Approach
0RJF3ZZ	Inspection of Right Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RJF4ZZ	Inspection of Left Sternoclavicular Joint, Percutaneous Approach
0RJG0ZZ	Inspection of Left Sternoclavicular Joint, Percutaneous Endoscopic Approach
0RJG3ZZ	Inspection of Right Acromioclavicular Joint, Open Approach
0RJG4ZZ	Inspection of Right Acromioclavicular Joint, Percutaneous Approach
0RJH0ZZ	Inspection of Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RJH3ZZ	Inspection of Left Acromioclavicular Joint, Open Approach
0RJH4ZZ	Inspection of Left Acromioclavicular Joint, Percutaneous Approach
0RJJ0ZZ	Inspection of Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RJJ3ZZ	Inspection of Right Shoulder Joint, Open Approach
0RJJ4ZZ	Inspection of Right Shoulder Joint, Percutaneous Approach
0RJK0ZZ	Inspection of Right Shoulder Joint, Percutaneous Endoscopic Approach
0RJK3ZZ	Inspection of Left Shoulder Joint, Open Approach
0RJK4ZZ	Inspection of Left Shoulder Joint, Percutaneous Approach
0RJL0ZZ	Inspection of Left Shoulder Joint, Percutaneous Endoscopic Approach
0RJL3ZZ	Inspection of Right Elbow Joint, Open Approach
0RJL4ZZ	Inspection of Right Elbow Joint, Percutaneous Approach
0RJM0ZZ	Inspection of Right Elbow Joint, Percutaneous Endoscopic Approach
0RJM3ZZ	Inspection of Left Elbow Joint, Open Approach
0RJM4ZZ	Inspection of Left Elbow Joint, Percutaneous Approach
0RJN0ZZ	Inspection of Left Elbow Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RJN3ZZ	Inspection of Right Wrist Joint, Open Approach
0RJN4ZZ	Inspection of Right Wrist Joint, Percutaneous Approach
0RJP0ZZ	Inspection of Right Wrist Joint, Percutaneous Endoscopic Approach
0RJP3ZZ	Inspection of Left Wrist Joint, Open Approach
0RJP4ZZ	Inspection of Left Wrist Joint, Percutaneous Approach
0RJQ0ZZ	Inspection of Left Wrist Joint, Percutaneous Endoscopic Approach
0RJQ3ZZ	Inspection of Right Carpal Joint, Open Approach
0RJQ4ZZ	Inspection of Right Carpal Joint, Percutaneous Approach
0RJR0ZZ	Inspection of Right Carpal Joint, Percutaneous Endoscopic Approach
0RJR3ZZ	Inspection of Left Carpal Joint, Open Approach
0RJR4ZZ	Inspection of Left Carpal Joint, Percutaneous Approach
0RJS0ZZ	Inspection of Left Carpal Joint, Percutaneous Endoscopic Approach
0RJS3ZZ	Inspection of Right Metacarpocarpal Joint, Open Approach
0RJS4ZZ	Inspection of Right Metacarpocarpal Joint, Percutaneous Approach
0RJT0ZZ	Inspection of Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RJT3ZZ	Inspection of Left Metacarpocarpal Joint, Open Approach
0RJT4ZZ	Inspection of Left Metacarpocarpal Joint, Percutaneous Approach
0RJU0ZZ	Inspection of Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RJU3ZZ	Inspection of Right Metacarpophalangeal Joint, Open Approach
0RJU4ZZ	Inspection of Right Metacarpophalangeal Joint, Percutaneous Approach
0RJV0ZZ	Inspection of Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RJV3ZZ	Inspection of Left Metacarpophalangeal Joint, Open Approach
0RJV4ZZ	Inspection of Left Metacarpophalangeal Joint, Percutaneous Approach
0RJW0ZZ	Inspection of Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RJW3ZZ	Inspection of Right Finger Phalangeal Joint, Open Approach
0RJW4ZZ	Inspection of Right Finger Phalangeal Joint, Percutaneous Approach
0RJX0ZZ	Inspection of Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RJX3ZZ	Inspection of Left Finger Phalangeal Joint, Open Approach
0RJX4ZZ	Inspection of Left Finger Phalangeal Joint, Percutaneous Approach
0RN00ZZ	Inspection of Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RN03ZZ	Release Occipital-cervical Joint, Open Approach
0RN04ZZ	Release Occipital-cervical Joint, Percutaneous Approach
0RN10ZZ	Release Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RN13ZZ	Release Cervical Vertebral Joint, Open Approach
0RN14ZZ	Release Cervical Vertebral Joint, Percutaneous Approach
0RN30ZZ	Release Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RN33ZZ	Release Cervical Vertebral Disc, Open Approach
0RN34ZZ	Release Cervical Vertebral Disc, Percutaneous Approach
0RN40ZZ	Release Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RN43ZZ	Release Cervicothoracic Vertebral Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RN44ZZ	Release Cervicothoracic Vertebral Joint, Percutaneous Approach
0RN50ZZ	Release Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RN53ZZ	Release Cervicothoracic Vertebral Disc, Open Approach
0RN54ZZ	Release Cervicothoracic Vertebral Disc, Percutaneous Approach
0RN60ZZ	Release Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RN63ZZ	Release Thoracic Vertebral Joint, Open Approach
0RN64ZZ	Release Thoracic Vertebral Joint, Percutaneous Approach
0RN90ZZ	Release Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RN93ZZ	Release Thoracic Vertebral Disc, Open Approach
0RN94ZZ	Release Thoracic Vertebral Disc, Percutaneous Approach
0RNA0ZZ	Release Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RNA3ZZ	Release Thoracolumbar Vertebral Joint, Open Approach
0RNA4ZZ	Release Thoracolumbar Vertebral Joint, Percutaneous Approach
0RNB0ZZ	Release Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RNB3ZZ	Release Thoracolumbar Vertebral Disc, Open Approach
0RNB4ZZ	Release Thoracolumbar Vertebral Disc, Percutaneous Approach
0RNC0ZZ	Release Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RNC3ZZ	Release Right Temporomandibular Joint, Open Approach
0RNC4ZZ	Release Right Temporomandibular Joint, Percutaneous Approach
0RNCXZZ	Release Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RND0ZZ	Release Right Temporomandibular Joint, External Approach
0RND3ZZ	Release Left Temporomandibular Joint, Open Approach
0RND4ZZ	Release Left Temporomandibular Joint, Percutaneous Approach
0RNDXZZ	Release Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RNG0ZZ	Release Left Temporomandibular Joint, External Approach
0RNG3ZZ	Release Right Acromioclavicular Joint, Open Approach
0RNG4ZZ	Release Right Acromioclavicular Joint, Percutaneous Approach
0RNH0ZZ	Release Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RNH3ZZ	Release Left Acromioclavicular Joint, Open Approach
0RNH4ZZ	Release Left Acromioclavicular Joint, Percutaneous Approach
0RNJ0ZZ	Release Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RNJ3ZZ	Release Right Shoulder Joint, Open Approach
0RNJ4ZZ	Release Right Shoulder Joint, Percutaneous Approach
0RNK0ZZ	Release Right Shoulder Joint, Percutaneous Endoscopic Approach
0RNK3ZZ	Release Left Shoulder Joint, Open Approach
0RNK4ZZ	Release Left Shoulder Joint, Percutaneous Approach
0RNL0ZZ	Release Left Shoulder Joint, Percutaneous Endoscopic Approach
0RNL3ZZ	Release Right Elbow Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RNL4ZZ	Release Right Elbow Joint, Percutaneous Approach
0RNM0ZZ	Release Right Elbow Joint, Percutaneous Endoscopic Approach
0RNM3ZZ	Release Left Elbow Joint, Open Approach
0RNM4ZZ	Release Left Elbow Joint, Percutaneous Approach
0RNN0ZZ	Release Left Elbow Joint, Percutaneous Endoscopic Approach
0RNN3ZZ	Release Right Wrist Joint, Open Approach
0RNN4ZZ	Release Right Wrist Joint, Percutaneous Approach
0RNP0ZZ	Release Right Wrist Joint, Percutaneous Endoscopic Approach
0RNP3ZZ	Release Left Wrist Joint, Open Approach
0RNP4ZZ	Release Left Wrist Joint, Percutaneous Approach
0RNQ0ZZ	Release Left Wrist Joint, Percutaneous Endoscopic Approach
0RNQ3ZZ	Release Right Carpal Joint, Open Approach
0RNQ4ZZ	Release Right Carpal Joint, Percutaneous Approach
0RNR0ZZ	Release Right Carpal Joint, Percutaneous Endoscopic Approach
0RNR3ZZ	Release Left Carpal Joint, Open Approach
0RNR4ZZ	Release Left Carpal Joint, Percutaneous Approach
0RNS0ZZ	Release Left Carpal Joint, Percutaneous Endoscopic Approach
0RNS3ZZ	Release Right Metacarpocarpal Joint, Open Approach
0RNS4ZZ	Release Right Metacarpocarpal Joint, Percutaneous Approach
0RNT0ZZ	Release Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RNT3ZZ	Release Left Metacarpocarpal Joint, Open Approach
0RNT4ZZ	Release Left Metacarpocarpal Joint, Percutaneous Approach
0RNU0ZZ	Release Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RNU3ZZ	Release Right Metacarpophalangeal Joint, Open Approach
0RNU4ZZ	Release Right Metacarpophalangeal Joint, Percutaneous Approach
0RNV0ZZ	Release Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RNV3ZZ	Release Left Metacarpophalangeal Joint, Open Approach
0RNV4ZZ	Release Left Metacarpophalangeal Joint, Percutaneous Approach
0RNW0ZZ	Release Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RNW3ZZ	Release Right Finger Phalangeal Joint, Open Approach
0RNW4ZZ	Release Right Finger Phalangeal Joint, Percutaneous Approach
0RNX0ZZ	Release Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RNX3ZZ	Release Left Finger Phalangeal Joint, Open Approach
0RNX4ZZ	Release Left Finger Phalangeal Joint, Percutaneous Approach
0RP000Z	Release Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RP003Z	Removal of Drainage Device from Occipital-cervical Joint, Open Approach
0RP007Z	Removal of Infusion Device from Occipital-cervical Joint, Open Approach
0RP00JZ	Removal of Autologous Tissue Substitute from Occipital-cervical Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP00KZ	Removal of Synthetic Substitute from Occipital-cervical Joint, Open Approach
0RP030Z	Removal of Nonautologous Tissue Substitute from Occipital-cervical Joint, Open Approach
0RP033Z	Removal of Drainage Device from Occipital-cervical Joint, Percutaneous Approach
0RP034Z	Removal of Infusion Device from Occipital-cervical Joint, Percutaneous Approach
0RP037Z	Removal of Internal Fixation Device from Occipital-cervical Joint, Percutaneous Approach
0RP03AZ	Removal of Autologous Tissue Substitute from Occipital-cervical Joint, Percutaneous Approach
0RP03JZ	Removal of Interbody Fusion Device from Occipital-cervical Joint, Percutaneous Approach
0RP03KZ	Removal of Synthetic Substitute from Occipital-cervical Joint, Percutaneous Approach
0RP040Z	Removal of Nonautologous Tissue Substitute from Occipital-cervical Joint, Percutaneous Approach
0RP043Z	Removal of Drainage Device from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP044Z	Removal of Infusion Device from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP047Z	Removal of Internal Fixation Device from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP04AZ	Removal of Autologous Tissue Substitute from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP04JZ	Removal of Interbody Fusion Device from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP04KZ	Removal of Synthetic Substitute from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP100Z	Removal of Nonautologous Tissue Substitute from Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RP103Z	Removal of Drainage Device from Cervical Vertebral Joint, Open Approach
0RP107Z	Removal of Infusion Device from Cervical Vertebral Joint, Open Approach
0RP10JZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Joint, Open Approach
0RP10KZ	Removal of Synthetic Substitute from Cervical Vertebral Joint, Open Approach
0RP130Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Joint, Open Approach
0RP133Z	Removal of Drainage Device from Cervical Vertebral Joint, Percutaneous Approach
0RP134Z	Removal of Infusion Device from Cervical Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP137Z	Removal of Internal Fixation Device from Cervical Vertebral Joint, Percutaneous Approach
0RP13AZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Joint, Percutaneous Approach
0RP13JZ	Removal of Interbody Fusion Device from Cervical Vertebral Joint, Percutaneous Approach
0RP13KZ	Removal of Synthetic Substitute from Cervical Vertebral Joint, Percutaneous Approach
0RP140Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Joint, Percutaneous Approach
0RP143Z	Removal of Drainage Device from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP144Z	Removal of Infusion Device from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP147Z	Removal of Internal Fixation Device from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP14AZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP14JZ	Removal of Interbody Fusion Device from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP14KZ	Removal of Synthetic Substitute from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP300Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RP303Z	Removal of Drainage Device from Cervical Vertebral Disc, Open Approach
0RP307Z	Removal of Infusion Device from Cervical Vertebral Disc, Open Approach
0RP30JZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Disc, Open Approach
0RP30KZ	Removal of Synthetic Substitute from Cervical Vertebral Disc, Open Approach
0RP330Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Disc, Open Approach
0RP333Z	Removal of Drainage Device from Cervical Vertebral Disc, Percutaneous Approach
0RP337Z	Removal of Infusion Device from Cervical Vertebral Disc, Percutaneous Approach
0RP33JZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Disc, Percutaneous Approach
0RP33KZ	Removal of Synthetic Substitute from Cervical Vertebral Disc, Percutaneous Approach
0RP340Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Disc, Percutaneous Approach
0RP343Z	Removal of Drainage Device from Cervical Vertebral Disc, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP347Z	Removal of Infusion Device from Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RP34JZ	Removal of Autologous Tissue Substitute from Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RP34KZ	Removal of Synthetic Substitute from Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RP400Z	Removal of Nonautologous Tissue Substitute from Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RP403Z	Removal of Drainage Device from Cervicothoracic Vertebral Joint, Open Approach
0RP407Z	Removal of Infusion Device from Cervicothoracic Vertebral Joint, Open Approach
0RP40JZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Joint, Open Approach
0RP40KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Joint, Open Approach
0RP430Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Joint, Open Approach
0RP433Z	Removal of Drainage Device from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP434Z	Removal of Infusion Device from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP437Z	Removal of Internal Fixation Device from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP43AZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP43JZ	Removal of Interbody Fusion Device from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP43KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP440Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Joint, Percutaneous Approach
0RP443Z	Removal of Drainage Device from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP444Z	Removal of Infusion Device from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP447Z	Removal of Internal Fixation Device from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP44AZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP44JZ	Removal of Interbody Fusion Device from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP44KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP500Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP503Z	Removal of Drainage Device from Cervicothoracic Vertebral Disc, Open Approach
0RP507Z	Removal of Infusion Device from Cervicothoracic Vertebral Disc, Open Approach
0RP50JZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Disc, Open Approach
0RP50KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Disc, Open Approach
0RP530Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Disc, Open Approach
0RP533Z	Removal of Drainage Device from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RP537Z	Removal of Infusion Device from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RP53JZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RP53KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RP540Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Disc, Percutaneous Approach
0RP543Z	Removal of Drainage Device from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP547Z	Removal of Infusion Device from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP54JZ	Removal of Autologous Tissue Substitute from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP54KZ	Removal of Synthetic Substitute from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP600Z	Removal of Nonautologous Tissue Substitute from Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP603Z	Removal of Drainage Device from Thoracic Vertebral Joint, Open Approach
0RP607Z	Removal of Infusion Device from Thoracic Vertebral Joint, Open Approach
0RP60JZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Joint, Open Approach
0RP60KZ	Removal of Synthetic Substitute from Thoracic Vertebral Joint, Open Approach
0RP630Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Joint, Open Approach
0RP633Z	Removal of Drainage Device from Thoracic Vertebral Joint, Percutaneous Approach
0RP634Z	Removal of Infusion Device from Thoracic Vertebral Joint, Percutaneous Approach
0RP637Z	Removal of Internal Fixation Device from Thoracic Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP63AZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Joint, Percutaneous Approach
0RP63JZ	Removal of Interbody Fusion Device from Thoracic Vertebral Joint, Percutaneous Approach
0RP63KZ	Removal of Synthetic Substitute from Thoracic Vertebral Joint, Percutaneous Approach
0RP640Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Joint, Percutaneous Approach
0RP643Z	Removal of Drainage Device from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP644Z	Removal of Infusion Device from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP647Z	Removal of Internal Fixation Device from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP64AZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP64JZ	Removal of Interbody Fusion Device from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP64KZ	Removal of Synthetic Substitute from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP900Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RP903Z	Removal of Drainage Device from Thoracic Vertebral Disc, Open Approach
0RP907Z	Removal of Infusion Device from Thoracic Vertebral Disc, Open Approach
0RP90JZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Disc, Open Approach
0RP90KZ	Removal of Synthetic Substitute from Thoracic Vertebral Disc, Open Approach
0RP930Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Disc, Open Approach
0RP933Z	Removal of Drainage Device from Thoracic Vertebral Disc, Percutaneous Approach
0RP937Z	Removal of Infusion Device from Thoracic Vertebral Disc, Percutaneous Approach
0RP93JZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Disc, Percutaneous Approach
0RP93KZ	Removal of Synthetic Substitute from Thoracic Vertebral Disc, Percutaneous Approach
0RP940Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Disc, Percutaneous Approach
0RP943Z	Removal of Drainage Device from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP947Z	Removal of Infusion Device from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RP94JZ	Removal of Autologous Tissue Substitute from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RP94KZ	Removal of Synthetic Substitute from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RPA00Z	Removal of Nonautologous Tissue Substitute from Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RPA03Z	Removal of Drainage Device from Thoracolumbar Vertebral Joint, Open Approach
0RPA07Z	Removal of Infusion Device from Thoracolumbar Vertebral Joint, Open Approach
0RPA0JZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Joint, Open Approach
0RPA0KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Joint, Open Approach
0RPA30Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Joint, Open Approach
0RPA33Z	Removal of Drainage Device from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA34Z	Removal of Infusion Device from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA37Z	Removal of Internal Fixation Device from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA3AZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA3JZ	Removal of Interbody Fusion Device from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA3KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA40Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Joint, Percutaneous Approach
0RPA43Z	Removal of Drainage Device from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPA44Z	Removal of Infusion Device from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPA47Z	Removal of Internal Fixation Device from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPA4AZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPA4JZ	Removal of Interbody Fusion Device from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPA4KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPB00Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RPB03Z	Removal of Drainage Device from Thoracolumbar Vertebral Disc, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPB07Z	Removal of Infusion Device from Thoracolumbar Vertebral Disc, Open Approach
0RPB0JZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Disc, Open Approach
0RPB0KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Disc, Open Approach
0RPB30Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Disc, Open Approach
0RPB33Z	Removal of Drainage Device from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RPB37Z	Removal of Infusion Device from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RPB3JZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RPB3KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RPB40Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Disc, Percutaneous Approach
0RPB43Z	Removal of Drainage Device from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RPB47Z	Removal of Infusion Device from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RPB4JZ	Removal of Autologous Tissue Substitute from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RPB4KZ	Removal of Synthetic Substitute from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RPC00Z	Removal of Nonautologous Tissue Substitute from Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RPC03Z	Removal of Drainage Device from Right Temporomandibular Joint, Open Approach
0RPC04Z	Removal of Infusion Device from Right Temporomandibular Joint, Open Approach
0RPC07Z	Removal of Internal Fixation Device from Right Temporomandibular Joint, Open Approach
0RPC0JZ	Removal of Autologous Tissue Substitute from Right Temporomandibular Joint, Open Approach
0RPC0KZ	Removal of Synthetic Substitute from Right Temporomandibular Joint, Open Approach
0RPC30Z	Removal of Nonautologous Tissue Substitute from Right Temporomandibular Joint, Open Approach
0RPC33Z	Removal of Drainage Device from Right Temporomandibular Joint, Percutaneous Approach
0RPC34Z	Removal of Infusion Device from Right Temporomandibular Joint, Percutaneous Approach
0RPC37Z	Removal of Internal Fixation Device from Right Temporomandibular Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPC3JZ	Removal of Autologous Tissue Substitute from Right Temporomandibular Joint, Percutaneous Approach
0RPC3KZ	Removal of Synthetic Substitute from Right Temporomandibular Joint, Percutaneous Approach
0RPC40Z	Removal of Nonautologous Tissue Substitute from Right Temporomandibular Joint, Percutaneous Approach
0RPC43Z	Removal of Drainage Device from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPC44Z	Removal of Infusion Device from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPC47Z	Removal of Internal Fixation Device from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPC4JZ	Removal of Autologous Tissue Substitute from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPC4KZ	Removal of Synthetic Substitute from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPCX4Z	Removal of Nonautologous Tissue Substitute from Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPD00Z	Removal of Internal Fixation Device from Right Temporomandibular Joint, External Approach
0RPD03Z	Removal of Drainage Device from Left Temporomandibular Joint, Open Approach
0RPD04Z	Removal of Infusion Device from Left Temporomandibular Joint, Open Approach
0RPD07Z	Removal of Internal Fixation Device from Left Temporomandibular Joint, Open Approach
0RPD0JZ	Removal of Autologous Tissue Substitute from Left Temporomandibular Joint, Open Approach
0RPD0KZ	Removal of Synthetic Substitute from Left Temporomandibular Joint, Open Approach
0RPD30Z	Removal of Nonautologous Tissue Substitute from Left Temporomandibular Joint, Open Approach
0RPD33Z	Removal of Drainage Device from Left Temporomandibular Joint, Percutaneous Approach
0RPD34Z	Removal of Infusion Device from Left Temporomandibular Joint, Percutaneous Approach
0RPD37Z	Removal of Internal Fixation Device from Left Temporomandibular Joint, Percutaneous Approach
0RPD3JZ	Removal of Autologous Tissue Substitute from Left Temporomandibular Joint, Percutaneous Approach
0RPD3KZ	Removal of Synthetic Substitute from Left Temporomandibular Joint, Percutaneous Approach
0RPD40Z	Removal of Nonautologous Tissue Substitute from Left Temporomandibular Joint, Percutaneous Approach
0RPD43Z	Removal of Drainage Device from Left Temporomandibular Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPD44Z	Removal of Infusion Device from Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPD47Z	Removal of Internal Fixation Device from Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPD4JZ	Removal of Autologous Tissue Substitute from Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPD4KZ	Removal of Synthetic Substitute from Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPDX4Z	Removal of Nonautologous Tissue Substitute from Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RPG00Z	Removal of Internal Fixation Device from Left Temporomandibular Joint, External Approach
0RPG03Z	Removal of Drainage Device from Right Acromioclavicular Joint, Open Approach
0RPG04Z	Removal of Infusion Device from Right Acromioclavicular Joint, Open Approach
0RPG07Z	Removal of Internal Fixation Device from Right Acromioclavicular Joint, Open Approach
0RPG0KZ	Removal of Autologous Tissue Substitute from Right Acromioclavicular Joint, Open Approach
0RPG30Z	Removal of Nonautologous Tissue Substitute from Right Acromioclavicular Joint, Open Approach
0RPG33Z	Removal of Drainage Device from Right Acromioclavicular Joint, Percutaneous Approach
0RPG34Z	Removal of Infusion Device from Right Acromioclavicular Joint, Percutaneous Approach
0RPG37Z	Removal of Internal Fixation Device from Right Acromioclavicular Joint, Percutaneous Approach
0RPG3KZ	Removal of Autologous Tissue Substitute from Right Acromioclavicular Joint, Percutaneous Approach
0RPG40Z	Removal of Nonautologous Tissue Substitute from Right Acromioclavicular Joint, Percutaneous Approach
0RPG43Z	Removal of Drainage Device from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPG44Z	Removal of Infusion Device from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPG47Z	Removal of Internal Fixation Device from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPG4KZ	Removal of Autologous Tissue Substitute from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPH00Z	Removal of Nonautologous Tissue Substitute from Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPH03Z	Removal of Drainage Device from Left Acromioclavicular Joint, Open Approach
0RPH04Z	Removal of Infusion Device from Left Acromioclavicular Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPH07Z	Removal of Internal Fixation Device from Left Acromioclavicular Joint, Open Approach
0RPH0KZ	Removal of Autologous Tissue Substitute from Left Acromioclavicular Joint, Open Approach
0RPH30Z	Removal of Nonautologous Tissue Substitute from Left Acromioclavicular Joint, Open Approach
0RPH33Z	Removal of Drainage Device from Left Acromioclavicular Joint, Percutaneous Approach
0RPH34Z	Removal of Infusion Device from Left Acromioclavicular Joint, Percutaneous Approach
0RPH37Z	Removal of Internal Fixation Device from Left Acromioclavicular Joint, Percutaneous Approach
0RPH3KZ	Removal of Autologous Tissue Substitute from Left Acromioclavicular Joint, Percutaneous Approach
0RPH40Z	Removal of Nonautologous Tissue Substitute from Left Acromioclavicular Joint, Percutaneous Approach
0RPH43Z	Removal of Drainage Device from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPH44Z	Removal of Infusion Device from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPH47Z	Removal of Internal Fixation Device from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPH4KZ	Removal of Autologous Tissue Substitute from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPJ00Z	Removal of Nonautologous Tissue Substitute from Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RPJ03Z	Removal of Drainage Device from Right Shoulder Joint, Open Approach
0RPJ04Z	Removal of Infusion Device from Right Shoulder Joint, Open Approach
0RPJ07Z	Removal of Internal Fixation Device from Right Shoulder Joint, Open Approach
0RPJ0KZ	Removal of Autologous Tissue Substitute from Right Shoulder Joint, Open Approach
0RPJ30Z	Removal of Nonautologous Tissue Substitute from Right Shoulder Joint, Open Approach
0RPJ33Z	Removal of Drainage Device from Right Shoulder Joint, Percutaneous Approach
0RPJ34Z	Removal of Infusion Device from Right Shoulder Joint, Percutaneous Approach
0RPJ37Z	Removal of Internal Fixation Device from Right Shoulder Joint, Percutaneous Approach
0RPJ3JZ	Removal of Autologous Tissue Substitute from Right Shoulder Joint, Percutaneous Approach
0RPJ3KZ	Removal of Synthetic Substitute from Right Shoulder Joint, Percutaneous Approach
0RPJ40Z	Removal of Nonautologous Tissue Substitute from Right Shoulder Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPJ43Z	Removal of Drainage Device from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPJ44Z	Removal of Infusion Device from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPJ47Z	Removal of Internal Fixation Device from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPJ4JZ	Removal of Autologous Tissue Substitute from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPJ4KZ	Removal of Synthetic Substitute from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPK00Z	Removal of Nonautologous Tissue Substitute from Right Shoulder Joint, Percutaneous Endoscopic Approach
0RPK03Z	Removal of Drainage Device from Left Shoulder Joint, Open Approach
0RPK04Z	Removal of Infusion Device from Left Shoulder Joint, Open Approach
0RPK07Z	Removal of Internal Fixation Device from Left Shoulder Joint, Open Approach
0RPK0KZ	Removal of Autologous Tissue Substitute from Left Shoulder Joint, Open Approach
0RPK30Z	Removal of Nonautologous Tissue Substitute from Left Shoulder Joint, Open Approach
0RPK33Z	Removal of Drainage Device from Left Shoulder Joint, Percutaneous Approach
0RPK34Z	Removal of Infusion Device from Left Shoulder Joint, Percutaneous Approach
0RPK37Z	Removal of Internal Fixation Device from Left Shoulder Joint, Percutaneous Approach
0RPK3JZ	Removal of Autologous Tissue Substitute from Left Shoulder Joint, Percutaneous Approach
0RPK3KZ	Removal of Synthetic Substitute from Left Shoulder Joint, Percutaneous Approach
0RPK40Z	Removal of Nonautologous Tissue Substitute from Left Shoulder Joint, Percutaneous Approach
0RPK43Z	Removal of Drainage Device from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPK44Z	Removal of Infusion Device from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPK47Z	Removal of Internal Fixation Device from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPK4JZ	Removal of Autologous Tissue Substitute from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPK4KZ	Removal of Synthetic Substitute from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPL00Z	Removal of Nonautologous Tissue Substitute from Left Shoulder Joint, Percutaneous Endoscopic Approach
0RPL03Z	Removal of Drainage Device from Right Elbow Joint, Open Approach
0RPL04Z	Removal of Infusion Device from Right Elbow Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPL05Z	Removal of Internal Fixation Device from Right Elbow Joint, Open Approach
0RPL07Z	Removal of External Fixation Device from Right Elbow Joint, Open Approach
0RPL0JZ	Removal of Autologous Tissue Substitute from Right Elbow Joint, Open Approach
0RPL0KZ	Removal of Synthetic Substitute from Right Elbow Joint, Open Approach
0RPL30Z	Removal of Nonautologous Tissue Substitute from Right Elbow Joint, Open Approach
0RPL33Z	Removal of Drainage Device from Right Elbow Joint, Percutaneous Approach
0RPL34Z	Removal of Infusion Device from Right Elbow Joint, Percutaneous Approach
0RPL35Z	Removal of Internal Fixation Device from Right Elbow Joint, Percutaneous Approach
0RPL37Z	Removal of External Fixation Device from Right Elbow Joint, Percutaneous Approach
0RPL3JZ	Removal of Autologous Tissue Substitute from Right Elbow Joint, Percutaneous Approach
0RPL3KZ	Removal of Synthetic Substitute from Right Elbow Joint, Percutaneous Approach
0RPL40Z	Removal of Nonautologous Tissue Substitute from Right Elbow Joint, Percutaneous Approach
0RPL43Z	Removal of Drainage Device from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPL44Z	Removal of Infusion Device from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPL45Z	Removal of Internal Fixation Device from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPL47Z	Removal of External Fixation Device from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPL4JZ	Removal of Autologous Tissue Substitute from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPL4KZ	Removal of Synthetic Substitute from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPM00Z	Removal of Nonautologous Tissue Substitute from Right Elbow Joint, Percutaneous Endoscopic Approach
0RPM03Z	Removal of Drainage Device from Left Elbow Joint, Open Approach
0RPM04Z	Removal of Infusion Device from Left Elbow Joint, Open Approach
0RPM05Z	Removal of Internal Fixation Device from Left Elbow Joint, Open Approach
0RPM07Z	Removal of External Fixation Device from Left Elbow Joint, Open Approach
0RPM0JZ	Removal of Autologous Tissue Substitute from Left Elbow Joint, Open Approach
0RPM0KZ	Removal of Synthetic Substitute from Left Elbow Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPM30Z	Removal of Nonautologous Tissue Substitute from Left Elbow Joint, Open Approach
0RPM33Z	Removal of Drainage Device from Left Elbow Joint, Percutaneous Approach
0RPM34Z	Removal of Infusion Device from Left Elbow Joint, Percutaneous Approach
0RPM35Z	Removal of Internal Fixation Device from Left Elbow Joint, Percutaneous Approach
0RPM37Z	Removal of External Fixation Device from Left Elbow Joint, Percutaneous Approach
0RPM3JZ	Removal of Autologous Tissue Substitute from Left Elbow Joint, Percutaneous Approach
0RPM3KZ	Removal of Synthetic Substitute from Left Elbow Joint, Percutaneous Approach
0RPM40Z	Removal of Nonautologous Tissue Substitute from Left Elbow Joint, Percutaneous Approach
0RPM43Z	Removal of Drainage Device from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPM44Z	Removal of Infusion Device from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPM45Z	Removal of Internal Fixation Device from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPM47Z	Removal of External Fixation Device from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPM4JZ	Removal of Autologous Tissue Substitute from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPM4KZ	Removal of Synthetic Substitute from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPN00Z	Removal of Nonautologous Tissue Substitute from Left Elbow Joint, Percutaneous Endoscopic Approach
0RPN03Z	Removal of Drainage Device from Right Wrist Joint, Open Approach
0RPN04Z	Removal of Infusion Device from Right Wrist Joint, Open Approach
0RPN05Z	Removal of Internal Fixation Device from Right Wrist Joint, Open Approach
0RPN07Z	Removal of External Fixation Device from Right Wrist Joint, Open Approach
0RPN0JZ	Removal of Autologous Tissue Substitute from Right Wrist Joint, Open Approach
0RPN0KZ	Removal of Synthetic Substitute from Right Wrist Joint, Open Approach
0RPN30Z	Removal of Nonautologous Tissue Substitute from Right Wrist Joint, Open Approach
0RPN33Z	Removal of Drainage Device from Right Wrist Joint, Percutaneous Approach
0RPN34Z	Removal of Infusion Device from Right Wrist Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPN35Z	Removal of Internal Fixation Device from Right Wrist Joint, Percutaneous Approach
0RPN37Z	Removal of External Fixation Device from Right Wrist Joint, Percutaneous Approach
0RPN3JZ	Removal of Autologous Tissue Substitute from Right Wrist Joint, Percutaneous Approach
0RPN3KZ	Removal of Synthetic Substitute from Right Wrist Joint, Percutaneous Approach
0RPN40Z	Removal of Nonautologous Tissue Substitute from Right Wrist Joint, Percutaneous Approach
0RPN43Z	Removal of Drainage Device from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPN44Z	Removal of Infusion Device from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPN45Z	Removal of Internal Fixation Device from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPN47Z	Removal of External Fixation Device from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPN4JZ	Removal of Autologous Tissue Substitute from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPN4KZ	Removal of Synthetic Substitute from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPP00Z	Removal of Nonautologous Tissue Substitute from Right Wrist Joint, Percutaneous Endoscopic Approach
0RPP03Z	Removal of Drainage Device from Left Wrist Joint, Open Approach
0RPP04Z	Removal of Infusion Device from Left Wrist Joint, Open Approach
0RPP05Z	Removal of Internal Fixation Device from Left Wrist Joint, Open Approach
0RPP07Z	Removal of External Fixation Device from Left Wrist Joint, Open Approach
0RPP0JZ	Removal of Autologous Tissue Substitute from Left Wrist Joint, Open Approach
0RPP0KZ	Removal of Synthetic Substitute from Left Wrist Joint, Open Approach
0RPP30Z	Removal of Nonautologous Tissue Substitute from Left Wrist Joint, Open Approach
0RPP33Z	Removal of Drainage Device from Left Wrist Joint, Percutaneous Approach
0RPP34Z	Removal of Infusion Device from Left Wrist Joint, Percutaneous Approach
0RPP35Z	Removal of Internal Fixation Device from Left Wrist Joint, Percutaneous Approach
0RPP37Z	Removal of External Fixation Device from Left Wrist Joint, Percutaneous Approach
0RPP3JZ	Removal of Autologous Tissue Substitute from Left Wrist Joint, Percutaneous Approach
0RPP3KZ	Removal of Synthetic Substitute from Left Wrist Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPP40Z	Removal of Nonautologous Tissue Substitute from Left Wrist Joint, Percutaneous Approach
0RPP43Z	Removal of Drainage Device from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPP44Z	Removal of Infusion Device from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPP45Z	Removal of Internal Fixation Device from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPP47Z	Removal of External Fixation Device from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPP4JZ	Removal of Autologous Tissue Substitute from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPP4KZ	Removal of Synthetic Substitute from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPQ00Z	Removal of Nonautologous Tissue Substitute from Left Wrist Joint, Percutaneous Endoscopic Approach
0RPQ03Z	Removal of Drainage Device from Right Carpal Joint, Open Approach
0RPQ04Z	Removal of Infusion Device from Right Carpal Joint, Open Approach
0RPQ05Z	Removal of Internal Fixation Device from Right Carpal Joint, Open Approach
0RPQ07Z	Removal of External Fixation Device from Right Carpal Joint, Open Approach
0RPQ0JZ	Removal of Autologous Tissue Substitute from Right Carpal Joint, Open Approach
0RPQ0KZ	Removal of Synthetic Substitute from Right Carpal Joint, Open Approach
0RPQ30Z	Removal of Nonautologous Tissue Substitute from Right Carpal Joint, Open Approach
0RPQ33Z	Removal of Drainage Device from Right Carpal Joint, Percutaneous Approach
0RPQ34Z	Removal of Infusion Device from Right Carpal Joint, Percutaneous Approach
0RPQ35Z	Removal of Internal Fixation Device from Right Carpal Joint, Percutaneous Approach
0RPQ37Z	Removal of External Fixation Device from Right Carpal Joint, Percutaneous Approach
0RPQ3JZ	Removal of Autologous Tissue Substitute from Right Carpal Joint, Percutaneous Approach
0RPQ3KZ	Removal of Synthetic Substitute from Right Carpal Joint, Percutaneous Approach
0RPQ40Z	Removal of Nonautologous Tissue Substitute from Right Carpal Joint, Percutaneous Approach
0RPQ43Z	Removal of Drainage Device from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPQ44Z	Removal of Infusion Device from Right Carpal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPQ45Z	Removal of Internal Fixation Device from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPQ47Z	Removal of External Fixation Device from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPQ4JZ	Removal of Autologous Tissue Substitute from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPQ4KZ	Removal of Synthetic Substitute from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPR00Z	Removal of Nonautologous Tissue Substitute from Right Carpal Joint, Percutaneous Endoscopic Approach
0RPR03Z	Removal of Drainage Device from Left Carpal Joint, Open Approach
0RPR04Z	Removal of Infusion Device from Left Carpal Joint, Open Approach
0RPR05Z	Removal of Internal Fixation Device from Left Carpal Joint, Open Approach
0RPR07Z	Removal of External Fixation Device from Left Carpal Joint, Open Approach
0RPR0JZ	Removal of Autologous Tissue Substitute from Left Carpal Joint, Open Approach
0RPR0KZ	Removal of Synthetic Substitute from Left Carpal Joint, Open Approach
0RPR30Z	Removal of Nonautologous Tissue Substitute from Left Carpal Joint, Open Approach
0RPR33Z	Removal of Drainage Device from Left Carpal Joint, Percutaneous Approach
0RPR34Z	Removal of Infusion Device from Left Carpal Joint, Percutaneous Approach
0RPR35Z	Removal of Internal Fixation Device from Left Carpal Joint, Percutaneous Approach
0RPR37Z	Removal of External Fixation Device from Left Carpal Joint, Percutaneous Approach
0RPR3JZ	Removal of Autologous Tissue Substitute from Left Carpal Joint, Percutaneous Approach
0RPR3KZ	Removal of Synthetic Substitute from Left Carpal Joint, Percutaneous Approach
0RPR40Z	Removal of Nonautologous Tissue Substitute from Left Carpal Joint, Percutaneous Approach
0RPR43Z	Removal of Drainage Device from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPR44Z	Removal of Infusion Device from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPR45Z	Removal of Internal Fixation Device from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPR47Z	Removal of External Fixation Device from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPR4JZ	Removal of Autologous Tissue Substitute from Left Carpal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPR4KZ	Removal of Synthetic Substitute from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPS00Z	Removal of Nonautologous Tissue Substitute from Left Carpal Joint, Percutaneous Endoscopic Approach
0RPS03Z	Removal of Drainage Device from Right Metacarpocarpal Joint, Open Approach
0RPS04Z	Removal of Infusion Device from Right Metacarpocarpal Joint, Open Approach
0RPS05Z	Removal of Internal Fixation Device from Right Metacarpocarpal Joint, Open Approach
0RPS07Z	Removal of External Fixation Device from Right Metacarpocarpal Joint, Open Approach
0RPS0JZ	Removal of Autologous Tissue Substitute from Right Metacarpocarpal Joint, Open Approach
0RPS0KZ	Removal of Synthetic Substitute from Right Metacarpocarpal Joint, Open Approach
0RPS30Z	Removal of Nonautologous Tissue Substitute from Right Metacarpocarpal Joint, Open Approach
0RPS33Z	Removal of Drainage Device from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS34Z	Removal of Infusion Device from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS35Z	Removal of Internal Fixation Device from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS37Z	Removal of External Fixation Device from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS3JZ	Removal of Autologous Tissue Substitute from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS3KZ	Removal of Synthetic Substitute from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS40Z	Removal of Nonautologous Tissue Substitute from Right Metacarpocarpal Joint, Percutaneous Approach
0RPS43Z	Removal of Drainage Device from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPS44Z	Removal of Infusion Device from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPS45Z	Removal of Internal Fixation Device from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPS47Z	Removal of External Fixation Device from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPS4JZ	Removal of Autologous Tissue Substitute from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPS4KZ	Removal of Synthetic Substitute from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT00Z	Removal of Nonautologous Tissue Substitute from Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPT03Z	Removal of Drainage Device from Left Metacarpocarpal Joint, Open Approach
0RPT04Z	Removal of Infusion Device from Left Metacarpocarpal Joint, Open Approach
0RPT05Z	Removal of Internal Fixation Device from Left Metacarpocarpal Joint, Open Approach
0RPT07Z	Removal of External Fixation Device from Left Metacarpocarpal Joint, Open Approach
0RPT0JZ	Removal of Autologous Tissue Substitute from Left Metacarpocarpal Joint, Open Approach
0RPT0KZ	Removal of Synthetic Substitute from Left Metacarpocarpal Joint, Open Approach
0RPT30Z	Removal of Nonautologous Tissue Substitute from Left Metacarpocarpal Joint, Open Approach
0RPT33Z	Removal of Drainage Device from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT34Z	Removal of Infusion Device from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT35Z	Removal of Internal Fixation Device from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT37Z	Removal of External Fixation Device from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT3JZ	Removal of Autologous Tissue Substitute from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT3KZ	Removal of Synthetic Substitute from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT40Z	Removal of Nonautologous Tissue Substitute from Left Metacarpocarpal Joint, Percutaneous Approach
0RPT43Z	Removal of Drainage Device from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT44Z	Removal of Infusion Device from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT45Z	Removal of Internal Fixation Device from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT47Z	Removal of External Fixation Device from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT4JZ	Removal of Autologous Tissue Substitute from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPT4KZ	Removal of Synthetic Substitute from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPU00Z	Removal of Nonautologous Tissue Substitute from Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RPU03Z	Removal of Drainage Device from Right Metacarpophalangeal Joint, Open Approach
0RPU04Z	Removal of Infusion Device from Right Metacarpophalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPU05Z	Removal of Internal Fixation Device from Right Metacarpophalangeal Joint, Open Approach
0RPU07Z	Removal of External Fixation Device from Right Metacarpophalangeal Joint, Open Approach
0RPU0JZ	Removal of Autologous Tissue Substitute from Right Metacarpophalangeal Joint, Open Approach
0RPU0KZ	Removal of Synthetic Substitute from Right Metacarpophalangeal Joint, Open Approach
0RPU30Z	Removal of Nonautologous Tissue Substitute from Right Metacarpophalangeal Joint, Open Approach
0RPU33Z	Removal of Drainage Device from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU34Z	Removal of Infusion Device from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU35Z	Removal of Internal Fixation Device from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU37Z	Removal of External Fixation Device from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU3JZ	Removal of Autologous Tissue Substitute from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU3KZ	Removal of Synthetic Substitute from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU40Z	Removal of Nonautologous Tissue Substitute from Right Metacarpophalangeal Joint, Percutaneous Approach
0RPU43Z	Removal of Drainage Device from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPU44Z	Removal of Infusion Device from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPU45Z	Removal of Internal Fixation Device from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPU47Z	Removal of External Fixation Device from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPU4JZ	Removal of Autologous Tissue Substitute from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPU4KZ	Removal of Synthetic Substitute from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV00Z	Removal of Nonautologous Tissue Substitute from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV03Z	Removal of Drainage Device from Left Metacarpophalangeal Joint, Open Approach
0RPV04Z	Removal of Infusion Device from Left Metacarpophalangeal Joint, Open Approach
0RPV05Z	Removal of Internal Fixation Device from Left Metacarpophalangeal Joint, Open Approach
0RPV07Z	Removal of External Fixation Device from Left Metacarpophalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPV0JZ	Removal of Autologous Tissue Substitute from Left Metacarpophalangeal Joint, Open Approach
0RPV0KZ	Removal of Synthetic Substitute from Left Metacarpophalangeal Joint, Open Approach
0RPV30Z	Removal of Nonautologous Tissue Substitute from Left Metacarpophalangeal Joint, Open Approach
0RPV33Z	Removal of Drainage Device from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV34Z	Removal of Infusion Device from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV35Z	Removal of Internal Fixation Device from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV37Z	Removal of External Fixation Device from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV3JZ	Removal of Autologous Tissue Substitute from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV3KZ	Removal of Synthetic Substitute from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV40Z	Removal of Nonautologous Tissue Substitute from Left Metacarpophalangeal Joint, Percutaneous Approach
0RPV43Z	Removal of Drainage Device from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV44Z	Removal of Infusion Device from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV45Z	Removal of Internal Fixation Device from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV47Z	Removal of External Fixation Device from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV4JZ	Removal of Autologous Tissue Substitute from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPV4KZ	Removal of Synthetic Substitute from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPW00Z	Removal of Nonautologous Tissue Substitute from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RPW03Z	Removal of Drainage Device from Right Finger Phalangeal Joint, Open Approach
0RPW04Z	Removal of Infusion Device from Right Finger Phalangeal Joint, Open Approach
0RPW05Z	Removal of Internal Fixation Device from Right Finger Phalangeal Joint, Open Approach
0RPW07Z	Removal of External Fixation Device from Right Finger Phalangeal Joint, Open Approach
0RPW0JZ	Removal of Autologous Tissue Substitute from Right Finger Phalangeal Joint, Open Approach
0RPW0KZ	Removal of Synthetic Substitute from Right Finger Phalangeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPW30Z	Removal of Nonautologous Tissue Substitute from Right Finger Phalangeal Joint, Open Approach
0RPW33Z	Removal of Drainage Device from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW34Z	Removal of Infusion Device from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW35Z	Removal of Internal Fixation Device from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW37Z	Removal of External Fixation Device from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW3JZ	Removal of Autologous Tissue Substitute from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW3KZ	Removal of Synthetic Substitute from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW40Z	Removal of Nonautologous Tissue Substitute from Right Finger Phalangeal Joint, Percutaneous Approach
0RPW43Z	Removal of Drainage Device from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPW44Z	Removal of Infusion Device from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPW45Z	Removal of Internal Fixation Device from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPW47Z	Removal of External Fixation Device from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPW4JZ	Removal of Autologous Tissue Substitute from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPW4KZ	Removal of Synthetic Substitute from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX00Z	Removal of Nonautologous Tissue Substitute from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX03Z	Removal of Drainage Device from Left Finger Phalangeal Joint, Open Approach
0RPX04Z	Removal of Infusion Device from Left Finger Phalangeal Joint, Open Approach
0RPX05Z	Removal of Internal Fixation Device from Left Finger Phalangeal Joint, Open Approach
0RPX07Z	Removal of External Fixation Device from Left Finger Phalangeal Joint, Open Approach
0RPX0JZ	Removal of Autologous Tissue Substitute from Left Finger Phalangeal Joint, Open Approach
0RPX0KZ	Removal of Synthetic Substitute from Left Finger Phalangeal Joint, Open Approach
0RPX30Z	Removal of Nonautologous Tissue Substitute from Left Finger Phalangeal Joint, Open Approach
0RPX33Z	Removal of Drainage Device from Left Finger Phalangeal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RPX34Z	Removal of Infusion Device from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX35Z	Removal of Internal Fixation Device from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX37Z	Removal of External Fixation Device from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX3JZ	Removal of Autologous Tissue Substitute from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX3KZ	Removal of Synthetic Substitute from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX40Z	Removal of Nonautologous Tissue Substitute from Left Finger Phalangeal Joint, Percutaneous Approach
0RPX43Z	Removal of Drainage Device from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX44Z	Removal of Infusion Device from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX45Z	Removal of Internal Fixation Device from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX47Z	Removal of External Fixation Device from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX4JZ	Removal of Autologous Tissue Substitute from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RPX4KZ	Removal of Synthetic Substitute from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RQ00ZZ	Removal of Nonautologous Tissue Substitute from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RQ03ZZ	Repair Occipital-cervical Joint, Open Approach
0RQ04ZZ	Repair Occipital-cervical Joint, Percutaneous Approach
0RQ0XZZ	Repair Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RQ10ZZ	Repair Occipital-cervical Joint, External Approach
0RQ13ZZ	Repair Cervical Vertebral Joint, Open Approach
0RQ14ZZ	Repair Cervical Vertebral Joint, Percutaneous Approach
0RQ1XZZ	Repair Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RQ30ZZ	Repair Cervical Vertebral Joint, External Approach
0RQ33ZZ	Repair Cervical Vertebral Disc, Open Approach
0RQ34ZZ	Repair Cervical Vertebral Disc, Percutaneous Approach
0RQ3XZZ	Repair Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RQ40ZZ	Repair Cervical Vertebral Disc, External Approach
0RQ43ZZ	Repair Cervicothoracic Vertebral Joint, Open Approach
0RQ44ZZ	Repair Cervicothoracic Vertebral Joint, Percutaneous Approach
0RQ4XZZ	Repair Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RQ50ZZ	Repair Cervicothoracic Vertebral Joint, External Approach
0RQ53ZZ	Repair Cervicothoracic Vertebral Disc, Open Approach
0RQ54ZZ	Repair Cervicothoracic Vertebral Disc, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RQ5XZZ	Repair Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RQ60ZZ	Repair Cervicothoracic Vertebral Disc, External Approach
0RQ63ZZ	Repair Thoracic Vertebral Joint, Open Approach
0RQ64ZZ	Repair Thoracic Vertebral Joint, Percutaneous Approach
0RQ6XZZ	Repair Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RQ90ZZ	Repair Thoracic Vertebral Joint, External Approach
0RQ93ZZ	Repair Thoracic Vertebral Disc, Open Approach
0RQ94ZZ	Repair Thoracic Vertebral Disc, Percutaneous Approach
0RQ9XZZ	Repair Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RQA0ZZ	Repair Thoracic Vertebral Disc, External Approach
0RQA3ZZ	Repair Thoracolumbar Vertebral Joint, Open Approach
0RQA4ZZ	Repair Thoracolumbar Vertebral Joint, Percutaneous Approach
0RQAXZZ	Repair Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RQB0ZZ	Repair Thoracolumbar Vertebral Joint, External Approach
0RQB3ZZ	Repair Thoracolumbar Vertebral Disc, Open Approach
0RQB4ZZ	Repair Thoracolumbar Vertebral Disc, Percutaneous Approach
0RQBXZZ	Repair Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RQCXZZ	Repair Thoracolumbar Vertebral Disc, External Approach
0RQDXZZ	Repair Right Temporomandibular Joint, External Approach
0RQN0ZZ	Repair Left Temporomandibular Joint, External Approach
0RQN3ZZ	Repair Right Wrist Joint, Open Approach
0RQN4ZZ	Repair Right Wrist Joint, Percutaneous Approach
0RQNXZZ	Repair Right Wrist Joint, Percutaneous Endoscopic Approach
0RQP0ZZ	Repair Right Wrist Joint, External Approach
0RQP3ZZ	Repair Left Wrist Joint, Open Approach
0RQP4ZZ	Repair Left Wrist Joint, Percutaneous Approach
0RQPXZZ	Repair Left Wrist Joint, Percutaneous Endoscopic Approach
0RQQ0ZZ	Repair Left Wrist Joint, External Approach
0RQQ3ZZ	Repair Right Carpal Joint, Open Approach
0RQQ4ZZ	Repair Right Carpal Joint, Percutaneous Approach
0RQQXZZ	Repair Right Carpal Joint, Percutaneous Endoscopic Approach
0RQR0ZZ	Repair Right Carpal Joint, External Approach
0RQR3ZZ	Repair Left Carpal Joint, Open Approach
0RQR4ZZ	Repair Left Carpal Joint, Percutaneous Approach
0RQRXZZ	Repair Left Carpal Joint, Percutaneous Endoscopic Approach
0RQS0ZZ	Repair Left Carpal Joint, External Approach
0RQS3ZZ	Repair Right Metacarpocarpal Joint, Open Approach
0RQS4ZZ	Repair Right Metacarpocarpal Joint, Percutaneous Approach
0RQSXZZ	Repair Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RQT0ZZ	Repair Right Metacarpocarpal Joint, External Approach
0RQT3ZZ	Repair Left Metacarpocarpal Joint, Open Approach
0RQT4ZZ	Repair Left Metacarpocarpal Joint, Percutaneous Approach
0RQTXZZ	Repair Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RQU0ZZ	Repair Left Metacarpocarpal Joint, External Approach
0RQU3ZZ	Repair Right Metacarpophalangeal Joint, Open Approach
0RQU4ZZ	Repair Right Metacarpophalangeal Joint, Percutaneous Approach
0RQUXZZ	Repair Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RQV0ZZ	Repair Right Metacarpophalangeal Joint, External Approach
0RQV3ZZ	Repair Left Metacarpophalangeal Joint, Open Approach
0RQV4ZZ	Repair Left Metacarpophalangeal Joint, Percutaneous Approach
0RQVXZZ	Repair Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RQW0ZZ	Repair Left Metacarpophalangeal Joint, External Approach
0RQW3ZZ	Repair Right Finger Phalangeal Joint, Open Approach
0RQW4ZZ	Repair Right Finger Phalangeal Joint, Percutaneous Approach
0RQWXZZ	Repair Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RQX0ZZ	Repair Right Finger Phalangeal Joint, External Approach
0RQX3ZZ	Repair Left Finger Phalangeal Joint, Open Approach
0RQX4ZZ	Repair Left Finger Phalangeal Joint, Percutaneous Approach
0RQXXZZ	Repair Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RR007Z	Repair Left Finger Phalangeal Joint, External Approach
0RR00JZ	Replacement of Occipital-cervical Joint with Autologous Tissue Substitute, Open Approach
0RR00KZ	Replacement of Occipital-cervical Joint with Synthetic Substitute, Open Approach
0RR107Z	Replacement of Occipital-cervical Joint with Nonautologous Tissue Substitute, Open Approach
0RR10JZ	Replacement of Cervical Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RR10KZ	Replacement of Cervical Vertebral Joint with Synthetic Substitute, Open Approach
0RR307Z	Replacement of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RR30JZ	Replacement of Cervical Vertebral Disc with Autologous Tissue Substitute, Open Approach
0RR30KZ	Replacement of Cervical Vertebral Disc with Synthetic Substitute, Open Approach
0RR407Z	Replacement of Cervical Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0RR40JZ	Replacement of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RR40KZ	Replacement of Cervicothoracic Vertebral Joint with Synthetic Substitute, Open Approach
0RR507Z	Replacement of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RR50KZ	Replacement of Cervicothoracic Vertebral Disc with Autologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RR607Z	Replacement of Cervicothoracic Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0RR60JZ	Replacement of Thoracic Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RR60KZ	Replacement of Thoracic Vertebral Joint with Synthetic Substitute, Open Approach
0RR907Z	Replacement of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RR90KZ	Replacement of Thoracic Vertebral Disc with Autologous Tissue Substitute, Open Approach
0RRA07Z	Replacement of Thoracic Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0RRA0JZ	Replacement of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RRA0KZ	Replacement of Thoracolumbar Vertebral Joint with Synthetic Substitute, Open Approach
0RRB07Z	Replacement of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RRB0KZ	Replacement of Thoracolumbar Vertebral Disc with Autologous Tissue Substitute, Open Approach
0RRQ07Z	Replacement of Thoracolumbar Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0RRQ0JZ	Replacement of Right Carpal Joint with Autologous Tissue Substitute, Open Approach
0RRQ0KZ	Replacement of Right Carpal Joint with Synthetic Substitute, Open Approach
0RRR07Z	Replacement of Right Carpal Joint with Nonautologous Tissue Substitute, Open Approach
0RRR0JZ	Replacement of Left Carpal Joint with Autologous Tissue Substitute, Open Approach
0RRR0KZ	Replacement of Left Carpal Joint with Synthetic Substitute, Open Approach
0RRS07Z	Replacement of Left Carpal Joint with Nonautologous Tissue Substitute, Open Approach
0RRS0JZ	Replacement of Right Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach
0RRS0KZ	Replacement of Right Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RRT07Z	Replacement of Right Metacarpocarpal Joint with Nonautologous Tissue Substitute, Open Approach
0RRT0JZ	Replacement of Left Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach
0RRT0KZ	Replacement of Left Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RRU07Z	Replacement of Left Metacarpocarpal Joint with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RRU0JZ	Replacement of Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RRU0KZ	Replacement of Right Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RRV07Z	Replacement of Right Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RRV0JZ	Replacement of Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RRV0KZ	Replacement of Left Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RRW07Z	Replacement of Left Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RRW0JZ	Replacement of Right Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RRW0KZ	Replacement of Right Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RRX07Z	Replacement of Right Finger Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RRX0JZ	Replacement of Left Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RRX0KZ	Replacement of Left Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RS034Z	Replacement of Left Finger Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RS03ZZ	Reposition Occipital-cervical Joint with Internal Fixation Device, Percutaneous Approach
0RS044Z	Reposition Occipital-cervical Joint, Percutaneous Approach
0RS04ZZ	Reposition Occipital-cervical Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RS0X4Z	Reposition Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RS0XZZ	Reposition Occipital-cervical Joint with Internal Fixation Device, External Approach
0RS134Z	Reposition Occipital-cervical Joint, External Approach
0RS13ZZ	Reposition Cervical Vertebral Joint with Internal Fixation Device, Percutaneous Approach
0RS144Z	Reposition Cervical Vertebral Joint, Percutaneous Approach
0RS14ZZ	Reposition Cervical Vertebral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RS1X4Z	Reposition Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RS1XZZ	Reposition Cervical Vertebral Joint with Internal Fixation Device, External Approach
0RS434Z	Reposition Cervical Vertebral Joint, External Approach
0RS43ZZ	Reposition Cervicothoracic Vertebral Joint with Internal Fixation Device, Percutaneous Approach
0RS444Z	Reposition Cervicothoracic Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RS44ZZ	Reposition Cervicothoracic Vertebral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RS4X4Z	Reposition Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RS4XZZ	Reposition Cervicothoracic Vertebral Joint with Internal Fixation Device, External Approach
0RS634Z	Reposition Cervicothoracic Vertebral Joint, External Approach
0RS63ZZ	Reposition Thoracic Vertebral Joint with Internal Fixation Device, Percutaneous Approach
0RS644Z	Reposition Thoracic Vertebral Joint, Percutaneous Approach
0RS64ZZ	Reposition Thoracic Vertebral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RS6X4Z	Reposition Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RS6XZZ	Reposition Thoracic Vertebral Joint with Internal Fixation Device, External Approach
0RSA34Z	Reposition Thoracic Vertebral Joint, External Approach
0RSA3ZZ	Reposition Thoracolumbar Vertebral Joint with Internal Fixation Device, Percutaneous Approach
0RSA44Z	Reposition Thoracolumbar Vertebral Joint, Percutaneous Approach
0RSA4ZZ	Reposition Thoracolumbar Vertebral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSAX4Z	Reposition Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RSAXZZ	Reposition Thoracolumbar Vertebral Joint with Internal Fixation Device, External Approach
0RSC04Z	Reposition Thoracolumbar Vertebral Joint, External Approach
0RSC0ZZ	Reposition Right Temporomandibular Joint with Internal Fixation Device, Open Approach
0RSC34Z	Reposition Right Temporomandibular Joint, Open Approach
0RSC3ZZ	Reposition Right Temporomandibular Joint with Internal Fixation Device, Percutaneous Approach
0RSC44Z	Reposition Right Temporomandibular Joint, Percutaneous Approach
0RSC4ZZ	Reposition Right Temporomandibular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSCX4Z	Reposition Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RSCXZZ	Reposition Right Temporomandibular Joint with Internal Fixation Device, External Approach
0RSD04Z	Reposition Right Temporomandibular Joint, External Approach
0RSD0ZZ	Reposition Left Temporomandibular Joint with Internal Fixation Device, Open Approach
0RSD34Z	Reposition Left Temporomandibular Joint, Open Approach
0RSD3ZZ	Reposition Left Temporomandibular Joint with Internal Fixation Device, Percutaneous Approach
0RSD44Z	Reposition Left Temporomandibular Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSD4ZZ	Reposition Left Temporomandibular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSDX4Z	Reposition Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RSDXZZ	Reposition Left Temporomandibular Joint with Internal Fixation Device, External Approach
0RSG04Z	Reposition Left Temporomandibular Joint, External Approach
0RSG0ZZ	Reposition Right Acromioclavicular Joint with Internal Fixation Device, Open Approach
0RSG34Z	Reposition Right Acromioclavicular Joint, Open Approach
0RSG3ZZ	Reposition Right Acromioclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RSG44Z	Reposition Right Acromioclavicular Joint, Percutaneous Approach
0RSG4ZZ	Reposition Right Acromioclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSGX4Z	Reposition Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RSGXZZ	Reposition Right Acromioclavicular Joint with Internal Fixation Device, External Approach
0RSH04Z	Reposition Right Acromioclavicular Joint, External Approach
0RSH0ZZ	Reposition Left Acromioclavicular Joint with Internal Fixation Device, Open Approach
0RSH34Z	Reposition Left Acromioclavicular Joint, Open Approach
0RSH3ZZ	Reposition Left Acromioclavicular Joint with Internal Fixation Device, Percutaneous Approach
0RSH44Z	Reposition Left Acromioclavicular Joint, Percutaneous Approach
0RSH4ZZ	Reposition Left Acromioclavicular Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSHX4Z	Reposition Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RSHXZZ	Reposition Left Acromioclavicular Joint with Internal Fixation Device, External Approach
0RSJ04Z	Reposition Left Acromioclavicular Joint, External Approach
0RSJ0ZZ	Reposition Right Shoulder Joint with Internal Fixation Device, Open Approach
0RSJ34Z	Reposition Right Shoulder Joint, Open Approach
0RSJ3ZZ	Reposition Right Shoulder Joint with Internal Fixation Device, Percutaneous Approach
0RSJ44Z	Reposition Right Shoulder Joint, Percutaneous Approach
0RSJ4ZZ	Reposition Right Shoulder Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSJX4Z	Reposition Right Shoulder Joint, Percutaneous Endoscopic Approach
0RSJXZZ	Reposition Right Shoulder Joint with Internal Fixation Device, External Approach
0RSK04Z	Reposition Right Shoulder Joint, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSK0ZZ	Reposition Left Shoulder Joint with Internal Fixation Device, Open Approach
0RSK34Z	Reposition Left Shoulder Joint, Open Approach
0RSK3ZZ	Reposition Left Shoulder Joint with Internal Fixation Device, Percutaneous Approach
0RSK44Z	Reposition Left Shoulder Joint, Percutaneous Approach
0RSK4ZZ	Reposition Left Shoulder Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSKX4Z	Reposition Left Shoulder Joint, Percutaneous Endoscopic Approach
0RSKXZZ	Reposition Left Shoulder Joint with Internal Fixation Device, External Approach
0RSL04Z	Reposition Left Shoulder Joint, External Approach
0RSL05Z	Reposition Right Elbow Joint with Internal Fixation Device, Open Approach
0RSL0ZZ	Reposition Right Elbow Joint with External Fixation Device, Open Approach
0RSL34Z	Reposition Right Elbow Joint, Open Approach
0RSL35Z	Reposition Right Elbow Joint with Internal Fixation Device, Percutaneous Approach
0RSL3ZZ	Reposition Right Elbow Joint with External Fixation Device, Percutaneous Approach
0RSL44Z	Reposition Right Elbow Joint, Percutaneous Approach
0RSL45Z	Reposition Right Elbow Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSL4ZZ	Reposition Right Elbow Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSLX4Z	Reposition Right Elbow Joint, Percutaneous Endoscopic Approach
0RSLX5Z	Reposition Right Elbow Joint with Internal Fixation Device, External Approach
0RSLXZZ	Reposition Right Elbow Joint with External Fixation Device, External Approach
0RSM04Z	Reposition Right Elbow Joint, External Approach
0RSM05Z	Reposition Left Elbow Joint with Internal Fixation Device, Open Approach
0RSM0ZZ	Reposition Left Elbow Joint with External Fixation Device, Open Approach
0RSM34Z	Reposition Left Elbow Joint, Open Approach
0RSM35Z	Reposition Left Elbow Joint with Internal Fixation Device, Percutaneous Approach
0RSM3ZZ	Reposition Left Elbow Joint with External Fixation Device, Percutaneous Approach
0RSM44Z	Reposition Left Elbow Joint, Percutaneous Approach
0RSM45Z	Reposition Left Elbow Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSM4ZZ	Reposition Left Elbow Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSMX4Z	Reposition Left Elbow Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSMX5Z	Reposition Left Elbow Joint with Internal Fixation Device, External Approach
0RSMXZZ	Reposition Left Elbow Joint with External Fixation Device, External Approach
0RSN04Z	Reposition Left Elbow Joint, External Approach
0RSN0ZZ	Reposition Right Wrist Joint with Internal Fixation Device, Open Approach
0RSN34Z	Reposition Right Wrist Joint, Open Approach
0RSN35Z	Reposition Right Wrist Joint with Internal Fixation Device, Percutaneous Approach
0RSN3ZZ	Reposition Right Wrist Joint with External Fixation Device, Percutaneous Approach
0RSN44Z	Reposition Right Wrist Joint, Percutaneous Approach
0RSN45Z	Reposition Right Wrist Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSN4ZZ	Reposition Right Wrist Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSNX4Z	Reposition Right Wrist Joint, Percutaneous Endoscopic Approach
0RSNX5Z	Reposition Right Wrist Joint with Internal Fixation Device, External Approach
0RSNXZZ	Reposition Right Wrist Joint with External Fixation Device, External Approach
0RSP0ZZ	Reposition Right Wrist Joint, External Approach
0RSP34Z	Reposition Left Wrist Joint, Open Approach
0RSP35Z	Reposition Left Wrist Joint with Internal Fixation Device, Percutaneous Approach
0RSP3ZZ	Reposition Left Wrist Joint with External Fixation Device, Percutaneous Approach
0RSP44Z	Reposition Left Wrist Joint, Percutaneous Approach
0RSP45Z	Reposition Left Wrist Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSP4ZZ	Reposition Left Wrist Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSPX4Z	Reposition Left Wrist Joint, Percutaneous Endoscopic Approach
0RSPX5Z	Reposition Left Wrist Joint with Internal Fixation Device, External Approach
0RSPXZZ	Reposition Left Wrist Joint with External Fixation Device, External Approach
0RSQ04Z	Reposition Left Wrist Joint, External Approach
0RSQ05Z	Reposition Right Carpal Joint with Internal Fixation Device, Open Approach
0RSQ0ZZ	Reposition Right Carpal Joint with External Fixation Device, Open Approach
0RSQ34Z	Reposition Right Carpal Joint, Open Approach
0RSQ35Z	Reposition Right Carpal Joint with Internal Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSQ3ZZ	Reposition Right Carpal Joint with External Fixation Device, Percutaneous Approach
0RSQ44Z	Reposition Right Carpal Joint, Percutaneous Approach
0RSQ45Z	Reposition Right Carpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSQ4ZZ	Reposition Right Carpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSQX4Z	Reposition Right Carpal Joint, Percutaneous Endoscopic Approach
0RSQX5Z	Reposition Right Carpal Joint with Internal Fixation Device, External Approach
0RSQXZZ	Reposition Right Carpal Joint with External Fixation Device, External Approach
0RSR04Z	Reposition Right Carpal Joint, External Approach
0RSR05Z	Reposition Left Carpal Joint with Internal Fixation Device, Open Approach
0RSR0ZZ	Reposition Left Carpal Joint with External Fixation Device, Open Approach
0RSR34Z	Reposition Left Carpal Joint, Open Approach
0RSR35Z	Reposition Left Carpal Joint with Internal Fixation Device, Percutaneous Approach
0RSR3ZZ	Reposition Left Carpal Joint with External Fixation Device, Percutaneous Approach
0RSR44Z	Reposition Left Carpal Joint, Percutaneous Approach
0RSR45Z	Reposition Left Carpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSR4ZZ	Reposition Left Carpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSRX4Z	Reposition Left Carpal Joint, Percutaneous Endoscopic Approach
0RSRX5Z	Reposition Left Carpal Joint with Internal Fixation Device, External Approach
0RSRXZZ	Reposition Left Carpal Joint with External Fixation Device, External Approach
0RSS04Z	Reposition Left Carpocarpal Joint, External Approach
0RSS05Z	Reposition Right Metacarpocarpal Joint with Internal Fixation Device, Open Approach
0RSS0ZZ	Reposition Right Metacarpocarpal Joint with External Fixation Device, Open Approach
0RSS34Z	Reposition Right Metacarpocarpal Joint, Open Approach
0RSS35Z	Reposition Right Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Approach
0RSS3ZZ	Reposition Right Metacarpocarpal Joint with External Fixation Device, Percutaneous Approach
0RSS44Z	Reposition Right Metacarpocarpal Joint, Percutaneous Approach
0RSS45Z	Reposition Right Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSS4ZZ	Reposition Right Metacarpocarpal Joint with External Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSSX4Z	Reposition Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RSSX5Z	Reposition Right Metacarpocarpal Joint with Internal Fixation Device, External Approach
0RSSXZZ	Reposition Right Metacarpocarpal Joint with External Fixation Device, External Approach
0RST04Z	Reposition Right Metacarpocarpal Joint, External Approach
0RST05Z	Reposition Left Metacarpocarpal Joint with Internal Fixation Device, Open Approach
0RST0ZZ	Reposition Left Metacarpocarpal Joint with External Fixation Device, Open Approach
0RST34Z	Reposition Left Metacarpocarpal Joint, Open Approach
0RST35Z	Reposition Left Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Approach
0RST3ZZ	Reposition Left Metacarpocarpal Joint with External Fixation Device, Percutaneous Approach
0RST44Z	Reposition Left Metacarpocarpal Joint, Percutaneous Approach
0RST45Z	Reposition Left Metacarpocarpal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RST4ZZ	Reposition Left Metacarpocarpal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSTX4Z	Reposition Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RSTX5Z	Reposition Left Metacarpocarpal Joint with Internal Fixation Device, External Approach
0RSTXZZ	Reposition Left Metacarpocarpal Joint with External Fixation Device, External Approach
0RSU04Z	Reposition Left Metacarpocarpal Joint, External Approach
0RSU05Z	Reposition Right Metacarpophalangeal Joint with Internal Fixation Device, Open Approach
0RSU0ZZ	Reposition Right Metacarpophalangeal Joint with External Fixation Device, Open Approach
0RSU34Z	Reposition Right Metacarpophalangeal Joint, Open Approach
0RSU35Z	Reposition Right Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RSU3ZZ	Reposition Right Metacarpophalangeal Joint with External Fixation Device, Percutaneous Approach
0RSU44Z	Reposition Right Metacarpophalangeal Joint, Percutaneous Approach
0RSU45Z	Reposition Right Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSU4ZZ	Reposition Right Metacarpophalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSUX4Z	Reposition Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RSUX5Z	Reposition Right Metacarpophalangeal Joint with Internal Fixation Device, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSUXZZ	Reposition Right Metacarpophalangeal Joint with External Fixation Device, External Approach
0RSV04Z	Reposition Right Metacarpophalangeal Joint, External Approach
0RSV05Z	Reposition Left Metacarpophalangeal Joint with Internal Fixation Device, Open Approach
0RSV0ZZ	Reposition Left Metacarpophalangeal Joint with External Fixation Device, Open Approach
0RSV34Z	Reposition Left Metacarpophalangeal Joint, Open Approach
0RSV35Z	Reposition Left Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RSV3ZZ	Reposition Left Metacarpophalangeal Joint with External Fixation Device, Percutaneous Approach
0RSV44Z	Reposition Left Metacarpophalangeal Joint, Percutaneous Approach
0RSV45Z	Reposition Left Metacarpophalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSV4ZZ	Reposition Left Metacarpophalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSVX4Z	Reposition Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RSVX5Z	Reposition Left Metacarpophalangeal Joint with Internal Fixation Device, External Approach
0RSVXZZ	Reposition Left Metacarpophalangeal Joint with External Fixation Device, External Approach
0RSW04Z	Reposition Left Metacarpophalangeal Joint, External Approach
0RSW05Z	Reposition Right Finger Phalangeal Joint with Internal Fixation Device, Open Approach
0RSW0ZZ	Reposition Right Finger Phalangeal Joint with External Fixation Device, Open Approach
0RSW34Z	Reposition Right Finger Phalangeal Joint, Open Approach
0RSW35Z	Reposition Right Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RSW3ZZ	Reposition Right Finger Phalangeal Joint with External Fixation Device, Percutaneous Approach
0RSW44Z	Reposition Right Finger Phalangeal Joint, Percutaneous Approach
0RSW45Z	Reposition Right Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSW4ZZ	Reposition Right Finger Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSWX4Z	Reposition Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RSWX5Z	Reposition Right Finger Phalangeal Joint with Internal Fixation Device, External Approach
0RSWXZZ	Reposition Right Finger Phalangeal Joint with External Fixation Device, External Approach
0RSX04Z	Reposition Right Finger Phalangeal Joint, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RSX05Z	Reposition Left Finger Phalangeal Joint with Internal Fixation Device, Open Approach
0RSX0ZZ	Reposition Left Finger Phalangeal Joint with External Fixation Device, Open Approach
0RSX34Z	Reposition Left Finger Phalangeal Joint, Open Approach
0RSX35Z	Reposition Left Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0RSX3ZZ	Reposition Left Finger Phalangeal Joint with External Fixation Device, Percutaneous Approach
0RSX44Z	Reposition Left Finger Phalangeal Joint, Percutaneous Approach
0RSX45Z	Reposition Left Finger Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0RSX4ZZ	Reposition Left Finger Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0RSXX4Z	Reposition Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RSXX5Z	Reposition Left Finger Phalangeal Joint with Internal Fixation Device, External Approach
0RSXXZZ	Reposition Left Finger Phalangeal Joint with External Fixation Device, External Approach
0RT40ZZ	Resection of Cervical Vertebral Disc, Open Approach
0RT50ZZ	Resection of Cervicothoracic Vertebral Joint, Open Approach
0RTB0ZZ	Resection of Thoracic Vertebral Disc, Open Approach
0RTG0ZZ	Resection of Thoracolumbar Vertebral Disc, Open Approach
0RTH0ZZ	Resection of Right Acromioclavicular Joint, Open Approach
0RTJ0ZZ	Resection of Left Acromioclavicular Joint, Open Approach
0RTK0ZZ	Resection of Right Shoulder Joint, Open Approach
0RTL0ZZ	Resection of Left Shoulder Joint, Open Approach
0RTM0ZZ	Resection of Right Elbow Joint, Open Approach
0RTQ0ZZ	Resection of Left Elbow Joint, Open Approach
0RTR0ZZ	Resection of Right Carpal Joint, Open Approach
0RTU0ZZ	Resection of Left Carpal Joint, Open Approach
0RTV0ZZ	Resection of Right Metacarpophalangeal Joint, Open Approach
0RTW0ZZ	Resection of Left Metacarpophalangeal Joint, Open Approach
0RTX0ZZ	Resection of Right Finger Phalangeal Joint, Open Approach
0RU007Z	Resection of Left Finger Phalangeal Joint, Open Approach
0RU00JZ	Supplement Occipital-cervical Joint with Autologous Tissue Substitute, Open Approach
0RU00KZ	Supplement Occipital-cervical Joint with Synthetic Substitute, Open Approach
0RU037Z	Supplement Occipital-cervical Joint with Nonautologous Tissue Substitute, Open Approach
0RU03JZ	Supplement Occipital-cervical Joint with Autologous Tissue Substitute, Percutaneous Approach
0RU03KZ	Supplement Occipital-cervical Joint with Synthetic Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RU047Z	Supplement Occipital-cervical Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RU04JZ	Supplement Occipital-cervical Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU04KZ	Supplement Occipital-cervical Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RU107Z	Supplement Occipital-cervical Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU10JZ	Supplement Cervical Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RU10KZ	Supplement Cervical Vertebral Joint with Synthetic Substitute, Open Approach
0RU137Z	Supplement Cervical Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RU13JZ	Supplement Cervical Vertebral Joint with Autologous Tissue Substitute, Percutaneous Approach
0RU13KZ	Supplement Cervical Vertebral Joint with Synthetic Substitute, Percutaneous Approach
0RU147Z	Supplement Cervical Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RU14JZ	Supplement Cervical Vertebral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU14KZ	Supplement Cervical Vertebral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RU307Z	Supplement Cervical Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU407Z	Supplement Cervical Vertebral Disc with Autologous Tissue Substitute, Open Approach
0RU40JZ	Supplement Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RU40KZ	Supplement Cervicothoracic Vertebral Joint with Synthetic Substitute, Open Approach
0RU437Z	Supplement Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RU43JZ	Supplement Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Percutaneous Approach
0RU43KZ	Supplement Cervicothoracic Vertebral Joint with Synthetic Substitute, Percutaneous Approach
0RU447Z	Supplement Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RU44JZ	Supplement Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU44KZ	Supplement Cervicothoracic Vertebral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RU507Z	Supplement Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RU50KZ	Supplement Cervicothoracic Vertebral Disc with Autologous Tissue Substitute, Open Approach
0RU537Z	Supplement Cervicothoracic Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0RU53KZ	Supplement Cervicothoracic Vertebral Disc with Autologous Tissue Substitute, Percutaneous Approach
0RU547Z	Supplement Cervicothoracic Vertebral Disc with Nonautologous Tissue Substitute, Percutaneous Approach
0RU54KZ	Supplement Cervicothoracic Vertebral Disc with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU607Z	Supplement Cervicothoracic Vertebral Disc with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU60JZ	Supplement Thoracic Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RU60KZ	Supplement Thoracic Vertebral Joint with Synthetic Substitute, Open Approach
0RU637Z	Supplement Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RU63JZ	Supplement Thoracic Vertebral Joint with Autologous Tissue Substitute, Percutaneous Approach
0RU63KZ	Supplement Thoracic Vertebral Joint with Synthetic Substitute, Percutaneous Approach
0RU647Z	Supplement Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RU64JZ	Supplement Thoracic Vertebral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RU64KZ	Supplement Thoracic Vertebral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUA07Z	Supplement Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUA0JZ	Supplement Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Open Approach
0RUA0KZ	Supplement Thoracolumbar Vertebral Joint with Synthetic Substitute, Open Approach
0RUA37Z	Supplement Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0RUA3JZ	Supplement Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUA3KZ	Supplement Thoracolumbar Vertebral Joint with Synthetic Substitute, Percutaneous Approach
0RUA47Z	Supplement Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUA4JZ	Supplement Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUA4KZ	Supplement Thoracolumbar Vertebral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RUN07Z	Supplement Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUN0JZ	Supplement Right Wrist Joint with Autologous Tissue Substitute, Open Approach
0RUN0KZ	Supplement Right Wrist Joint with Synthetic Substitute, Open Approach
0RUN37Z	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Open Approach
0RUN3JZ	Supplement Right Wrist Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUN3KZ	Supplement Right Wrist Joint with Synthetic Substitute, Percutaneous Approach
0RUN47Z	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUN4JZ	Supplement Right Wrist Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUN4KZ	Supplement Right Wrist Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUP07Z	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUP0JZ	Supplement Left Wrist Joint with Autologous Tissue Substitute, Open Approach
0RUP0KZ	Supplement Left Wrist Joint with Synthetic Substitute, Open Approach
0RUP37Z	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Open Approach
0RUP3JZ	Supplement Left Wrist Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUP3KZ	Supplement Left Wrist Joint with Synthetic Substitute, Percutaneous Approach
0RUP47Z	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUP4JZ	Supplement Left Wrist Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUP4KZ	Supplement Left Wrist Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUQ07Z	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUQ0JZ	Supplement Right Carpal Joint with Autologous Tissue Substitute, Open Approach
0RUQ0KZ	Supplement Right Carpal Joint with Synthetic Substitute, Open Approach
0RUQ37Z	Supplement Right Carpal Joint with Nonautologous Tissue Substitute, Open Approach
0RUQ3JZ	Supplement Right Carpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUQ3KZ	Supplement Right Carpal Joint with Synthetic Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RUQ47Z	Supplement Right Carpal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUQ4JZ	Supplement Right Carpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUQ4KZ	Supplement Right Carpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUR07Z	Supplement Right Carpal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUR0JZ	Supplement Left Carpal Joint with Autologous Tissue Substitute, Open Approach
0RUR0KZ	Supplement Left Carpal Joint with Synthetic Substitute, Open Approach
0RUR37Z	Supplement Left Carpal Joint with Nonautologous Tissue Substitute, Open Approach
0RUR3JZ	Supplement Left Carpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUR3KZ	Supplement Left Carpal Joint with Synthetic Substitute, Percutaneous Approach
0RUR47Z	Supplement Left Carpal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUR4JZ	Supplement Left Carpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUR4KZ	Supplement Left Carpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUS07Z	Supplement Left Carpal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUS0JZ	Supplement Right Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach
0RUS0KZ	Supplement Right Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RUS37Z	Supplement Right Metacarpocarpal Joint with Nonautologous Tissue Substitute, Open Approach
0RUS3JZ	Supplement Right Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUS3KZ	Supplement Right Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Approach
0RUS47Z	Supplement Right Metacarpocarpal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUS4JZ	Supplement Right Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUS4KZ	Supplement Right Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUT07Z	Supplement Right Metacarpocarpal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUT0JZ	Supplement Left Metacarpocarpal Joint with Autologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RUT0KZ	Supplement Left Metacarpocarpal Joint with Synthetic Substitute, Open Approach
0RUT37Z	Supplement Left Metacarpocarpal Joint with Nonautologous Tissue Substitute, Open Approach
0RUT3JZ	Supplement Left Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUT3KZ	Supplement Left Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Approach
0RUT47Z	Supplement Left Metacarpocarpal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUT4JZ	Supplement Left Metacarpocarpal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUT4KZ	Supplement Left Metacarpocarpal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUU07Z	Supplement Left Metacarpocarpal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUU0JZ	Supplement Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RUU0KZ	Supplement Right Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RUU37Z	Supplement Right Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RUU3JZ	Supplement Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUU3KZ	Supplement Right Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RUU47Z	Supplement Right Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUU4JZ	Supplement Right Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUU4KZ	Supplement Right Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUV07Z	Supplement Right Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUV0JZ	Supplement Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Open Approach
0RUV0KZ	Supplement Left Metacarpophalangeal Joint with Synthetic Substitute, Open Approach
0RUV37Z	Supplement Left Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RUV3JZ	Supplement Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUV3KZ	Supplement Left Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RUV47Z	Supplement Left Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RUV4JZ	Supplement Left Metacarpophalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUV4KZ	Supplement Left Metacarpophalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUW07Z	Supplement Left Metacarpophalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUW0JZ	Supplement Right Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RUW0KZ	Supplement Right Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RUW37Z	Supplement Right Finger Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RUW3JZ	Supplement Right Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUW3KZ	Supplement Right Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RUW47Z	Supplement Right Finger Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUW4JZ	Supplement Right Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUW4KZ	Supplement Right Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RUX07Z	Supplement Right Finger Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUX0JZ	Supplement Left Finger Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0RUX0KZ	Supplement Left Finger Phalangeal Joint with Synthetic Substitute, Open Approach
0RUX37Z	Supplement Left Finger Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0RUX3JZ	Supplement Left Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0RUX3KZ	Supplement Left Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0RUX47Z	Supplement Left Finger Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0RUX4JZ	Supplement Left Finger Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0RUX4KZ	Supplement Left Finger Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0RW000Z	Supplement Left Finger Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0RW003Z	Revision of Drainage Device in Occipital-cervical Joint, Open Approach
0RW004Z	Revision of Infusion Device in Occipital-cervical Joint, Open Approach
0RW007Z	Revision of Internal Fixation Device in Occipital-cervical Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW008Z	Revision of Autologous Tissue Substitute in Occipital-cervical Joint, Open Approach
0RW00AZ	Revision of Spacer in Occipital-cervical Joint, Open Approach
0RW00JZ	Revision of Interbody Fusion Device in Occipital-cervical Joint, Open Approach
0RW00KZ	Revision of Synthetic Substitute in Occipital-cervical Joint, Open Approach
0RW030Z	Revision of Nonautologous Tissue Substitute in Occipital-cervical Joint, Open Approach
0RW033Z	Revision of Drainage Device in Occipital-cervical Joint, Percutaneous Approach
0RW034Z	Revision of Infusion Device in Occipital-cervical Joint, Percutaneous Approach
0RW037Z	Revision of Internal Fixation Device in Occipital-cervical Joint, Percutaneous Approach
0RW038Z	Revision of Autologous Tissue Substitute in Occipital-cervical Joint, Percutaneous Approach
0RW03AZ	Revision of Spacer in Occipital-cervical Joint, Percutaneous Approach
0RW03JZ	Revision of Interbody Fusion Device in Occipital-cervical Joint, Percutaneous Approach
0RW03KZ	Revision of Synthetic Substitute in Occipital-cervical Joint, Percutaneous Approach
0RW040Z	Revision of Nonautologous Tissue Substitute in Occipital-cervical Joint, Percutaneous Approach
0RW043Z	Revision of Drainage Device in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW044Z	Revision of Infusion Device in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW047Z	Revision of Internal Fixation Device in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW048Z	Revision of Autologous Tissue Substitute in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW04AZ	Revision of Spacer in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW04JZ	Revision of Interbody Fusion Device in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW04KZ	Revision of Synthetic Substitute in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW100Z	Revision of Nonautologous Tissue Substitute in Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RW103Z	Revision of Drainage Device in Cervical Vertebral Joint, Open Approach
0RW104Z	Revision of Infusion Device in Cervical Vertebral Joint, Open Approach
0RW107Z	Revision of Internal Fixation Device in Cervical Vertebral Joint, Open Approach
0RW108Z	Revision of Autologous Tissue Substitute in Cervical Vertebral Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW10AZ	Revision of Spacer in Cervical Vertebral Joint, Open Approach
0RW10JZ	Revision of Interbody Fusion Device in Cervical Vertebral Joint, Open Approach
0RW10KZ	Revision of Synthetic Substitute in Cervical Vertebral Joint, Open Approach
0RW130Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Joint, Open Approach
0RW133Z	Revision of Drainage Device in Cervical Vertebral Joint, Percutaneous Approach
0RW134Z	Revision of Infusion Device in Cervical Vertebral Joint, Percutaneous Approach
0RW137Z	Revision of Internal Fixation Device in Cervical Vertebral Joint, Percutaneous Approach
0RW138Z	Revision of Autologous Tissue Substitute in Cervical Vertebral Joint, Percutaneous Approach
0RW13AZ	Revision of Spacer in Cervical Vertebral Joint, Percutaneous Approach
0RW13JZ	Revision of Interbody Fusion Device in Cervical Vertebral Joint, Percutaneous Approach
0RW13KZ	Revision of Synthetic Substitute in Cervical Vertebral Joint, Percutaneous Approach
0RW140Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Joint, Percutaneous Approach
0RW143Z	Revision of Drainage Device in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW144Z	Revision of Infusion Device in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW147Z	Revision of Internal Fixation Device in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW148Z	Revision of Autologous Tissue Substitute in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW14AZ	Revision of Spacer in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW14JZ	Revision of Interbody Fusion Device in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW14KZ	Revision of Synthetic Substitute in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW300Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RW303Z	Revision of Drainage Device in Cervical Vertebral Disc, Open Approach
0RW307Z	Revision of Infusion Device in Cervical Vertebral Disc, Open Approach
0RW30KZ	Revision of Autologous Tissue Substitute in Cervical Vertebral Disc, Open Approach
0RW330Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Disc, Open Approach
0RW333Z	Revision of Drainage Device in Cervical Vertebral Disc, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW337Z	Revision of Infusion Device in Cervical Vertebral Disc, Percutaneous Approach
0RW33KZ	Revision of Autologous Tissue Substitute in Cervical Vertebral Disc, Percutaneous Approach
0RW340Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Disc, Percutaneous Approach
0RW343Z	Revision of Drainage Device in Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RW347Z	Revision of Infusion Device in Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RW34KZ	Revision of Autologous Tissue Substitute in Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RW400Z	Revision of Nonautologous Tissue Substitute in Cervical Vertebral Disc, Percutaneous Endoscopic Approach
0RW403Z	Revision of Drainage Device in Cervicothoracic Vertebral Joint, Open Approach
0RW404Z	Revision of Infusion Device in Cervicothoracic Vertebral Joint, Open Approach
0RW407Z	Revision of Internal Fixation Device in Cervicothoracic Vertebral Joint, Open Approach
0RW408Z	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Joint, Open Approach
0RW40AZ	Revision of Spacer in Cervicothoracic Vertebral Joint, Open Approach
0RW40JZ	Revision of Interbody Fusion Device in Cervicothoracic Vertebral Joint, Open Approach
0RW40KZ	Revision of Synthetic Substitute in Cervicothoracic Vertebral Joint, Open Approach
0RW430Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Joint, Open Approach
0RW433Z	Revision of Drainage Device in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW434Z	Revision of Infusion Device in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW437Z	Revision of Internal Fixation Device in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW438Z	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW43AZ	Revision of Spacer in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW43JZ	Revision of Interbody Fusion Device in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW43KZ	Revision of Synthetic Substitute in Cervicothoracic Vertebral Joint, Percutaneous Approach
0RW440Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW443Z	Revision of Drainage Device in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW444Z	Revision of Infusion Device in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW447Z	Revision of Internal Fixation Device in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW448Z	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW44AZ	Revision of Spacer in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW44JZ	Revision of Interbody Fusion Device in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW44KZ	Revision of Synthetic Substitute in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW500Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW503Z	Revision of Drainage Device in Cervicothoracic Vertebral Disc, Open Approach
0RW507Z	Revision of Infusion Device in Cervicothoracic Vertebral Disc, Open Approach
0RW50KZ	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Disc, Open Approach
0RW530Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Disc, Open Approach
0RW533Z	Revision of Drainage Device in Cervicothoracic Vertebral Disc, Percutaneous Approach
0RW537Z	Revision of Infusion Device in Cervicothoracic Vertebral Disc, Percutaneous Approach
0RW53KZ	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Disc, Percutaneous Approach
0RW540Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Disc, Percutaneous Approach
0RW543Z	Revision of Drainage Device in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW547Z	Revision of Infusion Device in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW54KZ	Revision of Autologous Tissue Substitute in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW600Z	Revision of Nonautologous Tissue Substitute in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW603Z	Revision of Drainage Device in Thoracic Vertebral Joint, Open Approach
0RW604Z	Revision of Infusion Device in Thoracic Vertebral Joint, Open Approach
0RW607Z	Revision of Internal Fixation Device in Thoracic Vertebral Joint, Open Approach
0RW608Z	Revision of Autologous Tissue Substitute in Thoracic Vertebral Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW60AZ	Revision of Spacer in Thoracic Vertebral Joint, Open Approach
0RW60JZ	Revision of Interbody Fusion Device in Thoracic Vertebral Joint, Open Approach
0RW60KZ	Revision of Synthetic Substitute in Thoracic Vertebral Joint, Open Approach
0RW630Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Joint, Open Approach
0RW633Z	Revision of Drainage Device in Thoracic Vertebral Joint, Percutaneous Approach
0RW634Z	Revision of Infusion Device in Thoracic Vertebral Joint, Percutaneous Approach
0RW637Z	Revision of Internal Fixation Device in Thoracic Vertebral Joint, Percutaneous Approach
0RW638Z	Revision of Autologous Tissue Substitute in Thoracic Vertebral Joint, Percutaneous Approach
0RW63AZ	Revision of Spacer in Thoracic Vertebral Joint, Percutaneous Approach
0RW63JZ	Revision of Interbody Fusion Device in Thoracic Vertebral Joint, Percutaneous Approach
0RW63KZ	Revision of Synthetic Substitute in Thoracic Vertebral Joint, Percutaneous Approach
0RW640Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Joint, Percutaneous Approach
0RW643Z	Revision of Drainage Device in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW644Z	Revision of Infusion Device in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW647Z	Revision of Internal Fixation Device in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW648Z	Revision of Autologous Tissue Substitute in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW64AZ	Revision of Spacer in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW64JZ	Revision of Interbody Fusion Device in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW64KZ	Revision of Synthetic Substitute in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW900Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RW903Z	Revision of Drainage Device in Thoracic Vertebral Disc, Open Approach
0RW907Z	Revision of Infusion Device in Thoracic Vertebral Disc, Open Approach
0RW90KZ	Revision of Autologous Tissue Substitute in Thoracic Vertebral Disc, Open Approach
0RW930Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Disc, Open Approach
0RW933Z	Revision of Drainage Device in Thoracic Vertebral Disc, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RW937Z	Revision of Infusion Device in Thoracic Vertebral Disc, Percutaneous Approach
0RW93KZ	Revision of Autologous Tissue Substitute in Thoracic Vertebral Disc, Percutaneous Approach
0RW940Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Disc, Percutaneous Approach
0RW943Z	Revision of Drainage Device in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW947Z	Revision of Infusion Device in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RW94KZ	Revision of Autologous Tissue Substitute in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RWA00Z	Revision of Nonautologous Tissue Substitute in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach
0RWA03Z	Revision of Drainage Device in Thoracolumbar Vertebral Joint, Open Approach
0RWA04Z	Revision of Infusion Device in Thoracolumbar Vertebral Joint, Open Approach
0RWA07Z	Revision of Internal Fixation Device in Thoracolumbar Vertebral Joint, Open Approach
0RWA08Z	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Joint, Open Approach
0RWA0AZ	Revision of Spacer in Thoracolumbar Vertebral Joint, Open Approach
0RWA0JZ	Revision of Interbody Fusion Device in Thoracolumbar Vertebral Joint, Open Approach
0RWA0KZ	Revision of Synthetic Substitute in Thoracolumbar Vertebral Joint, Open Approach
0RWA30Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Joint, Open Approach
0RWA33Z	Revision of Drainage Device in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA34Z	Revision of Infusion Device in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA37Z	Revision of Internal Fixation Device in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA38Z	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA3AZ	Revision of Spacer in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA3JZ	Revision of Interbody Fusion Device in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA3KZ	Revision of Synthetic Substitute in Thoracolumbar Vertebral Joint, Percutaneous Approach
0RWA40Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWA43Z	Revision of Drainage Device in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA44Z	Revision of Infusion Device in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA47Z	Revision of Internal Fixation Device in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA48Z	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA4AZ	Revision of Spacer in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA4JZ	Revision of Interbody Fusion Device in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWA4KZ	Revision of Synthetic Substitute in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWB00Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0RWB03Z	Revision of Drainage Device in Thoracolumbar Vertebral Disc, Open Approach
0RWB07Z	Revision of Infusion Device in Thoracolumbar Vertebral Disc, Open Approach
0RWB0KZ	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Disc, Open Approach
0RWB30Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Disc, Open Approach
0RWB33Z	Revision of Drainage Device in Thoracolumbar Vertebral Disc, Percutaneous Approach
0RWB37Z	Revision of Infusion Device in Thoracolumbar Vertebral Disc, Percutaneous Approach
0RWB3KZ	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Disc, Percutaneous Approach
0RWB40Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Disc, Percutaneous Approach
0RWB43Z	Revision of Drainage Device in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RWB47Z	Revision of Infusion Device in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RWB4KZ	Revision of Autologous Tissue Substitute in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RWC00Z	Revision of Nonautologous Tissue Substitute in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach
0RWC03Z	Revision of Drainage Device in Right Temporomandibular Joint, Open Approach
0RWC04Z	Revision of Infusion Device in Right Temporomandibular Joint, Open Approach
0RWC07Z	Revision of Internal Fixation Device in Right Temporomandibular Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWC08Z	Revision of Autologous Tissue Substitute in Right Temporomandibular Joint, Open Approach
0RWC0JZ	Revision of Spacer in Right Temporomandibular Joint, Open Approach
0RWC0KZ	Revision of Synthetic Substitute in Right Temporomandibular Joint, Open Approach
0RWC30Z	Revision of Nonautologous Tissue Substitute in Right Temporomandibular Joint, Open Approach
0RWC33Z	Revision of Drainage Device in Right Temporomandibular Joint, Percutaneous Approach
0RWC34Z	Revision of Infusion Device in Right Temporomandibular Joint, Percutaneous Approach
0RWC37Z	Revision of Internal Fixation Device in Right Temporomandibular Joint, Percutaneous Approach
0RWC38Z	Revision of Autologous Tissue Substitute in Right Temporomandibular Joint, Percutaneous Approach
0RWC3JZ	Revision of Spacer in Right Temporomandibular Joint, Percutaneous Approach
0RWC3KZ	Revision of Synthetic Substitute in Right Temporomandibular Joint, Percutaneous Approach
0RWC40Z	Revision of Nonautologous Tissue Substitute in Right Temporomandibular Joint, Percutaneous Approach
0RWC43Z	Revision of Drainage Device in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWC44Z	Revision of Infusion Device in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWC47Z	Revision of Internal Fixation Device in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWC48Z	Revision of Autologous Tissue Substitute in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWC4JZ	Revision of Spacer in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWC4KZ	Revision of Synthetic Substitute in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD00Z	Revision of Nonautologous Tissue Substitute in Right Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD03Z	Revision of Drainage Device in Left Temporomandibular Joint, Open Approach
0RWD04Z	Revision of Infusion Device in Left Temporomandibular Joint, Open Approach
0RWD07Z	Revision of Internal Fixation Device in Left Temporomandibular Joint, Open Approach
0RWD08Z	Revision of Autologous Tissue Substitute in Left Temporomandibular Joint, Open Approach
0RWD0JZ	Revision of Spacer in Left Temporomandibular Joint, Open Approach
0RWD0KZ	Revision of Synthetic Substitute in Left Temporomandibular Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWD30Z	Revision of Nonautologous Tissue Substitute in Left Temporomandibular Joint, Open Approach
0RWD33Z	Revision of Drainage Device in Left Temporomandibular Joint, Percutaneous Approach
0RWD34Z	Revision of Infusion Device in Left Temporomandibular Joint, Percutaneous Approach
0RWD37Z	Revision of Internal Fixation Device in Left Temporomandibular Joint, Percutaneous Approach
0RWD38Z	Revision of Autologous Tissue Substitute in Left Temporomandibular Joint, Percutaneous Approach
0RWD3JZ	Revision of Spacer in Left Temporomandibular Joint, Percutaneous Approach
0RWD3KZ	Revision of Synthetic Substitute in Left Temporomandibular Joint, Percutaneous Approach
0RWD40Z	Revision of Nonautologous Tissue Substitute in Left Temporomandibular Joint, Percutaneous Approach
0RWD43Z	Revision of Drainage Device in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD44Z	Revision of Infusion Device in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD47Z	Revision of Internal Fixation Device in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD48Z	Revision of Autologous Tissue Substitute in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD4JZ	Revision of Spacer in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWD4KZ	Revision of Synthetic Substitute in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWG00Z	Revision of Nonautologous Tissue Substitute in Left Temporomandibular Joint, Percutaneous Endoscopic Approach
0RWG03Z	Revision of Drainage Device in Right Acromioclavicular Joint, Open Approach
0RWG04Z	Revision of Infusion Device in Right Acromioclavicular Joint, Open Approach
0RWG07Z	Revision of Internal Fixation Device in Right Acromioclavicular Joint, Open Approach
0RWG08Z	Revision of Autologous Tissue Substitute in Right Acromioclavicular Joint, Open Approach
0RWG0KZ	Revision of Spacer in Right Acromioclavicular Joint, Open Approach
0RWG30Z	Revision of Nonautologous Tissue Substitute in Right Acromioclavicular Joint, Open Approach
0RWG33Z	Revision of Drainage Device in Right Acromioclavicular Joint, Percutaneous Approach
0RWG34Z	Revision of Infusion Device in Right Acromioclavicular Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWG37Z	Revision of Internal Fixation Device in Right Acromioclavicular Joint, Percutaneous Approach
0RWG38Z	Revision of Autologous Tissue Substitute in Right Acromioclavicular Joint, Percutaneous Approach
0RWG3KZ	Revision of Spacer in Right Acromioclavicular Joint, Percutaneous Approach
0RWG40Z	Revision of Nonautologous Tissue Substitute in Right Acromioclavicular Joint, Percutaneous Approach
0RWG43Z	Revision of Drainage Device in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWG44Z	Revision of Infusion Device in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWG47Z	Revision of Internal Fixation Device in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWG48Z	Revision of Autologous Tissue Substitute in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWG4KZ	Revision of Spacer in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWH00Z	Revision of Nonautologous Tissue Substitute in Right Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWH03Z	Revision of Drainage Device in Left Acromioclavicular Joint, Open Approach
0RWH04Z	Revision of Infusion Device in Left Acromioclavicular Joint, Open Approach
0RWH07Z	Revision of Internal Fixation Device in Left Acromioclavicular Joint, Open Approach
0RWH08Z	Revision of Autologous Tissue Substitute in Left Acromioclavicular Joint, Open Approach
0RWH0KZ	Revision of Spacer in Left Acromioclavicular Joint, Open Approach
0RWH30Z	Revision of Nonautologous Tissue Substitute in Left Acromioclavicular Joint, Open Approach
0RWH33Z	Revision of Drainage Device in Left Acromioclavicular Joint, Percutaneous Approach
0RWH34Z	Revision of Infusion Device in Left Acromioclavicular Joint, Percutaneous Approach
0RWH37Z	Revision of Internal Fixation Device in Left Acromioclavicular Joint, Percutaneous Approach
0RWH38Z	Revision of Autologous Tissue Substitute in Left Acromioclavicular Joint, Percutaneous Approach
0RWH3KZ	Revision of Spacer in Left Acromioclavicular Joint, Percutaneous Approach
0RWH40Z	Revision of Nonautologous Tissue Substitute in Left Acromioclavicular Joint, Percutaneous Approach
0RWH43Z	Revision of Drainage Device in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWH44Z	Revision of Infusion Device in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWH47Z	Revision of Internal Fixation Device in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWH48Z	Revision of Autologous Tissue Substitute in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWH4KZ	Revision of Spacer in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWJ00Z	Revision of Nonautologous Tissue Substitute in Left Acromioclavicular Joint, Percutaneous Endoscopic Approach
0RWJ03Z	Revision of Drainage Device in Right Shoulder Joint, Open Approach
0RWJ04Z	Revision of Infusion Device in Right Shoulder Joint, Open Approach
0RWJ07Z	Revision of Internal Fixation Device in Right Shoulder Joint, Open Approach
0RWJ08Z	Revision of Autologous Tissue Substitute in Right Shoulder Joint, Open Approach
0RWJ0KZ	Revision of Spacer in Right Shoulder Joint, Open Approach
0RWJ30Z	Revision of Nonautologous Tissue Substitute in Right Shoulder Joint, Open Approach
0RWJ33Z	Revision of Drainage Device in Right Shoulder Joint, Percutaneous Approach
0RWJ34Z	Revision of Infusion Device in Right Shoulder Joint, Percutaneous Approach
0RWJ37Z	Revision of Internal Fixation Device in Right Shoulder Joint, Percutaneous Approach
0RWJ38Z	Revision of Autologous Tissue Substitute in Right Shoulder Joint, Percutaneous Approach
0RWJ3JZ	Revision of Spacer in Right Shoulder Joint, Percutaneous Approach
0RWJ3KZ	Revision of Synthetic Substitute in Right Shoulder Joint, Percutaneous Approach
0RWJ40Z	Revision of Nonautologous Tissue Substitute in Right Shoulder Joint, Percutaneous Approach
0RWJ43Z	Revision of Drainage Device in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWJ44Z	Revision of Infusion Device in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWJ47Z	Revision of Internal Fixation Device in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWJ48Z	Revision of Autologous Tissue Substitute in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWJ4JZ	Revision of Spacer in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWJ4KZ	Revision of Synthetic Substitute in Right Shoulder Joint, Percutaneous Endoscopic Approach
0RWK00Z	Revision of Nonautologous Tissue Substitute in Right Shoulder Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWK03Z	Revision of Drainage Device in Left Shoulder Joint, Open Approach
0RWK04Z	Revision of Infusion Device in Left Shoulder Joint, Open Approach
0RWK07Z	Revision of Internal Fixation Device in Left Shoulder Joint, Open Approach
0RWK08Z	Revision of Autologous Tissue Substitute in Left Shoulder Joint, Open Approach
0RWK0KZ	Revision of Spacer in Left Shoulder Joint, Open Approach
0RWK30Z	Revision of Nonautologous Tissue Substitute in Left Shoulder Joint, Open Approach
0RWK33Z	Revision of Drainage Device in Left Shoulder Joint, Percutaneous Approach
0RWK34Z	Revision of Infusion Device in Left Shoulder Joint, Percutaneous Approach
0RWK37Z	Revision of Internal Fixation Device in Left Shoulder Joint, Percutaneous Approach
0RWK38Z	Revision of Autologous Tissue Substitute in Left Shoulder Joint, Percutaneous Approach
0RWK3JZ	Revision of Spacer in Left Shoulder Joint, Percutaneous Approach
0RWK3KZ	Revision of Synthetic Substitute in Left Shoulder Joint, Percutaneous Approach
0RWK40Z	Revision of Nonautologous Tissue Substitute in Left Shoulder Joint, Percutaneous Approach
0RWK43Z	Revision of Drainage Device in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWK44Z	Revision of Infusion Device in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWK47Z	Revision of Internal Fixation Device in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWK48Z	Revision of Autologous Tissue Substitute in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWK4JZ	Revision of Spacer in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWK4KZ	Revision of Synthetic Substitute in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWL00Z	Revision of Nonautologous Tissue Substitute in Left Shoulder Joint, Percutaneous Endoscopic Approach
0RWL03Z	Revision of Drainage Device in Right Elbow Joint, Open Approach
0RWL04Z	Revision of Infusion Device in Right Elbow Joint, Open Approach
0RWL05Z	Revision of Internal Fixation Device in Right Elbow Joint, Open Approach
0RWL07Z	Revision of External Fixation Device in Right Elbow Joint, Open Approach
0RWL08Z	Revision of Autologous Tissue Substitute in Right Elbow Joint, Open Approach
0RWL0KZ	Revision of Spacer in Right Elbow Joint, Open Approach
0RWL30Z	Revision of Nonautologous Tissue Substitute in Right Elbow Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWL33Z	Revision of Drainage Device in Right Elbow Joint, Percutaneous Approach
0RWL34Z	Revision of Infusion Device in Right Elbow Joint, Percutaneous Approach
0RWL35Z	Revision of Internal Fixation Device in Right Elbow Joint, Percutaneous Approach
0RWL37Z	Revision of External Fixation Device in Right Elbow Joint, Percutaneous Approach
0RWL38Z	Revision of Autologous Tissue Substitute in Right Elbow Joint, Percutaneous Approach
0RWL3KZ	Revision of Spacer in Right Elbow Joint, Percutaneous Approach
0RWL40Z	Revision of Nonautologous Tissue Substitute in Right Elbow Joint, Percutaneous Approach
0RWL43Z	Revision of Drainage Device in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWL44Z	Revision of Infusion Device in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWL45Z	Revision of Internal Fixation Device in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWL47Z	Revision of External Fixation Device in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWL48Z	Revision of Autologous Tissue Substitute in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWL4KZ	Revision of Spacer in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWM00Z	Revision of Nonautologous Tissue Substitute in Right Elbow Joint, Percutaneous Endoscopic Approach
0RWM03Z	Revision of Drainage Device in Left Elbow Joint, Open Approach
0RWM04Z	Revision of Infusion Device in Left Elbow Joint, Open Approach
0RWM05Z	Revision of Internal Fixation Device in Left Elbow Joint, Open Approach
0RWM07Z	Revision of External Fixation Device in Left Elbow Joint, Open Approach
0RWM08Z	Revision of Autologous Tissue Substitute in Left Elbow Joint, Open Approach
0RWM0KZ	Revision of Spacer in Left Elbow Joint, Open Approach
0RWM30Z	Revision of Nonautologous Tissue Substitute in Left Elbow Joint, Open Approach
0RWM33Z	Revision of Drainage Device in Left Elbow Joint, Percutaneous Approach
0RWM34Z	Revision of Infusion Device in Left Elbow Joint, Percutaneous Approach
0RWM35Z	Revision of Internal Fixation Device in Left Elbow Joint, Percutaneous Approach
0RWM37Z	Revision of External Fixation Device in Left Elbow Joint, Percutaneous Approach
0RWM38Z	Revision of Autologous Tissue Substitute in Left Elbow Joint, Percutaneous Approach
0RWM3KZ	Revision of Spacer in Left Elbow Joint, Percutaneous Approach
0RWM40Z	Revision of Nonautologous Tissue Substitute in Left Elbow Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWM43Z	Revision of Drainage Device in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWM44Z	Revision of Infusion Device in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWM45Z	Revision of Internal Fixation Device in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWM47Z	Revision of External Fixation Device in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWM48Z	Revision of Autologous Tissue Substitute in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWM4KZ	Revision of Spacer in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWN00Z	Revision of Nonautologous Tissue Substitute in Left Elbow Joint, Percutaneous Endoscopic Approach
0RWN03Z	Revision of Drainage Device in Right Wrist Joint, Open Approach
0RWN04Z	Revision of Infusion Device in Right Wrist Joint, Open Approach
0RWN05Z	Revision of Internal Fixation Device in Right Wrist Joint, Open Approach
0RWN07Z	Revision of External Fixation Device in Right Wrist Joint, Open Approach
0RWN08Z	Revision of Autologous Tissue Substitute in Right Wrist Joint, Open Approach
0RWN0KZ	Revision of Spacer in Right Wrist Joint, Open Approach
0RWN30Z	Revision of Nonautologous Tissue Substitute in Right Wrist Joint, Open Approach
0RWN33Z	Revision of Drainage Device in Right Wrist Joint, Percutaneous Approach
0RWN34Z	Revision of Infusion Device in Right Wrist Joint, Percutaneous Approach
0RWN35Z	Revision of Internal Fixation Device in Right Wrist Joint, Percutaneous Approach
0RWN37Z	Revision of External Fixation Device in Right Wrist Joint, Percutaneous Approach
0RWN38Z	Revision of Autologous Tissue Substitute in Right Wrist Joint, Percutaneous Approach
0RWN3KZ	Revision of Spacer in Right Wrist Joint, Percutaneous Approach
0RWN40Z	Revision of Nonautologous Tissue Substitute in Right Wrist Joint, Percutaneous Approach
0RWN43Z	Revision of Drainage Device in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWN44Z	Revision of Infusion Device in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWN45Z	Revision of Internal Fixation Device in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWN47Z	Revision of External Fixation Device in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWN48Z	Revision of Autologous Tissue Substitute in Right Wrist Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWN4KZ	Revision of Spacer in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWP00Z	Revision of Nonautologous Tissue Substitute in Right Wrist Joint, Percutaneous Endoscopic Approach
0RWP03Z	Revision of Drainage Device in Left Wrist Joint, Open Approach
0RWP04Z	Revision of Infusion Device in Left Wrist Joint, Open Approach
0RWP05Z	Revision of Internal Fixation Device in Left Wrist Joint, Open Approach
0RWP07Z	Revision of External Fixation Device in Left Wrist Joint, Open Approach
0RWP08Z	Revision of Autologous Tissue Substitute in Left Wrist Joint, Open Approach
0RWP0KZ	Revision of Spacer in Left Wrist Joint, Open Approach
0RWP30Z	Revision of Nonautologous Tissue Substitute in Left Wrist Joint, Open Approach
0RWP33Z	Revision of Drainage Device in Left Wrist Joint, Percutaneous Approach
0RWP34Z	Revision of Infusion Device in Left Wrist Joint, Percutaneous Approach
0RWP35Z	Revision of Internal Fixation Device in Left Wrist Joint, Percutaneous Approach
0RWP37Z	Revision of External Fixation Device in Left Wrist Joint, Percutaneous Approach
0RWP38Z	Revision of Autologous Tissue Substitute in Left Wrist Joint, Percutaneous Approach
0RWP3KZ	Revision of Spacer in Left Wrist Joint, Percutaneous Approach
0RWP40Z	Revision of Nonautologous Tissue Substitute in Left Wrist Joint, Percutaneous Approach
0RWP43Z	Revision of Drainage Device in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWP44Z	Revision of Infusion Device in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWP45Z	Revision of Internal Fixation Device in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWP47Z	Revision of External Fixation Device in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWP48Z	Revision of Autologous Tissue Substitute in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWP4KZ	Revision of Spacer in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWQ00Z	Revision of Nonautologous Tissue Substitute in Left Wrist Joint, Percutaneous Endoscopic Approach
0RWQ03Z	Revision of Drainage Device in Right Carpal Joint, Open Approach
0RWQ04Z	Revision of Infusion Device in Right Carpal Joint, Open Approach
0RWQ05Z	Revision of Internal Fixation Device in Right Carpal Joint, Open Approach
0RWQ07Z	Revision of External Fixation Device in Right Carpal Joint, Open Approach
0RWQ08Z	Revision of Autologous Tissue Substitute in Right Carpal Joint, Open Approach
0RWQ0KZ	Revision of Spacer in Right Carpal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWQ30Z	Revision of Nonautologous Tissue Substitute in Right Carpal Joint, Open Approach
0RWQ33Z	Revision of Drainage Device in Right Carpal Joint, Percutaneous Approach
0RWQ34Z	Revision of Infusion Device in Right Carpal Joint, Percutaneous Approach
0RWQ35Z	Revision of Internal Fixation Device in Right Carpal Joint, Percutaneous Approach
0RWQ37Z	Revision of External Fixation Device in Right Carpal Joint, Percutaneous Approach
0RWQ38Z	Revision of Autologous Tissue Substitute in Right Carpal Joint, Percutaneous Approach
0RWQ3KZ	Revision of Spacer in Right Carpal Joint, Percutaneous Approach
0RWQ40Z	Revision of Nonautologous Tissue Substitute in Right Carpal Joint, Percutaneous Approach
0RWQ43Z	Revision of Drainage Device in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWQ44Z	Revision of Infusion Device in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWQ45Z	Revision of Internal Fixation Device in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWQ47Z	Revision of External Fixation Device in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWQ48Z	Revision of Autologous Tissue Substitute in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWQ4KZ	Revision of Spacer in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWR00Z	Revision of Nonautologous Tissue Substitute in Right Carpal Joint, Percutaneous Endoscopic Approach
0RWR03Z	Revision of Drainage Device in Left Carpal Joint, Open Approach
0RWR04Z	Revision of Infusion Device in Left Carpal Joint, Open Approach
0RWR05Z	Revision of Internal Fixation Device in Left Carpal Joint, Open Approach
0RWR07Z	Revision of External Fixation Device in Left Carpal Joint, Open Approach
0RWR08Z	Revision of Autologous Tissue Substitute in Left Carpal Joint, Open Approach
0RWR0KZ	Revision of Spacer in Left Carpal Joint, Open Approach
0RWR30Z	Revision of Nonautologous Tissue Substitute in Left Carpal Joint, Open Approach
0RWR33Z	Revision of Drainage Device in Left Carpal Joint, Percutaneous Approach
0RWR34Z	Revision of Infusion Device in Left Carpal Joint, Percutaneous Approach
0RWR35Z	Revision of Internal Fixation Device in Left Carpal Joint, Percutaneous Approach
0RWR37Z	Revision of External Fixation Device in Left Carpal Joint, Percutaneous Approach
0RWR38Z	Revision of Autologous Tissue Substitute in Left Carpal Joint, Percutaneous Approach
0RWR3KZ	Revision of Spacer in Left Carpal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWR40Z	Revision of Nonautologous Tissue Substitute in Left Carpal Joint, Percutaneous Approach
0RWR43Z	Revision of Drainage Device in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWR44Z	Revision of Infusion Device in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWR45Z	Revision of Internal Fixation Device in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWR47Z	Revision of External Fixation Device in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWR48Z	Revision of Autologous Tissue Substitute in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWR4KZ	Revision of Spacer in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWS00Z	Revision of Nonautologous Tissue Substitute in Left Carpal Joint, Percutaneous Endoscopic Approach
0RWS03Z	Revision of Drainage Device in Right Metacarpocarpal Joint, Open Approach
0RWS04Z	Revision of Infusion Device in Right Metacarpocarpal Joint, Open Approach
0RWS05Z	Revision of Internal Fixation Device in Right Metacarpocarpal Joint, Open Approach
0RWS07Z	Revision of External Fixation Device in Right Metacarpocarpal Joint, Open Approach
0RWS08Z	Revision of Autologous Tissue Substitute in Right Metacarpocarpal Joint, Open Approach
0RWS0KZ	Revision of Spacer in Right Metacarpocarpal Joint, Open Approach
0RWS30Z	Revision of Nonautologous Tissue Substitute in Right Metacarpocarpal Joint, Open Approach
0RWS33Z	Revision of Drainage Device in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS34Z	Revision of Infusion Device in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS35Z	Revision of Internal Fixation Device in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS37Z	Revision of External Fixation Device in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS38Z	Revision of Autologous Tissue Substitute in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS3KZ	Revision of Spacer in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS40Z	Revision of Nonautologous Tissue Substitute in Right Metacarpocarpal Joint, Percutaneous Approach
0RWS43Z	Revision of Drainage Device in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWS44Z	Revision of Infusion Device in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWS45Z	Revision of Internal Fixation Device in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWS47Z	Revision of External Fixation Device in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWS48Z	Revision of Autologous Tissue Substitute in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWS4KZ	Revision of Spacer in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT00Z	Revision of Nonautologous Tissue Substitute in Right Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT03Z	Revision of Drainage Device in Left Metacarpocarpal Joint, Open Approach
0RWT04Z	Revision of Infusion Device in Left Metacarpocarpal Joint, Open Approach
0RWT05Z	Revision of Internal Fixation Device in Left Metacarpocarpal Joint, Open Approach
0RWT07Z	Revision of External Fixation Device in Left Metacarpocarpal Joint, Open Approach
0RWT08Z	Revision of Autologous Tissue Substitute in Left Metacarpocarpal Joint, Open Approach
0RWT0KZ	Revision of Spacer in Left Metacarpocarpal Joint, Open Approach
0RWT30Z	Revision of Nonautologous Tissue Substitute in Left Metacarpocarpal Joint, Open Approach
0RWT33Z	Revision of Drainage Device in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT34Z	Revision of Infusion Device in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT35Z	Revision of Internal Fixation Device in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT37Z	Revision of External Fixation Device in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT38Z	Revision of Autologous Tissue Substitute in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT3KZ	Revision of Spacer in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT40Z	Revision of Nonautologous Tissue Substitute in Left Metacarpocarpal Joint, Percutaneous Approach
0RWT43Z	Revision of Drainage Device in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT44Z	Revision of Infusion Device in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT45Z	Revision of Internal Fixation Device in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT47Z	Revision of External Fixation Device in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWT48Z	Revision of Autologous Tissue Substitute in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWT4KZ	Revision of Spacer in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWU00Z	Revision of Nonautologous Tissue Substitute in Left Metacarpocarpal Joint, Percutaneous Endoscopic Approach
0RWU03Z	Revision of Drainage Device in Right Metacarpophalangeal Joint, Open Approach
0RWU04Z	Revision of Infusion Device in Right Metacarpophalangeal Joint, Open Approach
0RWU05Z	Revision of Internal Fixation Device in Right Metacarpophalangeal Joint, Open Approach
0RWU07Z	Revision of External Fixation Device in Right Metacarpophalangeal Joint, Open Approach
0RWU08Z	Revision of Autologous Tissue Substitute in Right Metacarpophalangeal Joint, Open Approach
0RWU0KZ	Revision of Spacer in Right Metacarpophalangeal Joint, Open Approach
0RWU30Z	Revision of Nonautologous Tissue Substitute in Right Metacarpophalangeal Joint, Open Approach
0RWU33Z	Revision of Drainage Device in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU34Z	Revision of Infusion Device in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU35Z	Revision of Internal Fixation Device in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU37Z	Revision of External Fixation Device in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU38Z	Revision of Autologous Tissue Substitute in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU3KZ	Revision of Spacer in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU40Z	Revision of Nonautologous Tissue Substitute in Right Metacarpophalangeal Joint, Percutaneous Approach
0RWU43Z	Revision of Drainage Device in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWU44Z	Revision of Infusion Device in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWU45Z	Revision of Internal Fixation Device in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWU47Z	Revision of External Fixation Device in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWU48Z	Revision of Autologous Tissue Substitute in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWU4KZ	Revision of Spacer in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWV00Z	Revision of Nonautologous Tissue Substitute in Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV03Z	Revision of Drainage Device in Left Metacarpophalangeal Joint, Open Approach
0RWV04Z	Revision of Infusion Device in Left Metacarpophalangeal Joint, Open Approach
0RWV05Z	Revision of Internal Fixation Device in Left Metacarpophalangeal Joint, Open Approach
0RWV07Z	Revision of External Fixation Device in Left Metacarpophalangeal Joint, Open Approach
0RWV08Z	Revision of Autologous Tissue Substitute in Left Metacarpophalangeal Joint, Open Approach
0RWV0KZ	Revision of Spacer in Left Metacarpophalangeal Joint, Open Approach
0RWV30Z	Revision of Nonautologous Tissue Substitute in Left Metacarpophalangeal Joint, Open Approach
0RWV33Z	Revision of Drainage Device in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV34Z	Revision of Infusion Device in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV35Z	Revision of Internal Fixation Device in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV37Z	Revision of External Fixation Device in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV38Z	Revision of Autologous Tissue Substitute in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV3KZ	Revision of Spacer in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV40Z	Revision of Nonautologous Tissue Substitute in Left Metacarpophalangeal Joint, Percutaneous Approach
0RWV43Z	Revision of Drainage Device in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV44Z	Revision of Infusion Device in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV45Z	Revision of Internal Fixation Device in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV47Z	Revision of External Fixation Device in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV48Z	Revision of Autologous Tissue Substitute in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWV4KZ	Revision of Spacer in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWW00Z	Revision of Nonautologous Tissue Substitute in Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach
0RWW03Z	Revision of Drainage Device in Right Finger Phalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWW04Z	Revision of Infusion Device in Right Finger Phalangeal Joint, Open Approach
0RWW05Z	Revision of Internal Fixation Device in Right Finger Phalangeal Joint, Open Approach
0RWW07Z	Revision of External Fixation Device in Right Finger Phalangeal Joint, Open Approach
0RWW08Z	Revision of Autologous Tissue Substitute in Right Finger Phalangeal Joint, Open Approach
0RWW0KZ	Revision of Spacer in Right Finger Phalangeal Joint, Open Approach
0RWW30Z	Revision of Nonautologous Tissue Substitute in Right Finger Phalangeal Joint, Open Approach
0RWW33Z	Revision of Drainage Device in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW34Z	Revision of Infusion Device in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW35Z	Revision of Internal Fixation Device in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW37Z	Revision of External Fixation Device in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW38Z	Revision of Autologous Tissue Substitute in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW3KZ	Revision of Spacer in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW40Z	Revision of Nonautologous Tissue Substitute in Right Finger Phalangeal Joint, Percutaneous Approach
0RWW43Z	Revision of Drainage Device in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWW44Z	Revision of Infusion Device in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWW45Z	Revision of Internal Fixation Device in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWW47Z	Revision of External Fixation Device in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWW48Z	Revision of Autologous Tissue Substitute in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWW4KZ	Revision of Spacer in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX00Z	Revision of Nonautologous Tissue Substitute in Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX03Z	Revision of Drainage Device in Left Finger Phalangeal Joint, Open Approach
0RWX04Z	Revision of Infusion Device in Left Finger Phalangeal Joint, Open Approach
0RWX05Z	Revision of Internal Fixation Device in Left Finger Phalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0RWX07Z	Revision of External Fixation Device in Left Finger Phalangeal Joint, Open Approach
0RWX08Z	Revision of Autologous Tissue Substitute in Left Finger Phalangeal Joint, Open Approach
0RWX0KZ	Revision of Spacer in Left Finger Phalangeal Joint, Open Approach
0RWX30Z	Revision of Nonautologous Tissue Substitute in Left Finger Phalangeal Joint, Open Approach
0RWX33Z	Revision of Drainage Device in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX34Z	Revision of Infusion Device in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX35Z	Revision of Internal Fixation Device in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX37Z	Revision of External Fixation Device in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX38Z	Revision of Autologous Tissue Substitute in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX3KZ	Revision of Spacer in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX40Z	Revision of Nonautologous Tissue Substitute in Left Finger Phalangeal Joint, Percutaneous Approach
0RWX43Z	Revision of Drainage Device in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX44Z	Revision of Infusion Device in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX45Z	Revision of Internal Fixation Device in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX47Z	Revision of External Fixation Device in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX48Z	Revision of Autologous Tissue Substitute in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0RWX4KZ	Revision of Spacer in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0S500ZZ	Revision of Nonautologous Tissue Substitute in Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach
0S503ZZ	Destruction of Lumbar Vertebral Joint, Open Approach
0S504ZZ	Destruction of Lumbar Vertebral Joint, Percutaneous Approach
0S520ZZ	Destruction of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0S523ZZ	Destruction of Lumbar Vertebral Disc, Open Approach
0S530ZZ	Destruction of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0S533ZZ	Destruction of Lumbosacral Joint, Open Approach
0S534ZZ	Destruction of Lumbosacral Joint, Percutaneous Approach
0S540ZZ	Destruction of Lumbosacral Joint, Percutaneous Endoscopic Approach
0S543ZZ	Destruction of Lumbosacral Disc, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S544ZZ	Destruction of Lumbosacral Disc, Percutaneous Approach
0S550ZZ	Destruction of Lumbosacral Disc, Percutaneous Endoscopic Approach
0S553ZZ	Destruction of Sacrococcygeal Joint, Open Approach
0S554ZZ	Destruction of Sacrococcygeal Joint, Percutaneous Approach
0S560ZZ	Destruction of Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0S563ZZ	Destruction of Coccygeal Joint, Open Approach
0S564ZZ	Destruction of Coccygeal Joint, Percutaneous Approach
0S570ZZ	Destruction of Coccygeal Joint, Percutaneous Endoscopic Approach
0S573ZZ	Destruction of Right Sacroiliac Joint, Open Approach
0S574ZZ	Destruction of Right Sacroiliac Joint, Percutaneous Approach
0S580ZZ	Destruction of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0S583ZZ	Destruction of Left Sacroiliac Joint, Open Approach
0S584ZZ	Destruction of Left Sacroiliac Joint, Percutaneous Approach
0S590ZZ	Destruction of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0S593ZZ	Destruction of Right Hip Joint, Open Approach
0S594ZZ	Destruction of Right Hip Joint, Percutaneous Approach
0S5B0ZZ	Destruction of Right Hip Joint, Percutaneous Endoscopic Approach
0S5B3ZZ	Destruction of Left Hip Joint, Open Approach
0S5B4ZZ	Destruction of Left Hip Joint, Percutaneous Approach
0S5C0ZZ	Destruction of Left Hip Joint, Percutaneous Endoscopic Approach
0S5C3ZZ	Destruction of Right Knee Joint, Open Approach
0S5C4ZZ	Destruction of Right Knee Joint, Percutaneous Approach
0S5D0ZZ	Destruction of Right Knee Joint, Percutaneous Endoscopic Approach
0S5D3ZZ	Destruction of Left Knee Joint, Open Approach
0S5D4ZZ	Destruction of Left Knee Joint, Percutaneous Approach
0S5F0ZZ	Destruction of Left Knee Joint, Percutaneous Endoscopic Approach
0S5F3ZZ	Destruction of Right Ankle Joint, Open Approach
0S5F4ZZ	Destruction of Right Ankle Joint, Percutaneous Approach
0S5G0ZZ	Destruction of Right Ankle Joint, Percutaneous Endoscopic Approach
0S5G3ZZ	Destruction of Left Ankle Joint, Open Approach
0S5G4ZZ	Destruction of Left Ankle Joint, Percutaneous Approach
0S5H0ZZ	Destruction of Left Ankle Joint, Percutaneous Endoscopic Approach
0S5H3ZZ	Destruction of Right Tarsal Joint, Open Approach
0S5H4ZZ	Destruction of Right Tarsal Joint, Percutaneous Approach
0S5J0ZZ	Destruction of Right Tarsal Joint, Percutaneous Endoscopic Approach
0S5J3ZZ	Destruction of Left Tarsal Joint, Open Approach
0S5J4ZZ	Destruction of Left Tarsal Joint, Percutaneous Approach
0S5K0ZZ	Destruction of Left Tarsal Joint, Percutaneous Endoscopic Approach
0S5K3ZZ	Destruction of Right Metatarsal-Tarsal Joint, Open Approach
0S5K4ZZ	Destruction of Right Metatarsal-Tarsal Joint, Percutaneous Approach
0S5L0ZZ	Destruction of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0S5L3ZZ	Destruction of Left Metatarsal-Tarsal Joint, Open Approach
0S5L4ZZ	Destruction of Left Metatarsal-Tarsal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S5M0ZZ	Destruction of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0S5M3ZZ	Destruction of Right Metatarsal-Phalangeal Joint, Open Approach
0S5M4ZZ	Destruction of Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0S5N0ZZ	Destruction of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0S5N3ZZ	Destruction of Left Metatarsal-Phalangeal Joint, Open Approach
0S5N4ZZ	Destruction of Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0S5P0ZZ	Destruction of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0S5P3ZZ	Destruction of Right Toe Phalangeal Joint, Open Approach
0S5P4ZZ	Destruction of Right Toe Phalangeal Joint, Percutaneous Approach
0S5Q0ZZ	Destruction of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0S5Q3ZZ	Destruction of Left Toe Phalangeal Joint, Open Approach
0S5Q4ZZ	Destruction of Left Toe Phalangeal Joint, Percutaneous Approach
0S9000Z	Destruction of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0S900ZX	Drainage of Lumbar Vertebral Joint with Drainage Device, Open Approach
0S900ZZ	Drainage of Lumbar Vertebral Joint, Open Approach, Diagnostic
0S9030Z	Drainage of Lumbar Vertebral Joint, Open Approach
0S903ZX	Drainage of Lumbar Vertebral Joint with Drainage Device, Percutaneous Approach
0S903ZZ	Drainage of Lumbar Vertebral Joint, Percutaneous Approach, Diagnostic
0S9040Z	Drainage of Lumbar Vertebral Joint, Percutaneous Approach
0S904ZX	Drainage of Lumbar Vertebral Joint with Drainage Device, Percutaneous Endoscopic Approach
0S904ZZ	Drainage of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9200Z	Drainage of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0S920ZX	Drainage of Lumbar Vertebral Disc with Drainage Device, Open Approach
0S920ZZ	Drainage of Lumbar Vertebral Disc, Open Approach, Diagnostic
0S9230Z	Drainage of Lumbar Vertebral Disc, Open Approach
0S923ZX	Drainage of Lumbar Vertebral Disc with Drainage Device, Percutaneous Approach
0S923ZZ	Drainage of Lumbar Vertebral Disc, Percutaneous Approach, Diagnostic
0S9240Z	Drainage of Lumbar Vertebral Disc, Percutaneous Approach
0S924ZX	Drainage of Lumbar Vertebral Disc with Drainage Device, Percutaneous Endoscopic Approach
0S924ZZ	Drainage of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach, Diagnostic
0S9300Z	Drainage of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0S930ZX	Drainage of Lumbosacral Joint with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S930ZZ	Drainage of Lumbosacral Joint, Open Approach, Diagnostic
0S9330Z	Drainage of Lumbosacral Joint, Open Approach
0S933ZX	Drainage of Lumbosacral Joint with Drainage Device, Percutaneous Approach
0S933ZZ	Drainage of Lumbosacral Joint, Percutaneous Approach, Diagnostic
0S9340Z	Drainage of Lumbosacral Joint, Percutaneous Approach
0S934ZX	Drainage of Lumbosacral Joint with Drainage Device, Percutaneous Endoscopic Approach
0S934ZZ	Drainage of Lumbosacral Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9400Z	Drainage of Lumbosacral Joint, Percutaneous Endoscopic Approach
0S940ZX	Drainage of Lumbosacral Disc with Drainage Device, Open Approach
0S940ZZ	Drainage of Lumbosacral Disc, Open Approach, Diagnostic
0S9430Z	Drainage of Lumbosacral Disc, Open Approach
0S943ZX	Drainage of Lumbosacral Disc with Drainage Device, Percutaneous Approach
0S943ZZ	Drainage of Lumbosacral Disc, Percutaneous Approach, Diagnostic
0S9440Z	Drainage of Lumbosacral Disc, Percutaneous Approach
0S944ZX	Drainage of Lumbosacral Disc with Drainage Device, Percutaneous Endoscopic Approach
0S944ZZ	Drainage of Lumbosacral Disc, Percutaneous Endoscopic Approach, Diagnostic
0S9500Z	Drainage of Lumbosacral Disc, Percutaneous Endoscopic Approach
0S950ZX	Drainage of Sacrococcygeal Joint with Drainage Device, Open Approach
0S950ZZ	Drainage of Sacrococcygeal Joint, Open Approach, Diagnostic
0S9530Z	Drainage of Sacrococcygeal Joint, Open Approach
0S953ZX	Drainage of Sacrococcygeal Joint with Drainage Device, Percutaneous Approach
0S953ZZ	Drainage of Sacrococcygeal Joint, Percutaneous Approach, Diagnostic
0S9540Z	Drainage of Sacrococcygeal Joint, Percutaneous Approach
0S954ZX	Drainage of Sacrococcygeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S954ZZ	Drainage of Sacrococcygeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9600Z	Drainage of Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0S960ZX	Drainage of Coccygeal Joint with Drainage Device, Open Approach
0S960ZZ	Drainage of Coccygeal Joint, Open Approach, Diagnostic
0S9630Z	Drainage of Coccygeal Joint, Open Approach
0S963ZX	Drainage of Coccygeal Joint with Drainage Device, Percutaneous Approach
0S963ZZ	Drainage of Coccygeal Joint, Percutaneous Approach, Diagnostic
0S9640Z	Drainage of Coccygeal Joint, Percutaneous Approach
0S964ZX	Drainage of Coccygeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S964ZZ	Drainage of Coccygeal Joint, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S9700Z	Drainage of Coccygeal Joint, Percutaneous Endoscopic Approach
0S970ZX	Drainage of Right Sacroiliac Joint with Drainage Device, Open Approach
0S970ZZ	Drainage of Right Sacroiliac Joint, Open Approach, Diagnostic
0S9730Z	Drainage of Right Sacroiliac Joint, Open Approach
0S973ZX	Drainage of Right Sacroiliac Joint with Drainage Device, Percutaneous Approach
0S973ZZ	Drainage of Right Sacroiliac Joint, Percutaneous Approach, Diagnostic
0S9740Z	Drainage of Right Sacroiliac Joint, Percutaneous Approach
0S974ZX	Drainage of Right Sacroiliac Joint with Drainage Device, Percutaneous Endoscopic Approach
0S974ZZ	Drainage of Right Sacroiliac Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9800Z	Drainage of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0S980ZX	Drainage of Left Sacroiliac Joint with Drainage Device, Open Approach
0S980ZZ	Drainage of Left Sacroiliac Joint, Open Approach, Diagnostic
0S9830Z	Drainage of Left Sacroiliac Joint, Open Approach
0S983ZX	Drainage of Left Sacroiliac Joint with Drainage Device, Percutaneous Approach
0S983ZZ	Drainage of Left Sacroiliac Joint, Percutaneous Approach, Diagnostic
0S9840Z	Drainage of Left Sacroiliac Joint, Percutaneous Approach
0S984ZX	Drainage of Left Sacroiliac Joint with Drainage Device, Percutaneous Endoscopic Approach
0S984ZZ	Drainage of Left Sacroiliac Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9900Z	Drainage of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0S990ZX	Drainage of Right Hip Joint with Drainage Device, Open Approach
0S990ZZ	Drainage of Right Hip Joint, Open Approach, Diagnostic
0S9930Z	Drainage of Right Hip Joint, Open Approach
0S993ZX	Drainage of Right Hip Joint with Drainage Device, Percutaneous Approach
0S993ZZ	Drainage of Right Hip Joint, Percutaneous Approach, Diagnostic
0S9940Z	Drainage of Right Hip Joint, Percutaneous Approach
0S994ZX	Drainage of Right Hip Joint with Drainage Device, Percutaneous Endoscopic Approach
0S994ZZ	Drainage of Right Hip Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9B00Z	Drainage of Right Hip Joint, Percutaneous Endoscopic Approach
0S9B0ZX	Drainage of Left Hip Joint with Drainage Device, Open Approach
0S9B0ZZ	Drainage of Left Hip Joint, Open Approach, Diagnostic
0S9B30Z	Drainage of Left Hip Joint, Open Approach
0S9B3ZX	Drainage of Left Hip Joint with Drainage Device, Percutaneous Approach
0S9B3ZZ	Drainage of Left Hip Joint, Percutaneous Approach, Diagnostic
0S9B40Z	Drainage of Left Hip Joint, Percutaneous Approach
0S9B4ZX	Drainage of Left Hip Joint with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S9B4ZZ	Drainage of Left Hip Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9C00Z	Drainage of Left Hip Joint, Percutaneous Endoscopic Approach
0S9C0ZX	Drainage of Right Knee Joint with Drainage Device, Open Approach
0S9C30Z	Drainage of Right Knee Joint, Open Approach, Diagnostic
0S9C3ZX	Drainage of Right Knee Joint with Drainage Device, Percutaneous Approach
0S9C3ZZ	Drainage of Right Knee Joint, Percutaneous Approach, Diagnostic
0S9C40Z	Drainage of Right Knee Joint, Percutaneous Approach
0S9C4ZX	Drainage of Right Knee Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9C4ZZ	Drainage of Right Knee Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9D00Z	Drainage of Right Knee Joint, Percutaneous Endoscopic Approach
0S9D0ZX	Drainage of Left Knee Joint with Drainage Device, Open Approach
0S9D30Z	Drainage of Left Knee Joint, Open Approach, Diagnostic
0S9D3ZX	Drainage of Left Knee Joint with Drainage Device, Percutaneous Approach
0S9D3ZZ	Drainage of Left Knee Joint, Percutaneous Approach, Diagnostic
0S9D40Z	Drainage of Left Knee Joint, Percutaneous Approach
0S9D4ZX	Drainage of Left Knee Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9D4ZZ	Drainage of Left Knee Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9F00Z	Drainage of Left Knee Joint, Percutaneous Endoscopic Approach
0S9F0ZX	Drainage of Right Ankle Joint with Drainage Device, Open Approach
0S9F0ZZ	Drainage of Right Ankle Joint, Open Approach, Diagnostic
0S9F30Z	Drainage of Right Ankle Joint, Open Approach
0S9F3ZX	Drainage of Right Ankle Joint with Drainage Device, Percutaneous Approach
0S9F3ZZ	Drainage of Right Ankle Joint, Percutaneous Approach, Diagnostic
0S9F40Z	Drainage of Right Ankle Joint, Percutaneous Approach
0S9F4ZX	Drainage of Right Ankle Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9F4ZZ	Drainage of Right Ankle Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9G00Z	Drainage of Right Ankle Joint, Percutaneous Endoscopic Approach
0S9G0ZX	Drainage of Left Ankle Joint with Drainage Device, Open Approach
0S9G0ZZ	Drainage of Left Ankle Joint, Open Approach, Diagnostic
0S9G30Z	Drainage of Left Ankle Joint, Open Approach
0S9G3ZX	Drainage of Left Ankle Joint with Drainage Device, Percutaneous Approach
0S9G3ZZ	Drainage of Left Ankle Joint, Percutaneous Approach, Diagnostic
0S9G40Z	Drainage of Left Ankle Joint, Percutaneous Approach
0S9G4ZX	Drainage of Left Ankle Joint with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S9G4ZZ	Drainage of Left Ankle Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9H00Z	Drainage of Left Ankle Joint, Percutaneous Endoscopic Approach
0S9H0ZX	Drainage of Right Tarsal Joint with Drainage Device, Open Approach
0S9H0ZZ	Drainage of Right Tarsal Joint, Open Approach, Diagnostic
0S9H30Z	Drainage of Right Tarsal Joint, Open Approach
0S9H3ZX	Drainage of Right Tarsal Joint with Drainage Device, Percutaneous Approach
0S9H3ZZ	Drainage of Right Tarsal Joint, Percutaneous Approach, Diagnostic
0S9H40Z	Drainage of Right Tarsal Joint, Percutaneous Approach
0S9H4ZX	Drainage of Right Tarsal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9H4ZZ	Drainage of Right Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9J00Z	Drainage of Right Tarsal Joint, Percutaneous Endoscopic Approach
0S9J0ZX	Drainage of Left Tarsal Joint with Drainage Device, Open Approach
0S9J0ZZ	Drainage of Left Tarsal Joint, Open Approach, Diagnostic
0S9J30Z	Drainage of Left Tarsal Joint, Open Approach
0S9J3ZX	Drainage of Left Tarsal Joint with Drainage Device, Percutaneous Approach
0S9J3ZZ	Drainage of Left Tarsal Joint, Percutaneous Approach, Diagnostic
0S9J40Z	Drainage of Left Tarsal Joint, Percutaneous Approach
0S9J4ZX	Drainage of Left Tarsal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9J4ZZ	Drainage of Left Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9K00Z	Drainage of Left Tarsal Joint, Percutaneous Endoscopic Approach
0S9K0ZX	Drainage of Right Metatarsal-Tarsal Joint with Drainage Device, Open Approach
0S9K0ZZ	Drainage of Right Metatarsal-Tarsal Joint, Open Approach, Diagnostic
0S9K30Z	Drainage of Right Metatarsal-Tarsal Joint, Open Approach
0S9K3ZX	Drainage of Right Metatarsal-Tarsal Joint with Drainage Device, Percutaneous Approach
0S9K3ZZ	Drainage of Right Metatarsal-Tarsal Joint, Percutaneous Approach, Diagnostic
0S9K40Z	Drainage of Right Metatarsal-Tarsal Joint, Percutaneous Approach
0S9K4ZX	Drainage of Right Metatarsal-Tarsal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9K4ZZ	Drainage of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9L00Z	Drainage of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0S9L0ZX	Drainage of Left Metatarsal-Tarsal Joint with Drainage Device, Open Approach
0S9L0ZZ	Drainage of Left Metatarsal-Tarsal Joint, Open Approach, Diagnostic
0S9L30Z	Drainage of Left Metatarsal-Tarsal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S9L3ZX	Drainage of Left Metatarsal-Tarsal Joint with Drainage Device, Percutaneous Approach
0S9L3ZZ	Drainage of Left Metatarsal-Tarsal Joint, Percutaneous Approach, Diagnostic
0S9L40Z	Drainage of Left Metatarsal-Tarsal Joint, Percutaneous Approach
0S9L4ZX	Drainage of Left Metatarsal-Tarsal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9L4ZZ	Drainage of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9M00Z	Drainage of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0S9M0ZX	Drainage of Right Metatarsal-Phalangeal Joint with Drainage Device, Open Approach
0S9M0ZZ	Drainage of Right Metatarsal-Phalangeal Joint, Open Approach, Diagnostic
0S9M30Z	Drainage of Right Metatarsal-Phalangeal Joint, Open Approach
0S9M3ZX	Drainage of Right Metatarsal-Phalangeal Joint with Drainage Device, Percutaneous Approach
0S9M3ZZ	Drainage of Right Metatarsal-Phalangeal Joint, Percutaneous Approach, Diagnostic
0S9M40Z	Drainage of Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0S9M4ZX	Drainage of Right Metatarsal-Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9M4ZZ	Drainage of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9N00Z	Drainage of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0S9N0ZX	Drainage of Left Metatarsal-Phalangeal Joint with Drainage Device, Open Approach
0S9N0ZZ	Drainage of Left Metatarsal-Phalangeal Joint, Open Approach, Diagnostic
0S9N30Z	Drainage of Left Metatarsal-Phalangeal Joint, Open Approach
0S9N3ZX	Drainage of Left Metatarsal-Phalangeal Joint with Drainage Device, Percutaneous Approach
0S9N3ZZ	Drainage of Left Metatarsal-Phalangeal Joint, Percutaneous Approach, Diagnostic
0S9N40Z	Drainage of Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0S9N4ZX	Drainage of Left Metatarsal-Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9N4ZZ	Drainage of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9P00Z	Drainage of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0S9P0ZX	Drainage of Right Toe Phalangeal Joint with Drainage Device, Open Approach
0S9P0ZZ	Drainage of Right Toe Phalangeal Joint, Open Approach, Diagnostic
0S9P30Z	Drainage of Right Toe Phalangeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0S9P3ZX	Drainage of Right Toe Phalangeal Joint with Drainage Device, Percutaneous Approach
0S9P3ZZ	Drainage of Right Toe Phalangeal Joint, Percutaneous Approach, Diagnostic
0S9P40Z	Drainage of Right Toe Phalangeal Joint, Percutaneous Approach
0S9P4ZX	Drainage of Right Toe Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9P4ZZ	Drainage of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0S9Q00Z	Drainage of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0S9Q0ZX	Drainage of Left Toe Phalangeal Joint with Drainage Device, Open Approach
0S9Q0ZZ	Drainage of Left Toe Phalangeal Joint, Open Approach, Diagnostic
0S9Q30Z	Drainage of Left Toe Phalangeal Joint, Open Approach
0S9Q3ZX	Drainage of Left Toe Phalangeal Joint with Drainage Device, Percutaneous Approach
0S9Q3ZZ	Drainage of Left Toe Phalangeal Joint, Percutaneous Approach, Diagnostic
0S9Q40Z	Drainage of Left Toe Phalangeal Joint, Percutaneous Approach
0S9Q4ZX	Drainage of Left Toe Phalangeal Joint with Drainage Device, Percutaneous Endoscopic Approach
0S9Q4ZZ	Drainage of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB00ZX	Drainage of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SB03ZX	Excision of Lumbar Vertebral Joint, Open Approach
0SB04ZX	Excision of Lumbar Vertebral Joint, Percutaneous Approach
0SB20ZX	Excision of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SB20ZZ	Excision of Lumbar Vertebral Disc, Open Approach, Diagnostic
0SB23ZX	Excision of Lumbar Vertebral Disc, Open Approach
0SB23ZZ	Excision of Lumbar Vertebral Disc, Percutaneous Approach, Diagnostic
0SB24ZX	Excision of Lumbar Vertebral Disc, Percutaneous Approach
0SB30ZX	Excision of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SB30ZZ	Excision of Lumbosacral Joint, Open Approach, Diagnostic
0SB33ZX	Excision of Lumbosacral Joint, Open Approach
0SB33ZZ	Excision of Lumbosacral Joint, Percutaneous Approach, Diagnostic
0SB34ZX	Excision of Lumbosacral Joint, Percutaneous Approach
0SB34ZZ	Excision of Lumbosacral Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB40ZX	Excision of Lumbosacral Joint, Percutaneous Endoscopic Approach
0SB40ZZ	Excision of Lumbosacral Disc, Open Approach, Diagnostic
0SB43ZX	Excision of Lumbosacral Disc, Open Approach
0SB43ZZ	Excision of Lumbosacral Disc, Percutaneous Approach, Diagnostic
0SB44ZX	Excision of Lumbosacral Disc, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SB44ZZ	Excision of Lumbosacral Disc, Percutaneous Endoscopic Approach, Diagnostic
0SB50ZX	Excision of Lumbosacral Disc, Percutaneous Endoscopic Approach
0SB50ZZ	Excision of Sacrococcygeal Joint, Open Approach, Diagnostic
0SB53ZX	Excision of Sacrococcygeal Joint, Open Approach
0SB53ZZ	Excision of Sacrococcygeal Joint, Percutaneous Approach, Diagnostic
0SB54ZX	Excision of Sacrococcygeal Joint, Percutaneous Approach
0SB54ZZ	Excision of Sacrococcygeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB60ZX	Excision of Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SB60ZZ	Excision of Coccygeal Joint, Open Approach, Diagnostic
0SB63ZX	Excision of Coccygeal Joint, Open Approach
0SB63ZZ	Excision of Coccygeal Joint, Percutaneous Approach, Diagnostic
0SB64ZX	Excision of Coccygeal Joint, Percutaneous Approach
0SB64ZZ	Excision of Coccygeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB70ZX	Excision of Coccygeal Joint, Percutaneous Endoscopic Approach
0SB70ZZ	Excision of Right Sacroiliac Joint, Open Approach, Diagnostic
0SB73ZX	Excision of Right Sacroiliac Joint, Open Approach
0SB73ZZ	Excision of Right Sacroiliac Joint, Percutaneous Approach, Diagnostic
0SB74ZX	Excision of Right Sacroiliac Joint, Percutaneous Approach
0SB74ZZ	Excision of Right Sacroiliac Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB80ZX	Excision of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SB80ZZ	Excision of Left Sacroiliac Joint, Open Approach, Diagnostic
0SB83ZX	Excision of Left Sacroiliac Joint, Open Approach
0SB83ZZ	Excision of Left Sacroiliac Joint, Percutaneous Approach, Diagnostic
0SB84ZX	Excision of Left Sacroiliac Joint, Percutaneous Approach
0SB84ZZ	Excision of Left Sacroiliac Joint, Percutaneous Endoscopic Approach, Diagnostic
0SB90ZX	Excision of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SB90ZZ	Excision of Right Hip Joint, Open Approach, Diagnostic
0SB93ZX	Excision of Right Hip Joint, Open Approach
0SB93ZZ	Excision of Right Hip Joint, Percutaneous Approach, Diagnostic
0SB94ZX	Excision of Right Hip Joint, Percutaneous Approach
0SB94ZZ	Excision of Right Hip Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBB0ZX	Excision of Right Hip Joint, Percutaneous Endoscopic Approach
0SBB0ZZ	Excision of Left Hip Joint, Open Approach, Diagnostic
0SBB3ZX	Excision of Left Hip Joint, Open Approach
0SBB3ZZ	Excision of Left Hip Joint, Percutaneous Approach, Diagnostic
0SBB4ZX	Excision of Left Hip Joint, Percutaneous Approach
0SBB4ZZ	Excision of Left Hip Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBC0ZX	Excision of Left Hip Joint, Percutaneous Endoscopic Approach
0SBC0ZZ	Excision of Right Knee Joint, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SBC3ZX	Excision of Right Knee Joint, Open Approach
0SBC3ZZ	Excision of Right Knee Joint, Percutaneous Approach, Diagnostic
0SBC4ZX	Excision of Right Knee Joint, Percutaneous Approach
0SBC4ZZ	Excision of Right Knee Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBD0ZX	Excision of Right Knee Joint, Percutaneous Endoscopic Approach
0SBD0ZZ	Excision of Left Knee Joint, Open Approach, Diagnostic
0SBD3ZX	Excision of Left Knee Joint, Open Approach
0SBD3ZZ	Excision of Left Knee Joint, Percutaneous Approach, Diagnostic
0SBD4ZX	Excision of Left Knee Joint, Percutaneous Approach
0SBD4ZZ	Excision of Left Knee Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBF0ZX	Excision of Left Knee Joint, Percutaneous Endoscopic Approach
0SBF0ZZ	Excision of Right Ankle Joint, Open Approach, Diagnostic
0SBF3ZX	Excision of Right Ankle Joint, Open Approach
0SBF3ZZ	Excision of Right Ankle Joint, Percutaneous Approach, Diagnostic
0SBF4ZX	Excision of Right Ankle Joint, Percutaneous Approach
0SBF4ZZ	Excision of Right Ankle Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBG0ZX	Excision of Right Ankle Joint, Percutaneous Endoscopic Approach
0SBG0ZZ	Excision of Left Ankle Joint, Open Approach, Diagnostic
0SBG3ZX	Excision of Left Ankle Joint, Open Approach
0SBG3ZZ	Excision of Left Ankle Joint, Percutaneous Approach, Diagnostic
0SBG4ZX	Excision of Left Ankle Joint, Percutaneous Approach
0SBG4ZZ	Excision of Left Ankle Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBH0ZX	Excision of Left Ankle Joint, Percutaneous Endoscopic Approach
0SBH0ZZ	Excision of Right Tarsal Joint, Open Approach, Diagnostic
0SBH3ZX	Excision of Right Tarsal Joint, Open Approach
0SBH3ZZ	Excision of Right Tarsal Joint, Percutaneous Approach, Diagnostic
0SBH4ZX	Excision of Right Tarsal Joint, Percutaneous Approach
0SBH4ZZ	Excision of Right Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBJ0ZX	Excision of Right Tarsal Joint, Percutaneous Endoscopic Approach
0SBJ0ZZ	Excision of Left Tarsal Joint, Open Approach, Diagnostic
0SBJ3ZX	Excision of Left Tarsal Joint, Open Approach
0SBJ3ZZ	Excision of Left Tarsal Joint, Percutaneous Approach, Diagnostic
0SBJ4ZX	Excision of Left Tarsal Joint, Percutaneous Approach
0SBJ4ZZ	Excision of Left Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBK0ZX	Excision of Left Tarsal Joint, Percutaneous Endoscopic Approach
0SBK0ZZ	Excision of Right Metatarsal-Tarsal Joint, Open Approach, Diagnostic
0SBK3ZX	Excision of Right Metatarsal-Tarsal Joint, Open Approach
0SBK3ZZ	Excision of Right Metatarsal-Tarsal Joint, Percutaneous Approach, Diagnostic
0SBK4ZX	Excision of Right Metatarsal-Tarsal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SBK4ZZ	Excision of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBL0ZX	Excision of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SBL0ZZ	Excision of Left Metatarsal-Tarsal Joint, Open Approach, Diagnostic
0SBL3ZX	Excision of Left Metatarsal-Tarsal Joint, Open Approach
0SBL3ZZ	Excision of Left Metatarsal-Tarsal Joint, Percutaneous Approach, Diagnostic
0SBL4ZX	Excision of Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SBL4ZZ	Excision of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBM0ZX	Excision of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SBM0ZZ	Excision of Right Metatarsal-Phalangeal Joint, Open Approach, Diagnostic
0SBM3ZX	Excision of Right Metatarsal-Phalangeal Joint, Open Approach
0SBM3ZZ	Excision of Right Metatarsal-Phalangeal Joint, Percutaneous Approach, Diagnostic
0SBM4ZX	Excision of Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SBM4ZZ	Excision of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBN0ZX	Excision of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SBN0ZZ	Excision of Left Metatarsal-Phalangeal Joint, Open Approach, Diagnostic
0SBN3ZX	Excision of Left Metatarsal-Phalangeal Joint, Open Approach
0SBN3ZZ	Excision of Left Metatarsal-Phalangeal Joint, Percutaneous Approach, Diagnostic
0SBN4ZX	Excision of Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SBN4ZZ	Excision of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBP0ZX	Excision of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SBP0ZZ	Excision of Right Toe Phalangeal Joint, Open Approach, Diagnostic
0SBP3ZX	Excision of Right Toe Phalangeal Joint, Open Approach
0SBP3ZZ	Excision of Right Toe Phalangeal Joint, Percutaneous Approach, Diagnostic
0SBP4ZX	Excision of Right Toe Phalangeal Joint, Percutaneous Approach
0SBP4ZZ	Excision of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SBQ0ZX	Excision of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SBQ0ZZ	Excision of Left Toe Phalangeal Joint, Open Approach, Diagnostic
0SBQ3ZX	Excision of Left Toe Phalangeal Joint, Open Approach
0SBQ3ZZ	Excision of Left Toe Phalangeal Joint, Percutaneous Approach, Diagnostic
0SBQ4ZX	Excision of Left Toe Phalangeal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SBQ4ZZ	Excision of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach, Diagnostic
0SC00ZZ	Excision of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SC03ZZ	Extirpation of Matter from Lumbar Vertebral Joint, Open Approach
0SC04ZZ	Extirpation of Matter from Lumbar Vertebral Joint, Percutaneous Approach
0SC20ZZ	Extirpation of Matter from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SC23ZZ	Extirpation of Matter from Lumbar Vertebral Disc, Open Approach
0SC24ZZ	Extirpation of Matter from Lumbar Vertebral Disc, Percutaneous Approach
0SC30ZZ	Extirpation of Matter from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SC33ZZ	Extirpation of Matter from Lumbosacral Joint, Open Approach
0SC34ZZ	Extirpation of Matter from Lumbosacral Joint, Percutaneous Approach
0SC40ZZ	Extirpation of Matter from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SC43ZZ	Extirpation of Matter from Lumbosacral Disc, Open Approach
0SC44ZZ	Extirpation of Matter from Lumbosacral Disc, Percutaneous Approach
0SC50ZZ	Extirpation of Matter from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SC53ZZ	Extirpation of Matter from Sacrococcygeal Joint, Open Approach
0SC54ZZ	Extirpation of Matter from Sacrococcygeal Joint, Percutaneous Approach
0SC60ZZ	Extirpation of Matter from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SC63ZZ	Extirpation of Matter from Coccygeal Joint, Open Approach
0SC64ZZ	Extirpation of Matter from Coccygeal Joint, Percutaneous Approach
0SC70ZZ	Extirpation of Matter from Coccygeal Joint, Percutaneous Endoscopic Approach
0SC73ZZ	Extirpation of Matter from Right Sacroiliac Joint, Open Approach
0SC74ZZ	Extirpation of Matter from Right Sacroiliac Joint, Percutaneous Approach
0SC80ZZ	Extirpation of Matter from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SC83ZZ	Extirpation of Matter from Left Sacroiliac Joint, Open Approach
0SC84ZZ	Extirpation of Matter from Left Sacroiliac Joint, Percutaneous Approach
0SCF0ZZ	Extirpation of Matter from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SCF3ZZ	Extirpation of Matter from Right Ankle Joint, Open Approach
0SCG0ZZ	Extirpation of Matter from Right Ankle Joint, Percutaneous Approach
0SCG3ZZ	Extirpation of Matter from Left Ankle Joint, Open Approach
0SCH0ZZ	Extirpation of Matter from Left Ankle Joint, Percutaneous Approach
0SCH3ZZ	Extirpation of Matter from Right Tarsal Joint, Open Approach
0SCH4ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Approach
0SCJ0ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SCJ3ZZ	Extirpation of Matter from Left Tarsal Joint, Open Approach
0SCJ4ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Approach
0SCK0ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SCK3ZZ	Extirpation of Matter from Right Metatarsal-Tarsal Joint, Open Approach
0SCK4ZZ	Extirpation of Matter from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SCL0ZZ	Extirpation of Matter from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SCL3ZZ	Extirpation of Matter from Left Metatarsal-Tarsal Joint, Open Approach
0SCL4ZZ	Extirpation of Matter from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SCM0ZZ	Extirpation of Matter from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SCM3ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Open Approach
0SCM4ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SCN0ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SCN3ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Open Approach
0SCN4ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SCP0ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SCP3ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Open Approach
0SCP4ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Approach
0SCQ0ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SCQ3ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Open Approach
0SCQ4ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Approach
0SG704Z	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SG707Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach
0SG70JZ	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SG70KZ	Fusion of Right Sacroiliac Joint with Synthetic Substitute, Open Approach
0SG734Z	Fusion of Right Sacroiliac Joint, Open Approach
0SG737Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG73JZ	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SG73KZ	Fusion of Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach
0SG744Z	Fusion of Right Sacroiliac Joint, Percutaneous Approach
0SG747Z	Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SG74JZ	Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SG74KZ	Fusion of Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SG804Z	Fusion of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SG807Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach
0SG80JZ	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SG80KZ	Fusion of Left Sacroiliac Joint with Synthetic Substitute, Open Approach
0SG834Z	Fusion of Left Sacroiliac Joint, Open Approach
0SG837Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SG83JZ	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach
0SG83KZ	Fusion of Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach
0SG844Z	Fusion of Left Sacroiliac Joint, Percutaneous Approach
0SG847Z	Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SG84JZ	Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SG84KZ	Fusion of Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SG904Z	Fusion of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SG905Z	Fusion of Right Hip Joint with Internal Fixation Device, Open Approach
0SG907Z	Fusion of Right Hip Joint with External Fixation Device, Open Approach
0SG90JZ	Fusion of Right Hip Joint with Autologous Tissue Substitute, Open Approach
0SG90KZ	Fusion of Right Hip Joint with Synthetic Substitute, Open Approach
0SG934Z	Fusion of Right Hip Joint, Open Approach
0SG935Z	Fusion of Right Hip Joint with Internal Fixation Device, Percutaneous Approach
0SG937Z	Fusion of Right Hip Joint with External Fixation Device, Percutaneous Approach
0SG93JZ	Fusion of Right Hip Joint with Autologous Tissue Substitute, Percutaneous Approach
0SG93KZ	Fusion of Right Hip Joint with Synthetic Substitute, Percutaneous Approach
0SG944Z	Fusion of Right Hip Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SG945Z	Fusion of Right Hip Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SG947Z	Fusion of Right Hip Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SG94JZ	Fusion of Right Hip Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SG94KZ	Fusion of Right Hip Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGB04Z	Fusion of Right Hip Joint, Percutaneous Endoscopic Approach
0SGB05Z	Fusion of Left Hip Joint with Internal Fixation Device, Open Approach
0SGB07Z	Fusion of Left Hip Joint with External Fixation Device, Open Approach
0SGB0JZ	Fusion of Left Hip Joint with Autologous Tissue Substitute, Open Approach
0SGB0KZ	Fusion of Left Hip Joint with Synthetic Substitute, Open Approach
0SGB34Z	Fusion of Left Hip Joint, Open Approach
0SGB35Z	Fusion of Left Hip Joint with Internal Fixation Device, Percutaneous Approach
0SGB37Z	Fusion of Left Hip Joint with External Fixation Device, Percutaneous Approach
0SGB3JZ	Fusion of Left Hip Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGB3KZ	Fusion of Left Hip Joint with Synthetic Substitute, Percutaneous Approach
0SGB44Z	Fusion of Left Hip Joint, Percutaneous Approach
0SGB45Z	Fusion of Left Hip Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGB47Z	Fusion of Left Hip Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGB4JZ	Fusion of Left Hip Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGB4KZ	Fusion of Left Hip Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGC04Z	Fusion of Left Hip Joint, Percutaneous Endoscopic Approach
0SGC05Z	Fusion of Right Knee Joint with Internal Fixation Device, Open Approach
0SGC07Z	Fusion of Right Knee Joint with External Fixation Device, Open Approach
0SGC0JZ	Fusion of Right Knee Joint with Autologous Tissue Substitute, Open Approach
0SGC0KZ	Fusion of Right Knee Joint with Synthetic Substitute, Open Approach
0SGC34Z	Fusion of Right Knee Joint, Open Approach
0SGC35Z	Fusion of Right Knee Joint with Internal Fixation Device, Percutaneous Approach
0SGC37Z	Fusion of Right Knee Joint with External Fixation Device, Percutaneous Approach
0SGC3JZ	Fusion of Right Knee Joint with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGC3KZ	Fusion of Right Knee Joint with Synthetic Substitute, Percutaneous Approach
0SGC44Z	Fusion of Right Knee Joint, Percutaneous Approach
0SGC45Z	Fusion of Right Knee Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGC47Z	Fusion of Right Knee Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGC4JZ	Fusion of Right Knee Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGC4KZ	Fusion of Right Knee Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGD04Z	Fusion of Right Knee Joint, Percutaneous Endoscopic Approach
0SGD05Z	Fusion of Left Knee Joint with Internal Fixation Device, Open Approach
0SGD07Z	Fusion of Left Knee Joint with External Fixation Device, Open Approach
0SGD0JZ	Fusion of Left Knee Joint with Autologous Tissue Substitute, Open Approach
0SGD0KZ	Fusion of Left Knee Joint with Synthetic Substitute, Open Approach
0SGD34Z	Fusion of Left Knee Joint, Open Approach
0SGD35Z	Fusion of Left Knee Joint with Internal Fixation Device, Percutaneous Approach
0SGD37Z	Fusion of Left Knee Joint with External Fixation Device, Percutaneous Approach
0SGD3JZ	Fusion of Left Knee Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGD3KZ	Fusion of Left Knee Joint with Synthetic Substitute, Percutaneous Approach
0SGD44Z	Fusion of Left Knee Joint, Percutaneous Approach
0SGD45Z	Fusion of Left Knee Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGD47Z	Fusion of Left Knee Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGD4JZ	Fusion of Left Knee Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGD4KZ	Fusion of Left Knee Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGF04Z	Fusion of Left Knee Joint, Percutaneous Endoscopic Approach
0SGF05Z	Fusion of Right Ankle Joint with Internal Fixation Device, Open Approach
0SGF07Z	Fusion of Right Ankle Joint with External Fixation Device, Open Approach
0SGF0JZ	Fusion of Right Ankle Joint with Autologous Tissue Substitute, Open Approach
0SGF0KZ	Fusion of Right Ankle Joint with Synthetic Substitute, Open Approach
0SGF34Z	Fusion of Right Ankle Joint, Open Approach
0SGF35Z	Fusion of Right Ankle Joint with Internal Fixation Device, Percutaneous Approach
0SGF37Z	Fusion of Right Ankle Joint with External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGF3JZ	Fusion of Right Ankle Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGF3KZ	Fusion of Right Ankle Joint with Synthetic Substitute, Percutaneous Approach
0SGF45Z	Fusion of Right Ankle Joint, Percutaneous Approach
0SGF47Z	Fusion of Right Ankle Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGF4JZ	Fusion of Right Ankle Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGF4KZ	Fusion of Right Ankle Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGG04Z	Fusion of Right Ankle Joint, Percutaneous Endoscopic Approach
0SGG05Z	Fusion of Left Ankle Joint with Internal Fixation Device, Open Approach
0SGG07Z	Fusion of Left Ankle Joint with External Fixation Device, Open Approach
0SGG0JZ	Fusion of Left Ankle Joint with Autologous Tissue Substitute, Open Approach
0SGG0KZ	Fusion of Left Ankle Joint with Synthetic Substitute, Open Approach
0SGG34Z	Fusion of Left Ankle Joint, Open Approach
0SGG35Z	Fusion of Left Ankle Joint with Internal Fixation Device, Percutaneous Approach
0SGG37Z	Fusion of Left Ankle Joint with External Fixation Device, Percutaneous Approach
0SGG3JZ	Fusion of Left Ankle Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGG3KZ	Fusion of Left Ankle Joint with Synthetic Substitute, Percutaneous Approach
0SGG45Z	Fusion of Left Ankle Joint, Percutaneous Approach
0SGG47Z	Fusion of Left Ankle Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGG4JZ	Fusion of Left Ankle Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGG4KZ	Fusion of Left Ankle Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGH04Z	Fusion of Left Ankle Joint, Percutaneous Endoscopic Approach
0SGH05Z	Fusion of Right Tarsal Joint with Internal Fixation Device, Open Approach
0SGH07Z	Fusion of Right Tarsal Joint with External Fixation Device, Open Approach
0SGH0JZ	Fusion of Right Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SGH0KZ	Fusion of Right Tarsal Joint with Synthetic Substitute, Open Approach
0SGH34Z	Fusion of Right Tarsal Joint, Open Approach
0SGH35Z	Fusion of Right Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SGH37Z	Fusion of Right Tarsal Joint with External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGH3JZ	Fusion of Right Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGH3KZ	Fusion of Right Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SGH44Z	Fusion of Right Tarsal Joint, Percutaneous Approach
0SGH45Z	Fusion of Right Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGH47Z	Fusion of Right Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGH4JZ	Fusion of Right Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGH4KZ	Fusion of Right Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGJ04Z	Fusion of Right Tarsal Joint, Percutaneous Endoscopic Approach
0SGJ05Z	Fusion of Left Tarsal Joint with Internal Fixation Device, Open Approach
0SGJ07Z	Fusion of Left Tarsal Joint with External Fixation Device, Open Approach
0SGJ0JZ	Fusion of Left Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SGJ0KZ	Fusion of Left Tarsal Joint with Synthetic Substitute, Open Approach
0SGJ34Z	Fusion of Left Tarsal Joint, Open Approach
0SGJ35Z	Fusion of Left Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SGJ37Z	Fusion of Left Tarsal Joint with External Fixation Device, Percutaneous Approach
0SGJ3JZ	Fusion of Left Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGJ3KZ	Fusion of Left Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SGJ44Z	Fusion of Left Tarsal Joint, Percutaneous Approach
0SGJ45Z	Fusion of Left Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGJ47Z	Fusion of Left Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGJ4JZ	Fusion of Left Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGJ4KZ	Fusion of Left Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGK04Z	Fusion of Left Tarsal Joint, Percutaneous Endoscopic Approach
0SGK05Z	Fusion of Right Metatarsal-Tarsal Joint with Internal Fixation Device, Open Approach
0SGK07Z	Fusion of Right Metatarsal-Tarsal Joint with External Fixation Device, Open Approach
0SGK0JZ	Fusion of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SGK0KZ	Fusion of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGK34Z	Fusion of Right Metatarsal-Tarsal Joint, Open Approach
0SGK35Z	Fusion of Right Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SGK37Z	Fusion of Right Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Approach
0SGK3JZ	Fusion of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGK3KZ	Fusion of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SGK44Z	Fusion of Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SGK45Z	Fusion of Right Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGK47Z	Fusion of Right Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGK4JZ	Fusion of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGK4KZ	Fusion of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGL04Z	Fusion of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SGL05Z	Fusion of Left Metatarsal-Tarsal Joint with Internal Fixation Device, Open Approach
0SGL07Z	Fusion of Left Metatarsal-Tarsal Joint with External Fixation Device, Open Approach
0SGL0JZ	Fusion of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SGL0KZ	Fusion of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach
0SGL34Z	Fusion of Left Metatarsal-Tarsal Joint, Open Approach
0SGL35Z	Fusion of Left Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SGL37Z	Fusion of Left Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Approach
0SGL3JZ	Fusion of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGL3KZ	Fusion of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SGL44Z	Fusion of Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SGL45Z	Fusion of Left Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGL47Z	Fusion of Left Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGL4JZ	Fusion of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGL4KZ	Fusion of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGM04Z	Fusion of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SGM05Z	Fusion of Right Metatarsal-Phalangeal Joint with Internal Fixation Device, Open Approach
0SGM07Z	Fusion of Right Metatarsal-Phalangeal Joint with External Fixation Device, Open Approach
0SGM0JZ	Fusion of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SGM0KZ	Fusion of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SGM34Z	Fusion of Right Metatarsal-Phalangeal Joint, Open Approach
0SGM35Z	Fusion of Right Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SGM37Z	Fusion of Right Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SGM3JZ	Fusion of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGM3KZ	Fusion of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SGM44Z	Fusion of Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SGM45Z	Fusion of Right Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGM47Z	Fusion of Right Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGM4JZ	Fusion of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGM4KZ	Fusion of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGN04Z	Fusion of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SGN05Z	Fusion of Left Metatarsal-Phalangeal Joint with Internal Fixation Device, Open Approach
0SGN07Z	Fusion of Left Metatarsal-Phalangeal Joint with External Fixation Device, Open Approach
0SGN0JZ	Fusion of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SGN0KZ	Fusion of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SGN34Z	Fusion of Left Metatarsal-Phalangeal Joint, Open Approach
0SGN35Z	Fusion of Left Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SGN37Z	Fusion of Left Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SGN3JZ	Fusion of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGN3KZ	Fusion of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SGN44Z	Fusion of Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SGN45Z	Fusion of Left Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGN47Z	Fusion of Left Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGN4JZ	Fusion of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGN4KZ	Fusion of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGP04Z	Fusion of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SGP05Z	Fusion of Right Toe Phalangeal Joint with Internal Fixation Device, Open Approach
0SGP07Z	Fusion of Right Toe Phalangeal Joint with External Fixation Device, Open Approach
0SGP0JZ	Fusion of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SGP0KZ	Fusion of Right Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SGP34Z	Fusion of Right Toe Phalangeal Joint, Open Approach
0SGP35Z	Fusion of Right Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SGP37Z	Fusion of Right Toe Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SGP3JZ	Fusion of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGP3KZ	Fusion of Right Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SGP44Z	Fusion of Right Toe Phalangeal Joint, Percutaneous Approach
0SGP45Z	Fusion of Right Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGP47Z	Fusion of Right Toe Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGP4JZ	Fusion of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGP4KZ	Fusion of Right Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SGQ04Z	Fusion of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SGQ05Z	Fusion of Left Toe Phalangeal Joint with Internal Fixation Device, Open Approach
0SGQ07Z	Fusion of Left Toe Phalangeal Joint with External Fixation Device, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SGQ0JZ	Fusion of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SGQ0KZ	Fusion of Left Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SGQ34Z	Fusion of Left Toe Phalangeal Joint, Open Approach
0SGQ35Z	Fusion of Left Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SGQ37Z	Fusion of Left Toe Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SGQ3JZ	Fusion of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SGQ3KZ	Fusion of Left Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SGQ44Z	Fusion of Left Toe Phalangeal Joint, Percutaneous Approach
0SGQ45Z	Fusion of Left Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SGQ47Z	Fusion of Left Toe Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SGQ4JZ	Fusion of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SGQ4KZ	Fusion of Left Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SH034Z	Fusion of Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SH044Z	Insertion of Internal Fixation Device into Lumbar Vertebral Joint, Percutaneous Approach
0SH334Z	Insertion of Internal Fixation Device into Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SH344Z	Insertion of Internal Fixation Device into Lumbosacral Joint, Percutaneous Approach
0SH534Z	Insertion of Internal Fixation Device into Lumbosacral Joint, Percutaneous Endoscopic Approach
0SH544Z	Insertion of Internal Fixation Device into Sacrococcygeal Joint, Percutaneous Approach
0SH634Z	Insertion of Internal Fixation Device into Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SH644Z	Insertion of Internal Fixation Device into Coccygeal Joint, Percutaneous Approach
0SH704Z	Insertion of Internal Fixation Device into Coccygeal Joint, Percutaneous Endoscopic Approach
0SH734Z	Insertion of Internal Fixation Device into Right Sacroiliac Joint, Open Approach
0SH744Z	Insertion of Internal Fixation Device into Right Sacroiliac Joint, Percutaneous Approach
0SH804Z	Insertion of Internal Fixation Device into Right Sacroiliac Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SH834Z	Insertion of Internal Fixation Device into Left Sacroiliac Joint, Open Approach
0SH844Z	Insertion of Internal Fixation Device into Left Sacroiliac Joint, Percutaneous Approach
0SHH04Z	Insertion of Internal Fixation Device into Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SHH05Z	Insertion of Internal Fixation Device into Right Tarsal Joint, Open Approach
0SHH34Z	Insertion of External Fixation Device into Right Tarsal Joint, Open Approach
0SHH35Z	Insertion of Internal Fixation Device into Right Tarsal Joint, Percutaneous Approach
0SHH44Z	Insertion of External Fixation Device into Right Tarsal Joint, Percutaneous Approach
0SHH45Z	Insertion of Internal Fixation Device into Right Tarsal Joint, Percutaneous Endoscopic Approach
0SHJ04Z	Insertion of External Fixation Device into Right Tarsal Joint, Percutaneous Endoscopic Approach
0SHJ05Z	Insertion of Internal Fixation Device into Left Tarsal Joint, Open Approach
0SHJ34Z	Insertion of External Fixation Device into Left Tarsal Joint, Open Approach
0SHJ35Z	Insertion of Internal Fixation Device into Left Tarsal Joint, Percutaneous Approach
0SHJ44Z	Insertion of External Fixation Device into Left Tarsal Joint, Percutaneous Approach
0SHJ45Z	Insertion of Internal Fixation Device into Left Tarsal Joint, Percutaneous Endoscopic Approach
0SHK04Z	Insertion of External Fixation Device into Left Tarsal Joint, Percutaneous Endoscopic Approach
0SHK05Z	Insertion of Internal Fixation Device into Right Metatarsal-Tarsal Joint, Open Approach
0SHK34Z	Insertion of External Fixation Device into Right Metatarsal-Tarsal Joint, Open Approach
0SHK35Z	Insertion of Internal Fixation Device into Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SHK44Z	Insertion of External Fixation Device into Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SHK45Z	Insertion of Internal Fixation Device into Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHL04Z	Insertion of External Fixation Device into Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHL05Z	Insertion of Internal Fixation Device into Left Metatarsal-Tarsal Joint, Open Approach
0SHL34Z	Insertion of External Fixation Device into Left Metatarsal-Tarsal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SHL35Z	Insertion of Internal Fixation Device into Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SHL44Z	Insertion of External Fixation Device into Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SHL45Z	Insertion of Internal Fixation Device into Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHM04Z	Insertion of External Fixation Device into Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SHM05Z	Insertion of Internal Fixation Device into Right Metatarsal-Phalangeal Joint, Open Approach
0SHM34Z	Insertion of External Fixation Device into Right Metatarsal-Phalangeal Joint, Open Approach
0SHM35Z	Insertion of Internal Fixation Device into Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHM44Z	Insertion of External Fixation Device into Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHM45Z	Insertion of Internal Fixation Device into Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHN04Z	Insertion of External Fixation Device into Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHN05Z	Insertion of Internal Fixation Device into Left Metatarsal-Phalangeal Joint, Open Approach
0SHN34Z	Insertion of External Fixation Device into Left Metatarsal-Phalangeal Joint, Open Approach
0SHN35Z	Insertion of Internal Fixation Device into Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHN44Z	Insertion of External Fixation Device into Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SHN45Z	Insertion of Internal Fixation Device into Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHP04Z	Insertion of External Fixation Device into Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SHP05Z	Insertion of Internal Fixation Device into Right Toe Phalangeal Joint, Open Approach
0SHP34Z	Insertion of External Fixation Device into Right Toe Phalangeal Joint, Open Approach
0SHP35Z	Insertion of Internal Fixation Device into Right Toe Phalangeal Joint, Percutaneous Approach
0SHP44Z	Insertion of External Fixation Device into Right Toe Phalangeal Joint, Percutaneous Approach
0SHP45Z	Insertion of Internal Fixation Device into Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SHQ04Z	Insertion of External Fixation Device into Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SHQ05Z	Insertion of Internal Fixation Device into Left Toe Phalangeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SHQ34Z	Insertion of External Fixation Device into Left Toe Phalangeal Joint, Open Approach
0SHQ35Z	Insertion of Internal Fixation Device into Left Toe Phalangeal Joint, Percutaneous Approach
0SHQ44Z	Insertion of External Fixation Device into Left Toe Phalangeal Joint, Percutaneous Approach
0SHQ45Z	Insertion of Internal Fixation Device into Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SJ00ZZ	Insertion of External Fixation Device into Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SJ03ZZ	Inspection of Lumbar Vertebral Joint, Open Approach
0SJ04ZZ	Inspection of Lumbar Vertebral Joint, Percutaneous Approach
0SJ20ZZ	Inspection of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SJ23ZZ	Inspection of Lumbar Vertebral Disc, Open Approach
0SJ24ZZ	Inspection of Lumbar Vertebral Disc, Percutaneous Approach
0SJ30ZZ	Inspection of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SJ33ZZ	Inspection of Lumbosacral Joint, Open Approach
0SJ34ZZ	Inspection of Lumbosacral Joint, Percutaneous Approach
0SJ40ZZ	Inspection of Lumbosacral Joint, Percutaneous Endoscopic Approach
0SJ43ZZ	Inspection of Lumbosacral Disc, Open Approach
0SJ44ZZ	Inspection of Lumbosacral Disc, Percutaneous Approach
0SJ50ZZ	Inspection of Lumbosacral Disc, Percutaneous Endoscopic Approach
0SJ53ZZ	Inspection of Sacrococcygeal Joint, Open Approach
0SJ54ZZ	Inspection of Sacrococcygeal Joint, Percutaneous Approach
0SJ60ZZ	Inspection of Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SJ63ZZ	Inspection of Coccygeal Joint, Open Approach
0SJ64ZZ	Inspection of Coccygeal Joint, Percutaneous Approach
0SJ70ZZ	Inspection of Coccygeal Joint, Percutaneous Endoscopic Approach
0SJ73ZZ	Inspection of Right Sacroiliac Joint, Open Approach
0SJ74ZZ	Inspection of Right Sacroiliac Joint, Percutaneous Approach
0SJ80ZZ	Inspection of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SJ83ZZ	Inspection of Left Sacroiliac Joint, Open Approach
0SJ84ZZ	Inspection of Left Sacroiliac Joint, Percutaneous Approach
0SJ93ZZ	Inspection of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SJ94ZZ	Inspection of Right Hip Joint, Percutaneous Approach
0SJB3ZZ	Inspection of Right Hip Joint, Percutaneous Endoscopic Approach
0SJB4ZZ	Inspection of Left Hip Joint, Percutaneous Approach
0SJC3ZZ	Inspection of Left Hip Joint, Percutaneous Endoscopic Approach
0SJC4ZZ	Inspection of Right Knee Joint, Percutaneous Approach
0SJD3ZZ	Inspection of Right Knee Joint, Percutaneous Endoscopic Approach
0SJD4ZZ	Inspection of Left Knee Joint, Percutaneous Approach
0SJF0ZZ	Inspection of Left Knee Joint, Percutaneous Endoscopic Approach
0SJF3ZZ	Inspection of Right Ankle Joint, Open Approach
0SJF4ZZ	Inspection of Right Ankle Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SJG0ZZ	Inspection of Right Ankle Joint, Percutaneous Endoscopic Approach
0SJG3ZZ	Inspection of Left Ankle Joint, Open Approach
0SJG4ZZ	Inspection of Left Ankle Joint, Percutaneous Approach
0SJH0ZZ	Inspection of Left Ankle Joint, Percutaneous Endoscopic Approach
0SJH3ZZ	Inspection of Right Tarsal Joint, Open Approach
0SJH4ZZ	Inspection of Right Tarsal Joint, Percutaneous Approach
0SJJ0ZZ	Inspection of Right Tarsal Joint, Percutaneous Endoscopic Approach
0SJJ3ZZ	Inspection of Left Tarsal Joint, Open Approach
0SJJ4ZZ	Inspection of Left Tarsal Joint, Percutaneous Approach
0SJK0ZZ	Inspection of Left Tarsal Joint, Percutaneous Endoscopic Approach
0SJK3ZZ	Inspection of Right Metatarsal-Tarsal Joint, Open Approach
0SJK4ZZ	Inspection of Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SJL0ZZ	Inspection of Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SJL3ZZ	Inspection of Left Metatarsal-Tarsal Joint, Open Approach
0SJL4ZZ	Inspection of Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SJM0ZZ	Inspection of Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SJM3ZZ	Inspection of Right Metatarsal-Phalangeal Joint, Open Approach
0SJM4ZZ	Inspection of Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SJN0ZZ	Inspection of Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SJN3ZZ	Inspection of Left Metatarsal-Phalangeal Joint, Open Approach
0SJN4ZZ	Inspection of Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SJP0ZZ	Inspection of Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SJP3ZZ	Inspection of Right Toe Phalangeal Joint, Open Approach
0SJP4ZZ	Inspection of Right Toe Phalangeal Joint, Percutaneous Approach
0Sjq0ZZ	Inspection of Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0Sjq3ZZ	Inspection of Left Toe Phalangeal Joint, Open Approach
0Sjq4ZZ	Inspection of Left Toe Phalangeal Joint, Percutaneous Approach
0SN03ZZ	Release Lumbar Vertebral Joint, Open Approach
0SN23ZZ	Release Lumbar Vertebral Disc, Open Approach
0SN30ZZ	Release Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SN33ZZ	Release Lumbosacral Joint, Open Approach
0SN34ZZ	Release Lumbosacral Joint, Percutaneous Approach
0SN40ZZ	Release Lumbosacral Joint, Percutaneous Endoscopic Approach
0SN43ZZ	Release Lumbosacral Disc, Open Approach
0SN44ZZ	Release Lumbosacral Disc, Percutaneous Approach
0SN50ZZ	Release Lumbosacral Disc, Percutaneous Endoscopic Approach
0SN53ZZ	Release Sacrococcygeal Joint, Open Approach
0SN54ZZ	Release Sacrococcygeal Joint, Percutaneous Approach
0SN60ZZ	Release Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SN63ZZ	Release Coccygeal Joint, Open Approach
0SN64ZZ	Release Coccygeal Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SN70ZZ	Release Coccygeal Joint, Percutaneous Endoscopic Approach
0SN73ZZ	Release Right Sacroiliac Joint, Open Approach
0SN74ZZ	Release Right Sacroiliac Joint, Percutaneous Approach
0SN80ZZ	Release Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SN83ZZ	Release Left Sacroiliac Joint, Open Approach
0SN84ZZ	Release Left Sacroiliac Joint, Percutaneous Approach
0SN90ZZ	Release Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SN93ZZ	Release Right Hip Joint, Open Approach
0SN94ZZ	Release Right Hip Joint, Percutaneous Approach
0SNB0ZZ	Release Right Hip Joint, Percutaneous Endoscopic Approach
0SNB3ZZ	Release Left Hip Joint, Open Approach
0SNB4ZZ	Release Left Hip Joint, Percutaneous Approach
0SNC0ZZ	Release Left Hip Joint, Percutaneous Endoscopic Approach
0SNC3ZZ	Release Right Knee Joint, Open Approach
0SNC4ZZ	Release Right Knee Joint, Percutaneous Approach
0SND0ZZ	Release Right Knee Joint, Percutaneous Endoscopic Approach
0SND3ZZ	Release Left Knee Joint, Open Approach
0SND4ZZ	Release Left Knee Joint, Percutaneous Approach
0SNF0ZZ	Release Left Knee Joint, Percutaneous Endoscopic Approach
0SNF3ZZ	Release Right Ankle Joint, Open Approach
0SNF4ZZ	Release Right Ankle Joint, Percutaneous Approach
0SNG0ZZ	Release Right Ankle Joint, Percutaneous Endoscopic Approach
0SNG3ZZ	Release Left Ankle Joint, Open Approach
0SNG4ZZ	Release Left Ankle Joint, Percutaneous Approach
0SNH0ZZ	Release Left Ankle Joint, Percutaneous Endoscopic Approach
0SNH3ZZ	Release Right Tarsal Joint, Open Approach
0SNH4ZZ	Release Right Tarsal Joint, Percutaneous Approach
0SNJ0ZZ	Release Right Tarsal Joint, Percutaneous Endoscopic Approach
0SNJ3ZZ	Release Left Tarsal Joint, Open Approach
0SNJ4ZZ	Release Left Tarsal Joint, Percutaneous Approach
0SNK0ZZ	Release Left Tarsal Joint, Percutaneous Endoscopic Approach
0SNK3ZZ	Release Right Metatarsal-Tarsal Joint, Open Approach
0SNK4ZZ	Release Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SNL0ZZ	Release Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SNL3ZZ	Release Left Metatarsal-Tarsal Joint, Open Approach
0SNL4ZZ	Release Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SNM0ZZ	Release Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SNM3ZZ	Release Right Metatarsal-Phalangeal Joint, Open Approach
0SNM4ZZ	Release Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SNN0ZZ	Release Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SNN3ZZ	Release Left Metatarsal-Phalangeal Joint, Open Approach
0SNN4ZZ	Release Left Metatarsal-Phalangeal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SNP0ZZ	Release Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SNP3ZZ	Release Right Toe Phalangeal Joint, Open Approach
0SNP4ZZ	Release Right Toe Phalangeal Joint, Percutaneous Approach
0SNQ0ZZ	Release Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SNQ3ZZ	Release Left Toe Phalangeal Joint, Open Approach
0SNQ4ZZ	Release Left Toe Phalangeal Joint, Percutaneous Approach
0SP000Z	Release Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SP003Z	Removal of Drainage Device from Lumbar Vertebral Joint, Open Approach
0SP007Z	Removal of Infusion Device from Lumbar Vertebral Joint, Open Approach
0SP00JZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Joint, Open Approach
0SP00KZ	Removal of Synthetic Substitute from Lumbar Vertebral Joint, Open Approach
0SP030Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Joint, Open Approach
0SP033Z	Removal of Drainage Device from Lumbar Vertebral Joint, Percutaneous Approach
0SP034Z	Removal of Infusion Device from Lumbar Vertebral Joint, Percutaneous Approach
0SP037Z	Removal of Internal Fixation Device from Lumbar Vertebral Joint, Percutaneous Approach
0SP03AZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Joint, Percutaneous Approach
0SP03JZ	Removal of Interbody Fusion Device from Lumbar Vertebral Joint, Percutaneous Approach
0SP03KZ	Removal of Synthetic Substitute from Lumbar Vertebral Joint, Percutaneous Approach
0SP040Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Joint, Percutaneous Approach
0SP043Z	Removal of Drainage Device from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP044Z	Removal of Infusion Device from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP047Z	Removal of Internal Fixation Device from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP04AZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP04JZ	Removal of Interbody Fusion Device from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP04KZ	Removal of Synthetic Substitute from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SP200Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SP203Z	Removal of Drainage Device from Lumbar Vertebral Disc, Open Approach
0SP207Z	Removal of Infusion Device from Lumbar Vertebral Disc, Open Approach
0SP20JZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Disc, Open Approach
0SP20KZ	Removal of Synthetic Substitute from Lumbar Vertebral Disc, Open Approach
0SP230Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Disc, Open Approach
0SP233Z	Removal of Drainage Device from Lumbar Vertebral Disc, Percutaneous Approach
0SP237Z	Removal of Infusion Device from Lumbar Vertebral Disc, Percutaneous Approach
0SP23JZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Disc, Percutaneous Approach
0SP23KZ	Removal of Synthetic Substitute from Lumbar Vertebral Disc, Percutaneous Approach
0SP240Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Disc, Percutaneous Approach
0SP243Z	Removal of Drainage Device from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SP247Z	Removal of Infusion Device from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SP24JZ	Removal of Autologous Tissue Substitute from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SP24KZ	Removal of Synthetic Substitute from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SP300Z	Removal of Nonautologous Tissue Substitute from Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SP303Z	Removal of Drainage Device from Lumbosacral Joint, Open Approach
0SP307Z	Removal of Infusion Device from Lumbosacral Joint, Open Approach
0SP30JZ	Removal of Autologous Tissue Substitute from Lumbosacral Joint, Open Approach
0SP30KZ	Removal of Synthetic Substitute from Lumbosacral Joint, Open Approach
0SP330Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Joint, Open Approach
0SP333Z	Removal of Drainage Device from Lumbosacral Joint, Percutaneous Approach
0SP334Z	Removal of Infusion Device from Lumbosacral Joint, Percutaneous Approach
0SP337Z	Removal of Internal Fixation Device from Lumbosacral Joint, Percutaneous Approach
0SP33AZ	Removal of Autologous Tissue Substitute from Lumbosacral Joint, Percutaneous Approach
0SP33JZ	Removal of Interbody Fusion Device from Lumbosacral Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SP33KZ	Removal of Synthetic Substitute from Lumbosacral Joint, Percutaneous Approach
0SP340Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Joint, Percutaneous Approach
0SP343Z	Removal of Drainage Device from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP344Z	Removal of Infusion Device from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP347Z	Removal of Internal Fixation Device from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP34AZ	Removal of Autologous Tissue Substitute from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP34JZ	Removal of Interbody Fusion Device from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP34KZ	Removal of Synthetic Substitute from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP400Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Joint, Percutaneous Endoscopic Approach
0SP403Z	Removal of Drainage Device from Lumbosacral Disc, Open Approach
0SP407Z	Removal of Infusion Device from Lumbosacral Disc, Open Approach
0SP40JZ	Removal of Autologous Tissue Substitute from Lumbosacral Disc, Open Approach
0SP40KZ	Removal of Synthetic Substitute from Lumbosacral Disc, Open Approach
0SP430Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Disc, Open Approach
0SP433Z	Removal of Drainage Device from Lumbosacral Disc, Percutaneous Approach
0SP437Z	Removal of Infusion Device from Lumbosacral Disc, Percutaneous Approach
0SP43JZ	Removal of Autologous Tissue Substitute from Lumbosacral Disc, Percutaneous Approach
0SP43KZ	Removal of Synthetic Substitute from Lumbosacral Disc, Percutaneous Approach
0SP440Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Disc, Percutaneous Approach
0SP443Z	Removal of Drainage Device from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SP447Z	Removal of Infusion Device from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SP44JZ	Removal of Autologous Tissue Substitute from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SP44KZ	Removal of Synthetic Substitute from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SP500Z	Removal of Nonautologous Tissue Substitute from Lumbosacral Disc, Percutaneous Endoscopic Approach
0SP503Z	Removal of Drainage Device from Sacrococcygeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SP507Z	Removal of Infusion Device from Sacrococcygeal Joint, Open Approach
0SP50JZ	Removal of Autologous Tissue Substitute from Sacrococcygeal Joint, Open Approach
0SP50KZ	Removal of Synthetic Substitute from Sacrococcygeal Joint, Open Approach
0SP530Z	Removal of Nonautologous Tissue Substitute from Sacrococcygeal Joint, Open Approach
0SP533Z	Removal of Drainage Device from Sacrococcygeal Joint, Percutaneous Approach
0SP534Z	Removal of Infusion Device from Sacrococcygeal Joint, Percutaneous Approach
0SP537Z	Removal of Internal Fixation Device from Sacrococcygeal Joint, Percutaneous Approach
0SP53JZ	Removal of Autologous Tissue Substitute from Sacrococcygeal Joint, Percutaneous Approach
0SP53KZ	Removal of Synthetic Substitute from Sacrococcygeal Joint, Percutaneous Approach
0SP540Z	Removal of Nonautologous Tissue Substitute from Sacrococcygeal Joint, Percutaneous Approach
0SP543Z	Removal of Drainage Device from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP544Z	Removal of Infusion Device from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP547Z	Removal of Internal Fixation Device from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP54JZ	Removal of Autologous Tissue Substitute from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP54KZ	Removal of Synthetic Substitute from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP600Z	Removal of Nonautologous Tissue Substitute from Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SP603Z	Removal of Drainage Device from Coccygeal Joint, Open Approach
0SP604Z	Removal of Infusion Device from Coccygeal Joint, Open Approach
0SP607Z	Removal of Internal Fixation Device from Coccygeal Joint, Open Approach
0SP60JZ	Removal of Autologous Tissue Substitute from Coccygeal Joint, Open Approach
0SP60KZ	Removal of Synthetic Substitute from Coccygeal Joint, Open Approach
0SP630Z	Removal of Nonautologous Tissue Substitute from Coccygeal Joint, Open Approach
0SP633Z	Removal of Drainage Device from Coccygeal Joint, Percutaneous Approach
0SP634Z	Removal of Infusion Device from Coccygeal Joint, Percutaneous Approach
0SP637Z	Removal of Internal Fixation Device from Coccygeal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SP63JZ	Removal of Autologous Tissue Substitute from Coccygeal Joint, Percutaneous Approach
0SP63KZ	Removal of Synthetic Substitute from Coccygeal Joint, Percutaneous Approach
0SP640Z	Removal of Nonautologous Tissue Substitute from Coccygeal Joint, Percutaneous Approach
0SP643Z	Removal of Drainage Device from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP644Z	Removal of Infusion Device from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP647Z	Removal of Internal Fixation Device from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP64JZ	Removal of Autologous Tissue Substitute from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP64KZ	Removal of Synthetic Substitute from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP700Z	Removal of Nonautologous Tissue Substitute from Coccygeal Joint, Percutaneous Endoscopic Approach
0SP703Z	Removal of Drainage Device from Right Sacroiliac Joint, Open Approach
0SP704Z	Removal of Infusion Device from Right Sacroiliac Joint, Open Approach
0SP707Z	Removal of Internal Fixation Device from Right Sacroiliac Joint, Open Approach
0SP70JZ	Removal of Autologous Tissue Substitute from Right Sacroiliac Joint, Open Approach
0SP70KZ	Removal of Synthetic Substitute from Right Sacroiliac Joint, Open Approach
0SP730Z	Removal of Nonautologous Tissue Substitute from Right Sacroiliac Joint, Open Approach
0SP733Z	Removal of Drainage Device from Right Sacroiliac Joint, Percutaneous Approach
0SP734Z	Removal of Infusion Device from Right Sacroiliac Joint, Percutaneous Approach
0SP737Z	Removal of Internal Fixation Device from Right Sacroiliac Joint, Percutaneous Approach
0SP73JZ	Removal of Autologous Tissue Substitute from Right Sacroiliac Joint, Percutaneous Approach
0SP73KZ	Removal of Synthetic Substitute from Right Sacroiliac Joint, Percutaneous Approach
0SP740Z	Removal of Nonautologous Tissue Substitute from Right Sacroiliac Joint, Percutaneous Approach
0SP743Z	Removal of Drainage Device from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP744Z	Removal of Infusion Device from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP747Z	Removal of Internal Fixation Device from Right Sacroiliac Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SP74JZ	Removal of Autologous Tissue Substitute from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP74KZ	Removal of Synthetic Substitute from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP800Z	Removal of Nonautologous Tissue Substitute from Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP803Z	Removal of Drainage Device from Left Sacroiliac Joint, Open Approach
0SP804Z	Removal of Infusion Device from Left Sacroiliac Joint, Open Approach
0SP807Z	Removal of Internal Fixation Device from Left Sacroiliac Joint, Open Approach
0SP80JZ	Removal of Autologous Tissue Substitute from Left Sacroiliac Joint, Open Approach
0SP80KZ	Removal of Synthetic Substitute from Left Sacroiliac Joint, Open Approach
0SP830Z	Removal of Nonautologous Tissue Substitute from Left Sacroiliac Joint, Open Approach
0SP833Z	Removal of Drainage Device from Left Sacroiliac Joint, Percutaneous Approach
0SP834Z	Removal of Infusion Device from Left Sacroiliac Joint, Percutaneous Approach
0SP837Z	Removal of Internal Fixation Device from Left Sacroiliac Joint, Percutaneous Approach
0SP83JZ	Removal of Autologous Tissue Substitute from Left Sacroiliac Joint, Percutaneous Approach
0SP83KZ	Removal of Synthetic Substitute from Left Sacroiliac Joint, Percutaneous Approach
0SP840Z	Removal of Nonautologous Tissue Substitute from Left Sacroiliac Joint, Percutaneous Approach
0SP843Z	Removal of Drainage Device from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP844Z	Removal of Infusion Device from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP847Z	Removal of Internal Fixation Device from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP84JZ	Removal of Autologous Tissue Substitute from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP84KZ	Removal of Synthetic Substitute from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP90JZ	Removal of Nonautologous Tissue Substitute from Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SP93JZ	Removal of Synthetic Substitute from Right Hip Joint, Open Approach
0SP94JZ	Removal of Synthetic Substitute from Right Hip Joint, Percutaneous Approach
0SPB0JZ	Removal of Synthetic Substitute from Right Hip Joint, Percutaneous Endoscopic Approach
0SPB3JZ	Removal of Synthetic Substitute from Left Hip Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPB4JZ	Removal of Synthetic Substitute from Left Hip Joint, Percutaneous Approach
0SPC0JZ	Removal of Synthetic Substitute from Left Hip Joint, Percutaneous Endoscopic Approach
0SPC3JZ	Removal of Synthetic Substitute from Right Knee Joint, Open Approach
0SPC4JZ	Removal of Synthetic Substitute from Right Knee Joint, Percutaneous Approach
0SPD0JZ	Removal of Synthetic Substitute from Right Knee Joint, Percutaneous Endoscopic Approach
0SPD3JZ	Removal of Synthetic Substitute from Left Knee Joint, Open Approach
0SPD4JZ	Removal of Synthetic Substitute from Left Knee Joint, Percutaneous Approach
0SPF0JZ	Removal of Synthetic Substitute from Left Knee Joint, Percutaneous Endoscopic Approach
0SPF3JZ	Removal of Synthetic Substitute from Right Ankle Joint, Open Approach
0SPF4JZ	Removal of Synthetic Substitute from Right Ankle Joint, Percutaneous Approach
0SPG0JZ	Removal of Synthetic Substitute from Right Ankle Joint, Percutaneous Endoscopic Approach
0SPG3JZ	Removal of Synthetic Substitute from Left Ankle Joint, Open Approach
0SPG4JZ	Removal of Synthetic Substitute from Left Ankle Joint, Percutaneous Approach
0SPH00Z	Removal of Synthetic Substitute from Left Ankle Joint, Percutaneous Endoscopic Approach
0SPH03Z	Removal of Drainage Device from Right Tarsal Joint, Open Approach
0SPH04Z	Removal of Infusion Device from Right Tarsal Joint, Open Approach
0SPH05Z	Removal of Internal Fixation Device from Right Tarsal Joint, Open Approach
0SPH07Z	Removal of External Fixation Device from Right Tarsal Joint, Open Approach
0SPH0JZ	Removal of Autologous Tissue Substitute from Right Tarsal Joint, Open Approach
0SPH0KZ	Removal of Synthetic Substitute from Right Tarsal Joint, Open Approach
0SPH30Z	Removal of Nonautologous Tissue Substitute from Right Tarsal Joint, Open Approach
0SPH33Z	Removal of Drainage Device from Right Tarsal Joint, Percutaneous Approach
0SPH34Z	Removal of Infusion Device from Right Tarsal Joint, Percutaneous Approach
0SPH35Z	Removal of Internal Fixation Device from Right Tarsal Joint, Percutaneous Approach
0SPH37Z	Removal of External Fixation Device from Right Tarsal Joint, Percutaneous Approach
0SPH3JZ	Removal of Autologous Tissue Substitute from Right Tarsal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPH3KZ	Removal of Synthetic Substitute from Right Tarsal Joint, Percutaneous Approach
0SPH40Z	Removal of Nonautologous Tissue Substitute from Right Tarsal Joint, Percutaneous Approach
0SPH43Z	Removal of Drainage Device from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPH44Z	Removal of Infusion Device from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPH45Z	Removal of Internal Fixation Device from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPH47Z	Removal of External Fixation Device from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPH4JZ	Removal of Autologous Tissue Substitute from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPH4KZ	Removal of Synthetic Substitute from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ00Z	Removal of Nonautologous Tissue Substitute from Right Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ03Z	Removal of Drainage Device from Left Tarsal Joint, Open Approach
0SPJ04Z	Removal of Infusion Device from Left Tarsal Joint, Open Approach
0SPJ05Z	Removal of Internal Fixation Device from Left Tarsal Joint, Open Approach
0SPJ07Z	Removal of External Fixation Device from Left Tarsal Joint, Open Approach
0SPJ0JZ	Removal of Autologous Tissue Substitute from Left Tarsal Joint, Open Approach
0SPJ0KZ	Removal of Synthetic Substitute from Left Tarsal Joint, Open Approach
0SPJ30Z	Removal of Nonautologous Tissue Substitute from Left Tarsal Joint, Open Approach
0SPJ33Z	Removal of Drainage Device from Left Tarsal Joint, Percutaneous Approach
0SPJ34Z	Removal of Infusion Device from Left Tarsal Joint, Percutaneous Approach
0SPJ35Z	Removal of Internal Fixation Device from Left Tarsal Joint, Percutaneous Approach
0SPJ37Z	Removal of External Fixation Device from Left Tarsal Joint, Percutaneous Approach
0SPJ3JZ	Removal of Autologous Tissue Substitute from Left Tarsal Joint, Percutaneous Approach
0SPJ3KZ	Removal of Synthetic Substitute from Left Tarsal Joint, Percutaneous Approach
0SPJ40Z	Removal of Nonautologous Tissue Substitute from Left Tarsal Joint, Percutaneous Approach
0SPJ43Z	Removal of Drainage Device from Left Tarsal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPJ44Z	Removal of Infusion Device from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ45Z	Removal of Internal Fixation Device from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ47Z	Removal of External Fixation Device from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ4JZ	Removal of Autologous Tissue Substitute from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPJ4KZ	Removal of Synthetic Substitute from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPK00Z	Removal of Nonautologous Tissue Substitute from Left Tarsal Joint, Percutaneous Endoscopic Approach
0SPK03Z	Removal of Drainage Device from Right Metatarsal-Tarsal Joint, Open Approach
0SPK04Z	Removal of Infusion Device from Right Metatarsal-Tarsal Joint, Open Approach
0SPK05Z	Removal of Internal Fixation Device from Right Metatarsal-Tarsal Joint, Open Approach
0SPK07Z	Removal of External Fixation Device from Right Metatarsal-Tarsal Joint, Open Approach
0SPK0JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Open Approach
0SPK0KZ	Removal of Synthetic Substitute from Right Metatarsal-Tarsal Joint, Open Approach
0SPK30Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Open Approach
0SPK33Z	Removal of Drainage Device from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK34Z	Removal of Infusion Device from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK35Z	Removal of Internal Fixation Device from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK37Z	Removal of External Fixation Device from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK3JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK3KZ	Removal of Synthetic Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK40Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SPK43Z	Removal of Drainage Device from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPK44Z	Removal of Infusion Device from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPK45Z	Removal of Internal Fixation Device from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPK47Z	Removal of External Fixation Device from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPK4JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPK4KZ	Removal of Synthetic Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL00Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL03Z	Removal of Drainage Device from Left Metatarsal-Tarsal Joint, Open Approach
0SPL04Z	Removal of Infusion Device from Left Metatarsal-Tarsal Joint, Open Approach
0SPL05Z	Removal of Internal Fixation Device from Left Metatarsal-Tarsal Joint, Open Approach
0SPL07Z	Removal of External Fixation Device from Left Metatarsal-Tarsal Joint, Open Approach
0SPL0JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Open Approach
0SPL0KZ	Removal of Synthetic Substitute from Left Metatarsal-Tarsal Joint, Open Approach
0SPL30Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Open Approach
0SPL33Z	Removal of Drainage Device from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL34Z	Removal of Infusion Device from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL35Z	Removal of Internal Fixation Device from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL37Z	Removal of External Fixation Device from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL3JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL3KZ	Removal of Synthetic Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL40Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SPL43Z	Removal of Drainage Device from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL44Z	Removal of Infusion Device from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL45Z	Removal of Internal Fixation Device from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL47Z	Removal of External Fixation Device from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPL4JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPL4KZ	Removal of Synthetic Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPM00Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SPM03Z	Removal of Drainage Device from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM04Z	Removal of Infusion Device from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM05Z	Removal of Internal Fixation Device from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM07Z	Removal of External Fixation Device from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM0JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM0KZ	Removal of Synthetic Substitute from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM30Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Open Approach
0SPM33Z	Removal of Drainage Device from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM34Z	Removal of Infusion Device from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM35Z	Removal of Internal Fixation Device from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM37Z	Removal of External Fixation Device from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM3JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM3KZ	Removal of Synthetic Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM40Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPM43Z	Removal of Drainage Device from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPM44Z	Removal of Infusion Device from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPM45Z	Removal of Internal Fixation Device from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPM47Z	Removal of External Fixation Device from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPM4JZ	Removal of Autologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPM4KZ	Removal of Synthetic Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN00Z	Removal of Nonautologous Tissue Substitute from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPN03Z	Removal of Drainage Device from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN04Z	Removal of Infusion Device from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN05Z	Removal of Internal Fixation Device from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN07Z	Removal of External Fixation Device from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN0JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN0KZ	Removal of Synthetic Substitute from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN30Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Open Approach
0SPN33Z	Removal of Drainage Device from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN34Z	Removal of Infusion Device from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN35Z	Removal of Internal Fixation Device from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN37Z	Removal of External Fixation Device from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN3JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN3KZ	Removal of Synthetic Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN40Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SPN43Z	Removal of Drainage Device from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN44Z	Removal of Infusion Device from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN45Z	Removal of Internal Fixation Device from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN47Z	Removal of External Fixation Device from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN4JZ	Removal of Autologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN4KZ	Removal of Synthetic Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPN00Z	Removal of Nonautologous Tissue Substitute from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP03Z	Removal of Drainage Device from Right Toe Phalangeal Joint, Open Approach
0SPP04Z	Removal of Infusion Device from Right Toe Phalangeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPP05Z	Removal of Internal Fixation Device from Right Toe Phalangeal Joint, Open Approach
0SPP07Z	Removal of External Fixation Device from Right Toe Phalangeal Joint, Open Approach
0SPP0JZ	Removal of Autologous Tissue Substitute from Right Toe Phalangeal Joint, Open Approach
0SPP0KZ	Removal of Synthetic Substitute from Right Toe Phalangeal Joint, Open Approach
0SPP30Z	Removal of Nonautologous Tissue Substitute from Right Toe Phalangeal Joint, Open Approach
0SPP33Z	Removal of Drainage Device from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP34Z	Removal of Infusion Device from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP35Z	Removal of Internal Fixation Device from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP37Z	Removal of External Fixation Device from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP3JZ	Removal of Autologous Tissue Substitute from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP3KZ	Removal of Synthetic Substitute from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP40Z	Removal of Nonautologous Tissue Substitute from Right Toe Phalangeal Joint, Percutaneous Approach
0SPP43Z	Removal of Drainage Device from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP44Z	Removal of Infusion Device from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP45Z	Removal of Internal Fixation Device from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP47Z	Removal of External Fixation Device from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP4JZ	Removal of Autologous Tissue Substitute from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPP4KZ	Removal of Synthetic Substitute from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ00Z	Removal of Nonautologous Tissue Substitute from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ03Z	Removal of Drainage Device from Left Toe Phalangeal Joint, Open Approach
0SPQ04Z	Removal of Infusion Device from Left Toe Phalangeal Joint, Open Approach
0SPQ05Z	Removal of Internal Fixation Device from Left Toe Phalangeal Joint, Open Approach
0SPQ07Z	Removal of External Fixation Device from Left Toe Phalangeal Joint, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SPQ0JZ	Removal of Autologous Tissue Substitute from Left Toe Phalangeal Joint, Open Approach
0SPQ0KZ	Removal of Synthetic Substitute from Left Toe Phalangeal Joint, Open Approach
0SPQ30Z	Removal of Nonautologous Tissue Substitute from Left Toe Phalangeal Joint, Open Approach
0SPQ33Z	Removal of Drainage Device from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ34Z	Removal of Infusion Device from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ35Z	Removal of Internal Fixation Device from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ37Z	Removal of External Fixation Device from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ3JZ	Removal of Autologous Tissue Substitute from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ3KZ	Removal of Synthetic Substitute from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ40Z	Removal of Nonautologous Tissue Substitute from Left Toe Phalangeal Joint, Percutaneous Approach
0SPQ43Z	Removal of Drainage Device from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ44Z	Removal of Infusion Device from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ45Z	Removal of Internal Fixation Device from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ47Z	Removal of External Fixation Device from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ4JZ	Removal of Autologous Tissue Substitute from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SPQ4KZ	Removal of Synthetic Substitute from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SQ00ZZ	Removal of Nonautologous Tissue Substitute from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SQ03ZZ	Repair Lumbar Vertebral Joint, Open Approach
0SQ04ZZ	Repair Lumbar Vertebral Joint, Percutaneous Approach
0SQ0XZZ	Repair Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SQ20ZZ	Repair Lumbar Vertebral Joint, External Approach
0SQ23ZZ	Repair Lumbar Vertebral Disc, Open Approach
0SQ24ZZ	Repair Lumbar Vertebral Disc, Percutaneous Approach
0SQ2XZZ	Repair Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SQ30ZZ	Repair Lumbar Vertebral Disc, External Approach
0SQ33ZZ	Repair Lumbosacral Joint, Open Approach
0SQ34ZZ	Repair Lumbosacral Joint, Percutaneous Approach
0SQ3XZZ	Repair Lumbosacral Joint, Percutaneous Endoscopic Approach
0SQ40ZZ	Repair Lumbosacral Joint, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SQ43ZZ	Repair Lumbosacral Disc, Open Approach
0SQ44ZZ	Repair Lumbosacral Disc, Percutaneous Approach
0SQ4XZZ	Repair Lumbosacral Disc, Percutaneous Endoscopic Approach
0SQ50ZZ	Repair Lumbosacral Disc, External Approach
0SQ53ZZ	Repair Sacrococcygeal Joint, Open Approach
0SQ54ZZ	Repair Sacrococcygeal Joint, Percutaneous Approach
0SQ5XZZ	Repair Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SQ60ZZ	Repair Sacrococcygeal Joint, External Approach
0SQ63ZZ	Repair Coccygeal Joint, Open Approach
0SQ64ZZ	Repair Coccygeal Joint, Percutaneous Approach
0SQ6XZZ	Repair Coccygeal Joint, Percutaneous Endoscopic Approach
0SQ70ZZ	Repair Coccygeal Joint, External Approach
0SQ73ZZ	Repair Right Sacroiliac Joint, Open Approach
0SQ74ZZ	Repair Right Sacroiliac Joint, Percutaneous Approach
0SQ7XZZ	Repair Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SQ80ZZ	Repair Right Sacroiliac Joint, External Approach
0SQ83ZZ	Repair Left Sacroiliac Joint, Open Approach
0SQ84ZZ	Repair Left Sacroiliac Joint, Percutaneous Approach
0SQ8XZZ	Repair Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SQ93ZZ	Repair Left Sacroiliac Joint, External Approach
0SQ94ZZ	Repair Right Hip Joint, Percutaneous Approach
0SQ9XZZ	Repair Right Hip Joint, Percutaneous Endoscopic Approach
0SQB3ZZ	Repair Right Hip Joint, External Approach
0SQB4ZZ	Repair Left Hip Joint, Percutaneous Approach
0SQBXZZ	Repair Left Hip Joint, Percutaneous Endoscopic Approach
0SQC0ZZ	Repair Right Knee Joint, Open Approach
0SQC3ZZ	Repair Left Hip Joint, External Approach
0SQC4ZZ	Repair Right Knee Joint, Percutaneous Approach
0SQCXZZ	Repair Right Knee Joint, Percutaneous Endoscopic Approach
0SQD0ZZ	Repair Left Knee Joint, Open Approach
0SQD3ZZ	Repair Right Knee Joint, External Approach
0SQD4ZZ	Repair Left Knee Joint, Percutaneous Approach
0SQDXZZ	Repair Left Knee Joint, Percutaneous Endoscopic Approach
0SQF0ZZ	Repair Left Knee Joint, External Approach
0SQF3ZZ	Repair Right Ankle Joint, Open Approach
0SQF4ZZ	Repair Right Ankle Joint, Percutaneous Approach
0SQFXZZ	Repair Right Ankle Joint, Percutaneous Endoscopic Approach
0SQG0ZZ	Repair Right Ankle Joint, External Approach
0SQG3ZZ	Repair Left Ankle Joint, Open Approach
0SQG4ZZ	Repair Left Ankle Joint, Percutaneous Approach
0SQGXZZ	Repair Left Ankle Joint, Percutaneous Endoscopic Approach
0SQH0ZZ	Repair Left Ankle Joint, External Approach
0SQH3ZZ	Repair Right Tarsal Joint, Open Approach
0SQH4ZZ	Repair Right Tarsal Joint, Percutaneous Approach
0SQHXZZ	Repair Right Tarsal Joint, Percutaneous Endoscopic Approach
0SQJ0ZZ	Repair Right Tarsal Joint, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SQJ3ZZ	Repair Left Tarsal Joint, Open Approach
0SQJ4ZZ	Repair Left Tarsal Joint, Percutaneous Approach
0SQJXZZ	Repair Left Tarsal Joint, Percutaneous Endoscopic Approach
0SQK0ZZ	Repair Left Tarsal Joint, External Approach
0SQK3ZZ	Repair Right Metatarsal-Tarsal Joint, Open Approach
0SQK4ZZ	Repair Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SQKXZZ	Repair Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SQL0ZZ	Repair Right Metatarsal-Tarsal Joint, External Approach
0SQL3ZZ	Repair Left Metatarsal-Tarsal Joint, Open Approach
0SQL4ZZ	Repair Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SQLXZZ	Repair Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SQM0ZZ	Repair Left Metatarsal-Tarsal Joint, External Approach
0SQM3ZZ	Repair Right Metatarsal-Phalangeal Joint, Open Approach
0SQM4ZZ	Repair Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SQMXZZ	Repair Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SQN0ZZ	Repair Right Metatarsal-Phalangeal Joint, External Approach
0SQN3ZZ	Repair Left Metatarsal-Phalangeal Joint, Open Approach
0SQN4ZZ	Repair Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SQNXZZ	Repair Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SQP0ZZ	Repair Left Metatarsal-Phalangeal Joint, External Approach
0SQP3ZZ	Repair Right Toe Phalangeal Joint, Open Approach
0SQP4ZZ	Repair Right Toe Phalangeal Joint, Percutaneous Approach
0SQPXZZ	Repair Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SQQ0ZZ	Repair Right Toe Phalangeal Joint, External Approach
0SQQ3ZZ	Repair Left Toe Phalangeal Joint, Open Approach
0SQQ4ZZ	Repair Left Toe Phalangeal Joint, Percutaneous Approach
0SQQXZZ	Repair Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SR007Z	Repair Left Toe Phalangeal Joint, External Approach
0SR00JZ	Replacement of Lumbar Vertebral Joint with Autologous Tissue Substitute, Open Approach
0SR00KZ	Replacement of Lumbar Vertebral Joint with Synthetic Substitute, Open Approach
0SR207Z	Replacement of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0SR20KZ	Replacement of Lumbar Vertebral Disc with Autologous Tissue Substitute, Open Approach
0SR307Z	Replacement of Lumbar Vertebral Disc with Nonautologous Tissue Substitute, Open Approach
0SR30JZ	Replacement of Lumbosacral Joint with Autologous Tissue Substitute, Open Approach
0SR30KZ	Replacement of Lumbosacral Joint with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SR407Z	Replacement of Lumbosacral Joint with Nonautologous Tissue Substitute, Open Approach
0SR40KZ	Replacement of Lumbosacral Disc with Autologous Tissue Substitute, Open Approach
0SR507Z	Replacement of Lumbosacral Disc with Nonautologous Tissue Substitute, Open Approach
0SR50JZ	Replacement of Sacrococcygeal Joint with Autologous Tissue Substitute, Open Approach
0SR50KZ	Replacement of Sacrococcygeal Joint with Synthetic Substitute, Open Approach
0SR607Z	Replacement of Sacrococcygeal Joint with Nonautologous Tissue Substitute, Open Approach
0SR60JZ	Replacement of Coccygeal Joint with Autologous Tissue Substitute, Open Approach
0SR60KZ	Replacement of Coccygeal Joint with Synthetic Substitute, Open Approach
0SR707Z	Replacement of Coccygeal Joint with Nonautologous Tissue Substitute, Open Approach
0SR70JZ	Replacement of Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SR70KZ	Replacement of Right Sacroiliac Joint with Synthetic Substitute, Open Approach
0SR807Z	Replacement of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
0SR80JZ	Replacement of Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SR80KZ	Replacement of Left Sacroiliac Joint with Synthetic Substitute, Open Approach
0SRH07Z	Replacement of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
0SRH0JZ	Replacement of Right Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SRH0KZ	Replacement of Right Tarsal Joint with Synthetic Substitute, Open Approach
0SRJ07Z	Replacement of Right Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SRJ0JZ	Replacement of Left Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SRJ0KZ	Replacement of Left Tarsal Joint with Synthetic Substitute, Open Approach
0SRK07Z	Replacement of Left Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SRK0JZ	Replacement of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SRK0KZ	Replacement of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SRL07Z	Replacement of Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SRL0JZ	Replacement of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SRL0KZ	Replacement of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach
0SRM07Z	Replacement of Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SRM0JZ	Replacement of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SRM0KZ	Replacement of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SRN07Z	Replacement of Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SRN0JZ	Replacement of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SRN0KZ	Replacement of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SRP07Z	Replacement of Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SRP0JZ	Replacement of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SRP0KZ	Replacement of Right Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SRQ07Z	Replacement of Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SRQ0JZ	Replacement of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SRQ0KZ	Replacement of Left Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SS034Z	Replacement of Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SS03ZZ	Reposition Lumbar Vertebral Joint with Internal Fixation Device, Percutaneous Approach
0SS044Z	Reposition Lumbar Vertebral Joint, Percutaneous Approach
0SS04ZZ	Reposition Lumbar Vertebral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS0X4Z	Reposition Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SS0XZZ	Reposition Lumbar Vertebral Joint with Internal Fixation Device, External Approach
0SS334Z	Reposition Lumbar Vertebral Joint, External Approach
0SS33ZZ	Reposition Lumbosacral Joint with Internal Fixation Device, Percutaneous Approach
0SS344Z	Reposition Lumbosacral Joint, Percutaneous Approach
0SS34ZZ	Reposition Lumbosacral Joint with Internal Fixation Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SS3X4Z	Reposition Lumbosacral Joint, Percutaneous Endoscopic Approach
0SS3XZZ	Reposition Lumbosacral Joint with Internal Fixation Device, External Approach
0SS534Z	Reposition Lumbosacral Joint, External Approach
0SS53ZZ	Reposition Sacrococcygeal Joint with Internal Fixation Device, Percutaneous Approach
0SS544Z	Reposition Sacrococcygeal Joint, Percutaneous Approach
0SS54ZZ	Reposition Sacrococcygeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS5X4Z	Reposition Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SS5XZZ	Reposition Sacrococcygeal Joint with Internal Fixation Device, External Approach
0SS634Z	Reposition Sacrococcygeal Joint, External Approach
0SS63ZZ	Reposition Coccygeal Joint with Internal Fixation Device, Percutaneous Approach
0SS644Z	Reposition Coccygeal Joint, Percutaneous Approach
0SS64ZZ	Reposition Coccygeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS6X4Z	Reposition Coccygeal Joint, Percutaneous Endoscopic Approach
0SS6XZZ	Reposition Coccygeal Joint with Internal Fixation Device, External Approach
0SS734Z	Reposition Coccygeal Joint, External Approach
0SS73ZZ	Reposition Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SS744Z	Reposition Right Sacroiliac Joint, Percutaneous Approach
0SS74ZZ	Reposition Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS7X4Z	Reposition Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SS7XZZ	Reposition Right Sacroiliac Joint with Internal Fixation Device, External Approach
0SS834Z	Reposition Right Sacroiliac Joint, External Approach
0SS83ZZ	Reposition Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach
0SS844Z	Reposition Left Sacroiliac Joint, Percutaneous Approach
0SS84ZZ	Reposition Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS8X4Z	Reposition Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SS8XZZ	Reposition Left Sacroiliac Joint with Internal Fixation Device, External Approach
0SS934Z	Reposition Left Sacroiliac Joint, External Approach
0SS935Z	Reposition Right Hip Joint with Internal Fixation Device, Percutaneous Approach
0SS93ZZ	Reposition Right Hip Joint with External Fixation Device, Percutaneous Approach
0SS944Z	Reposition Right Hip Joint, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SS945Z	Reposition Right Hip Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SS94ZZ	Reposition Right Hip Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SS9X4Z	Reposition Right Hip Joint, Percutaneous Endoscopic Approach
0SS9X5Z	Reposition Right Hip Joint with Internal Fixation Device, External Approach
0SS9XZZ	Reposition Right Hip Joint with External Fixation Device, External Approach
0SSB34Z	Reposition Right Hip Joint, External Approach
0SSB35Z	Reposition Left Hip Joint with Internal Fixation Device, Percutaneous Approach
0SSB3ZZ	Reposition Left Hip Joint with External Fixation Device, Percutaneous Approach
0SSB44Z	Reposition Left Hip Joint, Percutaneous Approach
0SSB45Z	Reposition Left Hip Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSB4ZZ	Reposition Left Hip Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSBX4Z	Reposition Left Hip Joint, Percutaneous Endoscopic Approach
0SSBX5Z	Reposition Left Hip Joint with Internal Fixation Device, External Approach
0SSBXZZ	Reposition Left Hip Joint with External Fixation Device, External Approach
0SSC34Z	Reposition Left Hip Joint, External Approach
0SSC35Z	Reposition Right Knee Joint with Internal Fixation Device, Percutaneous Approach
0SSC3ZZ	Reposition Right Knee Joint with External Fixation Device, Percutaneous Approach
0SSC44Z	Reposition Right Knee Joint, Percutaneous Approach
0SSC45Z	Reposition Right Knee Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSC4ZZ	Reposition Right Knee Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSCX4Z	Reposition Right Knee Joint, Percutaneous Endoscopic Approach
0SSCX5Z	Reposition Right Knee Joint with Internal Fixation Device, External Approach
0SSCXZZ	Reposition Right Knee Joint with External Fixation Device, External Approach
0SSD34Z	Reposition Right Knee Joint, External Approach
0SSD35Z	Reposition Left Knee Joint with Internal Fixation Device, Percutaneous Approach
0SSD3ZZ	Reposition Left Knee Joint with External Fixation Device, Percutaneous Approach
0SSD44Z	Reposition Left Knee Joint, Percutaneous Approach
0SSD45Z	Reposition Left Knee Joint with Internal Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SSD4ZZ	Reposition Left Knee Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSDX4Z	Reposition Left Knee Joint, Percutaneous Endoscopic Approach
0SSDX5Z	Reposition Left Knee Joint with Internal Fixation Device, External Approach
0SSDXZZ	Reposition Left Knee Joint with External Fixation Device, External Approach
0SSF04Z	Reposition Left Knee Joint, External Approach
0SSF0ZZ	Reposition Right Ankle Joint with Internal Fixation Device, Open Approach
0SSG04Z	Reposition Right Ankle Joint, Open Approach
0SSG0ZZ	Reposition Left Ankle Joint with Internal Fixation Device, Open Approach
0SSH34Z	Reposition Left Ankle Joint, Open Approach
0SSH35Z	Reposition Right Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SSH3ZZ	Reposition Right Tarsal Joint with External Fixation Device, Percutaneous Approach
0SSH44Z	Reposition Right Tarsal Joint, Percutaneous Approach
0SSH45Z	Reposition Right Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSH4ZZ	Reposition Right Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSHX4Z	Reposition Right Tarsal Joint, Percutaneous Endoscopic Approach
0SSHX5Z	Reposition Right Tarsal Joint with Internal Fixation Device, External Approach
0SSHXZZ	Reposition Right Tarsal Joint with External Fixation Device, External Approach
0SSJ34Z	Reposition Right Tarsal Joint, External Approach
0SSJ35Z	Reposition Left Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SSJ3ZZ	Reposition Left Tarsal Joint with External Fixation Device, Percutaneous Approach
0SSJ44Z	Reposition Left Tarsal Joint, Percutaneous Approach
0SSJ45Z	Reposition Left Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSJ4ZZ	Reposition Left Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSJX4Z	Reposition Left Tarsal Joint, Percutaneous Endoscopic Approach
0SSJX5Z	Reposition Left Tarsal Joint with Internal Fixation Device, External Approach
0SSJXZZ	Reposition Left Tarsal Joint with External Fixation Device, External Approach
0SSK34Z	Reposition Left Tarsal Joint, External Approach
0SSK35Z	Reposition Right Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SSK3ZZ	Reposition Right Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SSK44Z	Reposition Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SSK45Z	Reposition Right Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSK4ZZ	Reposition Right Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSKX4Z	Reposition Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SSKX5Z	Reposition Right Metatarsal-Tarsal Joint with Internal Fixation Device, External Approach
0SSKXZZ	Reposition Right Metatarsal-Tarsal Joint with External Fixation Device, External Approach
0SSL34Z	Reposition Right Metatarsal-Tarsal Joint, External Approach
0SSL35Z	Reposition Left Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Approach
0SSL3ZZ	Reposition Left Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Approach
0SSL44Z	Reposition Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SSL45Z	Reposition Left Metatarsal-Tarsal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSL4ZZ	Reposition Left Metatarsal-Tarsal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSLX4Z	Reposition Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SSLX5Z	Reposition Left Metatarsal-Tarsal Joint with Internal Fixation Device, External Approach
0SSLXZZ	Reposition Left Metatarsal-Tarsal Joint with External Fixation Device, External Approach
0SSM34Z	Reposition Left Metatarsal-Tarsal Joint, External Approach
0SSM35Z	Reposition Right Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SSM3ZZ	Reposition Right Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SSM44Z	Reposition Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SSM45Z	Reposition Right Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSM4ZZ	Reposition Right Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSMX4Z	Reposition Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SSMX5Z	Reposition Right Metatarsal-Phalangeal Joint with Internal Fixation Device, External Approach
0SSMXZZ	Reposition Right Metatarsal-Phalangeal Joint with External Fixation Device, External Approach
0SSN34Z	Reposition Right Metatarsal-Phalangeal Joint, External Approach
0SSN35Z	Reposition Left Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SSN3ZZ	Reposition Left Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SSN44Z	Reposition Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SSN45Z	Reposition Left Metatarsal-Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSN4ZZ	Reposition Left Metatarsal-Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSNX4Z	Reposition Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SSNX5Z	Reposition Left Metatarsal-Phalangeal Joint with Internal Fixation Device, External Approach
0SSNXZZ	Reposition Left Metatarsal-Phalangeal Joint with External Fixation Device, External Approach
0SSP34Z	Reposition Left Metatarsal-Phalangeal Joint, External Approach
0SSP35Z	Reposition Right Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SSP3ZZ	Reposition Right Toe Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SSP44Z	Reposition Right Toe Phalangeal Joint, Percutaneous Approach
0SSP45Z	Reposition Right Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSP4ZZ	Reposition Right Toe Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSPX4Z	Reposition Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SSPX5Z	Reposition Right Toe Phalangeal Joint with Internal Fixation Device, External Approach
0SSPXZZ	Reposition Right Toe Phalangeal Joint with External Fixation Device, External Approach
0SSQ34Z	Reposition Right Toe Phalangeal Joint, External Approach
0SSQ35Z	Reposition Left Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Approach
0SSQ3ZZ	Reposition Left Toe Phalangeal Joint with External Fixation Device, Percutaneous Approach
0SSQ44Z	Reposition Left Toe Phalangeal Joint, Percutaneous Approach
0SSQ45Z	Reposition Left Toe Phalangeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach
0SSQ4ZZ	Reposition Left Toe Phalangeal Joint with External Fixation Device, Percutaneous Endoscopic Approach
0SSQX4Z	Reposition Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SSQX5Z	Reposition Left Toe Phalangeal Joint with Internal Fixation Device, External Approach
0SSQXZZ	Reposition Left Toe Phalangeal Joint with External Fixation Device, External Approach
0ST50ZZ	Resection of Lumbosacral Disc, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0ST60ZZ	Resection of Sacrococcygeal Joint, Open Approach
0ST70ZZ	Resection of Coccygeal Joint, Open Approach
0ST80ZZ	Resection of Right Sacroiliac Joint, Open Approach
0STC0ZZ	Resection of Left Sacroiliac Joint, Open Approach
0STD0ZZ	Resection of Right Knee Joint, Open Approach
0STF0ZZ	Resection of Left Knee Joint, Open Approach
0STG0ZZ	Resection of Right Ankle Joint, Open Approach
0STH0ZZ	Resection of Left Ankle Joint, Open Approach
0STJ0ZZ	Resection of Right Tarsal Joint, Open Approach
0STK0ZZ	Resection of Left Tarsal Joint, Open Approach
0STL0ZZ	Resection of Right Metatarsal-Tarsal Joint, Open Approach
0STM0ZZ	Resection of Left Metatarsal-Tarsal Joint, Open Approach
0STN0ZZ	Resection of Right Metatarsal-Phalangeal Joint, Open Approach
0STP0ZZ	Resection of Left Metatarsal-Phalangeal Joint, Open Approach
0STQ0ZZ	Resection of Right Toe Phalangeal Joint, Open Approach
0SU007Z	Resection of Left Toe Phalangeal Joint, Open Approach
0SU00JZ	Supplement Lumbar Vertebral Joint with Autologous Tissue Substitute, Open Approach
0SU00KZ	Supplement Lumbar Vertebral Joint with Synthetic Substitute, Open Approach
0SU037Z	Supplement Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Open Approach
0SU03JZ	Supplement Lumbar Vertebral Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU03KZ	Supplement Lumbar Vertebral Joint with Synthetic Substitute, Percutaneous Approach
0SU047Z	Supplement Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU04JZ	Supplement Lumbar Vertebral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU04KZ	Supplement Lumbar Vertebral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU307Z	Supplement Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU30JZ	Supplement Lumbosacral Joint with Autologous Tissue Substitute, Open Approach
0SU30KZ	Supplement Lumbosacral Joint with Synthetic Substitute, Open Approach
0SU337Z	Supplement Lumbosacral Joint with Nonautologous Tissue Substitute, Open Approach
0SU33JZ	Supplement Lumbosacral Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU33KZ	Supplement Lumbosacral Joint with Synthetic Substitute, Percutaneous Approach
0SU347Z	Supplement Lumbosacral Joint with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SU34JZ	Supplement Lumbosacral Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU34KZ	Supplement Lumbosacral Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU507Z	Supplement Lumbosacral Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU50JZ	Supplement Sacrococcygeal Joint with Autologous Tissue Substitute, Open Approach
0SU50KZ	Supplement Sacrococcygeal Joint with Synthetic Substitute, Open Approach
0SU537Z	Supplement Sacrococcygeal Joint with Nonautologous Tissue Substitute, Open Approach
0SU53JZ	Supplement Sacrococcygeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU53KZ	Supplement Sacrococcygeal Joint with Synthetic Substitute, Percutaneous Approach
0SU547Z	Supplement Sacrococcygeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU54JZ	Supplement Sacrococcygeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU54KZ	Supplement Sacrococcygeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU607Z	Supplement Sacrococcygeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU60JZ	Supplement Coccygeal Joint with Autologous Tissue Substitute, Open Approach
0SU60KZ	Supplement Coccygeal Joint with Synthetic Substitute, Open Approach
0SU637Z	Supplement Coccygeal Joint with Nonautologous Tissue Substitute, Open Approach
0SU63JZ	Supplement Coccygeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU63KZ	Supplement Coccygeal Joint with Synthetic Substitute, Percutaneous Approach
0SU647Z	Supplement Coccygeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU64JZ	Supplement Coccygeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU64KZ	Supplement Coccygeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU707Z	Supplement Coccygeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU70JZ	Supplement Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SU70KZ	Supplement Right Sacroiliac Joint with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SU737Z	Supplement Right Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
0SU73JZ	Supplement Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU73KZ	Supplement Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach
0SU747Z	Supplement Right Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU74JZ	Supplement Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU74KZ	Supplement Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU807Z	Supplement Right Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU80JZ	Supplement Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach
0SU80KZ	Supplement Left Sacroiliac Joint with Synthetic Substitute, Open Approach
0SU837Z	Supplement Left Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach
0SU83JZ	Supplement Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU83KZ	Supplement Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach
0SU847Z	Supplement Left Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU84JZ	Supplement Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU84KZ	Supplement Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SU909Z	Supplement Left Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU90JZ	Supplement Right Hip Joint with Liner, Open Approach
0SU937Z	Supplement Right Hip Joint with Synthetic Substitute, Open Approach
0SU93JZ	Supplement Right Hip Joint with Autologous Tissue Substitute, Percutaneous Approach
0SU93KZ	Supplement Right Hip Joint with Synthetic Substitute, Percutaneous Approach
0SU947Z	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SU94JZ	Supplement Right Hip Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SU94KZ	Supplement Right Hip Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUA09Z	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SUB09Z	Supplement Right Hip Joint, Acetabular Surface with Liner, Open Approach
0SUB0JZ	Supplement Left Hip Joint with Liner, Open Approach
0SUB37Z	Supplement Left Hip Joint with Synthetic Substitute, Open Approach
0SUB3JZ	Supplement Left Hip Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUB3KZ	Supplement Left Hip Joint with Synthetic Substitute, Percutaneous Approach
0SUB47Z	Supplement Left Hip Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUB4JZ	Supplement Left Hip Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUB4KZ	Supplement Left Hip Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUC07Z	Supplement Left Hip Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUC09C	Supplement Right Knee Joint with Autologous Tissue Substitute, Open Approach
0SUC09Z	Supplement Right Knee Joint with Liner, Patellar Surface, Open Approach
0SUC0JZ	Supplement Right Knee Joint with Liner, Open Approach
0SUC0KZ	Supplement Right Knee Joint with Synthetic Substitute, Open Approach
0SUC37Z	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Open Approach
0SUC3JZ	Supplement Right Knee Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUC3KZ	Supplement Right Knee Joint with Synthetic Substitute, Percutaneous Approach
0SUC47Z	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUC4JZ	Supplement Right Knee Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUC4KZ	Supplement Right Knee Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUD07Z	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUD09C	Supplement Left Knee Joint with Autologous Tissue Substitute, Open Approach
0SUD09Z	Supplement Left Knee Joint with Liner, Patellar Surface, Open Approach
0SUD0JZ	Supplement Left Knee Joint with Liner, Open Approach
0SUD0KZ	Supplement Left Knee Joint with Synthetic Substitute, Open Approach
0SUD37Z	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Open Approach
0SUD3JZ	Supplement Left Knee Joint with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SUD3KZ	Supplement Left Knee Joint with Synthetic Substitute, Percutaneous Approach
0SUD47Z	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUD4JZ	Supplement Left Knee Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUD4KZ	Supplement Left Knee Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUE09Z	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUF07Z	Supplement Left Hip Joint, Acetabular Surface with Liner, Open Approach
0SUF0JZ	Supplement Right Ankle Joint with Autologous Tissue Substitute, Open Approach
0SUF0KZ	Supplement Right Ankle Joint with Synthetic Substitute, Open Approach
0SUF37Z	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Open Approach
0SUF3JZ	Supplement Right Ankle Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUF3KZ	Supplement Right Ankle Joint with Synthetic Substitute, Percutaneous Approach
0SUF47Z	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUF4JZ	Supplement Right Ankle Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUF4KZ	Supplement Right Ankle Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUG07Z	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUG0JZ	Supplement Left Ankle Joint with Autologous Tissue Substitute, Open Approach
0SUG0KZ	Supplement Left Ankle Joint with Synthetic Substitute, Open Approach
0SUG37Z	Supplement Left Ankle Joint with Nonautologous Tissue Substitute, Open Approach
0SUG3JZ	Supplement Left Ankle Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUG3KZ	Supplement Left Ankle Joint with Synthetic Substitute, Percutaneous Approach
0SUG47Z	Supplement Left Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUG4JZ	Supplement Left Ankle Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUG4KZ	Supplement Left Ankle Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUH07Z	Supplement Left Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SUH0KZ	Supplement Right Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SUH37Z	Supplement Right Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SUH3KZ	Supplement Right Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUH47Z	Supplement Right Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUH4KZ	Supplement Right Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUJ07Z	Supplement Right Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUJ0KZ	Supplement Left Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SUJ37Z	Supplement Left Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SUJ3KZ	Supplement Left Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUJ47Z	Supplement Left Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUJ4KZ	Supplement Left Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUK07Z	Supplement Left Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUK0JZ	Supplement Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SUK0KZ	Supplement Right Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach
0SUK37Z	Supplement Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SUK3JZ	Supplement Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUK3KZ	Supplement Right Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SUK47Z	Supplement Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUK4JZ	Supplement Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUK4KZ	Supplement Right Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUL07Z	Supplement Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUL0JZ	Supplement Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach
0SUL0KZ	Supplement Left Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SUL37Z	Supplement Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach
0SUL3JZ	Supplement Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUL3KZ	Supplement Left Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Approach
0SUL47Z	Supplement Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUL4JZ	Supplement Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUL4KZ	Supplement Left Metatarsal-Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUM07Z	Supplement Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUM0JZ	Supplement Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SUM0KZ	Supplement Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SUM37Z	Supplement Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SUM3JZ	Supplement Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUM3KZ	Supplement Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SUM47Z	Supplement Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUM4JZ	Supplement Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUM4KZ	Supplement Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUN07Z	Supplement Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUN0JZ	Supplement Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SUN0KZ	Supplement Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach
0SUN37Z	Supplement Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SUN3JZ	Supplement Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUN3KZ	Supplement Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SUN47Z	Supplement Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUN4JZ	Supplement Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SUN4KZ	Supplement Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUP07Z	Supplement Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUP0JZ	Supplement Right Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SUP0KZ	Supplement Right Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SUP37Z	Supplement Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SUP3JZ	Supplement Right Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUP3KZ	Supplement Right Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SUP47Z	Supplement Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUP4JZ	Supplement Right Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUP4KZ	Supplement Right Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUQ07Z	Supplement Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUQ0JZ	Supplement Left Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach
0SUQ0KZ	Supplement Left Toe Phalangeal Joint with Synthetic Substitute, Open Approach
0SUQ37Z	Supplement Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach
0SUQ3JZ	Supplement Left Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Approach
0SUQ3KZ	Supplement Left Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Approach
0SUQ47Z	Supplement Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach
0SUQ4JZ	Supplement Left Toe Phalangeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUQ4KZ	Supplement Left Toe Phalangeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUR09Z	Supplement Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0SUS09Z	Supplement Right Hip Joint, Femoral Surface with Liner, Open Approach
0SUT09Z	Supplement Left Hip Joint, Femoral Surface with Liner, Open Approach
0SUU09Z	Supplement Right Knee Joint, Femoral Surface with Liner, Open Approach
0SUV09Z	Supplement Left Knee Joint, Femoral Surface with Liner, Open Approach
0SUW09Z	Supplement Right Knee Joint, Tibial Surface with Liner, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW000Z	Supplement Left Knee Joint, Tibial Surface with Liner, Open Approach
0SW003Z	Revision of Drainage Device in Lumbar Vertebral Joint, Open Approach
0SW004Z	Revision of Infusion Device in Lumbar Vertebral Joint, Open Approach
0SW007Z	Revision of Internal Fixation Device in Lumbar Vertebral Joint, Open Approach
0SW008Z	Revision of Autologous Tissue Substitute in Lumbar Vertebral Joint, Open Approach
0SW00AZ	Revision of Spacer in Lumbar Vertebral Joint, Open Approach
0SW00JZ	Revision of Interbody Fusion Device in Lumbar Vertebral Joint, Open Approach
0SW00KZ	Revision of Synthetic Substitute in Lumbar Vertebral Joint, Open Approach
0SW030Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Joint, Open Approach
0SW033Z	Revision of Drainage Device in Lumbar Vertebral Joint, Percutaneous Approach
0SW034Z	Revision of Infusion Device in Lumbar Vertebral Joint, Percutaneous Approach
0SW037Z	Revision of Internal Fixation Device in Lumbar Vertebral Joint, Percutaneous Approach
0SW038Z	Revision of Autologous Tissue Substitute in Lumbar Vertebral Joint, Percutaneous Approach
0SW03AZ	Revision of Spacer in Lumbar Vertebral Joint, Percutaneous Approach
0SW03JZ	Revision of Interbody Fusion Device in Lumbar Vertebral Joint, Percutaneous Approach
0SW03KZ	Revision of Synthetic Substitute in Lumbar Vertebral Joint, Percutaneous Approach
0SW040Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Joint, Percutaneous Approach
0SW043Z	Revision of Drainage Device in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW044Z	Revision of Infusion Device in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW047Z	Revision of Internal Fixation Device in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW048Z	Revision of Autologous Tissue Substitute in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW04AZ	Revision of Spacer in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW04JZ	Revision of Interbody Fusion Device in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW04KZ	Revision of Synthetic Substitute in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW200Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SW203Z	Revision of Drainage Device in Lumbar Vertebral Disc, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW207Z	Revision of Infusion Device in Lumbar Vertebral Disc, Open Approach
0SW20KZ	Revision of Autologous Tissue Substitute in Lumbar Vertebral Disc, Open Approach
0SW230Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Disc, Open Approach
0SW233Z	Revision of Drainage Device in Lumbar Vertebral Disc, Percutaneous Approach
0SW237Z	Revision of Infusion Device in Lumbar Vertebral Disc, Percutaneous Approach
0SW23KZ	Revision of Autologous Tissue Substitute in Lumbar Vertebral Disc, Percutaneous Approach
0SW240Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Disc, Percutaneous Approach
0SW243Z	Revision of Drainage Device in Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SW247Z	Revision of Infusion Device in Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SW24KZ	Revision of Autologous Tissue Substitute in Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SW300Z	Revision of Nonautologous Tissue Substitute in Lumbar Vertebral Disc, Percutaneous Endoscopic Approach
0SW303Z	Revision of Drainage Device in Lumbosacral Joint, Open Approach
0SW304Z	Revision of Infusion Device in Lumbosacral Joint, Open Approach
0SW307Z	Revision of Internal Fixation Device in Lumbosacral Joint, Open Approach
0SW308Z	Revision of Autologous Tissue Substitute in Lumbosacral Joint, Open Approach
0SW30AZ	Revision of Spacer in Lumbosacral Joint, Open Approach
0SW30JZ	Revision of Interbody Fusion Device in Lumbosacral Joint, Open Approach
0SW30KZ	Revision of Synthetic Substitute in Lumbosacral Joint, Open Approach
0SW330Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Joint, Open Approach
0SW333Z	Revision of Drainage Device in Lumbosacral Joint, Percutaneous Approach
0SW334Z	Revision of Infusion Device in Lumbosacral Joint, Percutaneous Approach
0SW337Z	Revision of Internal Fixation Device in Lumbosacral Joint, Percutaneous Approach
0SW338Z	Revision of Autologous Tissue Substitute in Lumbosacral Joint, Percutaneous Approach
0SW33AZ	Revision of Spacer in Lumbosacral Joint, Percutaneous Approach
0SW33JZ	Revision of Interbody Fusion Device in Lumbosacral Joint, Percutaneous Approach
0SW33KZ	Revision of Synthetic Substitute in Lumbosacral Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW340Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Joint, Percutaneous Approach
0SW343Z	Revision of Drainage Device in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW344Z	Revision of Infusion Device in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW347Z	Revision of Internal Fixation Device in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW348Z	Revision of Autologous Tissue Substitute in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW34AZ	Revision of Spacer in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW34JZ	Revision of Interbody Fusion Device in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW34KZ	Revision of Synthetic Substitute in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW400Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Joint, Percutaneous Endoscopic Approach
0SW403Z	Revision of Drainage Device in Lumbosacral Disc, Open Approach
0SW407Z	Revision of Infusion Device in Lumbosacral Disc, Open Approach
0SW40KZ	Revision of Autologous Tissue Substitute in Lumbosacral Disc, Open Approach
0SW430Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Disc, Open Approach
0SW433Z	Revision of Drainage Device in Lumbosacral Disc, Percutaneous Approach
0SW437Z	Revision of Infusion Device in Lumbosacral Disc, Percutaneous Approach
0SW43KZ	Revision of Autologous Tissue Substitute in Lumbosacral Disc, Percutaneous Approach
0SW440Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Disc, Percutaneous Approach
0SW443Z	Revision of Drainage Device in Lumbosacral Disc, Percutaneous Endoscopic Approach
0SW447Z	Revision of Infusion Device in Lumbosacral Disc, Percutaneous Endoscopic Approach
0SW44KZ	Revision of Autologous Tissue Substitute in Lumbosacral Disc, Percutaneous Endoscopic Approach
0SW500Z	Revision of Nonautologous Tissue Substitute in Lumbosacral Disc, Percutaneous Endoscopic Approach
0SW503Z	Revision of Drainage Device in Sacrococcygeal Joint, Open Approach
0SW504Z	Revision of Infusion Device in Sacrococcygeal Joint, Open Approach
0SW507Z	Revision of Internal Fixation Device in Sacrococcygeal Joint, Open Approach
0SW508Z	Revision of Autologous Tissue Substitute in Sacrococcygeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW50JZ	Revision of Spacer in Sacrococcygeal Joint, Open Approach
0SW50KZ	Revision of Synthetic Substitute in Sacrococcygeal Joint, Open Approach
0SW530Z	Revision of Nonautologous Tissue Substitute in Sacrococcygeal Joint, Open Approach
0SW533Z	Revision of Drainage Device in Sacrococcygeal Joint, Percutaneous Approach
0SW534Z	Revision of Infusion Device in Sacrococcygeal Joint, Percutaneous Approach
0SW537Z	Revision of Internal Fixation Device in Sacrococcygeal Joint, Percutaneous Approach
0SW538Z	Revision of Autologous Tissue Substitute in Sacrococcygeal Joint, Percutaneous Approach
0SW53JZ	Revision of Spacer in Sacrococcygeal Joint, Percutaneous Approach
0SW53KZ	Revision of Synthetic Substitute in Sacrococcygeal Joint, Percutaneous Approach
0SW540Z	Revision of Nonautologous Tissue Substitute in Sacrococcygeal Joint, Percutaneous Approach
0SW543Z	Revision of Drainage Device in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW544Z	Revision of Infusion Device in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW547Z	Revision of Internal Fixation Device in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW548Z	Revision of Autologous Tissue Substitute in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW54JZ	Revision of Spacer in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW54KZ	Revision of Synthetic Substitute in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW600Z	Revision of Nonautologous Tissue Substitute in Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SW603Z	Revision of Drainage Device in Coccygeal Joint, Open Approach
0SW604Z	Revision of Infusion Device in Coccygeal Joint, Open Approach
0SW607Z	Revision of Internal Fixation Device in Coccygeal Joint, Open Approach
0SW608Z	Revision of Autologous Tissue Substitute in Coccygeal Joint, Open Approach
0SW60JZ	Revision of Spacer in Coccygeal Joint, Open Approach
0SW60KZ	Revision of Synthetic Substitute in Coccygeal Joint, Open Approach
0SW630Z	Revision of Nonautologous Tissue Substitute in Coccygeal Joint, Open Approach
0SW633Z	Revision of Drainage Device in Coccygeal Joint, Percutaneous Approach
0SW634Z	Revision of Infusion Device in Coccygeal Joint, Percutaneous Approach
0SW637Z	Revision of Internal Fixation Device in Coccygeal Joint, Percutaneous Approach
0SW638Z	Revision of Autologous Tissue Substitute in Coccygeal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW63JZ	Revision of Spacer in Coccygeal Joint, Percutaneous Approach
0SW63KZ	Revision of Synthetic Substitute in Coccygeal Joint, Percutaneous Approach
0SW640Z	Revision of Nonautologous Tissue Substitute in Coccygeal Joint, Percutaneous Approach
0SW643Z	Revision of Drainage Device in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW644Z	Revision of Infusion Device in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW647Z	Revision of Internal Fixation Device in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW648Z	Revision of Autologous Tissue Substitute in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW64JZ	Revision of Spacer in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW64KZ	Revision of Synthetic Substitute in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW700Z	Revision of Nonautologous Tissue Substitute in Coccygeal Joint, Percutaneous Endoscopic Approach
0SW703Z	Revision of Drainage Device in Right Sacroiliac Joint, Open Approach
0SW704Z	Revision of Infusion Device in Right Sacroiliac Joint, Open Approach
0SW707Z	Revision of Internal Fixation Device in Right Sacroiliac Joint, Open Approach
0SW708Z	Revision of Autologous Tissue Substitute in Right Sacroiliac Joint, Open Approach
0SW70JZ	Revision of Spacer in Right Sacroiliac Joint, Open Approach
0SW70KZ	Revision of Synthetic Substitute in Right Sacroiliac Joint, Open Approach
0SW730Z	Revision of Nonautologous Tissue Substitute in Right Sacroiliac Joint, Open Approach
0SW733Z	Revision of Drainage Device in Right Sacroiliac Joint, Percutaneous Approach
0SW734Z	Revision of Infusion Device in Right Sacroiliac Joint, Percutaneous Approach
0SW737Z	Revision of Internal Fixation Device in Right Sacroiliac Joint, Percutaneous Approach
0SW738Z	Revision of Autologous Tissue Substitute in Right Sacroiliac Joint, Percutaneous Approach
0SW73JZ	Revision of Spacer in Right Sacroiliac Joint, Percutaneous Approach
0SW73KZ	Revision of Synthetic Substitute in Right Sacroiliac Joint, Percutaneous Approach
0SW740Z	Revision of Nonautologous Tissue Substitute in Right Sacroiliac Joint, Percutaneous Approach
0SW743Z	Revision of Drainage Device in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW744Z	Revision of Infusion Device in Right Sacroiliac Joint, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SW747Z	Revision of Internal Fixation Device in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW748Z	Revision of Autologous Tissue Substitute in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW74JZ	Revision of Spacer in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW74KZ	Revision of Synthetic Substitute in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW800Z	Revision of Nonautologous Tissue Substitute in Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW803Z	Revision of Drainage Device in Left Sacroiliac Joint, Open Approach
0SW804Z	Revision of Infusion Device in Left Sacroiliac Joint, Open Approach
0SW807Z	Revision of Internal Fixation Device in Left Sacroiliac Joint, Open Approach
0SW808Z	Revision of Autologous Tissue Substitute in Left Sacroiliac Joint, Open Approach
0SW80JZ	Revision of Spacer in Left Sacroiliac Joint, Open Approach
0SW80KZ	Revision of Synthetic Substitute in Left Sacroiliac Joint, Open Approach
0SW830Z	Revision of Nonautologous Tissue Substitute in Left Sacroiliac Joint, Open Approach
0SW833Z	Revision of Drainage Device in Left Sacroiliac Joint, Percutaneous Approach
0SW834Z	Revision of Infusion Device in Left Sacroiliac Joint, Percutaneous Approach
0SW837Z	Revision of Internal Fixation Device in Left Sacroiliac Joint, Percutaneous Approach
0SW838Z	Revision of Autologous Tissue Substitute in Left Sacroiliac Joint, Percutaneous Approach
0SW83JZ	Revision of Spacer in Left Sacroiliac Joint, Percutaneous Approach
0SW83KZ	Revision of Synthetic Substitute in Left Sacroiliac Joint, Percutaneous Approach
0SW840Z	Revision of Nonautologous Tissue Substitute in Left Sacroiliac Joint, Percutaneous Approach
0SW843Z	Revision of Drainage Device in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW844Z	Revision of Infusion Device in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW847Z	Revision of Internal Fixation Device in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW848Z	Revision of Autologous Tissue Substitute in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW84JZ	Revision of Spacer in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SW84KZ	Revision of Synthetic Substitute in Left Sacroiliac Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWH00Z	Revision of Nonautologous Tissue Substitute in Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0SWH03Z	Revision of Drainage Device in Right Tarsal Joint, Open Approach
0SWH04Z	Revision of Infusion Device in Right Tarsal Joint, Open Approach
0SWH05Z	Revision of Internal Fixation Device in Right Tarsal Joint, Open Approach
0SWH07Z	Revision of External Fixation Device in Right Tarsal Joint, Open Approach
0SWH08Z	Revision of Autologous Tissue Substitute in Right Tarsal Joint, Open Approach
0SWH0KZ	Revision of Spacer in Right Tarsal Joint, Open Approach
0SWH30Z	Revision of Nonautologous Tissue Substitute in Right Tarsal Joint, Open Approach
0SWH33Z	Revision of Drainage Device in Right Tarsal Joint, Percutaneous Approach
0SWH34Z	Revision of Infusion Device in Right Tarsal Joint, Percutaneous Approach
0SWH35Z	Revision of Internal Fixation Device in Right Tarsal Joint, Percutaneous Approach
0SWH37Z	Revision of External Fixation Device in Right Tarsal Joint, Percutaneous Approach
0SWH38Z	Revision of Autologous Tissue Substitute in Right Tarsal Joint, Percutaneous Approach
0SWH3KZ	Revision of Spacer in Right Tarsal Joint, Percutaneous Approach
0SWH40Z	Revision of Nonautologous Tissue Substitute in Right Tarsal Joint, Percutaneous Approach
0SWH43Z	Revision of Drainage Device in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWH44Z	Revision of Infusion Device in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWH45Z	Revision of Internal Fixation Device in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWH47Z	Revision of External Fixation Device in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWH48Z	Revision of Autologous Tissue Substitute in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWH4KZ	Revision of Spacer in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ00Z	Revision of Nonautologous Tissue Substitute in Right Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ03Z	Revision of Drainage Device in Left Tarsal Joint, Open Approach
0SWJ04Z	Revision of Infusion Device in Left Tarsal Joint, Open Approach
0SWJ05Z	Revision of Internal Fixation Device in Left Tarsal Joint, Open Approach
0SWJ07Z	Revision of External Fixation Device in Left Tarsal Joint, Open Approach
0SWJ08Z	Revision of Autologous Tissue Substitute in Left Tarsal Joint, Open Approach
0SWJ0KZ	Revision of Spacer in Left Tarsal Joint, Open Approach
0SWJ30Z	Revision of Nonautologous Tissue Substitute in Left Tarsal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWJ33Z	Revision of Drainage Device in Left Tarsal Joint, Percutaneous Approach
0SWJ34Z	Revision of Infusion Device in Left Tarsal Joint, Percutaneous Approach
0SWJ35Z	Revision of Internal Fixation Device in Left Tarsal Joint, Percutaneous Approach
0SWJ37Z	Revision of External Fixation Device in Left Tarsal Joint, Percutaneous Approach
0SWJ38Z	Revision of Autologous Tissue Substitute in Left Tarsal Joint, Percutaneous Approach
0SWJ3KZ	Revision of Spacer in Left Tarsal Joint, Percutaneous Approach
0SWJ40Z	Revision of Nonautologous Tissue Substitute in Left Tarsal Joint, Percutaneous Approach
0SWJ43Z	Revision of Drainage Device in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ44Z	Revision of Infusion Device in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ45Z	Revision of Internal Fixation Device in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ47Z	Revision of External Fixation Device in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ48Z	Revision of Autologous Tissue Substitute in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWJ4KZ	Revision of Spacer in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWK00Z	Revision of Nonautologous Tissue Substitute in Left Tarsal Joint, Percutaneous Endoscopic Approach
0SWK03Z	Revision of Drainage Device in Right Metatarsal-Tarsal Joint, Open Approach
0SWK04Z	Revision of Infusion Device in Right Metatarsal-Tarsal Joint, Open Approach
0SWK05Z	Revision of Internal Fixation Device in Right Metatarsal-Tarsal Joint, Open Approach
0SWK07Z	Revision of External Fixation Device in Right Metatarsal-Tarsal Joint, Open Approach
0SWK08Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Open Approach
0SWK0KZ	Revision of Spacer in Right Metatarsal-Tarsal Joint, Open Approach
0SWK30Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Open Approach
0SWK33Z	Revision of Drainage Device in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK34Z	Revision of Infusion Device in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK35Z	Revision of Internal Fixation Device in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK37Z	Revision of External Fixation Device in Right Metatarsal-Tarsal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWK38Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK3KZ	Revision of Spacer in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK40Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Approach
0SWK43Z	Revision of Drainage Device in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWK44Z	Revision of Infusion Device in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWK45Z	Revision of Internal Fixation Device in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWK47Z	Revision of External Fixation Device in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWK48Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWK4KZ	Revision of Spacer in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL00Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL03Z	Revision of Drainage Device in Left Metatarsal-Tarsal Joint, Open Approach
0SWL04Z	Revision of Infusion Device in Left Metatarsal-Tarsal Joint, Open Approach
0SWL05Z	Revision of Internal Fixation Device in Left Metatarsal-Tarsal Joint, Open Approach
0SWL07Z	Revision of External Fixation Device in Left Metatarsal-Tarsal Joint, Open Approach
0SWL08Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Open Approach
0SWL0KZ	Revision of Spacer in Left Metatarsal-Tarsal Joint, Open Approach
0SWL30Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Open Approach
0SWL33Z	Revision of Drainage Device in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL34Z	Revision of Infusion Device in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL35Z	Revision of Internal Fixation Device in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL37Z	Revision of External Fixation Device in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL38Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL3KZ	Revision of Spacer in Left Metatarsal-Tarsal Joint, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWL40Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Approach
0SWL43Z	Revision of Drainage Device in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL44Z	Revision of Infusion Device in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL45Z	Revision of Internal Fixation Device in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL47Z	Revision of External Fixation Device in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL48Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWL4KZ	Revision of Spacer in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWM00Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach
0SWM03Z	Revision of Drainage Device in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM04Z	Revision of Infusion Device in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM05Z	Revision of Internal Fixation Device in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM07Z	Revision of External Fixation Device in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM08Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM0KZ	Revision of Spacer in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM30Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Open Approach
0SWM33Z	Revision of Drainage Device in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM34Z	Revision of Infusion Device in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM35Z	Revision of Internal Fixation Device in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM37Z	Revision of External Fixation Device in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM38Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM3KZ	Revision of Spacer in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM40Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWM43Z	Revision of Drainage Device in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWM44Z	Revision of Infusion Device in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWM45Z	Revision of Internal Fixation Device in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWM47Z	Revision of External Fixation Device in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWM48Z	Revision of Autologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWM4KZ	Revision of Spacer in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN00Z	Revision of Nonautologous Tissue Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN03Z	Revision of Drainage Device in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN04Z	Revision of Infusion Device in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN05Z	Revision of Internal Fixation Device in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN07Z	Revision of External Fixation Device in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN08Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN0KZ	Revision of Spacer in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN30Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Open Approach
0SWN33Z	Revision of Drainage Device in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN34Z	Revision of Infusion Device in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN35Z	Revision of Internal Fixation Device in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN37Z	Revision of External Fixation Device in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN38Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN3KZ	Revision of Spacer in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN40Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Approach
0SWN43Z	Revision of Drainage Device in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN44Z	Revision of Infusion Device in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN45Z	Revision of Internal Fixation Device in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWN47Z	Revision of External Fixation Device in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN48Z	Revision of Autologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWN4KZ	Revision of Spacer in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP00Z	Revision of Nonautologous Tissue Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP03Z	Revision of Drainage Device in Right Toe Phalangeal Joint, Open Approach
0SWP04Z	Revision of Infusion Device in Right Toe Phalangeal Joint, Open Approach
0SWP05Z	Revision of Internal Fixation Device in Right Toe Phalangeal Joint, Open Approach
0SWP07Z	Revision of External Fixation Device in Right Toe Phalangeal Joint, Open Approach
0SWP08Z	Revision of Autologous Tissue Substitute in Right Toe Phalangeal Joint, Open Approach
0SWP0KZ	Revision of Spacer in Right Toe Phalangeal Joint, Open Approach
0SWP30Z	Revision of Nonautologous Tissue Substitute in Right Toe Phalangeal Joint, Open Approach
0SWP33Z	Revision of Drainage Device in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP34Z	Revision of Infusion Device in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP35Z	Revision of Internal Fixation Device in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP37Z	Revision of External Fixation Device in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP38Z	Revision of Autologous Tissue Substitute in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP3KZ	Revision of Spacer in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP40Z	Revision of Nonautologous Tissue Substitute in Right Toe Phalangeal Joint, Percutaneous Approach
0SWP43Z	Revision of Drainage Device in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP44Z	Revision of Infusion Device in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP45Z	Revision of Internal Fixation Device in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP47Z	Revision of External Fixation Device in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWP48Z	Revision of Autologous Tissue Substitute in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0SWP4KZ	Revision of Spacer in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ00Z	Revision of Nonautologous Tissue Substitute in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ03Z	Revision of Drainage Device in Left Toe Phalangeal Joint, Open Approach
0SWQ04Z	Revision of Infusion Device in Left Toe Phalangeal Joint, Open Approach
0SWQ05Z	Revision of Internal Fixation Device in Left Toe Phalangeal Joint, Open Approach
0SWQ07Z	Revision of External Fixation Device in Left Toe Phalangeal Joint, Open Approach
0SWQ08Z	Revision of Autologous Tissue Substitute in Left Toe Phalangeal Joint, Open Approach
0SWQ0KZ	Revision of Spacer in Left Toe Phalangeal Joint, Open Approach
0SWQ30Z	Revision of Nonautologous Tissue Substitute in Left Toe Phalangeal Joint, Open Approach
0SWQ33Z	Revision of Drainage Device in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ34Z	Revision of Infusion Device in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ35Z	Revision of Internal Fixation Device in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ37Z	Revision of External Fixation Device in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ38Z	Revision of Autologous Tissue Substitute in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ3KZ	Revision of Spacer in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ40Z	Revision of Nonautologous Tissue Substitute in Left Toe Phalangeal Joint, Percutaneous Approach
0SWQ43Z	Revision of Drainage Device in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ44Z	Revision of Infusion Device in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ45Z	Revision of Internal Fixation Device in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ47Z	Revision of External Fixation Device in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ48Z	Revision of Autologous Tissue Substitute in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0SWQ4KZ	Revision of Spacer in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0W0407Z	Revision of Nonautologous Tissue Substitute in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach
0W040JZ	Alteration of Upper Jaw with Autologous Tissue Substitute, Open Approach
0W040KZ	Alteration of Upper Jaw with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0W040ZZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Open Approach
0W0437Z	Alteration of Upper Jaw, Open Approach
0W043JZ	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W043KZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Approach
0W043ZZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W0447Z	Alteration of Upper Jaw, Percutaneous Approach
0W044JZ	Alteration of Upper Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W044KZ	Alteration of Upper Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W044ZZ	Alteration of Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W0507Z	Alteration of Upper Jaw, Percutaneous Endoscopic Approach
0W050JZ	Alteration of Lower Jaw with Autologous Tissue Substitute, Open Approach
0W050KZ	Alteration of Lower Jaw with Synthetic Substitute, Open Approach
0W050ZZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Open Approach
0W0537Z	Alteration of Lower Jaw, Open Approach
0W053JZ	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Approach
0W053KZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Approach
0W053ZZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Approach
0W0547Z	Alteration of Lower Jaw, Percutaneous Approach
0W054JZ	Alteration of Lower Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W054KZ	Alteration of Lower Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0W054ZZ	Alteration of Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU407Z	Alteration of Lower Jaw, Percutaneous Endoscopic Approach
0WU40JZ	Supplement Upper Jaw with Autologous Tissue Substitute, Open Approach
0WU40KZ	Supplement Upper Jaw with Synthetic Substitute, Open Approach
0WU447Z	Supplement Upper Jaw with Nonautologous Tissue Substitute, Open Approach
0WU44JZ	Supplement Upper Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU44KZ	Supplement Upper Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0WU507Z	Supplement Upper Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU50JZ	Supplement Lower Jaw with Autologous Tissue Substitute, Open Approach
0WU50KZ	Supplement Lower Jaw with Synthetic Substitute, Open Approach
0WU547Z	Supplement Lower Jaw with Nonautologous Tissue Substitute, Open Approach
0WU54JZ	Supplement Lower Jaw with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0WU54KZ	Supplement Lower Jaw with Synthetic Substitute, Percutaneous Endoscopic Approach
0X6J0Z4	Supplement Lower Jaw with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0X6J0Z5	Detachment at Right Hand, Complete 1st Ray, Open Approach
0X6J0Z6	Detachment at Right Hand, Complete 2nd Ray, Open Approach
0X6J0Z7	Detachment at Right Hand, Complete 3rd Ray, Open Approach
0X6J0Z8	Detachment at Right Hand, Complete 4th Ray, Open Approach
0X6J0Z9	Detachment at Right Hand, Complete 5th Ray, Open Approach
0X6J0ZB	Detachment at Right Hand, Partial 1st Ray, Open Approach
0X6J0ZC	Detachment at Right Hand, Partial 2nd Ray, Open Approach
0X6J0ZD	Detachment at Right Hand, Partial 3rd Ray, Open Approach
0X6J0ZF	Detachment at Right Hand, Partial 4th Ray, Open Approach
0X6K0Z4	Detachment at Right Hand, Partial 5th Ray, Open Approach
0X6K0Z5	Detachment at Left Hand, Complete 1st Ray, Open Approach
0X6K0Z6	Detachment at Left Hand, Complete 2nd Ray, Open Approach
0X6K0Z7	Detachment at Left Hand, Complete 3rd Ray, Open Approach
0X6K0Z8	Detachment at Left Hand, Complete 4th Ray, Open Approach
0X6K0Z9	Detachment at Left Hand, Complete 5th Ray, Open Approach
0X6K0ZB	Detachment at Left Hand, Partial 1st Ray, Open Approach
0X6K0ZC	Detachment at Left Hand, Partial 2nd Ray, Open Approach
0X6K0ZD	Detachment at Left Hand, Partial 3rd Ray, Open Approach
0X6K0ZF	Detachment at Left Hand, Partial 4th Ray, Open Approach
0X6L0Z0	Detachment at Left Hand, Partial 5th Ray, Open Approach
0X6L0Z1	Detachment at Right Thumb, Complete, Open Approach
0X6L0Z2	Detachment at Right Thumb, High, Open Approach
0X6L0Z3	Detachment at Right Thumb, Mid, Open Approach
0X6M0Z0	Detachment at Right Thumb, Low, Open Approach
0X6M0Z1	Detachment at Left Thumb, Complete, Open Approach
0X6M0Z2	Detachment at Left Thumb, High, Open Approach
0X6M0Z3	Detachment at Left Thumb, Mid, Open Approach
0X6N0Z0	Detachment at Left Thumb, Low, Open Approach
0X6N0Z1	Detachment at Right Index Finger, Complete, Open Approach
0X6N0Z2	Detachment at Right Index Finger, High, Open Approach
0X6N0Z3	Detachment at Right Index Finger, Mid, Open Approach
0X6P0Z0	Detachment at Right Index Finger, Low, Open Approach
0X6P0Z1	Detachment at Left Index Finger, Complete, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0X6P0Z2	Detachment at Left Index Finger, High, Open Approach
0X6P0Z3	Detachment at Left Index Finger, Mid, Open Approach
0X6Q0Z0	Detachment at Left Index Finger, Low, Open Approach
0X6Q0Z1	Detachment at Right Middle Finger, Complete, Open Approach
0X6Q0Z2	Detachment at Right Middle Finger, High, Open Approach
0X6Q0Z3	Detachment at Right Middle Finger, Mid, Open Approach
0X6R0Z0	Detachment at Right Middle Finger, Low, Open Approach
0X6R0Z1	Detachment at Left Middle Finger, Complete, Open Approach
0X6R0Z2	Detachment at Left Middle Finger, High, Open Approach
0X6R0Z3	Detachment at Left Middle Finger, Mid, Open Approach
0X6S0Z0	Detachment at Left Middle Finger, Low, Open Approach
0X6S0Z1	Detachment at Right Ring Finger, Complete, Open Approach
0X6S0Z2	Detachment at Right Ring Finger, High, Open Approach
0X6S0Z3	Detachment at Right Ring Finger, Mid, Open Approach
0X6T0Z0	Detachment at Right Ring Finger, Low, Open Approach
0X6T0Z1	Detachment at Left Ring Finger, Complete, Open Approach
0X6T0Z2	Detachment at Left Ring Finger, High, Open Approach
0X6T0Z3	Detachment at Left Ring Finger, Mid, Open Approach
0X6V0Z0	Detachment at Left Ring Finger, Low, Open Approach
0X6V0Z1	Detachment at Right Little Finger, Complete, Open Approach
0X6V0Z2	Detachment at Right Little Finger, High, Open Approach
0X6V0Z3	Detachment at Right Little Finger, Mid, Open Approach
0X6W0Z0	Detachment at Right Little Finger, Low, Open Approach
0X6W0Z1	Detachment at Left Little Finger, Complete, Open Approach
0X6W0Z2	Detachment at Left Little Finger, High, Open Approach
0X6W0Z3	Detachment at Left Little Finger, Mid, Open Approach
0X9J00Z	Detachment at Left Little Finger, Low, Open Approach
0X9J0ZZ	Drainage of Right Hand with Drainage Device, Open Approach
0X9J30Z	Drainage of Right Hand, Open Approach
0X9J3ZZ	Drainage of Right Hand with Drainage Device, Percutaneous Approach
0X9J40Z	Drainage of Right Hand, Percutaneous Approach
0X9J4ZZ	Drainage of Right Hand with Drainage Device, Percutaneous Endoscopic Approach
0X9K00Z	Drainage of Right Hand, Percutaneous Endoscopic Approach
0X9K0ZZ	Drainage of Left Hand with Drainage Device, Open Approach
0X9K30Z	Drainage of Left Hand, Open Approach
0X9K3ZZ	Drainage of Left Hand with Drainage Device, Percutaneous Approach
0X9K40Z	Drainage of Left Hand, Percutaneous Approach
0X9K4ZZ	Drainage of Left Hand with Drainage Device, Percutaneous Endoscopic Approach
0XH23YZ	Drainage of Left Hand, Percutaneous Endoscopic Approach
0XH33YZ	Insertion of Other Device into Right Shoulder Region, Percutaneous Approach
0XH80YZ	Insertion of Other Device into Left Shoulder Region, Percutaneous Approach
0XH83YZ	Insertion of Other Device into Right Upper Arm, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0XH84YZ	Insertion of Other Device into Right Upper Arm, Percutaneous Approach
0XH90YZ	Insertion of Other Device into Right Upper Arm, Percutaneous Endoscopic Approach
0XH93YZ	Insertion of Other Device into Left Upper Arm, Open Approach
0XH94YZ	Insertion of Other Device into Left Upper Arm, Percutaneous Approach
0XHB0YZ	Insertion of Other Device into Left Upper Arm, Percutaneous Endoscopic Approach
0XHB3YZ	Insertion of Other Device into Right Elbow Region, Open Approach
0XHB4YZ	Insertion of Other Device into Right Elbow Region, Percutaneous Approach
0XHC0YZ	Insertion of Other Device into Right Elbow Region, Percutaneous Endoscopic Approach
0XHC3YZ	Insertion of Other Device into Left Elbow Region, Open Approach
0XHC4YZ	Insertion of Other Device into Left Elbow Region, Percutaneous Approach
0XHD0YZ	Insertion of Other Device into Left Elbow Region, Percutaneous Endoscopic Approach
0XHD3YZ	Insertion of Other Device into Right Lower Arm, Open Approach
0XHD4YZ	Insertion of Other Device into Right Lower Arm, Percutaneous Approach
0XHF0YZ	Insertion of Other Device into Right Lower Arm, Percutaneous Endoscopic Approach
0XHF3YZ	Insertion of Other Device into Left Lower Arm, Open Approach
0XHF4YZ	Insertion of Other Device into Left Lower Arm, Percutaneous Approach
0XHG0YZ	Insertion of Other Device into Left Lower Arm, Percutaneous Endoscopic Approach
0XHG3YZ	Insertion of Other Device into Right Wrist Region, Open Approach
0XHG4YZ	Insertion of Other Device into Right Wrist Region, Percutaneous Approach
0XHH0YZ	Insertion of Other Device into Right Wrist Region, Percutaneous Endoscopic Approach
0XHH3YZ	Insertion of Other Device into Left Wrist Region, Open Approach
0XHH4YZ	Insertion of Other Device into Left Wrist Region, Percutaneous Approach
0XJJ3ZZ	Insertion of Other Device into Left Wrist Region, Percutaneous Endoscopic Approach
0XJJ4ZZ	Inspection of Right Hand, Percutaneous Approach
0XJK3ZZ	Inspection of Right Hand, Percutaneous Endoscopic Approach
0XJK4ZZ	Inspection of Left Hand, Percutaneous Approach
0XML0ZZ	Inspection of Left Hand, Percutaneous Endoscopic Approach
0XMM0ZZ	Reattachment of Right Thumb, Open Approach
0XMN0ZZ	Reattachment of Left Thumb, Open Approach
0XMP0ZZ	Reattachment of Right Index Finger, Open Approach
0XMQ0ZZ	Reattachment of Left Index Finger, Open Approach
0XMR0ZZ	Reattachment of Right Middle Finger, Open Approach
0XMS0ZZ	Reattachment of Left Middle Finger, Open Approach
0XMT0ZZ	Reattachment of Right Ring Finger, Open Approach
0XMV0ZZ	Reattachment of Left Ring Finger, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0XMW0ZZ	Reattachment of Right Little Finger, Open Approach
0XQ20ZZ	Reattachment of Left Little Finger, Open Approach
0XQ23ZZ	Repair Right Shoulder Region, Open Approach
0XQ24ZZ	Repair Right Shoulder Region, Percutaneous Approach
0XQ2XZZ	Repair Right Shoulder Region, Percutaneous Endoscopic Approach
0XQ30ZZ	Repair Right Shoulder Region, External Approach
0XQ33ZZ	Repair Left Shoulder Region, Open Approach
0XQ34ZZ	Repair Left Shoulder Region, Percutaneous Approach
0XQ3XZZ	Repair Left Shoulder Region, Percutaneous Endoscopic Approach
0XQ40ZZ	Repair Left Shoulder Region, External Approach
0XQ43ZZ	Repair Right Axilla, Open Approach
0XQ44ZZ	Repair Right Axilla, Percutaneous Approach
0XQ4XZZ	Repair Right Axilla, Percutaneous Endoscopic Approach
0XQ50ZZ	Repair Right Axilla, External Approach
0XQ53ZZ	Repair Left Axilla, Open Approach
0XQ54ZZ	Repair Left Axilla, Percutaneous Approach
0XQ5XZZ	Repair Left Axilla, Percutaneous Endoscopic Approach
0XQ60ZZ	Repair Left Axilla, External Approach
0XQ63ZZ	Repair Right Upper Extremity, Open Approach
0XQ64ZZ	Repair Right Upper Extremity, Percutaneous Approach
0XQ6XZZ	Repair Right Upper Extremity, Percutaneous Endoscopic Approach
0XQ70ZZ	Repair Right Upper Extremity, External Approach
0XQ73ZZ	Repair Left Upper Extremity, Open Approach
0XQ74ZZ	Repair Left Upper Extremity, Percutaneous Approach
0XQ7XZZ	Repair Left Upper Extremity, Percutaneous Endoscopic Approach
0XQ80ZZ	Repair Left Upper Extremity, External Approach
0XQ83ZZ	Repair Right Upper Arm, Open Approach
0XQ84ZZ	Repair Right Upper Arm, Percutaneous Approach
0XQ8XZZ	Repair Right Upper Arm, Percutaneous Endoscopic Approach
0XQ90ZZ	Repair Right Upper Arm, External Approach
0XQ93ZZ	Repair Left Upper Arm, Open Approach
0XQ94ZZ	Repair Left Upper Arm, Percutaneous Approach
0XQ9XZZ	Repair Left Upper Arm, Percutaneous Endoscopic Approach
0XQB0ZZ	Repair Left Upper Arm, External Approach
0XQB3ZZ	Repair Right Elbow Region, Open Approach
0XQB4ZZ	Repair Right Elbow Region, Percutaneous Approach
0XQBXZZ	Repair Right Elbow Region, Percutaneous Endoscopic Approach
0XQC0ZZ	Repair Right Elbow Region, External Approach
0XQC3ZZ	Repair Left Elbow Region, Open Approach
0XQC4ZZ	Repair Left Elbow Region, Percutaneous Approach
0XQCXZZ	Repair Left Elbow Region, Percutaneous Endoscopic Approach
0XQD0ZZ	Repair Left Elbow Region, External Approach
0XQD3ZZ	Repair Right Lower Arm, Open Approach
0XQD4ZZ	Repair Right Lower Arm, Percutaneous Approach
0XQDXZZ	Repair Right Lower Arm, Percutaneous Endoscopic Approach
0XQF0ZZ	Repair Right Lower Arm, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0XQF3ZZ	Repair Left Lower Arm, Open Approach
0XQF4ZZ	Repair Left Lower Arm, Percutaneous Approach
0XQFXZZ	Repair Left Lower Arm, Percutaneous Endoscopic Approach
0XQG0ZZ	Repair Left Lower Arm, External Approach
0XQG3ZZ	Repair Right Wrist Region, Open Approach
0XQG4ZZ	Repair Right Wrist Region, Percutaneous Approach
0XQGXZZ	Repair Right Wrist Region, Percutaneous Endoscopic Approach
0XQH0ZZ	Repair Right Wrist Region, External Approach
0XQH3ZZ	Repair Left Wrist Region, Open Approach
0XQH4ZZ	Repair Left Wrist Region, Percutaneous Approach
0XQHZZ	Repair Left Wrist Region, Percutaneous Endoscopic Approach
0XQJ0ZZ	Repair Left Wrist Region, External Approach
0XQJ3ZZ	Repair Right Hand, Open Approach
0XQJ4ZZ	Repair Right Hand, Percutaneous Approach
0XQJXZZ	Repair Right Hand, Percutaneous Endoscopic Approach
0XQK0ZZ	Repair Right Hand, External Approach
0XQK3ZZ	Repair Left Hand, Open Approach
0XQK4ZZ	Repair Left Hand, Percutaneous Approach
0XQKXZZ	Repair Left Hand, Percutaneous Endoscopic Approach
0XQL0ZZ	Repair Left Hand, External Approach
0XQL3ZZ	Repair Right Thumb, Open Approach
0XQL4ZZ	Repair Right Thumb, Percutaneous Approach
0XQLXZZ	Repair Right Thumb, Percutaneous Endoscopic Approach
0XQM0ZZ	Repair Right Thumb, External Approach
0XQM3ZZ	Repair Left Thumb, Open Approach
0XQM4ZZ	Repair Left Thumb, Percutaneous Approach
0XQMXZZ	Repair Left Thumb, Percutaneous Endoscopic Approach
0XQN0ZZ	Repair Left Thumb, External Approach
0XQN3ZZ	Repair Right Index Finger, Open Approach
0XQN4ZZ	Repair Right Index Finger, Percutaneous Approach
0XQNXZZ	Repair Right Index Finger, Percutaneous Endoscopic Approach
0XQP0ZZ	Repair Right Index Finger, External Approach
0XQP3ZZ	Repair Left Index Finger, Open Approach
0XQP4ZZ	Repair Left Index Finger, Percutaneous Approach
0XQPXZZ	Repair Left Index Finger, Percutaneous Endoscopic Approach
0XQQ0ZZ	Repair Left Index Finger, External Approach
0XQQ3ZZ	Repair Right Middle Finger, Open Approach
0XQQ4ZZ	Repair Right Middle Finger, Percutaneous Approach
0XQQXZZ	Repair Right Middle Finger, Percutaneous Endoscopic Approach
0XQR0ZZ	Repair Right Middle Finger, External Approach
0XQR3ZZ	Repair Left Middle Finger, Open Approach
0XQR4ZZ	Repair Left Middle Finger, Percutaneous Approach
0XQRXZZ	Repair Left Middle Finger, Percutaneous Endoscopic Approach
0XQS0ZZ	Repair Left Middle Finger, External Approach
0XQS3ZZ	Repair Right Ring Finger, Open Approach
0XQS4ZZ	Repair Right Ring Finger, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0XQSXZZ	Repair Right Ring Finger, Percutaneous Endoscopic Approach
0XQT0ZZ	Repair Right Ring Finger, External Approach
0XQT3ZZ	Repair Left Ring Finger, Open Approach
0XQT4ZZ	Repair Left Ring Finger, Percutaneous Approach
0XQTXZZ	Repair Left Ring Finger, Percutaneous Endoscopic Approach
0XQV0ZZ	Repair Left Ring Finger, External Approach
0XQV3ZZ	Repair Right Little Finger, Open Approach
0XQV4ZZ	Repair Right Little Finger, Percutaneous Approach
0XQVXZZ	Repair Right Little Finger, Percutaneous Endoscopic Approach
0XQW0ZZ	Repair Right Little Finger, External Approach
0XQW3ZZ	Repair Left Little Finger, Open Approach
0XQW4ZZ	Repair Left Little Finger, Percutaneous Approach
0XQWXZZ	Repair Left Little Finger, Percutaneous Endoscopic Approach
0XRL07N	Repair Left Little Finger, External Approach
0XRL07P	Replacement of Right Thumb with Right Toe, Autologous Tissue Substitute, Open Approach
0XRL47N	Replacement of Right Thumb with Left Toe, Autologous Tissue Substitute, Open Approach
0XRL47P	Replacement of Right Thumb with Right Toe, Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XRM07N	Replacement of Right Thumb with Left Toe, Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XRM07P	Replacement of Left Thumb with Right Toe, Autologous Tissue Substitute, Open Approach
0XRM47N	Replacement of Left Thumb with Left Toe, Autologous Tissue Substitute, Open Approach
0XRM47P	Replacement of Left Thumb with Right Toe, Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XXN0ZL	Replacement of Left Thumb with Left Toe, Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0XXP0ZM	Transfer Right Index Finger to Right Thumb, Open Approach
0Y6P0Z0	Transfer Left Index Finger to Left Thumb, Open Approach
0Y6P0Z1	Detachment at Right 1st Toe, Complete, Open Approach
0Y6P0Z2	Detachment at Right 1st Toe, High, Open Approach
0Y6P0Z3	Detachment at Right 1st Toe, Mid, Open Approach
0Y6Q0Z0	Detachment at Right 1st Toe, Low, Open Approach
0Y6Q0Z1	Detachment at Left 1st Toe, Complete, Open Approach
0Y6Q0Z2	Detachment at Left 1st Toe, High, Open Approach
0Y6Q0Z3	Detachment at Left 1st Toe, Mid, Open Approach
0Y6R0Z0	Detachment at Left 1st Toe, Low, Open Approach
0Y6R0Z1	Detachment at Right 2nd Toe, Complete, Open Approach
0Y6R0Z2	Detachment at Right 2nd Toe, High, Open Approach
0Y6R0Z3	Detachment at Right 2nd Toe, Mid, Open Approach
0Y6S0Z0	Detachment at Right 2nd Toe, Low, Open Approach
0Y6S0Z1	Detachment at Left 2nd Toe, Complete, Open Approach
0Y6S0Z2	Detachment at Left 2nd Toe, High, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0Y6S0Z3	Detachment at Left 2nd Toe, Mid, Open Approach
0Y6T0Z0	Detachment at Left 2nd Toe, Low, Open Approach
0Y6T0Z1	Detachment at Right 3rd Toe, Complete, Open Approach
0Y6T0Z2	Detachment at Right 3rd Toe, High, Open Approach
0Y6T0Z3	Detachment at Right 3rd Toe, Mid, Open Approach
0Y6U0Z0	Detachment at Right 3rd Toe, Low, Open Approach
0Y6U0Z1	Detachment at Left 3rd Toe, Complete, Open Approach
0Y6U0Z2	Detachment at Left 3rd Toe, High, Open Approach
0Y6U0Z3	Detachment at Left 3rd Toe, Mid, Open Approach
0Y6V0Z0	Detachment at Left 3rd Toe, Low, Open Approach
0Y6V0Z1	Detachment at Right 4th Toe, Complete, Open Approach
0Y6V0Z2	Detachment at Right 4th Toe, High, Open Approach
0Y6V0Z3	Detachment at Right 4th Toe, Mid, Open Approach
0Y6W0Z0	Detachment at Right 4th Toe, Low, Open Approach
0Y6W0Z1	Detachment at Left 4th Toe, Complete, Open Approach
0Y6W0Z2	Detachment at Left 4th Toe, High, Open Approach
0Y6W0Z3	Detachment at Left 4th Toe, Mid, Open Approach
0Y6X0Z0	Detachment at Left 4th Toe, Low, Open Approach
0Y6X0Z1	Detachment at Right 5th Toe, Complete, Open Approach
0Y6X0Z2	Detachment at Right 5th Toe, High, Open Approach
0Y6X0Z3	Detachment at Right 5th Toe, Mid, Open Approach
0Y6Y0Z0	Detachment at Right 5th Toe, Low, Open Approach
0Y6Y0Z1	Detachment at Left 5th Toe, Complete, Open Approach
0Y6Y0Z2	Detachment at Left 5th Toe, High, Open Approach
0Y6Y0Z3	Detachment at Left 5th Toe, Mid, Open Approach
0YHC0YZ	Detachment at Left 5th Toe, Low, Open Approach
0YHC3YZ	Insertion of Other Device into Right Upper Leg, Open Approach
0YHC4YZ	Insertion of Other Device into Right Upper Leg, Percutaneous Approach
0YHD0YZ	Insertion of Other Device into Right Upper Leg, Percutaneous Endoscopic Approach
0YHD3YZ	Insertion of Other Device into Left Upper Leg, Open Approach
0YHD4YZ	Insertion of Other Device into Left Upper Leg, Percutaneous Approach
0YHF0YZ	Insertion of Other Device into Left Upper Leg, Percutaneous Endoscopic Approach
0YHF3YZ	Insertion of Other Device into Right Knee Region, Open Approach
0YHF4YZ	Insertion of Other Device into Right Knee Region, Percutaneous Approach
0YHG0YZ	Insertion of Other Device into Right Knee Region, Percutaneous Endoscopic Approach
0YHG3YZ	Insertion of Other Device into Left Knee Region, Open Approach
0YHG4YZ	Insertion of Other Device into Left Knee Region, Percutaneous Approach
0YHH0YZ	Insertion of Other Device into Left Knee Region, Percutaneous Endoscopic Approach
0YHH3YZ	Insertion of Other Device into Right Lower Leg, Open Approach
0YHH4YZ	Insertion of Other Device into Right Lower Leg, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0YHJ0YZ	Insertion of Other Device into Right Lower Leg, Percutaneous Endoscopic Approach
0YHJ3YZ	Insertion of Other Device into Left Lower Leg, Open Approach
0YHJ4YZ	Insertion of Other Device into Left Lower Leg, Percutaneous Approach
0YMP0ZZ	Insertion of Other Device into Left Lower Leg, Percutaneous Endoscopic Approach
0YMQ0ZZ	Reattachment of Right 1st Toe, Open Approach
0YMR0ZZ	Reattachment of Left 1st Toe, Open Approach
0YMS0ZZ	Reattachment of Right 2nd Toe, Open Approach
0YMT0ZZ	Reattachment of Left 2nd Toe, Open Approach
0YMU0ZZ	Reattachment of Right 3rd Toe, Open Approach
0YMV0ZZ	Reattachment of Left 3rd Toe, Open Approach
0YMW0ZZ	Reattachment of Right 4th Toe, Open Approach
0YMX0ZZ	Reattachment of Left 4th Toe, Open Approach
0YMY0ZZ	Reattachment of Right 5th Toe, Open Approach
0YQ00ZZ	Reattachment of Left 5th Toe, Open Approach
0YQ03ZZ	Repair Right Buttock, Open Approach
0YQ04ZZ	Repair Right Buttock, Percutaneous Approach
0YQ0XZZ	Repair Right Buttock, Percutaneous Endoscopic Approach
0YQ10ZZ	Repair Right Buttock, External Approach
0YQ13ZZ	Repair Left Buttock, Open Approach
0YQ14ZZ	Repair Left Buttock, Percutaneous Approach
0YQ1XZZ	Repair Left Buttock, Percutaneous Endoscopic Approach
0YQ90ZZ	Repair Left Buttock, External Approach
0YQ93ZZ	Repair Right Lower Extremity, Open Approach
0YQ94ZZ	Repair Right Lower Extremity, Percutaneous Approach
0YQ9XZZ	Repair Right Lower Extremity, Percutaneous Endoscopic Approach
0YQB0ZZ	Repair Right Lower Extremity, External Approach
0YQB3ZZ	Repair Left Lower Extremity, Open Approach
0YQB4ZZ	Repair Left Lower Extremity, Percutaneous Approach
0YQBXZZ	Repair Left Lower Extremity, Percutaneous Endoscopic Approach
0YQC0ZZ	Repair Left Lower Extremity, External Approach
0YQC3ZZ	Repair Right Upper Leg, Open Approach
0YQC4ZZ	Repair Right Upper Leg, Percutaneous Approach
0YQCXZZ	Repair Right Upper Leg, Percutaneous Endoscopic Approach
0YQD0ZZ	Repair Right Upper Leg, External Approach
0YQD3ZZ	Repair Left Upper Leg, Open Approach
0YQD4ZZ	Repair Left Upper Leg, Percutaneous Approach
0YQDXZZ	Repair Left Upper Leg, Percutaneous Endoscopic Approach
0YQF0ZZ	Repair Left Upper Leg, External Approach
0YQF3ZZ	Repair Right Knee Region, Open Approach
0YQF4ZZ	Repair Right Knee Region, Percutaneous Approach
0YQFXZZ	Repair Right Knee Region, Percutaneous Endoscopic Approach
0YQG0ZZ	Repair Right Knee Region, External Approach
0YQG3ZZ	Repair Left Knee Region, Open Approach
0YQG4ZZ	Repair Left Knee Region, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0YQGXXZZ	Repair Left Knee Region, Percutaneous Endoscopic Approach
0YQH0ZZ	Repair Left Knee Region, External Approach
0YQH3ZZ	Repair Right Lower Leg, Open Approach
0YQH4ZZ	Repair Right Lower Leg, Percutaneous Approach
0YQHXXZZ	Repair Right Lower Leg, Percutaneous Endoscopic Approach
0YQJ0ZZ	Repair Right Lower Leg, External Approach
0YQJ3ZZ	Repair Left Lower Leg, Open Approach
0YQJ4ZZ	Repair Left Lower Leg, Percutaneous Approach
0YQJXXZZ	Repair Left Lower Leg, Percutaneous Endoscopic Approach
0YQK0ZZ	Repair Left Lower Leg, External Approach
0YQK3ZZ	Repair Right Ankle Region, Open Approach
0YQK4ZZ	Repair Right Ankle Region, Percutaneous Approach
0YQKXXZZ	Repair Right Ankle Region, Percutaneous Endoscopic Approach
0YQL0ZZ	Repair Right Ankle Region, External Approach
0YQL3ZZ	Repair Left Ankle Region, Open Approach
0YQL4ZZ	Repair Left Ankle Region, Percutaneous Approach
0YQLXXZZ	Repair Left Ankle Region, Percutaneous Endoscopic Approach
0YQM0ZZ	Repair Left Ankle Region, External Approach
0YQM3ZZ	Repair Right Foot, Open Approach
0YQM4ZZ	Repair Right Foot, Percutaneous Approach
0YQMXZZ	Repair Right Foot, Percutaneous Endoscopic Approach
0YQN0ZZ	Repair Right Foot, External Approach
0YQN3ZZ	Repair Left Foot, Open Approach
0YQN4ZZ	Repair Left Foot, Percutaneous Approach
0YQNXZZ	Repair Left Foot, Percutaneous Endoscopic Approach
0YQP0ZZ	Repair Left Foot, External Approach
0YQP3ZZ	Repair Right 1st Toe, Open Approach
0YQP4ZZ	Repair Right 1st Toe, Percutaneous Approach
0YQPXXZZ	Repair Right 1st Toe, Percutaneous Endoscopic Approach
0YQQ0ZZ	Repair Right 1st Toe, External Approach
0YQQ3ZZ	Repair Left 1st Toe, Open Approach
0YQQ4ZZ	Repair Left 1st Toe, Percutaneous Approach
0YQQXXZZ	Repair Left 1st Toe, Percutaneous Endoscopic Approach
0YQR0ZZ	Repair Left 1st Toe, External Approach
0YQR3ZZ	Repair Right 2nd Toe, Open Approach
0YQR4ZZ	Repair Right 2nd Toe, Percutaneous Approach
0YQRXXZZ	Repair Right 2nd Toe, Percutaneous Endoscopic Approach
0YQS0ZZ	Repair Right 2nd Toe, External Approach
0YQS3ZZ	Repair Left 2nd Toe, Open Approach
0YQS4ZZ	Repair Left 2nd Toe, Percutaneous Approach
0YQSXXZZ	Repair Left 2nd Toe, Percutaneous Endoscopic Approach
0YQT0ZZ	Repair Left 2nd Toe, External Approach
0YQT3ZZ	Repair Right 3rd Toe, Open Approach
0YQT4ZZ	Repair Right 3rd Toe, Percutaneous Approach
0YQTXXZZ	Repair Right 3rd Toe, Percutaneous Endoscopic Approach
0YQU0ZZ	Repair Right 3rd Toe, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
0YQU3ZZ	Repair Left 3rd Toe, Open Approach
0YQU4ZZ	Repair Left 3rd Toe, Percutaneous Approach
0YQUXZZ	Repair Left 3rd Toe, Percutaneous Endoscopic Approach
0YQV0ZZ	Repair Left 3rd Toe, External Approach
0YQV3ZZ	Repair Right 4th Toe, Open Approach
0YQV4ZZ	Repair Right 4th Toe, Percutaneous Approach
0YQVXZZ	Repair Right 4th Toe, Percutaneous Endoscopic Approach
0YQW0ZZ	Repair Right 4th Toe, External Approach
0YQW3ZZ	Repair Left 4th Toe, Open Approach
0YQW4ZZ	Repair Left 4th Toe, Percutaneous Approach
0YQWXZZ	Repair Left 4th Toe, Percutaneous Endoscopic Approach
0YQX0ZZ	Repair Left 4th Toe, External Approach
0YQX3ZZ	Repair Right 5th Toe, Open Approach
0YQX4ZZ	Repair Right 5th Toe, Percutaneous Approach
0YQXXZZ	Repair Right 5th Toe, Percutaneous Endoscopic Approach
0YQY0ZZ	Repair Right 5th Toe, External Approach
0YQY3ZZ	Repair Left 5th Toe, Open Approach
0YQY4ZZ	Repair Left 5th Toe, Percutaneous Approach
0YQYXZZ	Repair Left 5th Toe, Percutaneous Endoscopic Approach
3E0133Z	Repair Left 5th Toe, External Approach
3E013BZ	Introduction of Anti-inflammatory into Subcutaneous Tissue, Percutaneous Approach
3E013HZ	Introduction of Local Anesthetic into Subcutaneous Tissue, Percutaneous Approach
3E013KZ	Introduction of Radioactive Substance into Subcutaneous Tissue, Percutaneous Approach
3E013TZ	Introduction of Other Diagnostic Substance into Subcutaneous Tissue, Percutaneous Approach
3E0233Z	Introduction of Destructive Agent into Subcutaneous Tissue, Percutaneous Approach
3E023BZ	Introduction of Anti-inflammatory into Muscle, Percutaneous Approach
3E023GC	Introduction of Local Anesthetic into Muscle, Percutaneous Approach
3E023HZ	Introduction of Other Therapeutic Substance into Muscle, Percutaneous Approach
3E023KZ	Introduction of Radioactive Substance into Muscle, Percutaneous Approach
3E023NZ	Introduction of Other Diagnostic Substance into Muscle, Percutaneous Approach
3E023TZ	Introduction of Analgesics, Hypnotics, Sedatives into Muscle, Percutaneous Approach
3E0U33Z	Introduction of Destructive Agent into Muscle, Percutaneous Approach
3E0U36Z	Introduction of Anti-inflammatory into Joints, Percutaneous Approach
3E0U37Z	Introduction of Nutritional Substance into Joints, Percutaneous Approach
3E0U3BZ	Introduction of Electrolytic and Water Balance Substance into Joints, Percutaneous Approach
3E0U3GC	Introduction of Local Anesthetic into Joints, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
3E0U3HZ	Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach
3E0U3KZ	Introduction of Radioactive Substance into Joints, Percutaneous Approach
3E0U3NZ	Introduction of Other Diagnostic Substance into Joints, Percutaneous Approach
3E0U3SF	Introduction of Analgesics, Hypnotics, Sedatives into Joints, Percutaneous Approach
3E0U3TZ	Introduction of Other Gas into Joints, Percutaneous Approach
F07Z9CZ	Gait Training/Functional Ambulation Treatment using Mechanical Equipment
F07Z9DZ	Gait Training/Functional Ambulation Treatment using Electrotherapeutic Equipment
F07Z9EZ	Gait Training/Functional Ambulation Treatment using Orthosis
F07Z9FZ	Gait Training/Functional Ambulation Treatment using Assistive, Adaptive, Supportive or Protective Equipment
F07Z9GZ	Gait Training/Functional Ambulation Treatment using Aerobic Endurance and Conditioning Equipment
F07Z9UZ	Gait Training/Functional Ambulation Treatment using Prosthesis
F07Z9YZ	Gait Training/Functional Ambulation Treatment using Other Equipment
F07Z9ZZ	Gait Training/Functional Ambulation Treatment
F0DZ6EZ	Dynamic Orthosis Device Fitting using Orthosis
F0DZ6FZ	Dynamic Orthosis Device Fitting using Assistive, Adaptive, Supportive or Protective Equipment
F0DZ6UZ	Dynamic Orthosis Device Fitting using Prosthesis
F0DZ6ZZ	Dynamic Orthosis Device Fitting
F0DZ7EZ	Static Orthosis Device Fitting using Orthosis
F0DZ7FZ	Static Orthosis Device Fitting using Assistive, Adaptive, Supportive or Protective Equipment
F0DZ7UZ	Static Orthosis Device Fitting using Prosthesis
F0DZ7ZZ	Static Orthosis Device Fitting
F0DZ8EZ	Introduction of Destructive Agent into Joints, Percutaneous Approach
F0DZ8FZ	Prosthesis Device Fitting using Orthosis
F0DZ8UZ	Prosthesis Device Fitting using Assistive, Adaptive, Supportive or Protective Equipment
F0DZ8ZZ	Prosthesis Device Fitting using Prosthesis
F0DZ9EZ	Prosthesis Device Fitting
F0DZ9FZ	Assistive, Adaptive, Supportive or Protective Devices Device Fitting using Orthosis
F0DZ9UZ	Assistive, Adaptive, Supportive or Protective Devices Device Fitting using Assistive, Adaptive, Supportive or Protective Equipment
F0DZ9ZZ	Assistive, Adaptive, Supportive or Protective Devices Device Fitting using Prosthesis
F0FZDEZ	Caregiver Training in Application, Proper Use and Care of Devices using Orthosis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
ICD-10 Code	Description
F0FZDFZ	Caregiver Training in Application, Proper Use and Care of Devices using Assistive, Adaptive, Supportive or Protective Equipment
F0FZDUZ	Caregiver Training in Application, Proper Use and Care of Devices using Prosthesis
F0FZDZZ	Caregiver Training in Application, Proper Use and Care of Devices
F0FZFEZ	Caregiver Training in Application, Proper Use and Care of Orthoses using Orthosis
F0FZFFZ	Caregiver Training in Application, Proper Use and Care of Orthoses using Assistive, Adaptive, Supportive or Protective Equipment
F0FZFUZ	Caregiver Training in Application, Proper Use and Care of Orthoses using Prosthesis
F0FZFZZ	Caregiver Training in Application, Proper Use and Care of Orthoses
F0FZGEZ	Caregiver Training in Application, Proper Use and Care of Prosthesis using Orthosis
F0FZGFZ	Caregiver Training in Application, Proper Use and Care of Prosthesis using Assistive, Adaptive, Supportive or Protective Equipment
F0FZGUZ	Caregiver Training in Application, Proper Use and Care of Prosthesis using Prosthesis
F0FZGZZ	Caregiver Training in Application, Proper Use and Care of Prosthesis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection;external genitalia and perineum
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection;abdominal wall, with or without fascial closure
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection;external genitalia, perineum and abdominal wall, with or without fascial closure
11010	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	Debridement; skin, and subcutaneous tissue
11043	Debridement; skin, subcutaneous tissue, and muscle
11044	Debridement; skin, subcutaneous tissue, muscle, and bone
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15931	Excision, sacral pressure ulcer, with primary suture;
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	Excision, sacral pressure ulcer, with skin flap closure;
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	Excision, ischial pressure ulcer, with primary suture;
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	Excision, ischial pressure ulcer, with skin flap closure;
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
20100	Exploration of penetrating wound (separate procedure); neck
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	Exploration of penetrating wound (separate procedure); extremity
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20206	Biopsy, muscle, percutaneous needle



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250	Biopsy, vertebral body, open; thoracic
20251	Biopsy, vertebral body, open; lumbar or cervical
20500	Injection of sinus tract; therapeutic (separate procedure)
20501	Injection of sinus tract; diagnostic (sinogram)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	Injection(s); single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20615	Aspiration and injection for treatment of bone cyst
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20694	Removal, under anesthesia, of external fixation system
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation
20900	Bone graft, any donor area; minor or small (eg, dowel or button)
20910	Cartilage graft; costochondral
20912	Cartilage graft; nasal septum



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
20920	Fascia lata graft; by stripper
20922	Fascia lata graft; by incision and area exposure, complex or sheet
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20930	Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)
20931	Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955	Bone graft with microvascular anastomosis; fibula
20956	Bone graft with microvascular anastomosis; iliac crest
20957	Bone graft with microvascular anastomosis; metatarsal
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21031	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21032	Excision of maxillary torus palatinus



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050	Condylectomy, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21116	Injection procedure for temporomandibular joint arthrography
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy);extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy);intraoral approach
21339	Open treatment of nasoethmoid fracture; with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation,
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	Closed treatment of mandibular fracture; with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21499	Unlisted musculoskeletal procedure, head
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	Biopsy, soft tissue of neck or thorax
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21600	Excision of rib, partial
21620	Ostectomy of sternum, partial
21627	Sternal debridement
21630	Radical resection of sternum;
21632	Radical resection of sternum; with mediastinal lymphadenectomy
21685	Hyoid myotomy and suspension
21700	Division of scalenus anticus; without resection of cervical rib
21705	Division of scalenus anticus; with resection of cervical rib
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application
21750	Closure of median sternotomy separation with or without debridement (separate procedure)
21820	Closed treatment of sternum fracture
21899	Unlisted procedure, neck or thorax
21920	Biopsy, soft tissue of back or flank; superficial
21925	Biopsy, soft tissue of back or flank; deep
21930	Excision, tumor, soft tissue of back or flank
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
22852	Removal of posterior segmental instrumentation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
22855	Removal of anterior instrumentation
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, musculoskeletal system
23020	Capsular contracture release (eg, Sever type procedure)
23031	Incision and drainage, shoulder area; infected bursa
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	Biopsy, soft tissue of shoulder area; superficial
23066	Biopsy, soft tissue of shoulder area; deep
23075	Excision, soft tissue tumor, shoulder area; subcutaneous
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	Arthrotomy, glenohumeral joint, including biopsy
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviclectomy; partial
23125	Claviclectomy; total
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23190	Ostectomy of scapula, partial (eg, superior medial angle)
23200	Radical resection for tumor; clavicle
23210	Radical resection for tumor; scapula
23220	Radical resection of bone tumor, proximal humerus;
23395	Muscle transfer, any type, shoulder or upper arm; single
23397	Muscle transfer, any type, shoulder or upper arm; multiple
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	Tenotomy, shoulder area; single tendon
23406	Tenotomy, shoulder area; multiple tendons through same incision
23410	Repair of ruptured musculocutaneous cuff (eg, Rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23480	Osteotomy, clavicle, with or without internal fixation;
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23500	Closed treatment of clavicular fracture; without manipulation
23505	Closed treatment of clavicular fracture; with manipulation
23520	Closed treatment of sternoclavicular dislocation; without manipulation
23525	Closed treatment of sternoclavicular dislocation; with manipulation
23540	Closed treatment of acromioclavicular dislocation; without manipulation
23545	Closed treatment of acromioclavicular dislocation; with manipulation
23570	Closed treatment of scapular fracture; without manipulation
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	Open treatment of acute shoulder dislocation
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23929	Unlisted procedure, shoulder
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	Incision and drainage, upper arm or elbow area; bursa
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24065	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100	Arthrotomy, elbow; with synovial biopsy only
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
24102	Arthrotomy, elbow; with synovectomy
24110	Excision or curettage of bone cyst or benign tumor, humerus;
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;with autograft (includes obtaining graft)
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;with allograft
24130	Excision, radial head
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	Radical resection for tumor, shaft or distal humerus;
24152	Radical resection for tumor, radial head or neck;
24160	Implant removal; elbow joint
24164	Implant removal; radial head
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	Tendon lengthening, upper arm or elbow, each tendon
24310	Tenotomy, open, elbow to shoulder, each tendon
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single
24330	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	Tenolysis, triceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	Repair lateral collateral ligament, elbow, with local tissue
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	Repair medial collateral ligament, elbow, with local tissue
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement,
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24400	Osteotomy, humerus, with or without internal fixation
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24500	Closed treatment of humeral shaft fracture; without manipulation
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24600	Treatment of closed elbow dislocation; without anesthesia
24605	Treatment of closed elbow dislocation; requiring anesthesia
24615	Open treatment of acute or chronic elbow dislocation
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	Closed treatment of radial head or neck fracture; without manipulation
24655	Closed treatment of radial head or neck fracture; with manipulation
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24931	Amputation, arm through humerus; with implant
24935	Stump elongation, upper extremity
24940	Cineplasty, upper extremity, complete procedure
24999	Unlisted procedure, humerus or elbow
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	Capsulotomy, wrist (eg, contracture)
25100	Arthrotomy, wrist joint; with biopsy
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus,
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus,
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	Radical resection for tumor, radius or ulna
25210	Carpectomy; one bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25248	Exploration with removal of deep foreign body, forearm or wrist
25250	Removal of wrist prosthesis; (separate procedure)
25251	Removal of wrist prosthesis; complicated, including total wrist
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	Tenodesis at wrist; flexors of fingers
25301	Tenodesis at wrist; extensors of fingers
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
25335	Centralization of wrist on ulna (eg, radial club hand)
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	Osteotomy, radius; distal third
25355	Osteotomy, radius; middle or proximal third
25360	Osteotomy; ulna
25365	Osteotomy; radius AND ulna
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	Osteoplasty, radius OR ulna; shortening
25391	Osteoplasty, radius OR ulna; lengthening with autograft
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	Osteoplasty, radius AND ulna; lengthening with autograft
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	Repair of defect with autograft; radius OR ulna
25426	Repair of defect with autograft; radius AND ulna
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	Arthroplasty with prosthetic replacement; lunate
25445	Arthroplasty with prosthetic replacement; trapezium
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	Revision of arthroplasty, including removal of implant, wrist joint
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25500	Closed treatment of radial shaft fracture; without manipulation
25505	Closed treatment of radial shaft fracture; with manipulation
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25530	Closed treatment of ulnar shaft fracture; without manipulation
25535	Closed treatment of ulnar shaft fracture; with manipulation
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25651	Percutaneous skeletal fixation of ulnar styloid fracture
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25671	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	Closed treatment of distal radioulnar dislocation with manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	Closed treatment of lunate dislocation, with manipulation
25695	Open treatment of lunate dislocation
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	Arthrodesis, wrist; with sliding graft
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25915	Krukenberg procedure
25927	Transmetacarpal amputation;
25929	Transmetacarpal amputation; secondary closure or scar revision
25931	Transmetacarpal amputation; re-amputation
25999	Unlisted procedure, forearm or wrist
26010	Drainage of finger abscess; simple
26020	Drainage of tendon sheath, digit and/or palm, each
26025	Drainage of palmar bursa; single, bursa
26030	Drainage of palmar bursa; multiple bursa
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	Decompressive fasciotomy, hand (excludes 26035)
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	Tendon sheath incision (eg, for trigger finger)
26060	Tenotomy, percutaneous, single, each digit
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	Arthrotomy with biopsy; carpometacarpal joint, each
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	Arthrotomy with biopsy; interphalangeal joint, each
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous
26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26130	Synovectomy, carpometacarpal joint

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	Excision of tendon, finger, flexor or extensor, each tendon
26185	Sesamoidectomy, thumb or finger (separate procedure)
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;with autograft (includes obtaining graft)
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis);metacarpal
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	Radical resection, metacarpal (eg, tumor);
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);
26262	Radical resection, distal phalanx of finger (eg, tumor)
26320	Removal of implant from finger or hand
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land);secondary, with free graft (includes obtaining graft), each tendon
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	Tenolysis, extensor tendon, hand OR finger, each tendon
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	Tenotomy, flexor, palm, open, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26460	Tenotomy, extensor, hand or finger, open, each tendon
26471	Tenodesis; of proximal interphalangeal joint, each joint
26474	Tenodesis; of distal joint, each joint
26476	Lengthening of tendon, extensor, hand or finger, each tendon
26477	Shortening of tendon, extensor, hand or finger, each tendon
26478	Lengthening of tendon, flexor, hand or finger, each tendon
26479	Shortening of tendon, flexor, hand or finger, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	Opponensplasty; superficialis tendon transfer type, each tendon
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	Opponensplasty; hypothenar muscle transfer
26496	Opponensplasty; other methods
26497	Transfer of tendon to restore intrinsic function; ring and small finger
26498	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	Correction claw finger, other methods
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508	Release of thenar muscle(s) (eg, thumb contracture)
26510	Cross intrinsic transfer, each tendon
26516	Capsulodesis, metacarpophalangeal joint; single digit
26517	Capsulodesis, metacarpophalangeal joint; 2 digits
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	Pollicization of a digit
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	Transfer, finger to another position without microvascular anastomosis
26556	Transfer, free toe joint, with microvascular anastomosis
26565	Osteotomy; metacarpal, each
26567	Osteotomy; phalanx of finger, each
26568	Osteoplasty, lengthening, metacarpal or phalanx
26580	Repair cleft hand
26587	Reconstruction of polydactylous digit, soft tissue and bone
26590	Repair macrodactylia, each digit
26591	Repair, intrinsic muscles of hand, each muscle
26593	Release, intrinsic muscles of hand, each muscle
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989	Unlisted procedure, hands or fingers
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip
27040	Biopsy, soft tissue of pelvis and hip area; superficial
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy with synovectomy, hip joint
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater
27066	Excision of bone cyst or benign tumor; deep, with or without autograft
27067	Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor or infection; wing of ilium, 1 pubic or ischial ramus or symphysis pubis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	Radical resection of tumor or infection; innominate bone, total
27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27080	Coccygectomy, primary
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097	Release or recession, hamstring, proximal
27098	Transfer, adductor to ischium
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	Transfer iliopsoas; to greater trochanter of femur
27111	Transfer iliopsoas; to femoral neck
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	Treatment of slipped femoral epiphysis; by traction, without reduction
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27200	Closed treatment of coccygeal fracture
27202	Open treatment of coccygeal fracture
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27250	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft);
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27299	Unlisted procedure, pelvis or hip joint
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27323	Biopsy, soft tissue of thigh or knee area; superficial
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27327	Excision, tumor, thigh or knee area; subcutaneous
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330	Arthrotomy, knee; with synovial biopsy only
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	Patellectomy or hemipatellectomy
27355	Excision or curettage of bone cyst or benign tumor of femur;
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, bone, femur or knee
27372	Removal of foreign body, deep, thigh region or knee area
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	Tenotomy, open, hamstring, knee to hip; single tendon
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	Lengthening of hamstring tendon; single tendon
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor);single tendon
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor);multiple tendons
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	Autologous chondrocyte implantation, knee
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27435	Capsulotomy, posterior capsular release, knee
27440	Arthroplasty, knee, tibial plateau;

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27465	Osteoplasty, femur; shortening (excluding 64876)
27466	Osteoplasty, femur; lengthening
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27550	Closed treatment of knee dislocation; without anesthesia
27552	Closed treatment of knee dislocation; requiring anesthesia
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27560	Closed treatment of patellar dislocation; without anesthesia
27562	Closed treatment of patellar dislocation; requiring anesthesia
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27599	Unlisted procedure, femur or knee
27603	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	Incision and drainage, leg or ankle; infected bursa
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	Biopsy, soft tissue of leg or ankle area; superficial
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	Excision, tumor, leg or ankle area; subcutaneous tissue
27619	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle;
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27647	Radical resection of tumor, bone; talus or calcaneus
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	Arthroplasty, ankle;
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	Osteoplasty, tibia and fibula, lengthening or shortening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	Repair of nonunion or malunion, tibia; with sliding graft
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	Repair of fibula nonunion and/or malunion with internal fixation
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27760	Closed treatment of medial malleolus fracture; without manipulation
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	Closed treatment of posterior malleolus fracture; without manipulation
27768	Closed treatment of posterior malleolus fracture; with manipulation
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27816	Closed treatment of trimalleolar ankle fracture; without manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27871	Arthrodesis, tibiofibular joint, proximal or distal
27899	Unlisted procedure, leg or ankle
28001	Incision and drainage, bursa, foot
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28043	Excision, tumor, foot; subcutaneous tissue
28045	Excision, tumor, foot; deep, subfascial, intramuscular
28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
28052	Arthrotomy with biopsy; metatarsophalangeal joint
28054	Arthrotomy with biopsy; interphalangeal joint
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28062	Fasciectomy, plantar fascia; radical (separate procedure)
28070	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	Synovectomy; metatarsophalangeal joint, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;with allograft
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	Ostectomy, excision of tarsal coalition
28118	Ostectomy, calcaneus;
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg,osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28130	Talectomy (astragalectomy)
28140	Metatarsectomy



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	Radical resection of tumor, bone; metatarsal
28175	Radical resection of tumor, bone; phalanx of toe
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28222	Tenolysis, flexor, foot; multiple tendons
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
28260	Capsulotomy, midfoot; medial release only (separate procedure)
28261	Capsulotomy, midfoot; with tendon lengthening
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft)(eg, Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	Reconstruction, toe, macrodactyly; soft tissue resection
28341	Reconstruction, toe, macrodactyly; requiring bone resection
28344	Reconstruction, toe(s); polydactyly
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	Reconstruction, cleft foot
28405	Closed treatment of calcaneal fracture; with manipulation
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	Closed treatment of talus fracture; without manipulation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
28435	Closed treatment of talus fracture; with manipulation
28436	Percutaneous skeletal fixation of talus fracture, with manipulation
28446	Open osteochondral autograft, talus (includes obtaining graft[s])
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530	Closed treatment of sesamoid fracture
28531	Open treatment of sesamoid fracture, with or without internal fixation
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28570	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28725	Arthrodesis; subtalar
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28820	Amputation, toe; metatarsophalangeal joint
28825	Amputation, toe; interphalangeal joint
28899	Unlisted procedure, foot or toes
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29836	Arthroscopy, elbow, surgical; synovectomy, complete
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty),
29863	Arthroscopy, hip, surgical; with synovectomy
29866	Arthroscopy, knee, surgical; osteochondral autograft (s) (e.g., mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	Arthroscopy, subtalar joint, surgical; with debridement
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
29999	Unlisted procedure, arthroscopy
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
41822	Excision of fibrous tuberosities, dentoalveolar structures
41823	Excision of osseous tuberosities, dentoalveolar structures
41830	Alveolectomy, including curettage of osteitis or sequestrectomy
49215	Excision of presacral or sacrococcygeal tumor
61500	Craniectomy; with excision of tumor or other bone lesion of skull
61501	Craniectomy; for osteomyelitis
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64802	Sympathectomy, cervical
64804	Sympathectomy, cervicothoracic
64809	Sympathectomy, thoracolumbar
64818	Sympathectomy, lumbar
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Musculoskeletal System	
CPT Code	Description
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
68540	Excision of lacrimal gland tumor; frontal approach
68550	Excision of lacrimal gland tumor; involving osteotomy
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported) ,upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional
J7330	Autologous cultured chondrocytes, implant
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Block or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Musculoskeletal System	
CPT Code	Description
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L7007	Electric hand, switch or myoelectric controlled, adult
L7008	Electric hand, switch or myoelectric controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
ICD-10 Code	Description
005F0ZZ	Destruction of Olfactory Nerve, Open Approach
005F3ZZ	Destruction of Olfactory Nerve, Percutaneous Approach
005F4ZZ	Destruction of Olfactory Nerve, Percutaneous Endoscopic Approach
005G0ZZ	Destruction of Optic Nerve, Open Approach
005G3ZZ	Destruction of Optic Nerve, Percutaneous Approach
005G4ZZ	Destruction of Optic Nerve, Percutaneous Endoscopic Approach
005H0ZZ	Destruction of Oculomotor Nerve, Open Approach
005H3ZZ	Destruction of Oculomotor Nerve, Percutaneous Approach
005H4ZZ	Destruction of Oculomotor Nerve, Percutaneous Endoscopic Approach
005J0ZZ	Destruction of Trochlear Nerve, Open Approach
005J3ZZ	Destruction of Trochlear Nerve, Percutaneous Approach
005J4ZZ	Destruction of Trochlear Nerve, Percutaneous Endoscopic Approach
005K0ZZ	Destruction of Trigeminal Nerve, Open Approach
005K3ZZ	Destruction of Trigeminal Nerve, Percutaneous Approach
005K4ZZ	Destruction of Trigeminal Nerve, Percutaneous Endoscopic Approach
005L0ZZ	Destruction of Abducens Nerve, Open Approach
005L3ZZ	Destruction of Abducens Nerve, Percutaneous Approach
005L4ZZ	Destruction of Abducens Nerve, Percutaneous Endoscopic Approach
005M0ZZ	Destruction of Facial Nerve, Open Approach
005M3ZZ	Destruction of Facial Nerve, Percutaneous Approach
005M4ZZ	Destruction of Facial Nerve, Percutaneous Endoscopic Approach
005N0ZZ	Destruction of Acoustic Nerve, Open Approach
005N3ZZ	Destruction of Acoustic Nerve, Percutaneous Approach
005N4ZZ	Destruction of Acoustic Nerve, Percutaneous Endoscopic Approach
005P0ZZ	Destruction of Glossopharyngeal Nerve, Open Approach
005P3ZZ	Destruction of Glossopharyngeal Nerve, Percutaneous Approach
005P4ZZ	Destruction of Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
005Q0ZZ	Destruction of Vagus Nerve, Open Approach
005Q3ZZ	Destruction of Vagus Nerve, Percutaneous Approach
005Q4ZZ	Destruction of Vagus Nerve, Percutaneous Endoscopic Approach
005R0ZZ	Destruction of Accessory Nerve, Open Approach
005R3ZZ	Destruction of Accessory Nerve, Percutaneous Approach
005R4ZZ	Destruction of Accessory Nerve, Percutaneous Endoscopic Approach
005S0ZZ	Destruction of Hypoglossal Nerve, Open Approach
005S3ZZ	Destruction of Hypoglossal Nerve, Percutaneous Approach
005S4ZZ	Destruction of Hypoglossal Nerve, Percutaneous Endoscopic Approach
005Y0ZZ	Destruction of Lumbar Spinal Cord, Open Approach
009130Z	Drainage of Cerebral Meninges with Drainage Device, Percutaneous Approach
00913ZZ	Drainage of Cerebral Meninges, Percutaneous Approach
009140Z	Drainage of Cerebral Meninges with Drainage Device, Percutaneous Endoscopic Approach
00914ZZ	Drainage of Cerebral Meninges, Percutaneous Endoscopic Approach
009230Z	Drainage of Dura Mater with Drainage Device, Percutaneous Approach
00923ZZ	Drainage of Dura Mater, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
009240Z	Drainage of Dura Mater with Drainage Device, Percutaneous Endoscopic Approach
00924ZZ	Drainage of Dura Mater, Percutaneous Endoscopic Approach
009430Z	Drainage of Subdural Space with Drainage Device, Percutaneous Approach
00943ZZ	Drainage of Subdural Space, Percutaneous Approach
009440Z	Drainage of Subdural Space with Drainage Device, Percutaneous Endoscopic Approach
00944ZZ	Drainage of Subdural Space, Percutaneous Endoscopic Approach
009530Z	Drainage of Subarachnoid Space with Drainage Device, Percutaneous Approach
00953ZZ	Drainage of Subarachnoid Space, Percutaneous Approach
009540Z	Drainage of Subarachnoid Space with Drainage Device, Percutaneous Endoscopic Approach
00954ZZ	Drainage of Subarachnoid Space, Percutaneous Endoscopic Approach
00963ZZ	Drainage of Cerebral Ventricle, Percutaneous Approach
00964ZZ	Drainage of Cerebral Ventricle, Percutaneous Endoscopic Approach
009F0ZX	Drainage of Olfactory Nerve, Open Approach, Diagnostic
009F3ZX	Drainage of Olfactory Nerve, Percutaneous Approach, Diagnostic
009F4ZX	Drainage of Olfactory Nerve, Percutaneous Endoscopic Approach, Diagnostic
009G0ZX	Drainage of Optic Nerve, Open Approach, Diagnostic
009G3ZX	Drainage of Optic Nerve, Percutaneous Approach, Diagnostic
009G4ZX	Drainage of Optic Nerve, Percutaneous Endoscopic Approach, Diagnostic
009H0ZX	Drainage of Oculomotor Nerve, Open Approach, Diagnostic
009H3ZX	Drainage of Oculomotor Nerve, Percutaneous Approach, Diagnostic
009H4ZX	Drainage of Oculomotor Nerve, Percutaneous Endoscopic Approach, Diagnostic
009J0ZX	Drainage of Trochlear Nerve, Open Approach, Diagnostic
009J3ZX	Drainage of Trochlear Nerve, Percutaneous Approach, Diagnostic
009J4ZX	Drainage of Trochlear Nerve, Percutaneous Endoscopic Approach, Diagnostic
009K0ZX	Drainage of Trigeminal Nerve, Open Approach, Diagnostic
009K3ZX	Drainage of Trigeminal Nerve, Percutaneous Approach, Diagnostic
009K4ZX	Drainage of Trigeminal Nerve, Percutaneous Endoscopic Approach, Diagnostic
009L0ZX	Drainage of Abducens Nerve, Open Approach, Diagnostic
009L3ZX	Drainage of Abducens Nerve, Percutaneous Approach, Diagnostic
009L4ZX	Drainage of Abducens Nerve, Percutaneous Endoscopic Approach, Diagnostic
009M0ZX	Drainage of Facial Nerve, Open Approach, Diagnostic
009M3ZX	Drainage of Facial Nerve, Percutaneous Approach, Diagnostic
009M4ZX	Drainage of Facial Nerve, Percutaneous Endoscopic Approach, Diagnostic
009N0ZX	Drainage of Acoustic Nerve, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
009N3ZX	Drainage of Acoustic Nerve, Percutaneous Approach, Diagnostic
009N4ZX	Drainage of Acoustic Nerve, Percutaneous Endoscopic Approach, Diagnostic
009P0ZX	Drainage of Glossopharyngeal Nerve, Open Approach, Diagnostic
009P3ZX	Drainage of Glossopharyngeal Nerve, Percutaneous Approach, Diagnostic
009P4ZX	Drainage of Glossopharyngeal Nerve, Percutaneous Endoscopic Approach, Diagnostic
009Q0ZX	Drainage of Vagus Nerve, Open Approach, Diagnostic
009Q3ZX	Drainage of Vagus Nerve, Percutaneous Approach, Diagnostic
009Q4ZX	Drainage of Vagus Nerve, Percutaneous Endoscopic Approach, Diagnostic
009R0ZX	Drainage of Accessory Nerve, Open Approach, Diagnostic
009R3ZX	Drainage of Accessory Nerve, Percutaneous Approach, Diagnostic
009R4ZX	Drainage of Accessory Nerve, Percutaneous Endoscopic Approach, Diagnostic
009S0ZX	Drainage of Hypoglossal Nerve, Open Approach, Diagnostic
009S3ZX	Drainage of Hypoglossal Nerve, Percutaneous Approach, Diagnostic
009S4ZX	Drainage of Hypoglossal Nerve, Percutaneous Endoscopic Approach, Diagnostic
009T00Z	Drainage of Spinal Meninges with Drainage Device, Open Approach
009T0ZZ	Drainage of Spinal Meninges, Open Approach
009T30Z	Drainage of Spinal Meninges with Drainage Device, Percutaneous Approach
009T3ZZ	Drainage of Spinal Meninges, Percutaneous Approach
009T40Z	Drainage of Spinal Meninges with Drainage Device, Percutaneous Endoscopic Approach
009T4ZZ	Drainage of Spinal Meninges, Percutaneous Endoscopic Approach
009U00Z	Drainage of Spinal Canal with Drainage Device, Open Approach
009U0ZZ	Drainage of Spinal Canal, Open Approach
009U30Z	Drainage of Spinal Canal with Drainage Device, Percutaneous Approach
009U3ZX	Drainage of Spinal Canal, Percutaneous Approach, Diagnostic
009U3ZZ	Drainage of Spinal Canal, Percutaneous Approach
009U40Z	Drainage of Spinal Canal with Drainage Device, Percutaneous Endoscopic Approach
009U4ZX	Drainage of Spinal Canal, Percutaneous Endoscopic Approach, Diagnostic
009U4ZZ	Drainage of Spinal Canal, Percutaneous Endoscopic Approach
009Y00Z	Drainage of Lumbar Spinal Cord with Drainage Device, Open Approach
009Y30Z	Drainage of Lumbar Spinal Cord with Drainage Device, Percutaneous Approach
009Y3ZZ	Drainage of Lumbar Spinal Cord, Percutaneous Approach
00BF0ZX	Excision of Olfactory Nerve, Open Approach, Diagnostic
00BF0ZZ	Excision of Olfactory Nerve, Open Approach
00BF3ZX	Excision of Olfactory Nerve, Percutaneous Approach, Diagnostic
00BF3ZZ	Excision of Olfactory Nerve, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00BF4ZX	Excision of Olfactory Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BF4ZZ	Excision of Olfactory Nerve, Percutaneous Endoscopic Approach
00BG0ZX	Excision of Optic Nerve, Open Approach, Diagnostic
00BG0ZZ	Excision of Optic Nerve, Open Approach
00BG3ZX	Excision of Optic Nerve, Percutaneous Approach, Diagnostic
00BG3ZZ	Excision of Optic Nerve, Percutaneous Approach
00BG4ZX	Excision of Optic Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BG4ZZ	Excision of Optic Nerve, Percutaneous Endoscopic Approach
00BH0ZX	Excision of Oculomotor Nerve, Open Approach, Diagnostic
00BH0ZZ	Excision of Oculomotor Nerve, Open Approach
00BH3ZX	Excision of Oculomotor Nerve, Percutaneous Approach, Diagnostic
00BH3ZZ	Excision of Oculomotor Nerve, Percutaneous Approach
00BH4ZX	Excision of Oculomotor Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BH4ZZ	Excision of Oculomotor Nerve, Percutaneous Endoscopic Approach
00BJ0ZX	Excision of Trochlear Nerve, Open Approach, Diagnostic
00BJ0ZZ	Excision of Trochlear Nerve, Open Approach
00BJ3ZX	Excision of Trochlear Nerve, Percutaneous Approach, Diagnostic
00BJ3ZZ	Excision of Trochlear Nerve, Percutaneous Approach
00BJ4ZX	Excision of Trochlear Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BJ4ZZ	Excision of Trochlear Nerve, Percutaneous Endoscopic Approach
00BK0ZX	Excision of Trigeminal Nerve, Open Approach, Diagnostic
00BK0ZZ	Excision of Trigeminal Nerve, Open Approach
00BK3ZX	Excision of Trigeminal Nerve, Percutaneous Approach, Diagnostic
00BK3ZZ	Excision of Trigeminal Nerve, Percutaneous Approach
00BK4ZX	Excision of Trigeminal Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BK4ZZ	Excision of Trigeminal Nerve, Percutaneous Endoscopic Approach
00BL0ZX	Excision of Abducens Nerve, Open Approach, Diagnostic
00BL0ZZ	Excision of Abducens Nerve, Open Approach
00BL3ZX	Excision of Abducens Nerve, Percutaneous Approach, Diagnostic
00BL3ZZ	Excision of Abducens Nerve, Percutaneous Approach
00BL4ZX	Excision of Abducens Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BL4ZZ	Excision of Abducens Nerve, Percutaneous Endoscopic Approach
00BM0ZX	Excision of Facial Nerve, Open Approach, Diagnostic
00BM0ZZ	Excision of Facial Nerve, Open Approach
00BM3ZX	Excision of Facial Nerve, Percutaneous Approach, Diagnostic
00BM3ZZ	Excision of Facial Nerve, Percutaneous Approach
00BM4ZX	Excision of Facial Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BM4ZZ	Excision of Facial Nerve, Percutaneous Endoscopic Approach
00BN0ZX	Excision of Acoustic Nerve, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00BN3ZX	Excision of Acoustic Nerve, Percutaneous Approach, Diagnostic
00BN3ZZ	Excision of Acoustic Nerve, Percutaneous Approach
00BN4ZX	Excision of Acoustic Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BN4ZZ	Excision of Acoustic Nerve, Percutaneous Endoscopic Approach
00BP0ZX	Excision of Glossopharyngeal Nerve, Open Approach, Diagnostic
00BP0ZZ	Excision of Glossopharyngeal Nerve, Open Approach
00BP3ZX	Excision of Glossopharyngeal Nerve, Percutaneous Approach, Diagnostic
00BP3ZZ	Excision of Glossopharyngeal Nerve, Percutaneous Approach
00BP4ZX	Excision of Glossopharyngeal Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BP4ZZ	Excision of Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00BQ0ZX	Excision of Vagus Nerve, Open Approach, Diagnostic
00BQ0ZZ	Excision of Vagus Nerve, Open Approach
00BQ3ZX	Excision of Vagus Nerve, Percutaneous Approach, Diagnostic
00BQ3ZZ	Excision of Vagus Nerve, Percutaneous Approach
00BQ4ZX	Excision of Vagus Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BQ4ZZ	Excision of Vagus Nerve, Percutaneous Endoscopic Approach
00BR0ZX	Excision of Accessory Nerve, Open Approach, Diagnostic
00BR0ZZ	Excision of Accessory Nerve, Open Approach
00BR3ZX	Excision of Accessory Nerve, Percutaneous Approach, Diagnostic
00BR3ZZ	Excision of Accessory Nerve, Percutaneous Approach
00BR4ZX	Excision of Accessory Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BR4ZZ	Excision of Accessory Nerve, Percutaneous Endoscopic Approach
00BS0ZX	Excision of Hypoglossal Nerve, Open Approach, Diagnostic
00BS0ZZ	Excision of Hypoglossal Nerve, Open Approach
00BS3ZX	Excision of Hypoglossal Nerve, Percutaneous Approach, Diagnostic
00BS3ZZ	Excision of Hypoglossal Nerve, Percutaneous Approach
00BS4ZX	Excision of Hypoglossal Nerve, Percutaneous Endoscopic Approach, Diagnostic
00BS4ZZ	Excision of Hypoglossal Nerve, Percutaneous Endoscopic Approach
00DF0ZZ	Extraction of Olfactory Nerve, Open Approach
00DF3ZZ	Extraction of Olfactory Nerve, Percutaneous Approach
00DF4ZZ	Extraction of Olfactory Nerve, Percutaneous Endoscopic Approach
00DG0ZZ	Extraction of Optic Nerve, Open Approach
00DG3ZZ	Extraction of Optic Nerve, Percutaneous Approach
00DG4ZZ	Extraction of Optic Nerve, Percutaneous Endoscopic Approach
00DH0ZZ	Extraction of Oculomotor Nerve, Open Approach
00DH3ZZ	Extraction of Oculomotor Nerve, Percutaneous Approach
00DH4ZZ	Extraction of Oculomotor Nerve, Percutaneous Endoscopic Approach
00DJ0ZZ	Extraction of Trochlear Nerve, Open Approach
00DJ3ZZ	Extraction of Trochlear Nerve, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00DJ4ZZ	Extraction of Trochlear Nerve, Percutaneous Endoscopic Approach
00DK0ZZ	Extraction of Trigeminal Nerve, Open Approach
00DK3ZZ	Extraction of Trigeminal Nerve, Percutaneous Approach
00DK4ZZ	Extraction of Trigeminal Nerve, Percutaneous Endoscopic Approach
00DL0ZZ	Extraction of Abducens Nerve, Open Approach
00DL3ZZ	Extraction of Abducens Nerve, Percutaneous Approach
00DL4ZZ	Extraction of Abducens Nerve, Percutaneous Endoscopic Approach
00DM0ZZ	Extraction of Facial Nerve, Open Approach
00DM3ZZ	Extraction of Facial Nerve, Percutaneous Approach
00DM4ZZ	Extraction of Facial Nerve, Percutaneous Endoscopic Approach
00DN0ZZ	Extraction of Acoustic Nerve, Open Approach
00DN3ZZ	Extraction of Acoustic Nerve, Percutaneous Approach
00DN4ZZ	Extraction of Acoustic Nerve, Percutaneous Endoscopic Approach
00DP0ZZ	Extraction of Glossopharyngeal Nerve, Open Approach
00DP3ZZ	Extraction of Glossopharyngeal Nerve, Percutaneous Approach
00DP4ZZ	Extraction of Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00DQ0ZZ	Extraction of Vagus Nerve, Open Approach
00DQ3ZZ	Extraction of Vagus Nerve, Percutaneous Approach
00DQ4ZZ	Extraction of Vagus Nerve, Percutaneous Endoscopic Approach
00DR0ZZ	Extraction of Accessory Nerve, Open Approach
00DR3ZZ	Extraction of Accessory Nerve, Percutaneous Approach
00DR4ZZ	Extraction of Accessory Nerve, Percutaneous Endoscopic Approach
00DS0ZZ	Extraction of Hypoglossal Nerve, Open Approach
00DS3ZZ	Extraction of Hypoglossal Nerve, Percutaneous Approach
00DS4ZZ	Extraction of Hypoglossal Nerve, Percutaneous Endoscopic Approach
00HU03Z	Insertion of Infusion Device into Spinal Canal, Open Approach
00HU0MZ	Insertion of Neurostimulator Lead into Spinal Canal, Open Approach
00HU33Z	Insertion of Infusion Device into Spinal Canal, Percutaneous Approach
00HU3MZ	Insertion of Neurostimulator Lead into Spinal Canal, Percutaneous Approach
00HU43Z	Insertion of Infusion Device into Spinal Canal, Percutaneous Endoscopic Approach
00HU4MZ	Insertion of Neurostimulator Lead into Spinal Canal, Percutaneous Endoscopic Approach
00HV03Z	Insertion of Infusion Device into Spinal Cord, Open Approach
00HV0MZ	Insertion of Neurostimulator Lead into Spinal Cord, Open Approach
00HV33Z	Insertion of Infusion Device into Spinal Cord, Percutaneous Approach
00HV3MZ	Insertion of Neurostimulator Lead into Spinal Cord, Percutaneous Approach
00HV43Z	Insertion of Infusion Device into Spinal Cord, Percutaneous Endoscopic Approach
00HV4MZ	Insertion of Neurostimulator Lead into Spinal Cord, Percutaneous Endoscopic Approach
00JE0ZZ	Inspection of Cranial Nerve, Open Approach
00JE3ZZ	Inspection of Cranial Nerve, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00JE4ZZ	Inspection of Cranial Nerve, Percutaneous Endoscopic Approach
00JU0ZZ	Inspection of Spinal Canal, Open Approach
00JV0ZZ	Inspection of Spinal Cord, Open Approach
00NX0ZZ	Release Thoracic Spinal Cord, Open Approach
00NX3ZZ	Release Thoracic Spinal Cord, Percutaneous Approach
00NX4ZZ	Release Thoracic Spinal Cord, Percutaneous Endoscopic Approach
00NY0ZZ	Release Lumbar Spinal Cord, Open Approach
00NY4ZZ	Release Lumbar Spinal Cord, Percutaneous Endoscopic Approach
00PV0MZ	Removal of Neurostimulator Lead from Spinal Cord, Open Approach
00PV3MZ	Removal of Neurostimulator Lead from Spinal Cord, Percutaneous Approach
00PV4MZ	Removal of Neurostimulator Lead from Spinal Cord, Percutaneous Endoscopic Approach
00QF0ZZ	Repair Olfactory Nerve, Open Approach
00QF3ZZ	Repair Olfactory Nerve, Percutaneous Approach
00QF4ZZ	Repair Olfactory Nerve, Percutaneous Endoscopic Approach
00QG0ZZ	Repair Optic Nerve, Open Approach
00QG3ZZ	Repair Optic Nerve, Percutaneous Approach
00QG4ZZ	Repair Optic Nerve, Percutaneous Endoscopic Approach
00QH0ZZ	Repair Oculomotor Nerve, Open Approach
00QH3ZZ	Repair Oculomotor Nerve, Percutaneous Approach
00QH4ZZ	Repair Oculomotor Nerve, Percutaneous Endoscopic Approach
00QJ0ZZ	Repair Trochlear Nerve, Open Approach
00QJ3ZZ	Repair Trochlear Nerve, Percutaneous Approach
00QJ4ZZ	Repair Trochlear Nerve, Percutaneous Endoscopic Approach
00QK0ZZ	Repair Trigeminal Nerve, Open Approach
00QK3ZZ	Repair Trigeminal Nerve, Percutaneous Approach
00QK4ZZ	Repair Trigeminal Nerve, Percutaneous Endoscopic Approach
00QL0ZZ	Repair Abducens Nerve, Open Approach
00QL3ZZ	Repair Abducens Nerve, Percutaneous Approach
00QL4ZZ	Repair Abducens Nerve, Percutaneous Endoscopic Approach
00QM0ZZ	Repair Facial Nerve, Open Approach
00QM3ZZ	Repair Facial Nerve, Percutaneous Approach
00QM4ZZ	Repair Facial Nerve, Percutaneous Endoscopic Approach
00QN0ZZ	Repair Acoustic Nerve, Open Approach
00QN3ZZ	Repair Acoustic Nerve, Percutaneous Approach
00QN4ZZ	Repair Acoustic Nerve, Percutaneous Endoscopic Approach
00QP0ZZ	Repair Glossopharyngeal Nerve, Open Approach
00QP3ZZ	Repair Glossopharyngeal Nerve, Percutaneous Approach
00QP4ZZ	Repair Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00QQ0ZZ	Repair Vagus Nerve, Open Approach
00QQ3ZZ	Repair Vagus Nerve, Percutaneous Approach
00QQ4ZZ	Repair Vagus Nerve, Percutaneous Endoscopic Approach
00QR0ZZ	Repair Accessory Nerve, Open Approach
00QR3ZZ	Repair Accessory Nerve, Percutaneous Approach
00QR4ZZ	Repair Accessory Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00QS0ZZ	Repair Hypoglossal Nerve, Open Approach
00QS3ZZ	Repair Hypoglossal Nerve, Percutaneous Approach
00QS4ZZ	Repair Hypoglossal Nerve, Percutaneous Endoscopic Approach
00SF0ZZ	Reposition Olfactory Nerve, Open Approach
00SF3ZZ	Reposition Olfactory Nerve, Percutaneous Approach
00SF4ZZ	Reposition Olfactory Nerve, Percutaneous Endoscopic Approach
00SG0ZZ	Reposition Optic Nerve, Open Approach
00SG3ZZ	Reposition Optic Nerve, Percutaneous Approach
00SG4ZZ	Reposition Optic Nerve, Percutaneous Endoscopic Approach
00SH0ZZ	Reposition Oculomotor Nerve, Open Approach
00SH3ZZ	Reposition Oculomotor Nerve, Percutaneous Approach
00SH4ZZ	Reposition Oculomotor Nerve, Percutaneous Endoscopic Approach
00SJ0ZZ	Reposition Trochlear Nerve, Open Approach
00SJ3ZZ	Reposition Trochlear Nerve, Percutaneous Approach
00SJ4ZZ	Reposition Trochlear Nerve, Percutaneous Endoscopic Approach
00SK0ZZ	Reposition Trigeminal Nerve, Open Approach
00SK3ZZ	Reposition Trigeminal Nerve, Percutaneous Approach
00SK4ZZ	Reposition Trigeminal Nerve, Percutaneous Endoscopic Approach
00SL0ZZ	Reposition Abducens Nerve, Open Approach
00SL3ZZ	Reposition Abducens Nerve, Percutaneous Approach
00SL4ZZ	Reposition Abducens Nerve, Percutaneous Endoscopic Approach
00SM0ZZ	Reposition Facial Nerve, Open Approach
00SM3ZZ	Reposition Facial Nerve, Percutaneous Approach
00SM4ZZ	Reposition Facial Nerve, Percutaneous Endoscopic Approach
00SN0ZZ	Reposition Acoustic Nerve, Open Approach
00SN3ZZ	Reposition Acoustic Nerve, Percutaneous Approach
00SN4ZZ	Reposition Acoustic Nerve, Percutaneous Endoscopic Approach
00SP0ZZ	Reposition Glossopharyngeal Nerve, Open Approach
00SP3ZZ	Reposition Glossopharyngeal Nerve, Percutaneous Approach
00SP4ZZ	Reposition Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00SQ0ZZ	Reposition Vagus Nerve, Open Approach
00SQ3ZZ	Reposition Vagus Nerve, Percutaneous Approach
00SQ4ZZ	Reposition Vagus Nerve, Percutaneous Endoscopic Approach
00SR0ZZ	Reposition Accessory Nerve, Open Approach
00SR3ZZ	Reposition Accessory Nerve, Percutaneous Approach
00SR4ZZ	Reposition Accessory Nerve, Percutaneous Endoscopic Approach
00SS0ZZ	Reposition Hypoglossal Nerve, Open Approach
00SS3ZZ	Reposition Hypoglossal Nerve, Percutaneous Approach
00SS4ZZ	Reposition Hypoglossal Nerve, Percutaneous Endoscopic Approach
00UF07Z	Supplement Olfactory Nerve with Autologous Tissue Substitute, Open Approach
00UF37Z	Supplement Olfactory Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UF47Z	Supplement Olfactory Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00UG07Z	Supplement Optic Nerve with Autologous Tissue Substitute, Open Approach
00UG37Z	Supplement Optic Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UG47Z	Supplement Optic Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UH07Z	Supplement Oculomotor Nerve with Autologous Tissue Substitute, Open Approach
00UH37Z	Supplement Oculomotor Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UH47Z	Supplement Oculomotor Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UJ07Z	Supplement Trochlear Nerve with Autologous Tissue Substitute, Open Approach
00UJ37Z	Supplement Trochlear Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UJ47Z	Supplement Trochlear Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UK07Z	Supplement Trigeminal Nerve with Autologous Tissue Substitute, Open Approach
00UK37Z	Supplement Trigeminal Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UK47Z	Supplement Trigeminal Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UL07Z	Supplement Abducens Nerve with Autologous Tissue Substitute, Open Approach
00UL37Z	Supplement Abducens Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UL47Z	Supplement Abducens Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UM07Z	Supplement Facial Nerve with Autologous Tissue Substitute, Open Approach
00UM37Z	Supplement Facial Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UM47Z	Supplement Facial Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UN07Z	Supplement Acoustic Nerve with Autologous Tissue Substitute, Open Approach
00UN37Z	Supplement Acoustic Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UN47Z	Supplement Acoustic Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UP07Z	Supplement Glossopharyngeal Nerve with Autologous Tissue Substitute, Open Approach
00UP37Z	Supplement Glossopharyngeal Nerve with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00UP47Z	Supplement Glossopharyngeal Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UQ07Z	Supplement Vagus Nerve with Autologous Tissue Substitute, Open Approach
00UQ37Z	Supplement Vagus Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UQ47Z	Supplement Vagus Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00UR07Z	Supplement Accessory Nerve with Autologous Tissue Substitute, Open Approach
00UR37Z	Supplement Accessory Nerve with Autologous Tissue Substitute, Percutaneous Approach
00UR47Z	Supplement Accessory Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00US07Z	Supplement Hypoglossal Nerve with Autologous Tissue Substitute, Open Approach
00US37Z	Supplement Hypoglossal Nerve with Autologous Tissue Substitute, Percutaneous Approach
00US47Z	Supplement Hypoglossal Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
00XF0ZF	Transfer Olfactory Nerve to Olfactory Nerve, Open Approach
00XF0ZG	Transfer Olfactory Nerve to Optic Nerve, Open Approach
00XF0ZH	Transfer Olfactory Nerve to Oculomotor Nerve, Open Approach
00XF0ZJ	Transfer Olfactory Nerve to Trochlear Nerve, Open Approach
00XF0ZK	Transfer Olfactory Nerve to Trigeminal Nerve, Open Approach
00XF0ZL	Transfer Olfactory Nerve to Abducens Nerve, Open Approach
00XF0ZM	Transfer Olfactory Nerve to Facial Nerve, Open Approach
00XF0ZN	Transfer Olfactory Nerve to Acoustic Nerve, Open Approach
00XF0ZP	Transfer Olfactory Nerve to Glossopharyngeal Nerve, Open Approach
00XF0ZQ	Transfer Olfactory Nerve to Vagus Nerve, Open Approach
00XF0ZR	Transfer Olfactory Nerve to Accessory Nerve, Open Approach
00XF0ZS	Transfer Olfactory Nerve to Hypoglossal Nerve, Open Approach
00XF4ZF	Transfer Olfactory Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XF4ZG	Transfer Olfactory Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XF4ZH	Transfer Olfactory Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XF4ZJ	Transfer Olfactory Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XF4ZK	Transfer Olfactory Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XF4ZL	Transfer Olfactory Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XF4ZM	Transfer Olfactory Nerve to Facial Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XF4ZN	Transfer Olfactory Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XF4ZP	Transfer Olfactory Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XF4ZQ	Transfer Olfactory Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XF4ZR	Transfer Olfactory Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XF4ZS	Transfer Olfactory Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XG0ZF	Transfer Optic Nerve to Olfactory Nerve, Open Approach
00XG0ZG	Transfer Optic Nerve to Optic Nerve, Open Approach
00XG0ZH	Transfer Optic Nerve to Oculomotor Nerve, Open Approach
00XG0ZJ	Transfer Optic Nerve to Trochlear Nerve, Open Approach
00XG0ZK	Transfer Optic Nerve to Trigeminal Nerve, Open Approach
00XG0ZL	Transfer Optic Nerve to Abducens Nerve, Open Approach
00XG0ZM	Transfer Optic Nerve to Facial Nerve, Open Approach
00XG0ZN	Transfer Optic Nerve to Acoustic Nerve, Open Approach
00XG0ZP	Transfer Optic Nerve to Glossopharyngeal Nerve, Open Approach
00XG0ZQ	Transfer Optic Nerve to Vagus Nerve, Open Approach
00XG0ZR	Transfer Optic Nerve to Accessory Nerve, Open Approach
00XG0ZS	Transfer Optic Nerve to Hypoglossal Nerve, Open Approach
00XG4ZF	Transfer Optic Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XG4ZG	Transfer Optic Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XG4ZH	Transfer Optic Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XG4ZJ	Transfer Optic Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XG4ZK	Transfer Optic Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XG4ZL	Transfer Optic Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XG4ZM	Transfer Optic Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XG4ZN	Transfer Optic Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XG4ZP	Transfer Optic Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XG4ZQ	Transfer Optic Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XG4ZR	Transfer Optic Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XG4ZS	Transfer Optic Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XH0ZF	Transfer Oculomotor Nerve to Olfactory Nerve, Open Approach
00XH0ZG	Transfer Oculomotor Nerve to Optic Nerve, Open Approach
00XH0ZH	Transfer Oculomotor Nerve to Oculomotor Nerve, Open Approach
00XH0ZJ	Transfer Oculomotor Nerve to Trochlear Nerve, Open Approach
00XH0ZK	Transfer Oculomotor Nerve to Trigeminal Nerve, Open Approach
00XH0ZL	Transfer Oculomotor Nerve to Abducens Nerve, Open Approach
00XH0ZM	Transfer Oculomotor Nerve to Facial Nerve, Open Approach
00XH0ZN	Transfer Oculomotor Nerve to Acoustic Nerve, Open Approach
00XH0ZP	Transfer Oculomotor Nerve to Glossopharyngeal Nerve, Open Approach
00XH0ZQ	Transfer Oculomotor Nerve to Vagus Nerve, Open Approach
00XH0ZR	Transfer Oculomotor Nerve to Accessory Nerve, Open Approach
00XH0ZS	Transfer Oculomotor Nerve to Hypoglossal Nerve, Open Approach
00XH4ZF	Transfer Oculomotor Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XH4ZG	Transfer Oculomotor Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XH4ZH	Transfer Oculomotor Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XH4ZJ	Transfer Oculomotor Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XH4ZK	Transfer Oculomotor Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XH4ZL	Transfer Oculomotor Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XH4ZM	Transfer Oculomotor Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XH4ZN	Transfer Oculomotor Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XH4ZP	Transfer Oculomotor Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XH4ZQ	Transfer Oculomotor Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XH4ZR	Transfer Oculomotor Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XH4ZS	Transfer Oculomotor Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XJ0ZF	Transfer Trochlear Nerve to Olfactory Nerve, Open Approach
00XJ0ZG	Transfer Trochlear Nerve to Optic Nerve, Open Approach
00XJ0ZH	Transfer Trochlear Nerve to Oculomotor Nerve, Open Approach
00XJ0ZJ	Transfer Trochlear Nerve to Trochlear Nerve, Open Approach
00XJ0ZK	Transfer Trochlear Nerve to Trigeminal Nerve, Open Approach
00XJ0ZL	Transfer Trochlear Nerve to Abducens Nerve, Open Approach
00XJ0ZM	Transfer Trochlear Nerve to Facial Nerve, Open Approach
00XJ0ZN	Transfer Trochlear Nerve to Acoustic Nerve, Open Approach
00XJ0ZP	Transfer Trochlear Nerve to Glossopharyngeal Nerve, Open Approach
00XJ0ZQ	Transfer Trochlear Nerve to Vagus Nerve, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XJ0ZR	Transfer Trochlear Nerve to Accessory Nerve, Open Approach
00XJ0ZS	Transfer Trochlear Nerve to Hypoglossal Nerve, Open Approach
00XJ4ZF	Transfer Trochlear Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XJ4ZG	Transfer Trochlear Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XJ4ZH	Transfer Trochlear Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XJ4ZJ	Transfer Trochlear Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XJ4ZK	Transfer Trochlear Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XJ4ZL	Transfer Trochlear Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XJ4ZM	Transfer Trochlear Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XJ4ZN	Transfer Trochlear Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XJ4ZP	Transfer Trochlear Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XJ4ZQ	Transfer Trochlear Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XJ4ZR	Transfer Trochlear Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XJ4ZS	Transfer Trochlear Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XK0ZF	Transfer Trigeminal Nerve to Olfactory Nerve, Open Approach
00XK0ZG	Transfer Trigeminal Nerve to Optic Nerve, Open Approach
00XK0ZH	Transfer Trigeminal Nerve to Oculomotor Nerve, Open Approach
00XK0ZJ	Transfer Trigeminal Nerve to Trochlear Nerve, Open Approach
00XK0ZK	Transfer Trigeminal Nerve to Trigeminal Nerve, Open Approach
00XK0ZL	Transfer Trigeminal Nerve to Abducens Nerve, Open Approach
00XK0ZM	Transfer Trigeminal Nerve to Facial Nerve, Open Approach
00XK0ZN	Transfer Trigeminal Nerve to Acoustic Nerve, Open Approach
00XK0ZP	Transfer Trigeminal Nerve to Glossopharyngeal Nerve, Open Approach
00XK0ZQ	Transfer Trigeminal Nerve to Vagus Nerve, Open Approach
00XK0ZR	Transfer Trigeminal Nerve to Accessory Nerve, Open Approach
00XK0ZS	Transfer Trigeminal Nerve to Hypoglossal Nerve, Open Approach
00XK4ZF	Transfer Trigeminal Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XK4ZG	Transfer Trigeminal Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XK4ZH	Transfer Trigeminal Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XK4ZJ	Transfer Trigeminal Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XK4ZK	Transfer Trigeminal Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XK4ZL	Transfer Trigeminal Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XK4ZM	Transfer Trigeminal Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XK4ZN	Transfer Trigeminal Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XK4ZP	Transfer Trigeminal Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XK4ZQ	Transfer Trigeminal Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XK4ZR	Transfer Trigeminal Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XK4ZS	Transfer Trigeminal Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XL0ZF	Transfer Abducens Nerve to Olfactory Nerve, Open Approach
00XL0ZG	Transfer Abducens Nerve to Optic Nerve, Open Approach
00XL0ZH	Transfer Abducens Nerve to Oculomotor Nerve, Open Approach
00XL0ZJ	Transfer Abducens Nerve to Trochlear Nerve, Open Approach
00XL0ZK	Transfer Abducens Nerve to Trigeminal Nerve, Open Approach
00XL0ZL	Transfer Abducens Nerve to Abducens Nerve, Open Approach
00XL0ZM	Transfer Abducens Nerve to Facial Nerve, Open Approach
00XL0ZN	Transfer Abducens Nerve to Acoustic Nerve, Open Approach
00XL0ZP	Transfer Abducens Nerve to Glossopharyngeal Nerve, Open Approach
00XL0ZQ	Transfer Abducens Nerve to Vagus Nerve, Open Approach
00XL0ZR	Transfer Abducens Nerve to Accessory Nerve, Open Approach
00XL0ZS	Transfer Abducens Nerve to Hypoglossal Nerve, Open Approach
00XL4ZF	Transfer Abducens Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XL4ZG	Transfer Abducens Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XL4ZH	Transfer Abducens Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XL4ZJ	Transfer Abducens Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XL4ZK	Transfer Abducens Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XL4ZL	Transfer Abducens Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XL4ZM	Transfer Abducens Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XL4ZN	Transfer Abducens Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XL4ZP	Transfer Abducens Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XL4ZQ	Transfer Abducens Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XL4ZR	Transfer Abducens Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XL4ZS	Transfer Abducens Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XM0ZF	Transfer Facial Nerve to Olfactory Nerve, Open Approach
00XM0ZG	Transfer Facial Nerve to Optic Nerve, Open Approach
00XM0ZH	Transfer Facial Nerve to Oculomotor Nerve, Open Approach
00XM0ZJ	Transfer Facial Nerve to Trochlear Nerve, Open Approach
00XM0ZK	Transfer Facial Nerve to Trigeminal Nerve, Open Approach
00XM0ZL	Transfer Facial Nerve to Abducens Nerve, Open Approach
00XM0ZM	Transfer Facial Nerve to Facial Nerve, Open Approach
00XM0ZN	Transfer Facial Nerve to Acoustic Nerve, Open Approach
00XM0ZP	Transfer Facial Nerve to Glossopharyngeal Nerve, Open Approach
00XM0ZQ	Transfer Facial Nerve to Vagus Nerve, Open Approach
00XM0ZR	Transfer Facial Nerve to Accessory Nerve, Open Approach
00XM0ZS	Transfer Facial Nerve to Hypoglossal Nerve, Open Approach
00XM4ZF	Transfer Facial Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XM4ZG	Transfer Facial Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XM4ZH	Transfer Facial Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XM4ZJ	Transfer Facial Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XM4ZK	Transfer Facial Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XM4ZL	Transfer Facial Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XM4ZM	Transfer Facial Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XM4ZN	Transfer Facial Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XM4ZP	Transfer Facial Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XM4ZQ	Transfer Facial Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XM4ZR	Transfer Facial Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XM4ZS	Transfer Facial Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XN0ZF	Transfer Acoustic Nerve to Olfactory Nerve, Open Approach
00XN0ZG	Transfer Acoustic Nerve to Optic Nerve, Open Approach
00XN0ZH	Transfer Acoustic Nerve to Oculomotor Nerve, Open Approach
00XN0ZJ	Transfer Acoustic Nerve to Trochlear Nerve, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XN0ZK	Transfer Acoustic Nerve to Trigeminal Nerve, Open Approach
00XN0ZL	Transfer Acoustic Nerve to Abducens Nerve, Open Approach
00XN0ZM	Transfer Acoustic Nerve to Facial Nerve, Open Approach
00XN0ZN	Transfer Acoustic Nerve to Acoustic Nerve, Open Approach
00XN0ZP	Transfer Acoustic Nerve to Glossopharyngeal Nerve, Open Approach
00XN0ZQ	Transfer Acoustic Nerve to Vagus Nerve, Open Approach
00XN0ZR	Transfer Acoustic Nerve to Accessory Nerve, Open Approach
00XN0ZS	Transfer Acoustic Nerve to Hypoglossal Nerve, Open Approach
00XN4ZF	Transfer Acoustic Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XN4ZG	Transfer Acoustic Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XN4ZH	Transfer Acoustic Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XN4ZJ	Transfer Acoustic Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XN4ZK	Transfer Acoustic Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XN4ZL	Transfer Acoustic Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XN4ZM	Transfer Acoustic Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XN4ZN	Transfer Acoustic Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XN4ZP	Transfer Acoustic Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XN4ZQ	Transfer Acoustic Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XN4ZR	Transfer Acoustic Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XN4ZS	Transfer Acoustic Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XP0ZF	Transfer Glossopharyngeal Nerve to Olfactory Nerve, Open Approach
00XP0ZG	Transfer Glossopharyngeal Nerve to Optic Nerve, Open Approach
00XP0ZH	Transfer Glossopharyngeal Nerve to Oculomotor Nerve, Open Approach
00XP0ZJ	Transfer Glossopharyngeal Nerve to Trochlear Nerve, Open Approach
00XP0ZK	Transfer Glossopharyngeal Nerve to Trigeminal Nerve, Open Approach
00XP0ZL	Transfer Glossopharyngeal Nerve to Abducens Nerve, Open Approach
00XP0ZM	Transfer Glossopharyngeal Nerve to Facial Nerve, Open Approach
00XP0ZN	Transfer Glossopharyngeal Nerve to Acoustic Nerve, Open Approach
00XP0ZP	Transfer Glossopharyngeal Nerve to Glossopharyngeal Nerve, Open Approach
00XP0ZQ	Transfer Glossopharyngeal Nerve to Vagus Nerve, Open Approach
00XP0ZR	Transfer Glossopharyngeal Nerve to Accessory Nerve, Open Approach
00XP0ZS	Transfer Glossopharyngeal Nerve to Hypoglossal Nerve, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
ICD-10 Code	Description
00XP4ZF	Transfer Glossopharyngeal Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XP4ZG	Transfer Glossopharyngeal Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XP4ZH	Transfer Glossopharyngeal Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XP4ZJ	Transfer Glossopharyngeal Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XP4ZK	Transfer Glossopharyngeal Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XP4ZL	Transfer Glossopharyngeal Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XP4ZM	Transfer Glossopharyngeal Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XP4ZN	Transfer Glossopharyngeal Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XP4ZP	Transfer Glossopharyngeal Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XP4ZQ	Transfer Glossopharyngeal Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XP4ZR	Transfer Glossopharyngeal Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XP4ZS	Transfer Glossopharyngeal Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XQ0ZF	Transfer Vagus Nerve to Olfactory Nerve, Open Approach
00XQ0ZG	Transfer Vagus Nerve to Optic Nerve, Open Approach
00XQ0ZH	Transfer Vagus Nerve to Oculomotor Nerve, Open Approach
00XQ0ZJ	Transfer Vagus Nerve to Trochlear Nerve, Open Approach
00XQ0ZK	Transfer Vagus Nerve to Trigeminal Nerve, Open Approach
00XQ0ZL	Transfer Vagus Nerve to Abducens Nerve, Open Approach
00XQ0ZM	Transfer Vagus Nerve to Facial Nerve, Open Approach
00XQ0ZN	Transfer Vagus Nerve to Acoustic Nerve, Open Approach
00XQ0ZP	Transfer Vagus Nerve to Glossopharyngeal Nerve, Open Approach
00XQ0ZQ	Transfer Vagus Nerve to Vagus Nerve, Open Approach
00XQ0ZR	Transfer Vagus Nerve to Accessory Nerve, Open Approach
00XQ0ZS	Transfer Vagus Nerve to Hypoglossal Nerve, Open Approach
00XQ4ZF	Transfer Vagus Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XQ4ZG	Transfer Vagus Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XQ4ZH	Transfer Vagus Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XQ4ZJ	Transfer Vagus Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XQ4ZK	Transfer Vagus Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XQ4ZL	Transfer Vagus Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XQ4ZM	Transfer Vagus Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XQ4ZN	Transfer Vagus Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XQ4ZP	Transfer Vagus Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XQ4ZQ	Transfer Vagus Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XQ4ZR	Transfer Vagus Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XQ4ZS	Transfer Vagus Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XR0ZF	Transfer Accessory Nerve to Olfactory Nerve, Open Approach
00XR0ZG	Transfer Accessory Nerve to Optic Nerve, Open Approach
00XR0ZH	Transfer Accessory Nerve to Oculomotor Nerve, Open Approach
00XR0ZJ	Transfer Accessory Nerve to Trochlear Nerve, Open Approach
00XR0ZK	Transfer Accessory Nerve to Trigeminal Nerve, Open Approach
00XR0ZL	Transfer Accessory Nerve to Abducens Nerve, Open Approach
00XR0ZM	Transfer Accessory Nerve to Facial Nerve, Open Approach
00XR0ZN	Transfer Accessory Nerve to Acoustic Nerve, Open Approach
00XR0ZP	Transfer Accessory Nerve to Glossopharyngeal Nerve, Open Approach
00XR0ZQ	Transfer Accessory Nerve to Vagus Nerve, Open Approach
00XR0ZR	Transfer Accessory Nerve to Accessory Nerve, Open Approach
00XR0ZS	Transfer Accessory Nerve to Hypoglossal Nerve, Open Approach
00XR4ZF	Transfer Accessory Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XR4ZG	Transfer Accessory Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XR4ZH	Transfer Accessory Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XR4ZJ	Transfer Accessory Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XR4ZK	Transfer Accessory Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XR4ZL	Transfer Accessory Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XR4ZM	Transfer Accessory Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XR4ZN	Transfer Accessory Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XR4ZP	Transfer Accessory Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XR4ZQ	Transfer Accessory Nerve to Vagus Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
00XR4ZR	Transfer Accessory Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XR4ZS	Transfer Accessory Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
00XS0ZF	Transfer Hypoglossal Nerve to Olfactory Nerve, Open Approach
00XS0ZG	Transfer Hypoglossal Nerve to Optic Nerve, Open Approach
00XS0ZH	Transfer Hypoglossal Nerve to Oculomotor Nerve, Open Approach
00XS0ZJ	Transfer Hypoglossal Nerve to Trochlear Nerve, Open Approach
00XS0ZK	Transfer Hypoglossal Nerve to Trigeminal Nerve, Open Approach
00XS0ZL	Transfer Hypoglossal Nerve to Abducens Nerve, Open Approach
00XS0ZM	Transfer Hypoglossal Nerve to Facial Nerve, Open Approach
00XS0ZN	Transfer Hypoglossal Nerve to Acoustic Nerve, Open Approach
00XS0ZP	Transfer Hypoglossal Nerve to Glossopharyngeal Nerve, Open Approach
00XS0ZQ	Transfer Hypoglossal Nerve to Vagus Nerve, Open Approach
00XS0ZR	Transfer Hypoglossal Nerve to Accessory Nerve, Open Approach
00XS0ZS	Transfer Hypoglossal Nerve to Hypoglossal Nerve, Open Approach
00XS4ZF	Transfer Hypoglossal Nerve to Olfactory Nerve, Percutaneous Endoscopic Approach
00XS4ZG	Transfer Hypoglossal Nerve to Optic Nerve, Percutaneous Endoscopic Approach
00XS4ZH	Transfer Hypoglossal Nerve to Oculomotor Nerve, Percutaneous Endoscopic Approach
00XS4ZJ	Transfer Hypoglossal Nerve to Trochlear Nerve, Percutaneous Endoscopic Approach
00XS4ZK	Transfer Hypoglossal Nerve to Trigeminal Nerve, Percutaneous Endoscopic Approach
00XS4ZL	Transfer Hypoglossal Nerve to Abducens Nerve, Percutaneous Endoscopic Approach
00XS4ZM	Transfer Hypoglossal Nerve to Facial Nerve, Percutaneous Endoscopic Approach
00XS4ZN	Transfer Hypoglossal Nerve to Acoustic Nerve, Percutaneous Endoscopic Approach
00XS4ZP	Transfer Hypoglossal Nerve to Glossopharyngeal Nerve, Percutaneous Endoscopic Approach
00XS4ZQ	Transfer Hypoglossal Nerve to Vagus Nerve, Percutaneous Endoscopic Approach
00XS4ZR	Transfer Hypoglossal Nerve to Accessory Nerve, Percutaneous Endoscopic Approach
00XS4ZS	Transfer Hypoglossal Nerve to Hypoglossal Nerve, Percutaneous Endoscopic Approach
01500ZZ	Destruction of Cervical Plexus, Open Approach
01503ZZ	Destruction of Cervical Plexus, Percutaneous Approach
01504ZZ	Destruction of Cervical Plexus, Percutaneous Endoscopic Approach
01513ZZ	Destruction of Cervical Nerve, Percutaneous Approach
01520ZZ	Destruction of Phrenic Nerve, Open Approach
01523ZZ	Destruction of Phrenic Nerve, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01524ZZ	Destruction of Phrenic Nerve, Percutaneous Endoscopic Approach
01530ZZ	Destruction of Brachial Plexus, Open Approach
01533ZZ	Destruction of Brachial Plexus, Percutaneous Approach
01534ZZ	Destruction of Brachial Plexus, Percutaneous Endoscopic Approach
01540ZZ	Destruction of Ulnar Nerve, Open Approach
01543ZZ	Destruction of Ulnar Nerve, Percutaneous Approach
01544ZZ	Destruction of Ulnar Nerve, Percutaneous Endoscopic Approach
01550ZZ	Destruction of Median Nerve, Open Approach
01553ZZ	Destruction of Median Nerve, Percutaneous Approach
01554ZZ	Destruction of Median Nerve, Percutaneous Endoscopic Approach
01560ZZ	Destruction of Radial Nerve, Open Approach
01563ZZ	Destruction of Radial Nerve, Percutaneous Approach
01564ZZ	Destruction of Radial Nerve, Percutaneous Endoscopic Approach
01583ZZ	Destruction of Thoracic Nerve, Percutaneous Approach
01590ZZ	Destruction of Lumbar Plexus, Open Approach
01593ZZ	Destruction of Lumbar Plexus, Percutaneous Approach
01594ZZ	Destruction of Lumbar Plexus, Percutaneous Endoscopic Approach
015A0ZZ	Destruction of Lumbosacral Plexus, Open Approach
015A3ZZ	Destruction of Lumbosacral Plexus, Percutaneous Approach
015A4ZZ	Destruction of Lumbosacral Plexus, Percutaneous Endoscopic Approach
015B3ZZ	Destruction of Lumbar Nerve, Percutaneous Approach
015C0ZZ	Destruction of Pudendal Nerve, Open Approach
015C3ZZ	Destruction of Pudendal Nerve, Percutaneous Approach
015C4ZZ	Destruction of Pudendal Nerve, Percutaneous Endoscopic Approach
015D0ZZ	Destruction of Femoral Nerve, Open Approach
015D3ZZ	Destruction of Femoral Nerve, Percutaneous Approach
015D4ZZ	Destruction of Femoral Nerve, Percutaneous Endoscopic Approach
015F0ZZ	Destruction of Sciatic Nerve, Open Approach
015F3ZZ	Destruction of Sciatic Nerve, Percutaneous Approach
015F4ZZ	Destruction of Sciatic Nerve, Percutaneous Endoscopic Approach
015G0ZZ	Destruction of Tibial Nerve, Open Approach
015G3ZZ	Destruction of Tibial Nerve, Percutaneous Approach
015G4ZZ	Destruction of Tibial Nerve, Percutaneous Endoscopic Approach
015H0ZZ	Destruction of Peroneal Nerve, Open Approach
015H3ZZ	Destruction of Peroneal Nerve, Percutaneous Approach
015H4ZZ	Destruction of Peroneal Nerve, Percutaneous Endoscopic Approach
015Q0ZZ	Destruction of Sacral Plexus, Open Approach
015Q3ZZ	Destruction of Sacral Plexus, Percutaneous Approach
015Q4ZZ	Destruction of Sacral Plexus, Percutaneous Endoscopic Approach
015R3ZZ	Destruction of Sacral Nerve, Percutaneous Approach
01900ZX	Drainage of Cervical Plexus, Open Approach, Diagnostic
01903ZX	Drainage of Cervical Plexus, Percutaneous Approach, Diagnostic
01904ZX	Drainage of Cervical Plexus, Percutaneous Endoscopic Approach, Diagnostic
01910ZX	Drainage of Cervical Nerve, Open Approach, Diagnostic
01913ZX	Drainage of Cervical Nerve, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01914ZX	Drainage of Cervical Nerve, Percutaneous Endoscopic Approach, Diagnostic
01920ZX	Drainage of Phrenic Nerve, Open Approach, Diagnostic
01923ZX	Drainage of Phrenic Nerve, Percutaneous Approach, Diagnostic
01924ZX	Drainage of Phrenic Nerve, Percutaneous Endoscopic Approach, Diagnostic
01930ZX	Drainage of Brachial Plexus, Open Approach, Diagnostic
01933ZX	Drainage of Brachial Plexus, Percutaneous Approach, Diagnostic
01934ZX	Drainage of Brachial Plexus, Percutaneous Endoscopic Approach, Diagnostic
01940ZX	Drainage of Ulnar Nerve, Open Approach, Diagnostic
01943ZX	Drainage of Ulnar Nerve, Percutaneous Approach, Diagnostic
01944ZX	Drainage of Ulnar Nerve, Percutaneous Endoscopic Approach, Diagnostic
01950ZX	Drainage of Median Nerve, Open Approach, Diagnostic
01953ZX	Drainage of Median Nerve, Percutaneous Approach, Diagnostic
01954ZX	Drainage of Median Nerve, Percutaneous Endoscopic Approach, Diagnostic
01960ZX	Drainage of Radial Nerve, Open Approach, Diagnostic
01963ZX	Drainage of Radial Nerve, Percutaneous Approach, Diagnostic
01964ZX	Drainage of Radial Nerve, Percutaneous Endoscopic Approach, Diagnostic
01980ZX	Drainage of Thoracic Nerve, Open Approach, Diagnostic
01983ZX	Drainage of Thoracic Nerve, Percutaneous Approach, Diagnostic
01984ZX	Drainage of Thoracic Nerve, Percutaneous Endoscopic Approach, Diagnostic
01990ZX	Drainage of Lumbar Plexus, Open Approach, Diagnostic
01993ZX	Drainage of Lumbar Plexus, Percutaneous Approach, Diagnostic
01994ZX	Drainage of Lumbar Plexus, Percutaneous Endoscopic Approach, Diagnostic
019A0ZX	Drainage of Lumbosacral Plexus, Open Approach, Diagnostic
019A3ZX	Drainage of Lumbosacral Plexus, Percutaneous Approach, Diagnostic
019A4ZX	Drainage of Lumbosacral Plexus, Percutaneous Endoscopic Approach, Diagnostic
019B0ZX	Drainage of Lumbar Nerve, Open Approach, Diagnostic
019B3ZX	Drainage of Lumbar Nerve, Percutaneous Approach, Diagnostic
019B4ZX	Drainage of Lumbar Nerve, Percutaneous Endoscopic Approach, Diagnostic
019C0ZX	Drainage of Pudendal Nerve, Open Approach, Diagnostic
019C3ZX	Drainage of Pudendal Nerve, Percutaneous Approach, Diagnostic
019C4ZX	Drainage of Pudendal Nerve, Percutaneous Endoscopic Approach, Diagnostic
019D0ZX	Drainage of Femoral Nerve, Open Approach, Diagnostic
019D3ZX	Drainage of Femoral Nerve, Percutaneous Approach, Diagnostic
019D4ZX	Drainage of Femoral Nerve, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
019F0ZX	Drainage of Sciatic Nerve, Open Approach, Diagnostic
019F3ZX	Drainage of Sciatic Nerve, Percutaneous Approach, Diagnostic
019F4ZX	Drainage of Sciatic Nerve, Percutaneous Endoscopic Approach, Diagnostic
019G0ZX	Drainage of Tibial Nerve, Open Approach, Diagnostic
019G3ZX	Drainage of Tibial Nerve, Percutaneous Approach, Diagnostic
019G4ZX	Drainage of Tibial Nerve, Percutaneous Endoscopic Approach, Diagnostic
019H0ZX	Drainage of Peroneal Nerve, Open Approach, Diagnostic
019H3ZX	Drainage of Peroneal Nerve, Percutaneous Approach, Diagnostic
019H4ZX	Drainage of Peroneal Nerve, Percutaneous Endoscopic Approach, Diagnostic
019Q0ZX	Drainage of Sacral Plexus, Open Approach, Diagnostic
019Q3ZX	Drainage of Sacral Plexus, Percutaneous Approach, Diagnostic
019Q4ZX	Drainage of Sacral Plexus, Percutaneous Endoscopic Approach, Diagnostic
019R0ZX	Drainage of Sacral Nerve, Open Approach, Diagnostic
019R3ZX	Drainage of Sacral Nerve, Percutaneous Approach, Diagnostic
019R4ZX	Drainage of Sacral Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B00ZX	Excision of Cervical Plexus, Open Approach, Diagnostic
01B00ZZ	Excision of Cervical Plexus, Open Approach
01B03ZX	Excision of Cervical Plexus, Percutaneous Approach, Diagnostic
01B03ZZ	Excision of Cervical Plexus, Percutaneous Approach
01B04ZX	Excision of Cervical Plexus, Percutaneous Endoscopic Approach, Diagnostic
01B04ZZ	Excision of Cervical Plexus, Percutaneous Endoscopic Approach
01B10ZX	Excision of Cervical Nerve, Open Approach, Diagnostic
01B10ZZ	Excision of Cervical Nerve, Open Approach
01B13ZX	Excision of Cervical Nerve, Percutaneous Approach, Diagnostic
01B13ZZ	Excision of Cervical Nerve, Percutaneous Approach
01B14ZX	Excision of Cervical Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B14ZZ	Excision of Cervical Nerve, Percutaneous Endoscopic Approach
01B20ZX	Excision of Phrenic Nerve, Open Approach, Diagnostic
01B20ZZ	Excision of Phrenic Nerve, Open Approach
01B23ZX	Excision of Phrenic Nerve, Percutaneous Approach, Diagnostic
01B23ZZ	Excision of Phrenic Nerve, Percutaneous Approach
01B24ZX	Excision of Phrenic Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B24ZZ	Excision of Phrenic Nerve, Percutaneous Endoscopic Approach
01B30ZX	Excision of Brachial Plexus, Open Approach, Diagnostic
01B30ZZ	Excision of Brachial Plexus, Open Approach
01B33ZX	Excision of Brachial Plexus, Percutaneous Approach, Diagnostic
01B33ZZ	Excision of Brachial Plexus, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01B34ZX	Excision of Brachial Plexus, Percutaneous Endoscopic Approach, Diagnostic
01B34ZZ	Excision of Brachial Plexus, Percutaneous Endoscopic Approach
01B40ZX	Excision of Ulnar Nerve, Open Approach, Diagnostic
01B40ZZ	Excision of Ulnar Nerve, Open Approach
01B43ZX	Excision of Ulnar Nerve, Percutaneous Approach, Diagnostic
01B43ZZ	Excision of Ulnar Nerve, Percutaneous Approach
01B44ZX	Excision of Ulnar Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B44ZZ	Excision of Ulnar Nerve, Percutaneous Endoscopic Approach
01B50ZX	Excision of Median Nerve, Open Approach, Diagnostic
01B50ZZ	Excision of Median Nerve, Open Approach
01B53ZX	Excision of Median Nerve, Percutaneous Approach, Diagnostic
01B53ZZ	Excision of Median Nerve, Percutaneous Approach
01B54ZX	Excision of Median Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B54ZZ	Excision of Median Nerve, Percutaneous Endoscopic Approach
01B60ZX	Excision of Radial Nerve, Open Approach, Diagnostic
01B60ZZ	Excision of Radial Nerve, Open Approach
01B63ZX	Excision of Radial Nerve, Percutaneous Approach, Diagnostic
01B63ZZ	Excision of Radial Nerve, Percutaneous Approach
01B64ZX	Excision of Radial Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B64ZZ	Excision of Radial Nerve, Percutaneous Endoscopic Approach
01B80ZX	Excision of Thoracic Nerve, Open Approach, Diagnostic
01B80ZZ	Excision of Thoracic Nerve, Open Approach
01B83ZX	Excision of Thoracic Nerve, Percutaneous Approach, Diagnostic
01B83ZZ	Excision of Thoracic Nerve, Percutaneous Approach
01B84ZX	Excision of Thoracic Nerve, Percutaneous Endoscopic Approach, Diagnostic
01B84ZZ	Excision of Thoracic Nerve, Percutaneous Endoscopic Approach
01B90ZX	Excision of Lumbar Plexus, Open Approach, Diagnostic
01B90ZZ	Excision of Lumbar Plexus, Open Approach
01B93ZX	Excision of Lumbar Plexus, Percutaneous Approach, Diagnostic
01B93ZZ	Excision of Lumbar Plexus, Percutaneous Approach
01B94ZX	Excision of Lumbar Plexus, Percutaneous Endoscopic Approach, Diagnostic
01B94ZZ	Excision of Lumbar Plexus, Percutaneous Endoscopic Approach
01BA0ZX	Excision of Lumbosacral Plexus, Open Approach, Diagnostic
01BA0ZZ	Excision of Lumbosacral Plexus, Open Approach
01BA3ZX	Excision of Lumbosacral Plexus, Percutaneous Approach, Diagnostic
01BA3ZZ	Excision of Lumbosacral Plexus, Percutaneous Approach
01BA4ZX	Excision of Lumbosacral Plexus, Percutaneous Endoscopic Approach, Diagnostic
01BA4ZZ	Excision of Lumbosacral Plexus, Percutaneous Endoscopic Approach
01BB0ZX	Excision of Lumbar Nerve, Open Approach, Diagnostic
01BB0ZZ	Excision of Lumbar Nerve, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01BB3ZX	Excision of Lumbar Nerve, Percutaneous Approach, Diagnostic
01BB3ZZ	Excision of Lumbar Nerve, Percutaneous Approach
01BB4ZX	Excision of Lumbar Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BB4ZZ	Excision of Lumbar Nerve, Percutaneous Endoscopic Approach
01BC0ZX	Excision of Pudendal Nerve, Open Approach, Diagnostic
01BC0ZZ	Excision of Pudendal Nerve, Open Approach
01BC3ZX	Excision of Pudendal Nerve, Percutaneous Approach, Diagnostic
01BC3ZZ	Excision of Pudendal Nerve, Percutaneous Approach
01BC4ZX	Excision of Pudendal Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BC4ZZ	Excision of Pudendal Nerve, Percutaneous Endoscopic Approach
01BD0ZX	Excision of Femoral Nerve, Open Approach, Diagnostic
01BD0ZZ	Excision of Femoral Nerve, Open Approach
01BD3ZX	Excision of Femoral Nerve, Percutaneous Approach, Diagnostic
01BD3ZZ	Excision of Femoral Nerve, Percutaneous Approach
01BD4ZX	Excision of Femoral Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BD4ZZ	Excision of Femoral Nerve, Percutaneous Endoscopic Approach
01BF0ZX	Excision of Sciatic Nerve, Open Approach, Diagnostic
01BF0ZZ	Excision of Sciatic Nerve, Open Approach
01BF3ZX	Excision of Sciatic Nerve, Percutaneous Approach, Diagnostic
01BF3ZZ	Excision of Sciatic Nerve, Percutaneous Approach
01BF4ZX	Excision of Sciatic Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BF4ZZ	Excision of Sciatic Nerve, Percutaneous Endoscopic Approach
01BG0ZX	Excision of Tibial Nerve, Open Approach, Diagnostic
01BG0ZZ	Excision of Tibial Nerve, Open Approach
01BG3ZX	Excision of Tibial Nerve, Percutaneous Approach, Diagnostic
01BG3ZZ	Excision of Tibial Nerve, Percutaneous Approach
01BG4ZX	Excision of Tibial Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BG4ZZ	Excision of Tibial Nerve, Percutaneous Endoscopic Approach
01BH0ZX	Excision of Peroneal Nerve, Open Approach, Diagnostic
01BH0ZZ	Excision of Peroneal Nerve, Open Approach
01BH3ZX	Excision of Peroneal Nerve, Percutaneous Approach, Diagnostic
01BH3ZZ	Excision of Peroneal Nerve, Percutaneous Approach
01BH4ZX	Excision of Peroneal Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BH4ZZ	Excision of Peroneal Nerve, Percutaneous Endoscopic Approach
01BQ0ZX	Excision of Sacral Plexus, Open Approach, Diagnostic
01BQ0ZZ	Excision of Sacral Plexus, Open Approach
01BQ3ZX	Excision of Sacral Plexus, Percutaneous Approach, Diagnostic
01BQ3ZZ	Excision of Sacral Plexus, Percutaneous Approach
01BQ4ZX	Excision of Sacral Plexus, Percutaneous Endoscopic Approach, Diagnostic
01BQ4ZZ	Excision of Sacral Plexus, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01BR0ZX	Excision of Sacral Nerve, Open Approach, Diagnostic
01BR0ZZ	Excision of Sacral Nerve, Open Approach
01BR3ZX	Excision of Sacral Nerve, Percutaneous Approach, Diagnostic
01BR3ZZ	Excision of Sacral Nerve, Percutaneous Approach
01BR4ZX	Excision of Sacral Nerve, Percutaneous Endoscopic Approach, Diagnostic
01BR4ZZ	Excision of Sacral Nerve, Percutaneous Endoscopic Approach
01D00ZZ	Extraction of Cervical Plexus, Open Approach
01D03ZZ	Extraction of Cervical Plexus, Percutaneous Approach
01D04ZZ	Extraction of Cervical Plexus, Percutaneous Endoscopic Approach
01D10ZZ	Extraction of Cervical Nerve, Open Approach
01D13ZZ	Extraction of Cervical Nerve, Percutaneous Approach
01D14ZZ	Extraction of Cervical Nerve, Percutaneous Endoscopic Approach
01D20ZZ	Extraction of Phrenic Nerve, Open Approach
01D23ZZ	Extraction of Phrenic Nerve, Percutaneous Approach
01D24ZZ	Extraction of Phrenic Nerve, Percutaneous Endoscopic Approach
01D30ZZ	Extraction of Brachial Plexus, Open Approach
01D33ZZ	Extraction of Brachial Plexus, Percutaneous Approach
01D34ZZ	Extraction of Brachial Plexus, Percutaneous Endoscopic Approach
01D40ZZ	Extraction of Ulnar Nerve, Open Approach
01D43ZZ	Extraction of Ulnar Nerve, Percutaneous Approach
01D44ZZ	Extraction of Ulnar Nerve, Percutaneous Endoscopic Approach
01D50ZZ	Extraction of Median Nerve, Open Approach
01D53ZZ	Extraction of Median Nerve, Percutaneous Approach
01D54ZZ	Extraction of Median Nerve, Percutaneous Endoscopic Approach
01D60ZZ	Extraction of Radial Nerve, Open Approach
01D63ZZ	Extraction of Radial Nerve, Percutaneous Approach
01D64ZZ	Extraction of Radial Nerve, Percutaneous Endoscopic Approach
01D80ZZ	Extraction of Thoracic Nerve, Open Approach
01D83ZZ	Extraction of Thoracic Nerve, Percutaneous Approach
01D84ZZ	Extraction of Thoracic Nerve, Percutaneous Endoscopic Approach
01D90ZZ	Extraction of Lumbar Plexus, Open Approach
01D93ZZ	Extraction of Lumbar Plexus, Percutaneous Approach
01D94ZZ	Extraction of Lumbar Plexus, Percutaneous Endoscopic Approach
01DA0ZZ	Extraction of Lumbosacral Plexus, Open Approach
01DA3ZZ	Extraction of Lumbosacral Plexus, Percutaneous Approach
01DA4ZZ	Extraction of Lumbosacral Plexus, Percutaneous Endoscopic Approach
01DB0ZZ	Extraction of Lumbar Nerve, Open Approach
01DB3ZZ	Extraction of Lumbar Nerve, Percutaneous Approach
01DB4ZZ	Extraction of Lumbar Nerve, Percutaneous Endoscopic Approach
01DC0ZZ	Extraction of Pudendal Nerve, Open Approach
01DC3ZZ	Extraction of Pudendal Nerve, Percutaneous Approach
01DC4ZZ	Extraction of Pudendal Nerve, Percutaneous Endoscopic Approach
01DD0ZZ	Extraction of Femoral Nerve, Open Approach
01DD3ZZ	Extraction of Femoral Nerve, Percutaneous Approach
01DD4ZZ	Extraction of Femoral Nerve, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01DF0ZZ	Extraction of Sciatic Nerve, Open Approach
01DF3ZZ	Extraction of Sciatic Nerve, Percutaneous Approach
01DF4ZZ	Extraction of Sciatic Nerve, Percutaneous Endoscopic Approach
01DG0ZZ	Extraction of Tibial Nerve, Open Approach
01DG3ZZ	Extraction of Tibial Nerve, Percutaneous Approach
01DG4ZZ	Extraction of Tibial Nerve, Percutaneous Endoscopic Approach
01DH0ZZ	Extraction of Peroneal Nerve, Open Approach
01DH3ZZ	Extraction of Peroneal Nerve, Percutaneous Approach
01DH4ZZ	Extraction of Peroneal Nerve, Percutaneous Endoscopic Approach
01DQ0ZZ	Extraction of Sacral Plexus, Open Approach
01DQ3ZZ	Extraction of Sacral Plexus, Percutaneous Approach
01DQ4ZZ	Extraction of Sacral Plexus, Percutaneous Endoscopic Approach
01DR0ZZ	Extraction of Sacral Nerve, Open Approach
01DR3ZZ	Extraction of Sacral Nerve, Percutaneous Approach
01DR4ZZ	Extraction of Sacral Nerve, Percutaneous Endoscopic Approach
01JY0ZZ	Inspection of Peripheral Nerve, Open Approach
01JY3ZZ	Inspection of Peripheral Nerve, Percutaneous Approach
01JY4ZZ	Inspection of Peripheral Nerve, Percutaneous Endoscopic Approach
01N00ZZ	Release Cervical Plexus, Open Approach
01N03ZZ	Release Cervical Plexus, Percutaneous Approach
01N04ZZ	Release Cervical Plexus, Percutaneous Endoscopic Approach
01N10ZZ	Release Cervical Nerve, Open Approach
01N13ZZ	Release Cervical Nerve, Percutaneous Approach
01N14ZZ	Release Cervical Nerve, Percutaneous Endoscopic Approach
01N20ZZ	Release Phrenic Nerve, Open Approach
01N23ZZ	Release Phrenic Nerve, Percutaneous Approach
01N24ZZ	Release Phrenic Nerve, Percutaneous Endoscopic Approach
01N30ZZ	Release Brachial Plexus, Open Approach
01N33ZZ	Release Brachial Plexus, Percutaneous Approach
01N34ZZ	Release Brachial Plexus, Percutaneous Endoscopic Approach
01N40ZZ	Release Ulnar Nerve, Open Approach
01N43ZZ	Release Ulnar Nerve, Percutaneous Approach
01N44ZZ	Release Ulnar Nerve, Percutaneous Endoscopic Approach
01N50ZZ	Release Median Nerve, Open Approach
01N53ZZ	Release Median Nerve, Percutaneous Approach
01N54ZZ	Release Median Nerve, Percutaneous Endoscopic Approach
01N60ZZ	Release Radial Nerve, Open Approach
01N63ZZ	Release Radial Nerve, Percutaneous Approach
01N64ZZ	Release Radial Nerve, Percutaneous Endoscopic Approach
01N80ZZ	Release Thoracic Nerve, Open Approach
01N83ZZ	Release Thoracic Nerve, Percutaneous Approach
01N84ZZ	Release Thoracic Nerve, Percutaneous Endoscopic Approach
01N93ZZ	Release Lumbar Plexus, Percutaneous Approach
01N94ZZ	Release Lumbar Plexus, Percutaneous Endoscopic Approach
01NA0ZZ	Release Lumbosacral Plexus, Open Approach
01NA3ZZ	Release Lumbosacral Plexus, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01NA4ZZ	Release Lumbosacral Plexus, Percutaneous Endoscopic Approach
01NB3ZZ	Release Lumbar Nerve, Percutaneous Approach
01NB4ZZ	Release Lumbar Nerve, Percutaneous Endoscopic Approach
01NC0ZZ	Release Pudendal Nerve, Open Approach
01NC3ZZ	Release Pudendal Nerve, Percutaneous Approach
01NC4ZZ	Release Pudendal Nerve, Percutaneous Endoscopic Approach
01ND0ZZ	Release Femoral Nerve, Open Approach
01ND3ZZ	Release Femoral Nerve, Percutaneous Approach
01ND4ZZ	Release Femoral Nerve, Percutaneous Endoscopic Approach
01NF0ZZ	Release Sciatic Nerve, Open Approach
01NF3ZZ	Release Sciatic Nerve, Percutaneous Approach
01NF4ZZ	Release Sciatic Nerve, Percutaneous Endoscopic Approach
01NG0ZZ	Release Tibial Nerve, Open Approach
01NG3ZZ	Release Tibial Nerve, Percutaneous Approach
01NG4ZZ	Release Tibial Nerve, Percutaneous Endoscopic Approach
01NH0ZZ	Release Peroneal Nerve, Open Approach
01NH3ZZ	Release Peroneal Nerve, Percutaneous Approach
01NH4ZZ	Release Peroneal Nerve, Percutaneous Endoscopic Approach
01NQ0ZZ	Release Sacral Plexus, Open Approach
01NQ3ZZ	Release Sacral Plexus, Percutaneous Approach
01NQ4ZZ	Release Sacral Plexus, Percutaneous Endoscopic Approach
01NR0ZZ	Release Sacral Nerve, Open Approach
01NR3ZZ	Release Sacral Nerve, Percutaneous Approach
01NR4ZZ	Release Sacral Nerve, Percutaneous Endoscopic Approach
01Q00ZZ	Repair Cervical Plexus, Open Approach
01Q03ZZ	Repair Cervical Plexus, Percutaneous Approach
01Q04ZZ	Repair Cervical Plexus, Percutaneous Endoscopic Approach
01Q10ZZ	Repair Cervical Nerve, Open Approach
01Q13ZZ	Repair Cervical Nerve, Percutaneous Approach
01Q14ZZ	Repair Cervical Nerve, Percutaneous Endoscopic Approach
01Q20ZZ	Repair Phrenic Nerve, Open Approach
01Q23ZZ	Repair Phrenic Nerve, Percutaneous Approach
01Q24ZZ	Repair Phrenic Nerve, Percutaneous Endoscopic Approach
01Q30ZZ	Repair Brachial Plexus, Open Approach
01Q33ZZ	Repair Brachial Plexus, Percutaneous Approach
01Q34ZZ	Repair Brachial Plexus, Percutaneous Endoscopic Approach
01Q40ZZ	Repair Ulnar Nerve, Open Approach
01Q43ZZ	Repair Ulnar Nerve, Percutaneous Approach
01Q44ZZ	Repair Ulnar Nerve, Percutaneous Endoscopic Approach
01Q50ZZ	Repair Median Nerve, Open Approach
01Q53ZZ	Repair Median Nerve, Percutaneous Approach
01Q54ZZ	Repair Median Nerve, Percutaneous Endoscopic Approach
01Q60ZZ	Repair Radial Nerve, Open Approach
01Q63ZZ	Repair Radial Nerve, Percutaneous Approach
01Q64ZZ	Repair Radial Nerve, Percutaneous Endoscopic Approach
01Q80ZZ	Repair Thoracic Nerve, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01Q83ZZ	Repair Thoracic Nerve, Percutaneous Approach
01Q84ZZ	Repair Thoracic Nerve, Percutaneous Endoscopic Approach
01Q90ZZ	Repair Lumbar Plexus, Open Approach
01Q93ZZ	Repair Lumbar Plexus, Percutaneous Approach
01Q94ZZ	Repair Lumbar Plexus, Percutaneous Endoscopic Approach
01QA0ZZ	Repair Lumbosacral Plexus, Open Approach
01QA3ZZ	Repair Lumbosacral Plexus, Percutaneous Approach
01QA4ZZ	Repair Lumbosacral Plexus, Percutaneous Endoscopic Approach
01QB0ZZ	Repair Lumbar Nerve, Open Approach
01QB3ZZ	Repair Lumbar Nerve, Percutaneous Approach
01QB4ZZ	Repair Lumbar Nerve, Percutaneous Endoscopic Approach
01QC0ZZ	Repair Pudendal Nerve, Open Approach
01QC3ZZ	Repair Pudendal Nerve, Percutaneous Approach
01QC4ZZ	Repair Pudendal Nerve, Percutaneous Endoscopic Approach
01QD0ZZ	Repair Femoral Nerve, Open Approach
01QD3ZZ	Repair Femoral Nerve, Percutaneous Approach
01QD4ZZ	Repair Femoral Nerve, Percutaneous Endoscopic Approach
01QF0ZZ	Repair Sciatic Nerve, Open Approach
01QF3ZZ	Repair Sciatic Nerve, Percutaneous Approach
01QF4ZZ	Repair Sciatic Nerve, Percutaneous Endoscopic Approach
01QG0ZZ	Repair Tibial Nerve, Open Approach
01QG3ZZ	Repair Tibial Nerve, Percutaneous Approach
01QG4ZZ	Repair Tibial Nerve, Percutaneous Endoscopic Approach
01QH0ZZ	Repair Peroneal Nerve, Open Approach
01QH3ZZ	Repair Peroneal Nerve, Percutaneous Approach
01QH4ZZ	Repair Peroneal Nerve, Percutaneous Endoscopic Approach
01QQ0ZZ	Repair Sacral Plexus, Open Approach
01QQ3ZZ	Repair Sacral Plexus, Percutaneous Approach
01QQ4ZZ	Repair Sacral Plexus, Percutaneous Endoscopic Approach
01QR0ZZ	Repair Sacral Nerve, Open Approach
01QR3ZZ	Repair Sacral Nerve, Percutaneous Approach
01QR4ZZ	Repair Sacral Nerve, Percutaneous Endoscopic Approach
01S00ZZ	Reposition Cervical Plexus, Open Approach
01S03ZZ	Reposition Cervical Plexus, Percutaneous Approach
01S04ZZ	Reposition Cervical Plexus, Percutaneous Endoscopic Approach
01S10ZZ	Reposition Cervical Nerve, Open Approach
01S13ZZ	Reposition Cervical Nerve, Percutaneous Approach
01S14ZZ	Reposition Cervical Nerve, Percutaneous Endoscopic Approach
01S20ZZ	Reposition Phrenic Nerve, Open Approach
01S23ZZ	Reposition Phrenic Nerve, Percutaneous Approach
01S24ZZ	Reposition Phrenic Nerve, Percutaneous Endoscopic Approach
01S30ZZ	Reposition Brachial Plexus, Open Approach
01S33ZZ	Reposition Brachial Plexus, Percutaneous Approach
01S34ZZ	Reposition Brachial Plexus, Percutaneous Endoscopic Approach
01S40ZZ	Reposition Ulnar Nerve, Open Approach
01S43ZZ	Reposition Ulnar Nerve, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01S44ZZ	Reposition Ulnar Nerve, Percutaneous Endoscopic Approach
01S50ZZ	Reposition Median Nerve, Open Approach
01S53ZZ	Reposition Median Nerve, Percutaneous Approach
01S54ZZ	Reposition Median Nerve, Percutaneous Endoscopic Approach
01S60ZZ	Reposition Radial Nerve, Open Approach
01S63ZZ	Reposition Radial Nerve, Percutaneous Approach
01S64ZZ	Reposition Radial Nerve, Percutaneous Endoscopic Approach
01S80ZZ	Reposition Thoracic Nerve, Open Approach
01S83ZZ	Reposition Thoracic Nerve, Percutaneous Approach
01S84ZZ	Reposition Thoracic Nerve, Percutaneous Endoscopic Approach
01S90ZZ	Reposition Lumbar Plexus, Open Approach
01S93ZZ	Reposition Lumbar Plexus, Percutaneous Approach
01S94ZZ	Reposition Lumbar Plexus, Percutaneous Endoscopic Approach
01SA0ZZ	Reposition Lumbosacral Plexus, Open Approach
01SA3ZZ	Reposition Lumbosacral Plexus, Percutaneous Approach
01SA4ZZ	Reposition Lumbosacral Plexus, Percutaneous Endoscopic Approach
01SB0ZZ	Reposition Lumbar Nerve, Open Approach
01SB3ZZ	Reposition Lumbar Nerve, Percutaneous Approach
01SB4ZZ	Reposition Lumbar Nerve, Percutaneous Endoscopic Approach
01SC0ZZ	Reposition Pudendal Nerve, Open Approach
01SC3ZZ	Reposition Pudendal Nerve, Percutaneous Approach
01SC4ZZ	Reposition Pudendal Nerve, Percutaneous Endoscopic Approach
01SD0ZZ	Reposition Femoral Nerve, Open Approach
01SD3ZZ	Reposition Femoral Nerve, Percutaneous Approach
01SD4ZZ	Reposition Femoral Nerve, Percutaneous Endoscopic Approach
01SF0ZZ	Reposition Sciatic Nerve, Open Approach
01SF3ZZ	Reposition Sciatic Nerve, Percutaneous Approach
01SF4ZZ	Reposition Sciatic Nerve, Percutaneous Endoscopic Approach
01SG0ZZ	Reposition Tibial Nerve, Open Approach
01SG3ZZ	Reposition Tibial Nerve, Percutaneous Approach
01SG4ZZ	Reposition Tibial Nerve, Percutaneous Endoscopic Approach
01SH0ZZ	Reposition Peroneal Nerve, Open Approach
01SH3ZZ	Reposition Peroneal Nerve, Percutaneous Approach
01SH4ZZ	Reposition Peroneal Nerve, Percutaneous Endoscopic Approach
01SQ0ZZ	Reposition Sacral Plexus, Open Approach
01SQ3ZZ	Reposition Sacral Plexus, Percutaneous Approach
01SQ4ZZ	Reposition Sacral Plexus, Percutaneous Endoscopic Approach
01SR0ZZ	Reposition Sacral Nerve, Open Approach
01SR3ZZ	Reposition Sacral Nerve, Percutaneous Approach
01SR4ZZ	Reposition Sacral Nerve, Percutaneous Endoscopic Approach
01U107Z	Supplement Cervical Nerve with Autologous Tissue Substitute, Open Approach
01U137Z	Supplement Cervical Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U147Z	Supplement Cervical Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01U207Z	Supplement Phrenic Nerve with Autologous Tissue Substitute, Open Approach
01U237Z	Supplement Phrenic Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U247Z	Supplement Phrenic Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01U407Z	Supplement Ulnar Nerve with Autologous Tissue Substitute, Open Approach
01U437Z	Supplement Ulnar Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U447Z	Supplement Ulnar Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01U507Z	Supplement Median Nerve with Autologous Tissue Substitute, Open Approach
01U537Z	Supplement Median Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U547Z	Supplement Median Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01U607Z	Supplement Radial Nerve with Autologous Tissue Substitute, Open Approach
01U637Z	Supplement Radial Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U647Z	Supplement Radial Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01U807Z	Supplement Thoracic Nerve with Autologous Tissue Substitute, Open Approach
01U837Z	Supplement Thoracic Nerve with Autologous Tissue Substitute, Percutaneous Approach
01U847Z	Supplement Thoracic Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UB07Z	Supplement Lumbar Nerve with Autologous Tissue Substitute, Open Approach
01UB37Z	Supplement Lumbar Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UB47Z	Supplement Lumbar Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UC07Z	Supplement Pudendal Nerve with Autologous Tissue Substitute, Open Approach
01UC37Z	Supplement Pudendal Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UC47Z	Supplement Pudendal Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UD07Z	Supplement Femoral Nerve with Autologous Tissue Substitute, Open Approach
01UD37Z	Supplement Femoral Nerve with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
ICD-10 Code	Description
01UD47Z	Supplement Femoral Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UF07Z	Supplement Sciatic Nerve with Autologous Tissue Substitute, Open Approach
01UF37Z	Supplement Sciatic Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UF47Z	Supplement Sciatic Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UG07Z	Supplement Tibial Nerve with Autologous Tissue Substitute, Open Approach
01UG37Z	Supplement Tibial Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UG47Z	Supplement Tibial Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UH07Z	Supplement Peroneal Nerve with Autologous Tissue Substitute, Open Approach
01UH37Z	Supplement Peroneal Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UH47Z	Supplement Peroneal Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01UR07Z	Supplement Sacral Nerve with Autologous Tissue Substitute, Open Approach
01UR37Z	Supplement Sacral Nerve with Autologous Tissue Substitute, Percutaneous Approach
01UR47Z	Supplement Sacral Nerve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
01X10Z1	Transfer Cervical Nerve to Cervical Nerve, Open Approach
01X10Z2	Transfer Cervical Nerve to Phrenic Nerve, Open Approach
01X14Z1	Transfer Cervical Nerve to Cervical Nerve, Percutaneous Endoscopic Approach
01X14Z2	Transfer Cervical Nerve to Phrenic Nerve, Percutaneous Endoscopic Approach
01X20Z1	Transfer Phrenic Nerve to Cervical Nerve, Open Approach
01X20Z2	Transfer Phrenic Nerve to Phrenic Nerve, Open Approach
01X24Z1	Transfer Phrenic Nerve to Cervical Nerve, Percutaneous Endoscopic Approach
01X24Z2	Transfer Phrenic Nerve to Phrenic Nerve, Percutaneous Endoscopic Approach
01X40Z4	Transfer Ulnar Nerve to Ulnar Nerve, Open Approach
01X40Z5	Transfer Ulnar Nerve to Median Nerve, Open Approach
01X40Z6	Transfer Ulnar Nerve to Radial Nerve, Open Approach
01X44Z4	Transfer Ulnar Nerve to Ulnar Nerve, Percutaneous Endoscopic Approach
01X44Z5	Transfer Ulnar Nerve to Median Nerve, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
01X44Z6	Transfer Ulnar Nerve to Radial Nerve, Percutaneous Endoscopic Approach
01X50Z4	Transfer Median Nerve to Ulnar Nerve, Open Approach
01X50Z5	Transfer Median Nerve to Median Nerve, Open Approach
01X50Z6	Transfer Median Nerve to Radial Nerve, Open Approach
01X54Z4	Transfer Median Nerve to Ulnar Nerve, Percutaneous Endoscopic Approach
01X54Z5	Transfer Median Nerve to Median Nerve, Percutaneous Endoscopic Approach
01X54Z6	Transfer Median Nerve to Radial Nerve, Percutaneous Endoscopic Approach
01X60Z4	Transfer Radial Nerve to Ulnar Nerve, Open Approach
01X60Z5	Transfer Radial Nerve to Median Nerve, Open Approach
01X60Z6	Transfer Radial Nerve to Radial Nerve, Open Approach
01X64Z4	Transfer Radial Nerve to Ulnar Nerve, Percutaneous Endoscopic Approach
01X64Z5	Transfer Radial Nerve to Median Nerve, Percutaneous Endoscopic Approach
01X64Z6	Transfer Radial Nerve to Radial Nerve, Percutaneous Endoscopic Approach
01X80Z8	Transfer Thoracic Nerve to Thoracic Nerve, Open Approach
01X84Z8	Transfer Thoracic Nerve to Thoracic Nerve, Percutaneous Endoscopic Approach
01XB0ZB	Transfer Lumbar Nerve to Lumbar Nerve, Open Approach
01XB0ZC	Transfer Lumbar Nerve to Perineal Nerve, Open Approach
01XB4ZB	Transfer Lumbar Nerve to Lumbar Nerve, Percutaneous Endoscopic Approach
01XB4ZC	Transfer Lumbar Nerve to Perineal Nerve, Percutaneous Endoscopic Approach
01XC0ZB	Transfer Pudendal Nerve to Lumbar Nerve, Open Approach
01XC0ZC	Transfer Pudendal Nerve to Perineal Nerve, Open Approach
01XC4ZB	Transfer Pudendal Nerve to Lumbar Nerve, Percutaneous Endoscopic Approach
01XC4ZC	Transfer Pudendal Nerve to Perineal Nerve, Percutaneous Endoscopic Approach
01XD0ZD	Transfer Femoral Nerve to Femoral Nerve, Open Approach
01XD0ZF	Transfer Femoral Nerve to Sciatic Nerve, Open Approach
01XD0ZG	Transfer Femoral Nerve to Tibial Nerve, Open Approach
01XD0ZH	Transfer Femoral Nerve to Peroneal Nerve, Open Approach
01XD4ZD	Transfer Femoral Nerve to Femoral Nerve, Percutaneous Endoscopic Approach
01XD4ZF	Transfer Femoral Nerve to Sciatic Nerve, Percutaneous Endoscopic Approach
01XD4ZG	Transfer Femoral Nerve to Tibial Nerve, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
ICD-10 Code	Description
01XD4ZH	Transfer Femoral Nerve to Peroneal Nerve, Percutaneous Endoscopic Approach
01XF0ZD	Transfer Sciatic Nerve to Femoral Nerve, Open Approach
01XF0ZF	Transfer Sciatic Nerve to Sciatic Nerve, Open Approach
01XF0ZG	Transfer Sciatic Nerve to Tibial Nerve, Open Approach
01XF0ZH	Transfer Sciatic Nerve to Peroneal Nerve, Open Approach
01XF4ZD	Transfer Sciatic Nerve to Femoral Nerve, Percutaneous Endoscopic Approach
01XF4ZF	Transfer Sciatic Nerve to Sciatic Nerve, Percutaneous Endoscopic Approach
01XF4ZG	Transfer Sciatic Nerve to Tibial Nerve, Percutaneous Endoscopic Approach
01XF4ZH	Transfer Sciatic Nerve to Peroneal Nerve, Percutaneous Endoscopic Approach
01XG0ZD	Transfer Tibial Nerve to Femoral Nerve, Open Approach
01XG0ZF	Transfer Tibial Nerve to Sciatic Nerve, Open Approach
01XG0ZG	Transfer Tibial Nerve to Tibial Nerve, Open Approach
01XG0ZH	Transfer Tibial Nerve to Peroneal Nerve, Open Approach
01XG4ZD	Transfer Tibial Nerve to Femoral Nerve, Percutaneous Endoscopic Approach
01XG4ZF	Transfer Tibial Nerve to Sciatic Nerve, Percutaneous Endoscopic Approach
01XG4ZG	Transfer Tibial Nerve to Tibial Nerve, Percutaneous Endoscopic Approach
01XG4ZH	Transfer Tibial Nerve to Peroneal Nerve, Percutaneous Endoscopic Approach
01XH0ZD	Transfer Peroneal Nerve to Femoral Nerve, Open Approach
01XH0ZF	Transfer Peroneal Nerve to Sciatic Nerve, Open Approach
01XH0ZG	Transfer Peroneal Nerve to Tibial Nerve, Open Approach
01XH0ZH	Transfer Peroneal Nerve to Peroneal Nerve, Open Approach
01XH4ZD	Transfer Peroneal Nerve to Femoral Nerve, Percutaneous Endoscopic Approach
01XH4ZF	Transfer Peroneal Nerve to Sciatic Nerve, Percutaneous Endoscopic Approach
01XH4ZG	Transfer Peroneal Nerve to Tibial Nerve, Percutaneous Endoscopic Approach
01XH4ZH	Transfer Peroneal Nerve to Peroneal Nerve, Percutaneous Endoscopic Approach
0NB00ZZ	Excision of Skull, Open Approach
0NB03ZZ	Excision of Skull, Percutaneous Approach
0NB04ZZ	Excision of Skull, Percutaneous Endoscopic Approach
0NB10ZZ	Excision of Right Frontal Bone, Open Approach
0NB13ZZ	Excision of Right Frontal Bone, Percutaneous Approach
0NB14ZZ	Excision of Right Frontal Bone, Percutaneous Endoscopic Approach
0NB30ZZ	Excision of Right Parietal Bone, Open Approach
0NB33ZZ	Excision of Right Parietal Bone, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
0NB34ZZ	Excision of Right Parietal Bone, Percutaneous Endoscopic Approach
0NB40ZZ	Excision of Left Parietal Bone, Open Approach
0NB43ZZ	Excision of Left Parietal Bone, Percutaneous Approach
0NB44ZZ	Excision of Left Parietal Bone, Percutaneous Endoscopic Approach
0NB50ZZ	Excision of Right Temporal Bone, Open Approach
0NB53ZZ	Excision of Right Temporal Bone, Percutaneous Approach
0NB54ZZ	Excision of Right Temporal Bone, Percutaneous Endoscopic Approach
0NB60ZZ	Excision of Left Temporal Bone, Open Approach
0NB63ZZ	Excision of Left Temporal Bone, Percutaneous Approach
0NB64ZZ	Excision of Left Temporal Bone, Percutaneous Endoscopic Approach
0NB70ZZ	Excision of Right Occipital Bone, Open Approach
0NB73ZZ	Excision of Right Occipital Bone, Percutaneous Approach
0NB74ZZ	Excision of Right Occipital Bone, Percutaneous Endoscopic Approach
0NH004Z	Insertion of Internal Fixation Device into Skull, Open Approach
0NH034Z	Insertion of Internal Fixation Device into Skull, Percutaneous Approach
0NH044Z	Insertion of Internal Fixation Device into Skull, Percutaneous Endoscopic Approach
0NP035Z	Removal of External Fixation Device from Skull, Percutaneous Approach
0NP045Z	Removal of External Fixation Device from Skull, Percutaneous Endoscopic Approach
0NP0X5Z	Removal of External Fixation Device from Skull, External Approach
0PB30ZZ	Excision of Cervical Vertebra, Open Approach
0QB00ZZ	Excision of Lumbar Vertebra, Open Approach
0RB00ZZ	Excision of Occipital-cervical Joint, Open Approach
0RB03ZZ	Excision of Occipital-cervical Joint, Percutaneous Approach
0RB04ZZ	Excision of Occipital-cervical Joint, Percutaneous Endoscopic Approach
0RB10ZZ	Excision of Cervical Vertebral Joint, Open Approach
0RB13ZZ	Excision of Cervical Vertebral Joint, Percutaneous Approach
0RB14ZZ	Excision of Cervical Vertebral Joint, Percutaneous Endoscopic Approach
0RB40ZZ	Excision of Cervicothoracic Vertebral Joint, Open Approach
0RB43ZZ	Excision of Cervicothoracic Vertebral Joint, Percutaneous Approach
0RB44ZZ	Excision of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RB63ZZ	Excision of Thoracic Vertebral Joint, Percutaneous Approach
0RB64ZZ	Excision of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach
0RBA0ZZ	Excision of Thoracolumbar Vertebral Joint, Open Approach
0RBA3ZZ	Excision of Thoracolumbar Vertebral Joint, Percutaneous Approach
0RBA4ZZ	Excision of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SB00ZZ	Excision of Lumbar Vertebral Joint, Open Approach
0SB03ZZ	Excision of Lumbar Vertebral Joint, Percutaneous Approach
0SB04ZZ	Excision of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach
0SB30ZZ	Excision of Lumbosacral Joint, Open Approach
0SB33ZZ	Excision of Lumbosacral Joint, Percutaneous Approach
0SB34ZZ	Excision of Lumbosacral Joint, Percutaneous Endoscopic Approach
0SB50ZZ	Excision of Sacrococcygeal Joint, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
0SB53ZZ	Excision of Sacrococcygeal Joint, Percutaneous Approach
0SB54ZZ	Excision of Sacrococcygeal Joint, Percutaneous Endoscopic Approach
0SB60ZZ	Excision of Coccygeal Joint, Open Approach
0SB63ZZ	Excision of Coccygeal Joint, Percutaneous Approach
0SB64ZZ	Excision of Coccygeal Joint, Percutaneous Endoscopic Approach
0SB70ZZ	Excision of Right Sacroiliac Joint, Open Approach
0SB73ZZ	Excision of Right Sacroiliac Joint, Percutaneous Approach
0SB74ZZ	Excision of Right Sacroiliac Joint, Percutaneous Endoscopic Approach
0SB80ZZ	Excision of Left Sacroiliac Joint, Open Approach
0SB83ZZ	Excision of Left Sacroiliac Joint, Percutaneous Approach
0SB84ZZ	Excision of Left Sacroiliac Joint, Percutaneous Endoscopic Approach
0W9130Z	Drainage of Cranial Cavity with Drainage Device, Percutaneous Approach
0W913ZZ	Drainage of Cranial Cavity, Percutaneous Approach
0W9140Z	Drainage of Cranial Cavity with Drainage Device, Percutaneous Endoscopic Approach
0W914ZZ	Drainage of Cranial Cavity, Percutaneous Endoscopic Approach
3C1ZX8Z	Irrigation of Indwelling Device using Irrigating Substance, External Approach
3E0Q0AZ	Introduction of Embryonic Stem Cells into Cranial Cavity and Brain, Open Approach
3E0Q0E0	Introduction of Autologous Somatic Stem Cells into Cranial Cavity and Brain, Open Approach
3E0Q0E1	Introduction of Nonautologous Somatic Stem Cells into Cranial Cavity and Brain, Open Approach
3E0Q33Z	Introduction of Anti-inflammatory into Cranial Cavity and Brain, Percutaneous Approach
3E0Q36Z	Introduction of Nutritional Substance into Cranial Cavity and Brain, Percutaneous Approach
3E0Q37Z	Introduction of Electrolytic and Water Balance Substance into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3AZ	Introduction of Embryonic Stem Cells into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3BZ	Introduction of Local Anesthetic into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3E0	Introduction of Autologous Somatic Stem Cells into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3E1	Introduction of Nonautologous Somatic Stem Cells into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3GC	Introduction of Other Therapeutic Substance into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3HZ	Introduction of Radioactive Substance into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3KZ	Introduction of Other Diagnostic Substance into Cranial Cavity and Brain, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
ICD-10 Code	Description
3E0Q3SF	Introduction of Other Gas into Cranial Cavity and Brain, Percutaneous Approach
3E0Q3TZ	Introduction of Destructive Agent into Cranial Cavity and Brain, Percutaneous Approach
3E0Q7SF	Introduction of Other Gas into Cranial Cavity and Brain, Via Natural or Artificial Opening
3E0R0AZ	Introduction of Embryonic Stem Cells into Spinal Canal, Open Approach
3E0R0E0	Introduction of Autologous Somatic Stem Cells into Spinal Canal, Open Approach
3E0R0E1	Introduction of Nonautologous Somatic Stem Cells into Spinal Canal, Open Approach
3E0R33Z	Introduction of Anti-inflammatory into Spinal Canal, Percutaneous Approach
3E0R36Z	Introduction of Nutritional Substance into Spinal Canal, Percutaneous Approach
3E0R37Z	Introduction of Electrolytic and Water Balance Substance into Spinal Canal, Percutaneous Approach
3E0R3AZ	Introduction of Embryonic Stem Cells into Spinal Canal, Percutaneous Approach
3E0R3BZ	Introduction of Local Anesthetic into Spinal Canal, Percutaneous Approach
3E0R3E0	Introduction of Autologous Somatic Stem Cells into Spinal Canal, Percutaneous Approach
3E0R3E1	Introduction of Nonautologous Somatic Stem Cells into Spinal Canal, Percutaneous Approach
3E0R3GC	Introduction of Other Therapeutic Substance into Spinal Canal, Percutaneous Approach
3E0R3HZ	Introduction of Radioactive Substance into Spinal Canal, Percutaneous Approach
3E0R3KZ	Introduction of Other Diagnostic Substance into Spinal Canal, Percutaneous Approach
3E0R3NZ	Introduction of Analgesics, Hypnotics, Sedatives into Spinal Canal, Percutaneous Approach
3E0R3SF	Introduction of Other Gas into Spinal Canal, Percutaneous Approach
3E0R3TZ	Introduction of Destructive Agent into Spinal Canal, Percutaneous Approach
3E0R7SF	Introduction of Other Gas into Spinal Canal, Via Natural or Artificial Opening
3E0S33Z	Introduction of Anti-inflammatory into Epidural Space, Percutaneous Approach
3E0S36Z	Introduction of Nutritional Substance into Epidural Space, Percutaneous Approach
3E0S37Z	Introduction of Electrolytic and Water Balance Substance into Epidural Space, Percutaneous Approach
3E0S3BZ	Introduction of Local Anesthetic into Epidural Space, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
ICD-10 Code	Description
3E0S3GC	Introduction of Other Therapeutic Substance into Epidural Space, Percutaneous Approach
3E0S3HZ	Introduction of Radioactive Substance into Epidural Space, Percutaneous Approach
3E0S3KZ	Introduction of Other Diagnostic Substance into Epidural Space, Percutaneous Approach
3E0S3NZ	Introduction of Analgesics, Hypnotics, Sedatives into Epidural Space, Percutaneous Approach
3E0S3SF	Introduction of Other Gas into Epidural Space, Percutaneous Approach
3E0S3TZ	Introduction of Destructive Agent into Epidural Space, Percutaneous Approach
3E0S7SF	Introduction of Other Gas into Epidural Space, Via Natural or Artificial Opening
3E0T33Z	Introduction of Anti-inflammatory into Peripheral Nerves and Plexi, Percutaneous Approach
3E0T3BZ	Introduction of Local Anesthetic into Peripheral Nerves and Plexi, Percutaneous Approach
3E0T3GC	Introduction of Other Therapeutic Substance into Peripheral Nerves and Plexi, Percutaneous Approach
3E0T3TZ	Introduction of Destructive Agent into Peripheral Nerves and Plexi, Percutaneous Approach
3E0X33Z	Introduction of Anti-inflammatory into Cranial Nerves, Percutaneous Approach
3E0X3BZ	Introduction of Local Anesthetic into Cranial Nerves, Percutaneous Approach
3E0X3GC	Introduction of Other Therapeutic Substance into Cranial Nerves, Percutaneous Approach
3E0X3TZ	Introduction of Destructive Agent into Cranial Nerves, Percutaneous Approach
3E1Q38X	Irrigation of Cranial Cavity and Brain using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1Q38Z	Irrigation of Cranial Cavity and Brain using Irrigating Substance, Percutaneous Approach
4A10X4Z	Monitoring of Central Nervous Electrical Activity, External Approach
8C01X6J	Collection of Cerebrospinal Fluid from Indwelling Device in Nervous System



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
CPT Code	Description
20612	Aspiration and/or injection of ganglion cyst(s) any location
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	Application of halo, including removal; cranial
20662	Application of halo, including removal; pelvic
20663	Application of halo, including removal; femoral
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology
20665	Removal of tongs or halo applied by another physician
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27325	Neurectomy, hamstring muscle
27326	Neurectomy, popliteal (gastrocnemius)
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28055	Neurectomy, intrinsic musculature of foot
28080	Excision, interdigital (Morton) neuroma, single, each
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105	Twist drill hole for subdural or ventricular puncture
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61500	Craniectomy; with excision of tumor or other bone lesion of skull
61501	Craniectomy; for osteomyelitis



Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
CPT Code	Description
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
62194	Replacement or irrigation, subarachnoid/subdural catheter
62252	Reprogramming of programmable cerebrospinal shunt
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62270	Spinal puncture, lumbar, diagnostic
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	Injection, epidural, of blood or clot patch
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
CPT Code	Description
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical
63040	laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63650	Percutaneous implantation of neurostimulator electrode array, epidural
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64415	Injection, anesthetic agent; brachial plexus, single
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Injection, anesthetic agent; axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent; pudendal nerve



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
CPT Code	Description
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent; sciatic nerve, single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection, anesthetic agent; other peripheral nerve or branch
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64620	Destruction by neurolytic agent, intercostal nerve
64630	Destruction by neurolytic agent; pudendal nerve



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
CPT Code	Description
64632	Destruction by neurolytic agent; plantar common digital nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702	Neuroplasty; digital, 1 or both, same digit
64704	Neuroplasty; nerve of hand or foot
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	Neuroplasty and/or transposition; cranial nerve (specify)
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	Decompression; unspecified nerve(s) (specify)
64726	Decompression; plantar digital nerve
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	Transection or avulsion of; supraorbital nerve
64734	Transection or avulsion of; infraorbital nerve
64736	Transection or avulsion of; mental nerve
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	Transection or avulsion of; lingual nerve
64742	Transection or avulsion of; facial nerve, differential or complete
64744	Transection or avulsion of; greater occipital nerve
64746	Transection or avulsion of; phrenic nerve
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	Transection or avulsion of other cranial nerve, extradural
64772	Transection or avulsion of other spinal nerve, extradural
64774	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	Excision of neuroma; digital nerve, 1 or both, same digit
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	Excision of neuroma; hand or foot, except digital nerve
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nervous System	
CPT Code	Description
64784	Excision of neuroma; major peripheral nerve, except sciatic
64786	Excision of neuroma; sciatic nerve
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	Biopsy of nerve
64831	Suture of digital nerve, hand or foot; 1 nerve
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	Suture of one nerve; hand or foot, common sensory nerve
64835	Suture of one nerve; median motor thenar
64836	Suture of one nerve; ulnar motor
64837	Suture of each additional nerve, hand or foot List separately in addition to code for primary procedure
64840	Suture of posterior tibial nerve
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	Suture of sciatic nerve
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	Suture of; brachial plexus
64862	Suture of; lumbar plexus
64864	Suture of facial nerve; extracranial
64865	Suture of facial nerve; infratemporal, with or without grafting
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neuroorrhaphy)
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
CPT Code	Description
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
64999	Unlisted procedure, nervous system
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69970	Removal of tumor, temporal bone
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for a primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nervous System	
CPT Code	Description
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
03LM0CZ	Occlusion of Right External Carotid Artery with Extraluminal Device, Open Approach
03LM0ZZ	Occlusion of Right External Carotid Artery, Open Approach
03LM3CZ	Occlusion of Right External Carotid Artery with Extraluminal Device, Percutaneous Approach
03LM3ZZ	Occlusion of Right External Carotid Artery, Percutaneous Approach
03LM4CZ	Occlusion of Right External Carotid Artery with Extraluminal Device, Percutaneous Endoscopic Approach
03LM4ZZ	Occlusion of Right External Carotid Artery, Percutaneous Endoscopic Approach
03LN0CZ	Occlusion of Left External Carotid Artery with Extraluminal Device, Open Approach
03LN0ZZ	Occlusion of Left External Carotid Artery, Open Approach
03LN3CZ	Occlusion of Left External Carotid Artery with Extraluminal Device, Percutaneous Approach
03LN3ZZ	Occlusion of Left External Carotid Artery, Percutaneous Approach
03LN4CZ	Occlusion of Left External Carotid Artery with Extraluminal Device, Percutaneous Endoscopic Approach
03LN4ZZ	Occlusion of Left External Carotid Artery, Percutaneous Endoscopic Approach
090K07Z	Alteration of Nose with Autologous Tissue Substitute, Open Approach
090K0JZ	Alteration of Nose with Synthetic Substitute, Open Approach
090K0KZ	Alteration of Nose with Nonautologous Tissue Substitute, Open Approach
090K0ZZ	Alteration of Nose, Open Approach
090K37Z	Alteration of Nose with Autologous Tissue Substitute, Percutaneous Approach
090K3JZ	Alteration of Nose with Synthetic Substitute, Percutaneous Approach
090K3KZ	Alteration of Nose with Nonautologous Tissue Substitute, Percutaneous Approach
090K3ZZ	Alteration of Nose, Percutaneous Approach
090K47Z	Alteration of Nose with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
090K4JZ	Alteration of Nose with Synthetic Substitute, Percutaneous Endoscopic Approach
090K4KZ	Alteration of Nose with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
090K4ZZ	Alteration of Nose, Percutaneous Endoscopic Approach
090KX7Z	Alteration of Nose with Autologous Tissue Substitute, External Approach
090KXJZ	Alteration of Nose with Synthetic Substitute, External Approach
090KXKZ	Alteration of Nose with Nonautologous Tissue Substitute, External Approach
090KXZZ	Alteration of Nose, External Approach
095K0ZZ	Destruction of Nose, Open Approach
095K3ZZ	Destruction of Nose, Percutaneous Approach
095K4ZZ	Destruction of Nose, Percutaneous Endoscopic Approach
095KXZZ	Destruction of Nose, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
095L0ZZ	Destruction of Nasal Turbinate, Open Approach
095L3ZZ	Destruction of Nasal Turbinate, Percutaneous Approach
095L4ZZ	Destruction of Nasal Turbinate, Percutaneous Endoscopic Approach
095L7ZZ	Destruction of Nasal Turbinate, Via Natural or Artificial Opening
095L8ZZ	Destruction of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
095M0ZZ	Destruction of Nasal Septum, Open Approach
095M3ZZ	Destruction of Nasal Septum, Percutaneous Approach
095M4ZZ	Destruction of Nasal Septum, Percutaneous Endoscopic Approach
095Q0ZZ	Destruction of Right Maxillary Sinus, Open Approach
095Q3ZZ	Destruction of Right Maxillary Sinus, Percutaneous Approach
095Q4ZZ	Destruction of Right Maxillary Sinus, Percutaneous Endoscopic Approach
095R0ZZ	Destruction of Left Maxillary Sinus, Open Approach
095R3ZZ	Destruction of Left Maxillary Sinus, Percutaneous Approach
095R4ZZ	Destruction of Left Maxillary Sinus, Percutaneous Endoscopic Approach
095U0ZZ	Destruction of Right Ethmoid Sinus, Open Approach
095U3ZZ	Destruction of Right Ethmoid Sinus, Percutaneous Approach
095U4ZZ	Destruction of Right Ethmoid Sinus, Percutaneous Endoscopic Approach
095V0ZZ	Destruction of Left Ethmoid Sinus, Open Approach
095V3ZZ	Destruction of Left Ethmoid Sinus, Percutaneous Approach
095V4ZZ	Destruction of Left Ethmoid Sinus, Percutaneous Endoscopic Approach
095W0ZZ	Destruction of Right Sphenoid Sinus, Open Approach
095W3ZZ	Destruction of Right Sphenoid Sinus, Percutaneous Approach
095W4ZZ	Destruction of Right Sphenoid Sinus, Percutaneous Endoscopic Approach
095X0ZZ	Destruction of Left Sphenoid Sinus, Open Approach
095X3ZZ	Destruction of Left Sphenoid Sinus, Percutaneous Approach
095X4ZZ	Destruction of Left Sphenoid Sinus, Percutaneous Endoscopic Approach
098L0ZZ	Division of Nasal Turbinate, Open Approach
098L3ZZ	Division of Nasal Turbinate, Percutaneous Approach
098L4ZZ	Division of Nasal Turbinate, Percutaneous Endoscopic Approach
098L7ZZ	Division of Nasal Turbinate, Via Natural or Artificial Opening
098L8ZZ	Division of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
099K00Z	Drainage of Nose with Drainage Device, Open Approach
099K0ZX	Drainage of Nose, Open Approach, Diagnostic
099K0ZZ	Drainage of Nose, Open Approach
099K30Z	Drainage of Nose with Drainage Device, Percutaneous Approach
099K3ZX	Drainage of Nose, Percutaneous Approach, Diagnostic
099K3ZZ	Drainage of Nose, Percutaneous Approach
099K40Z	Drainage of Nose with Drainage Device, Percutaneous Endoscopic Approach
099K4ZX	Drainage of Nose, Percutaneous Endoscopic Approach, Diagnostic
099K4ZZ	Drainage of Nose, Percutaneous Endoscopic Approach
099KX0Z	Drainage of Nose with Drainage Device, External Approach
099KXZX	Drainage of Nose, External Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
099KXZZ	Drainage of Nose, External Approach
099L00Z	Drainage of Nasal Turbinate with Drainage Device, Open Approach
099L0ZX	Drainage of Nasal Turbinate, Open Approach, Diagnostic
099L0ZZ	Drainage of Nasal Turbinate, Open Approach
099L30Z	Drainage of Nasal Turbinate with Drainage Device, Percutaneous Approach
099L3ZX	Drainage of Nasal Turbinate, Percutaneous Approach, Diagnostic
099L3ZZ	Drainage of Nasal Turbinate, Percutaneous Approach
099L40Z	Drainage of Nasal Turbinate with Drainage Device, Percutaneous Endoscopic Approach
099L4ZX	Drainage of Nasal Turbinate, Percutaneous Endoscopic Approach, Diagnostic
099L4ZZ	Drainage of Nasal Turbinate, Percutaneous Endoscopic Approach
099L70Z	Drainage of Nasal Turbinate with Drainage Device, Via Natural or Artificial Opening
099L7ZX	Drainage of Nasal Turbinate, Via Natural or Artificial Opening, Diagnostic
099L7ZZ	Drainage of Nasal Turbinate, Via Natural or Artificial Opening
099L80Z	Drainage of Nasal Turbinate with Drainage Device, Via Natural or Artificial Opening Endoscopic
099L8ZX	Drainage of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic, Diagnostic
099L8ZZ	Drainage of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
099M00Z	Drainage of Nasal Septum with Drainage Device, Open Approach
099M0ZX	Drainage of Nasal Septum, Open Approach, Diagnostic
099M0ZZ	Drainage of Nasal Septum, Open Approach
099M30Z	Drainage of Nasal Septum with Drainage Device, Percutaneous Approach
099M3ZX	Drainage of Nasal Septum, Percutaneous Approach, Diagnostic
099M3ZZ	Drainage of Nasal Septum, Percutaneous Approach
099M40Z	Drainage of Nasal Septum with Drainage Device, Percutaneous Endoscopic Approach
099M4ZX	Drainage of Nasal Septum, Percutaneous Endoscopic Approach, Diagnostic
099M4ZZ	Drainage of Nasal Septum, Percutaneous Endoscopic Approach
099P0ZX	Drainage of Accessory Sinus, Open Approach, Diagnostic
099P30Z	Drainage of Accessory Sinus with Drainage Device, Percutaneous Approach
099P3ZX	Drainage of Accessory Sinus, Percutaneous Approach, Diagnostic
099P3ZZ	Drainage of Accessory Sinus, Percutaneous Approach
099P40Z	Drainage of Accessory Sinus with Drainage Device, Percutaneous Endoscopic Approach
099P4ZX	Drainage of Accessory Sinus, Percutaneous Endoscopic Approach, Diagnostic
099P4ZZ	Drainage of Accessory Sinus, Percutaneous Endoscopic Approach
099Q00Z	Drainage of Right Maxillary Sinus with Drainage Device, Open Approach
099Q0ZX	Drainage of Right Maxillary Sinus, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
099Q0ZZ	Drainage of Right Maxillary Sinus, Open Approach
099Q30Z	Drainage of Right Maxillary Sinus with Drainage Device, Percutaneous Approach
099Q3ZX	Drainage of Right Maxillary Sinus, Percutaneous Approach, Diagnostic
099Q3ZZ	Drainage of Right Maxillary Sinus, Percutaneous Approach
099Q40Z	Drainage of Right Maxillary Sinus with Drainage Device, Percutaneous Endoscopic Approach
099Q4ZX	Drainage of Right Maxillary Sinus, Percutaneous Endoscopic Approach, Diagnostic
099Q4ZZ	Drainage of Right Maxillary Sinus, Percutaneous Endoscopic Approach
099R00Z	Drainage of Left Maxillary Sinus with Drainage Device, Open Approach
099R0ZX	Drainage of Left Maxillary Sinus, Open Approach, Diagnostic
099R0ZZ	Drainage of Left Maxillary Sinus, Open Approach
099R30Z	Drainage of Left Maxillary Sinus with Drainage Device, Percutaneous Approach
099R3ZX	Drainage of Left Maxillary Sinus, Percutaneous Approach, Diagnostic
099R3ZZ	Drainage of Left Maxillary Sinus, Percutaneous Approach
099R40Z	Drainage of Left Maxillary Sinus with Drainage Device, Percutaneous Endoscopic Approach
099R4ZX	Drainage of Left Maxillary Sinus, Percutaneous Endoscopic Approach, Diagnostic
099R4ZZ	Drainage of Left Maxillary Sinus, Percutaneous Endoscopic Approach
099S00Z	Drainage of Right Frontal Sinus with Drainage Device, Open Approach
099S0ZX	Drainage of Right Frontal Sinus, Open Approach, Diagnostic
099S0ZZ	Drainage of Right Frontal Sinus, Open Approach
099S30Z	Drainage of Right Frontal Sinus with Drainage Device, Percutaneous Approach
099S3ZX	Drainage of Right Frontal Sinus, Percutaneous Approach, Diagnostic
099S3ZZ	Drainage of Right Frontal Sinus, Percutaneous Approach
099S40Z	Drainage of Right Frontal Sinus with Drainage Device, Percutaneous Endoscopic Approach
099S4ZX	Drainage of Right Frontal Sinus, Percutaneous Endoscopic Approach, Diagnostic
099S4ZZ	Drainage of Right Frontal Sinus, Percutaneous Endoscopic Approach
099T00Z	Drainage of Left Frontal Sinus with Drainage Device, Open Approach
099T0ZX	Drainage of Left Frontal Sinus, Open Approach, Diagnostic
099T0ZZ	Drainage of Left Frontal Sinus, Open Approach
099T30Z	Drainage of Left Frontal Sinus with Drainage Device, Percutaneous Approach
099T3ZX	Drainage of Left Frontal Sinus, Percutaneous Approach, Diagnostic
099T3ZZ	Drainage of Left Frontal Sinus, Percutaneous Approach
099T40Z	Drainage of Left Frontal Sinus with Drainage Device, Percutaneous Endoscopic Approach
099T4ZX	Drainage of Left Frontal Sinus, Percutaneous Endoscopic Approach, Diagnostic
099T4ZZ	Drainage of Left Frontal Sinus, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
099U00Z	Drainage of Right Ethmoid Sinus with Drainage Device, Open Approach
099U0ZX	Drainage of Right Ethmoid Sinus, Open Approach, Diagnostic
099U0ZZ	Drainage of Right Ethmoid Sinus, Open Approach
099U30Z	Drainage of Right Ethmoid Sinus with Drainage Device, Percutaneous Approach
099U3ZX	Drainage of Right Ethmoid Sinus, Percutaneous Approach, Diagnostic
099U3ZZ	Drainage of Right Ethmoid Sinus, Percutaneous Approach
099U40Z	Drainage of Right Ethmoid Sinus with Drainage Device, Percutaneous Endoscopic Approach
099U4ZX	Drainage of Right Ethmoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099U4ZZ	Drainage of Right Ethmoid Sinus, Percutaneous Endoscopic Approach
099V00Z	Drainage of Left Ethmoid Sinus with Drainage Device, Open Approach
099V0ZX	Drainage of Left Ethmoid Sinus, Open Approach, Diagnostic
099V0ZZ	Drainage of Left Ethmoid Sinus, Open Approach
099V30Z	Drainage of Left Ethmoid Sinus with Drainage Device, Percutaneous Approach
099V3ZX	Drainage of Left Ethmoid Sinus, Percutaneous Approach, Diagnostic
099V3ZZ	Drainage of Left Ethmoid Sinus, Percutaneous Approach
099V40Z	Drainage of Left Ethmoid Sinus with Drainage Device, Percutaneous Endoscopic Approach
099V4ZX	Drainage of Left Ethmoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099V4ZZ	Drainage of Left Ethmoid Sinus, Percutaneous Endoscopic Approach
099W00Z	Drainage of Right Sphenoid Sinus with Drainage Device, Open Approach
099W0ZX	Drainage of Right Sphenoid Sinus, Open Approach, Diagnostic
099W0ZZ	Drainage of Right Sphenoid Sinus, Open Approach
099W30Z	Drainage of Right Sphenoid Sinus with Drainage Device, Percutaneous Approach
099W3ZX	Drainage of Right Sphenoid Sinus, Percutaneous Approach, Diagnostic
099W3ZZ	Drainage of Right Sphenoid Sinus, Percutaneous Approach
099W40Z	Drainage of Right Sphenoid Sinus with Drainage Device, Percutaneous Endoscopic Approach
099W4ZX	Drainage of Right Sphenoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099W4ZZ	Drainage of Right Sphenoid Sinus, Percutaneous Endoscopic Approach
099X00Z	Drainage of Left Sphenoid Sinus with Drainage Device, Open Approach
099X0ZX	Drainage of Left Sphenoid Sinus, Open Approach, Diagnostic
099X0ZZ	Drainage of Left Sphenoid Sinus, Open Approach
099X30Z	Drainage of Left Sphenoid Sinus with Drainage Device, Percutaneous Approach
099X3ZX	Drainage of Left Sphenoid Sinus, Percutaneous Approach, Diagnostic
099X3ZZ	Drainage of Left Sphenoid Sinus, Percutaneous Approach
099X40Z	Drainage of Left Sphenoid Sinus with Drainage Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
099X4ZX	Drainage of Left Sphenoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
099X4ZZ	Drainage of Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09BK0ZX	Excision of Nose, Open Approach, Diagnostic
09BK0ZZ	Excision of Nose, Open Approach
09BK3ZX	Excision of Nose, Percutaneous Approach, Diagnostic
09BK3ZZ	Excision of Nose, Percutaneous Approach
09BK4ZX	Excision of Nose, Percutaneous Endoscopic Approach, Diagnostic
09BK4ZZ	Excision of Nose, Percutaneous Endoscopic Approach
09BKXZX	Excision of Nose, External Approach, Diagnostic
09BKXZZ	Excision of Nose, External Approach
09BL0ZX	Excision of Nasal Turbinate, Open Approach, Diagnostic
09BL0ZZ	Excision of Nasal Turbinate, Open Approach
09BL3ZX	Excision of Nasal Turbinate, Percutaneous Approach, Diagnostic
09BL3ZZ	Excision of Nasal Turbinate, Percutaneous Approach
09BL4ZX	Excision of Nasal Turbinate, Percutaneous Endoscopic Approach, Diagnostic
09BL4ZZ	Excision of Nasal Turbinate, Percutaneous Endoscopic Approach
09BL7ZX	Excision of Nasal Turbinate, Via Natural or Artificial Opening, Diagnostic
09BL7ZZ	Excision of Nasal Turbinate, Via Natural or Artificial Opening
09BL8ZX	Excision of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic, Diagnostic
09BL8ZZ	Excision of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09BM0ZX	Excision of Nasal Septum, Open Approach, Diagnostic
09BM0ZZ	Excision of Nasal Septum, Open Approach
09BM3ZX	Excision of Nasal Septum, Percutaneous Approach, Diagnostic
09BM3ZZ	Excision of Nasal Septum, Percutaneous Approach
09BM4ZX	Excision of Nasal Septum, Percutaneous Endoscopic Approach, Diagnostic
09BM4ZZ	Excision of Nasal Septum, Percutaneous Endoscopic Approach
09BP0ZX	Excision of Accessory Sinus, Open Approach, Diagnostic
09BP3ZX	Excision of Accessory Sinus, Percutaneous Approach, Diagnostic
09BP4ZX	Excision of Accessory Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BQ0ZX	Excision of Right Maxillary Sinus, Open Approach, Diagnostic
09BQ0ZZ	Excision of Right Maxillary Sinus, Open Approach
09BQ3ZX	Excision of Right Maxillary Sinus, Percutaneous Approach, Diagnostic
09BQ3ZZ	Excision of Right Maxillary Sinus, Percutaneous Approach
09BQ4ZX	Excision of Right Maxillary Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BQ4ZZ	Excision of Right Maxillary Sinus, Percutaneous Endoscopic Approach
09BR0ZX	Excision of Left Maxillary Sinus, Open Approach, Diagnostic
09BR0ZZ	Excision of Left Maxillary Sinus, Open Approach
09BR3ZX	Excision of Left Maxillary Sinus, Percutaneous Approach, Diagnostic
09BR3ZZ	Excision of Left Maxillary Sinus, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09BR4ZX	Excision of Left Maxillary Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BR4ZZ	Excision of Left Maxillary Sinus, Percutaneous Endoscopic Approach
09BS0ZX	Excision of Right Frontal Sinus, Open Approach, Diagnostic
09BS3ZX	Excision of Right Frontal Sinus, Percutaneous Approach, Diagnostic
09BS4ZX	Excision of Right Frontal Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BT0ZX	Excision of Left Frontal Sinus, Open Approach, Diagnostic
09BT3ZX	Excision of Left Frontal Sinus, Percutaneous Approach, Diagnostic
09BT4ZX	Excision of Left Frontal Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BU0ZX	Excision of Right Ethmoid Sinus, Open Approach, Diagnostic
09BU0ZZ	Excision of Right Ethmoid Sinus, Open Approach
09BU3ZX	Excision of Right Ethmoid Sinus, Percutaneous Approach, Diagnostic
09BU3ZZ	Excision of Right Ethmoid Sinus, Percutaneous Approach
09BU4ZX	Excision of Right Ethmoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BU4ZZ	Excision of Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09BV0ZX	Excision of Left Ethmoid Sinus, Open Approach, Diagnostic
09BV0ZZ	Excision of Left Ethmoid Sinus, Open Approach
09BV3ZX	Excision of Left Ethmoid Sinus, Percutaneous Approach, Diagnostic
09BV3ZZ	Excision of Left Ethmoid Sinus, Percutaneous Approach
09BV4ZX	Excision of Left Ethmoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BV4ZZ	Excision of Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09BW0ZX	Excision of Right Sphenoid Sinus, Open Approach, Diagnostic
09BW0ZZ	Excision of Right Sphenoid Sinus, Open Approach
09BW3ZX	Excision of Right Sphenoid Sinus, Percutaneous Approach, Diagnostic
09BW3ZZ	Excision of Right Sphenoid Sinus, Percutaneous Approach
09BW4ZX	Excision of Right Sphenoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BW4ZZ	Excision of Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09BX0ZX	Excision of Left Sphenoid Sinus, Open Approach, Diagnostic
09BX0ZZ	Excision of Left Sphenoid Sinus, Open Approach
09BX3ZX	Excision of Left Sphenoid Sinus, Percutaneous Approach, Diagnostic
09BX3ZZ	Excision of Left Sphenoid Sinus, Percutaneous Approach
09BX4ZX	Excision of Left Sphenoid Sinus, Percutaneous Endoscopic Approach, Diagnostic
09BX4ZZ	Excision of Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09CK0ZZ	Extirpation of Matter from Nose, Open Approach
09CK3ZZ	Extirpation of Matter from Nose, Percutaneous Approach
09CK4ZZ	Extirpation of Matter from Nose, Percutaneous Endoscopic Approach
09CL0ZZ	Extirpation of Matter from Nasal Turbinate, Open Approach
09CL3ZZ	Extirpation of Matter from Nasal Turbinate, Percutaneous Approach
09CL4ZZ	Extirpation of Matter from Nasal Turbinate, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09CL7ZZ	Extirpation of Matter from Nasal Turbinate, Via Natural or Artificial Opening
09CL8ZZ	Extirpation of Matter from Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09CM0ZZ	Extirpation of Matter from Nasal Septum, Open Approach
09CM3ZZ	Extirpation of Matter from Nasal Septum, Percutaneous Approach
09CM4ZZ	Extirpation of Matter from Nasal Septum, Percutaneous Endoscopic Approach
09CP0ZZ	Extirpation of Matter from Accessory Sinus, Open Approach
09CP3ZZ	Extirpation of Matter from Accessory Sinus, Percutaneous Approach
09CP4ZZ	Extirpation of Matter from Accessory Sinus, Percutaneous Endoscopic Approach
09CQ0ZZ	Extirpation of Matter from Right Maxillary Sinus, Open Approach
09CQ3ZZ	Extirpation of Matter from Right Maxillary Sinus, Percutaneous Approach
09CQ4ZZ	Extirpation of Matter from Right Maxillary Sinus, Percutaneous Endoscopic Approach
09CR0ZZ	Extirpation of Matter from Left Maxillary Sinus, Open Approach
09CR3ZZ	Extirpation of Matter from Left Maxillary Sinus, Percutaneous Approach
09CR4ZZ	Extirpation of Matter from Left Maxillary Sinus, Percutaneous Endoscopic Approach
09CS0ZZ	Extirpation of Matter from Right Frontal Sinus, Open Approach
09CS3ZZ	Extirpation of Matter from Right Frontal Sinus, Percutaneous Approach
09CS4ZZ	Extirpation of Matter from Right Frontal Sinus, Percutaneous Endoscopic Approach
09CT0ZZ	Extirpation of Matter from Left Frontal Sinus, Open Approach
09CT3ZZ	Extirpation of Matter from Left Frontal Sinus, Percutaneous Approach
09CT4ZZ	Extirpation of Matter from Left Frontal Sinus, Percutaneous Endoscopic Approach
09CU0ZZ	Extirpation of Matter from Right Ethmoid Sinus, Open Approach
09CU3ZZ	Extirpation of Matter from Right Ethmoid Sinus, Percutaneous Approach
09CU4ZZ	Extirpation of Matter from Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09CV0ZZ	Extirpation of Matter from Left Ethmoid Sinus, Open Approach
09CV3ZZ	Extirpation of Matter from Left Ethmoid Sinus, Percutaneous Approach
09CV4ZZ	Extirpation of Matter from Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09CW0ZZ	Extirpation of Matter from Right Sphenoid Sinus, Open Approach
09CW3ZZ	Extirpation of Matter from Right Sphenoid Sinus, Percutaneous Approach
09CW4ZZ	Extirpation of Matter from Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09CX0ZZ	Extirpation of Matter from Left Sphenoid Sinus, Open Approach
09CX3ZZ	Extirpation of Matter from Left Sphenoid Sinus, Percutaneous Approach
09CX4ZZ	Extirpation of Matter from Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09DL0ZZ	Extraction of Nasal Turbinate, Open Approach
09DL3ZZ	Extraction of Nasal Turbinate, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09DL4ZZ	Extraction of Nasal Turbinate, Percutaneous Endoscopic Approach
09DL7ZZ	Extraction of Nasal Turbinate, Via Natural or Artificial Opening
09DL8ZZ	Extraction of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09DM0ZZ	Extraction of Nasal Septum, Open Approach
09DM3ZZ	Extraction of Nasal Septum, Percutaneous Approach
09DM4ZZ	Extraction of Nasal Septum, Percutaneous Endoscopic Approach
09DQ0ZZ	Extraction of Right Maxillary Sinus, Open Approach
09DQ3ZZ	Extraction of Right Maxillary Sinus, Percutaneous Approach
09DQ4ZZ	Extraction of Right Maxillary Sinus, Percutaneous Endoscopic Approach
09DR0ZZ	Extraction of Left Maxillary Sinus, Open Approach
09DR3ZZ	Extraction of Left Maxillary Sinus, Percutaneous Approach
09DR4ZZ	Extraction of Left Maxillary Sinus, Percutaneous Endoscopic Approach
09DU0ZZ	Extraction of Right Ethmoid Sinus, Open Approach
09DU3ZZ	Extraction of Right Ethmoid Sinus, Percutaneous Approach
09DU4ZZ	Extraction of Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09DV0ZZ	Extraction of Left Ethmoid Sinus, Open Approach
09DV3ZZ	Extraction of Left Ethmoid Sinus, Percutaneous Approach
09DV4ZZ	Extraction of Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09DW0ZZ	Extraction of Right Sphenoid Sinus, Open Approach
09DW3ZZ	Extraction of Right Sphenoid Sinus, Percutaneous Approach
09DW4ZZ	Extraction of Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09DX0ZZ	Extraction of Left Sphenoid Sinus, Open Approach
09DX3ZZ	Extraction of Left Sphenoid Sinus, Percutaneous Approach
09DX4ZZ	Extraction of Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09JK0ZZ	Inspection of Nose, Open Approach
09JK3ZZ	Inspection of Nose, Percutaneous Approach
09JK4ZZ	Inspection of Nose, Percutaneous Endoscopic Approach
09JKXZZ	Inspection of Nose, External Approach
09JY0ZZ	Inspection of Sinus, Open Approach
09JY3ZZ	Inspection of Sinus, Percutaneous Approach
09JY4ZZ	Inspection of Sinus, Percutaneous Endoscopic Approach
09MKXZZ	Reattachment of Nose, External Approach
09NK0ZZ	Release Nose, Open Approach
09NK3ZZ	Release Nose, Percutaneous Approach
09NK4ZZ	Release Nose, Percutaneous Endoscopic Approach
09NKXZZ	Release Nose, External Approach
09NL0ZZ	Release Nasal Turbinate, Open Approach
09NL3ZZ	Release Nasal Turbinate, Percutaneous Approach
09NL4ZZ	Release Nasal Turbinate, Percutaneous Endoscopic Approach
09NL7ZZ	Release Nasal Turbinate, Via Natural or Artificial Opening
09NL8ZZ	Release Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09NM0ZZ	Release Nasal Septum, Open Approach
09NM3ZZ	Release Nasal Septum, Percutaneous Approach
09NM4ZZ	Release Nasal Septum, Percutaneous Endoscopic Approach
09NP0ZZ	Release Accessory Sinus, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09NP3ZZ	Release Accessory Sinus, Percutaneous Approach
09NP4ZZ	Release Accessory Sinus, Percutaneous Endoscopic Approach
09NQ0ZZ	Release Right Maxillary Sinus, Open Approach
09NQ3ZZ	Release Right Maxillary Sinus, Percutaneous Approach
09NQ4ZZ	Release Right Maxillary Sinus, Percutaneous Endoscopic Approach
09NR0ZZ	Release Left Maxillary Sinus, Open Approach
09NR3ZZ	Release Left Maxillary Sinus, Percutaneous Approach
09NR4ZZ	Release Left Maxillary Sinus, Percutaneous Endoscopic Approach
09NS0ZZ	Release Right Frontal Sinus, Open Approach
09NS3ZZ	Release Right Frontal Sinus, Percutaneous Approach
09NS4ZZ	Release Right Frontal Sinus, Percutaneous Endoscopic Approach
09NT0ZZ	Release Left Frontal Sinus, Open Approach
09NT3ZZ	Release Left Frontal Sinus, Percutaneous Approach
09NT4ZZ	Release Left Frontal Sinus, Percutaneous Endoscopic Approach
09NU0ZZ	Release Right Ethmoid Sinus, Open Approach
09NU3ZZ	Release Right Ethmoid Sinus, Percutaneous Approach
09NU4ZZ	Release Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09NV0ZZ	Release Left Ethmoid Sinus, Open Approach
09NV3ZZ	Release Left Ethmoid Sinus, Percutaneous Approach
09NV4ZZ	Release Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09NW0ZZ	Release Right Sphenoid Sinus, Open Approach
09NW3ZZ	Release Right Sphenoid Sinus, Percutaneous Approach
09NW4ZZ	Release Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09NX0ZZ	Release Left Sphenoid Sinus, Open Approach
09NX3ZZ	Release Left Sphenoid Sinus, Percutaneous Approach
09NX4ZZ	Release Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09PK00Z	Removal of Drainage Device from Nose, Open Approach
09PK07Z	Removal of Autologous Tissue Substitute from Nose, Open Approach
09PK0DZ	Removal of Intraluminal Device from Nose, Open Approach
09PK0JZ	Removal of Synthetic Substitute from Nose, Open Approach
09PK0KZ	Removal of Nonautologous Tissue Substitute from Nose, Open Approach
09PK30Z	Removal of Drainage Device from Nose, Percutaneous Approach
09PK37Z	Removal of Autologous Tissue Substitute from Nose, Percutaneous Approach
09PK3DZ	Removal of Intraluminal Device from Nose, Percutaneous Approach
09PK3JZ	Removal of Synthetic Substitute from Nose, Percutaneous Approach
09PK3KZ	Removal of Nonautologous Tissue Substitute from Nose, Percutaneous Approach
09PK40Z	Removal of Drainage Device from Nose, Percutaneous Endoscopic Approach
09PK47Z	Removal of Autologous Tissue Substitute from Nose, Percutaneous Endoscopic Approach
09PK4DZ	Removal of Intraluminal Device from Nose, Percutaneous Endoscopic Approach
09PK4JZ	Removal of Synthetic Substitute from Nose, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09PK4KZ	Removal of Nonautologous Tissue Substitute from Nose, Percutaneous Endoscopic Approach
09PK70Z	Removal of Drainage Device from Nose, Via Natural or Artificial Opening
09PK77Z	Removal of Autologous Tissue Substitute from Nose, Via Natural or Artificial Opening
09PK7JZ	Removal of Synthetic Substitute from Nose, Via Natural or Artificial Opening
09PK7KZ	Removal of Nonautologous Tissue Substitute from Nose, Via Natural or Artificial Opening
09PK80Z	Removal of Drainage Device from Nose, Via Natural or Artificial Opening Endoscopic
09PK87Z	Removal of Autologous Tissue Substitute from Nose, Via Natural or Artificial Opening Endoscopic
09PK8JZ	Removal of Synthetic Substitute from Nose, Via Natural or Artificial Opening Endoscopic
09PK8KZ	Removal of Nonautologous Tissue Substitute from Nose, Via Natural or Artificial Opening Endoscopic
09PKX7Z	Removal of Autologous Tissue Substitute from Nose, External Approach
09QK3ZZ	Repair Nose, Percutaneous Approach
09QK4ZZ	Repair Nose, Percutaneous Endoscopic Approach
09QL0ZZ	Repair Nasal Turbinate, Open Approach
09QL3ZZ	Repair Nasal Turbinate, Percutaneous Approach
09QL4ZZ	Repair Nasal Turbinate, Percutaneous Endoscopic Approach
09QL7ZZ	Repair Nasal Turbinate, Via Natural or Artificial Opening
09QL8ZZ	Repair Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09QM0ZZ	Repair Nasal Septum, Open Approach
09QM3ZZ	Repair Nasal Septum, Percutaneous Approach
09QM4ZZ	Repair Nasal Septum, Percutaneous Endoscopic Approach
09QN0ZZ	Repair Nasopharynx, Open Approach
09QN3ZZ	Repair Nasopharynx, Percutaneous Approach
09QN4ZZ	Repair Nasopharynx, Percutaneous Endoscopic Approach
09QN7ZZ	Repair Nasopharynx, Via Natural or Artificial Opening
09QN8ZZ	Repair Nasopharynx, Via Natural or Artificial Opening Endoscopic
09QP0ZZ	Repair Accessory Sinus, Open Approach
09QP3ZZ	Repair Accessory Sinus, Percutaneous Approach
09QP4ZZ	Repair Accessory Sinus, Percutaneous Endoscopic Approach
09QQ0ZZ	Repair Right Maxillary Sinus, Open Approach
09QQ3ZZ	Repair Right Maxillary Sinus, Percutaneous Approach
09QQ4ZZ	Repair Right Maxillary Sinus, Percutaneous Endoscopic Approach
09QR0ZZ	Repair Left Maxillary Sinus, Open Approach
09QR3ZZ	Repair Left Maxillary Sinus, Percutaneous Approach
09QR4ZZ	Repair Left Maxillary Sinus, Percutaneous Endoscopic Approach
09QS0ZZ	Repair Right Frontal Sinus, Open Approach
09QS3ZZ	Repair Right Frontal Sinus, Percutaneous Approach
09QS4ZZ	Repair Right Frontal Sinus, Percutaneous Endoscopic Approach
09QT0ZZ	Repair Left Frontal Sinus, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09QT3ZZ	Repair Left Frontal Sinus, Percutaneous Approach
09QT4ZZ	Repair Left Frontal Sinus, Percutaneous Endoscopic Approach
09QU0ZZ	Repair Right Ethmoid Sinus, Open Approach
09QU3ZZ	Repair Right Ethmoid Sinus, Percutaneous Approach
09QU4ZZ	Repair Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09QV0ZZ	Repair Left Ethmoid Sinus, Open Approach
09QV3ZZ	Repair Left Ethmoid Sinus, Percutaneous Approach
09QV4ZZ	Repair Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09QW0ZZ	Repair Right Sphenoid Sinus, Open Approach
09QW3ZZ	Repair Right Sphenoid Sinus, Percutaneous Approach
09QW4ZZ	Repair Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09QX0ZZ	Repair Left Sphenoid Sinus, Open Approach
09QX3ZZ	Repair Left Sphenoid Sinus, Percutaneous Approach
09QX4ZZ	Repair Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09RK07Z	Replacement of Nose with Autologous Tissue Substitute, Open Approach
09RK0JZ	Replacement of Nose with Synthetic Substitute, Open Approach
09RK0KZ	Replacement of Nose with Nonautologous Tissue Substitute, Open Approach
09RKX7Z	Replacement of Nose with Autologous Tissue Substitute, External Approach
09RKXJZ	Replacement of Nose with Synthetic Substitute, External Approach
09RKXKZ	Replacement of Nose with Nonautologous Tissue Substitute, External Approach
09RL07Z	Replacement of Nasal Turbinate with Autologous Tissue Substitute, Open Approach
09RL0JZ	Replacement of Nasal Turbinate with Synthetic Substitute, Open Approach
09RL0KZ	Replacement of Nasal Turbinate with Nonautologous Tissue Substitute, Open Approach
09RL37Z	Replacement of Nasal Turbinate with Autologous Tissue Substitute, Percutaneous Approach
09RL3JZ	Replacement of Nasal Turbinate with Synthetic Substitute, Percutaneous Approach
09RL3KZ	Replacement of Nasal Turbinate with Nonautologous Tissue Substitute, Percutaneous Approach
09RL47Z	Replacement of Nasal Turbinate with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09RL4JZ	Replacement of Nasal Turbinate with Synthetic Substitute, Percutaneous Endoscopic Approach
09RL4KZ	Replacement of Nasal Turbinate with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09RL77Z	Replacement of Nasal Turbinate with Autologous Tissue Substitute, Via Natural or Artificial Opening
09RL7JZ	Replacement of Nasal Turbinate with Synthetic Substitute, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09RL7KZ	Replacement of Nasal Turbinate with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
09RL87Z	Replacement of Nasal Turbinate with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09RL8JZ	Replacement of Nasal Turbinate with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09RL8KZ	Replacement of Nasal Turbinate with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09RM07Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach
09RM0JZ	Replacement of Nasal Septum with Synthetic Substitute, Open Approach
09RM0KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach
09RM37Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach
09RM3JZ	Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Approach
09RM3KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach
09RM47Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09RM4JZ	Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach
09RM4KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09RN0JZ	Replacement of Nasopharynx with Synthetic Substitute, Open Approach
09RN7JZ	Replacement of Nasopharynx with Synthetic Substitute, Via Natural or Artificial Opening
09RN8JZ	Replacement of Nasopharynx with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09SK0ZZ	Reposition Nose, Open Approach
09SK4ZZ	Reposition Nose, Percutaneous Endoscopic Approach
09SKXZZ	Reposition Nose, External Approach
09SL0ZZ	Reposition Nasal Turbinate, Open Approach
09SL4ZZ	Reposition Nasal Turbinate, Percutaneous Endoscopic Approach
09SL7ZZ	Reposition Nasal Turbinate, Via Natural or Artificial Opening
09SL8ZZ	Reposition Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09SM0ZZ	Reposition Nasal Septum, Open Approach
09SM4ZZ	Reposition Nasal Septum, Percutaneous Endoscopic Approach
09TL0ZZ	Resection of Nasal Turbinate, Open Approach
09TL4ZZ	Resection of Nasal Turbinate, Percutaneous Endoscopic Approach
09TL7ZZ	Resection of Nasal Turbinate, Via Natural or Artificial Opening
09TL8ZZ	Resection of Nasal Turbinate, Via Natural or Artificial Opening Endoscopic
09TM0ZZ	Resection of Nasal Septum, Open Approach
09TM4ZZ	Resection of Nasal Septum, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09TQ0ZZ	Resection of Right Maxillary Sinus, Open Approach
09TQ4ZZ	Resection of Right Maxillary Sinus, Percutaneous Endoscopic Approach
09TR0ZZ	Resection of Left Maxillary Sinus, Open Approach
09TR4ZZ	Resection of Left Maxillary Sinus, Percutaneous Endoscopic Approach
09TU0ZZ	Resection of Right Ethmoid Sinus, Open Approach
09TU4ZZ	Resection of Right Ethmoid Sinus, Percutaneous Endoscopic Approach
09TV0ZZ	Resection of Left Ethmoid Sinus, Open Approach
09TV4ZZ	Resection of Left Ethmoid Sinus, Percutaneous Endoscopic Approach
09TW0ZZ	Resection of Right Sphenoid Sinus, Open Approach
09TW4ZZ	Resection of Right Sphenoid Sinus, Percutaneous Endoscopic Approach
09TX0ZZ	Resection of Left Sphenoid Sinus, Open Approach
09TX4ZZ	Resection of Left Sphenoid Sinus, Percutaneous Endoscopic Approach
09UK0JZ	Supplement Nose with Synthetic Substitute, Open Approach
09UK0KZ	Supplement Nose with Nonautologous Tissue Substitute, Open Approach
09UKX7Z	Supplement Nose with Autologous Tissue Substitute, External Approach
09UKXJZ	Supplement Nose with Synthetic Substitute, External Approach
09UKXKZ	Supplement Nose with Nonautologous Tissue Substitute, External Approach
09UL07Z	Supplement Nasal Turbinate with Autologous Tissue Substitute, Open Approach
09UL0JZ	Supplement Nasal Turbinate with Synthetic Substitute, Open Approach
09UL0KZ	Supplement Nasal Turbinate with Nonautologous Tissue Substitute, Open Approach
09UL37Z	Supplement Nasal Turbinate with Autologous Tissue Substitute, Percutaneous Approach
09UL3JZ	Supplement Nasal Turbinate with Synthetic Substitute, Percutaneous Approach
09UL3KZ	Supplement Nasal Turbinate with Nonautologous Tissue Substitute, Percutaneous Approach
09UL47Z	Supplement Nasal Turbinate with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09UL4JZ	Supplement Nasal Turbinate with Synthetic Substitute, Percutaneous Endoscopic Approach
09UL4KZ	Supplement Nasal Turbinate with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09UL77Z	Supplement Nasal Turbinate with Autologous Tissue Substitute, Via Natural or Artificial Opening
09UL7JZ	Supplement Nasal Turbinate with Synthetic Substitute, Via Natural or Artificial Opening
09UL7KZ	Supplement Nasal Turbinate with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
09UL87Z	Supplement Nasal Turbinate with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09UL8JZ	Supplement Nasal Turbinate with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09UL8KZ	Supplement Nasal Turbinate with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
09UM07Z	Supplement Nasal Septum with Autologous Tissue Substitute, Open Approach
09UM0JZ	Supplement Nasal Septum with Synthetic Substitute, Open Approach
09UM0KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Open Approach
09UM37Z	Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach
09UM3JZ	Supplement Nasal Septum with Synthetic Substitute, Percutaneous Approach
09UM3KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach
09UM47Z	Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09UM4JZ	Supplement Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach
09UM4KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09UN0JZ	Supplement Nasopharynx with Synthetic Substitute, Open Approach
09UN7JZ	Supplement Nasopharynx with Synthetic Substitute, Via Natural or Artificial Opening
09UN8JZ	Supplement Nasopharynx with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
09WK00Z	Revision of Drainage Device in Nose, Open Approach
09WK07Z	Revision of Autologous Tissue Substitute in Nose, Open Approach
09WK0DZ	Revision of Intraluminal Device in Nose, Open Approach
09WK0JZ	Revision of Synthetic Substitute in Nose, Open Approach
09WK0KZ	Revision of Nonautologous Tissue Substitute in Nose, Open Approach
09WK30Z	Revision of Drainage Device in Nose, Percutaneous Approach
09WK37Z	Revision of Autologous Tissue Substitute in Nose, Percutaneous Approach
09WK3DZ	Revision of Intraluminal Device in Nose, Percutaneous Approach
09WK3JZ	Revision of Synthetic Substitute in Nose, Percutaneous Approach
09WK3KZ	Revision of Nonautologous Tissue Substitute in Nose, Percutaneous Approach
09WK40Z	Revision of Drainage Device in Nose, Percutaneous Endoscopic Approach
09WK47Z	Revision of Autologous Tissue Substitute in Nose, Percutaneous Endoscopic Approach
09WK4DZ	Revision of Intraluminal Device in Nose, Percutaneous Endoscopic Approach
09WK4JZ	Revision of Synthetic Substitute in Nose, Percutaneous Endoscopic Approach
09WK4KZ	Revision of Nonautologous Tissue Substitute in Nose, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
09WK70Z	Revision of Drainage Device in Nose, Via Natural or Artificial Opening
09WK77Z	Revision of Autologous Tissue Substitute in Nose, Via Natural or Artificial Opening
09WK7DZ	Revision of Intraluminal Device in Nose, Via Natural or Artificial Opening
09WK7JZ	Revision of Synthetic Substitute in Nose, Via Natural or Artificial Opening
09WK7KZ	Revision of Nonautologous Tissue Substitute in Nose, Via Natural or Artificial Opening
09WK80Z	Revision of Drainage Device in Nose, Via Natural or Artificial Opening Endoscopic
09WK87Z	Revision of Autologous Tissue Substitute in Nose, Via Natural or Artificial Opening Endoscopic
09WK8DZ	Revision of Intraluminal Device in Nose, Via Natural or Artificial Opening Endoscopic
09WK8JZ	Revision of Synthetic Substitute in Nose, Via Natural or Artificial Opening Endoscopic
09WK8KZ	Revision of Nonautologous Tissue Substitute in Nose, Via Natural or Artificial Opening Endoscopic
0C00X7Z	Alteration of Upper Lip with Autologous Tissue Substitute, External Approach
0C00XJZ	Alteration of Upper Lip with Synthetic Substitute, External Approach
0C00XKZ	Alteration of Upper Lip with Nonautologous Tissue Substitute, External Approach
0C00XZZ	Alteration of Upper Lip, External Approach
0C01X7Z	Alteration of Lower Lip with Autologous Tissue Substitute, External Approach
0C01XJZ	Alteration of Lower Lip with Synthetic Substitute, External Approach
0C01XKZ	Alteration of Lower Lip with Nonautologous Tissue Substitute, External Approach
0C01XZZ	Alteration of Lower Lip, External Approach
0C500ZZ	Destruction of Upper Lip, Open Approach
0C503ZZ	Destruction of Upper Lip, Percutaneous Approach
0C50XZZ	Destruction of Upper Lip, External Approach
0C510ZZ	Destruction of Lower Lip, Open Approach
0C513ZZ	Destruction of Lower Lip, Percutaneous Approach
0C51XZZ	Destruction of Lower Lip, External Approach
0C520ZZ	Destruction of Hard Palate, Open Approach
0C523ZZ	Destruction of Hard Palate, Percutaneous Approach
0C52XZZ	Destruction of Hard Palate, External Approach
0C530ZZ	Destruction of Soft Palate, Open Approach
0C533ZZ	Destruction of Soft Palate, Percutaneous Approach
0C53XZZ	Destruction of Soft Palate, External Approach
0C540ZZ	Destruction of Buccal Mucosa, Open Approach
0C543ZZ	Destruction of Buccal Mucosa, Percutaneous Approach
0C54XZZ	Destruction of Buccal Mucosa, External Approach
0C550ZZ	Destruction of Upper Gingiva, Open Approach
0C553ZZ	Destruction of Upper Gingiva, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C55XZZ	Destruction of Upper Gingiva, External Approach
0C560ZZ	Destruction of Lower Gingiva, Open Approach
0C563ZZ	Destruction of Lower Gingiva, Percutaneous Approach
0C56XZZ	Destruction of Lower Gingiva, External Approach
0C580ZZ	Destruction of Right Parotid Gland, Open Approach
0C583ZZ	Destruction of Right Parotid Gland, Percutaneous Approach
0C590ZZ	Destruction of Left Parotid Gland, Open Approach
0C593ZZ	Destruction of Left Parotid Gland, Percutaneous Approach
0C5B0ZZ	Destruction of Right Parotid Duct, Open Approach
0C5B3ZZ	Destruction of Right Parotid Duct, Percutaneous Approach
0C5C0ZZ	Destruction of Left Parotid Duct, Open Approach
0C5C3ZZ	Destruction of Left Parotid Duct, Percutaneous Approach
0C5D0ZZ	Destruction of Right Sublingual Gland, Open Approach
0C5D3ZZ	Destruction of Right Sublingual Gland, Percutaneous Approach
0C5F0ZZ	Destruction of Left Sublingual Gland, Open Approach
0C5F3ZZ	Destruction of Left Sublingual Gland, Percutaneous Approach
0C5G0ZZ	Destruction of Right Submaxillary Gland, Open Approach
0C5G3ZZ	Destruction of Right Submaxillary Gland, Percutaneous Approach
0C5H0ZZ	Destruction of Left Submaxillary Gland, Open Approach
0C5H3ZZ	Destruction of Left Submaxillary Gland, Percutaneous Approach
0C5J0ZZ	Destruction of Minor Salivary Gland, Open Approach
0C5J3ZZ	Destruction of Minor Salivary Gland, Percutaneous Approach
0C5N0ZZ	Destruction of Uvula, Open Approach
0C5N3ZZ	Destruction of Uvula, Percutaneous Approach
0C5NXZZ	Destruction of Uvula, External Approach
0C5W0Z0	Destruction of Upper Tooth, Single, Open Approach
0C5W0Z1	Destruction of Upper Tooth, Multiple, Open Approach
0C5W0Z2	Destruction of Upper Tooth, All, Open Approach
0C5WXZ0	Destruction of Upper Tooth, Single, External Approach
0C5WXZ1	Destruction of Upper Tooth, Multiple, External Approach
0C5WXZ2	Destruction of Upper Tooth, All, External Approach
0C5X0Z0	Destruction of Lower Tooth, Single, Open Approach
0C5X0Z1	Destruction of Lower Tooth, Multiple, Open Approach
0C5X0Z2	Destruction of Lower Tooth, All, Open Approach
0C5XXZ0	Destruction of Lower Tooth, Single, External Approach
0C5XXZ1	Destruction of Lower Tooth, Multiple, External Approach
0C5XXZ2	Destruction of Lower Tooth, All, External Approach
0C7B0DZ	Dilation of Right Parotid Duct with Intraluminal Device, Open Approach
0C7B0ZZ	Dilation of Right Parotid Duct, Open Approach
0C7B3DZ	Dilation of Right Parotid Duct with Intraluminal Device, Percutaneous Approach
0C7B3ZZ	Dilation of Right Parotid Duct, Percutaneous Approach
0C7B7DZ	Dilation of Right Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0C7B7ZZ	Dilation of Right Parotid Duct, Via Natural or Artificial Opening
0C7C0DZ	Dilation of Left Parotid Duct with Intraluminal Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C7C0ZZ	Dilation of Left Parotid Duct, Open Approach
0C7C3DZ	Dilation of Left Parotid Duct with Intraluminal Device, Percutaneous Approach
0C7C3ZZ	Dilation of Left Parotid Duct, Percutaneous Approach
0C7C7DZ	Dilation of Left Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0C7C7ZZ	Dilation of Left Parotid Duct, Via Natural or Artificial Opening
0C9000Z	Drainage of Upper Lip with Drainage Device, Open Approach
0C900ZX	Drainage of Upper Lip, Open Approach, Diagnostic
0C900ZZ	Drainage of Upper Lip, Open Approach
0C9030Z	Drainage of Upper Lip with Drainage Device, Percutaneous Approach
0C903ZX	Drainage of Upper Lip, Percutaneous Approach, Diagnostic
0C903ZZ	Drainage of Upper Lip, Percutaneous Approach
0C90X0Z	Drainage of Upper Lip with Drainage Device, External Approach
0C90XZX	Drainage of Upper Lip, External Approach, Diagnostic
0C90XZZ	Drainage of Upper Lip, External Approach
0C9100Z	Drainage of Lower Lip with Drainage Device, Open Approach
0C910ZX	Drainage of Lower Lip, Open Approach, Diagnostic
0C910ZZ	Drainage of Lower Lip, Open Approach
0C9130Z	Drainage of Lower Lip with Drainage Device, Percutaneous Approach
0C913ZX	Drainage of Lower Lip, Percutaneous Approach, Diagnostic
0C913ZZ	Drainage of Lower Lip, Percutaneous Approach
0C91X0Z	Drainage of Lower Lip with Drainage Device, External Approach
0C91XZX	Drainage of Lower Lip, External Approach, Diagnostic
0C91XZZ	Drainage of Lower Lip, External Approach
0C9200Z	Drainage of Hard Palate with Drainage Device, Open Approach
0C920ZX	Drainage of Hard Palate, Open Approach, Diagnostic
0C920ZZ	Drainage of Hard Palate, Open Approach
0C9230Z	Drainage of Hard Palate with Drainage Device, Percutaneous Approach
0C923ZX	Drainage of Hard Palate, Percutaneous Approach, Diagnostic
0C923ZZ	Drainage of Hard Palate, Percutaneous Approach
0C92X0Z	Drainage of Hard Palate with Drainage Device, External Approach
0C92XZX	Drainage of Hard Palate, External Approach, Diagnostic
0C92XZZ	Drainage of Hard Palate, External Approach
0C9300Z	Drainage of Soft Palate with Drainage Device, Open Approach
0C930ZX	Drainage of Soft Palate, Open Approach, Diagnostic
0C930ZZ	Drainage of Soft Palate, Open Approach
0C9330Z	Drainage of Soft Palate with Drainage Device, Percutaneous Approach
0C933ZX	Drainage of Soft Palate, Percutaneous Approach, Diagnostic
0C933ZZ	Drainage of Soft Palate, Percutaneous Approach
0C93X0Z	Drainage of Soft Palate with Drainage Device, External Approach
0C93XZX	Drainage of Soft Palate, External Approach, Diagnostic
0C93XZZ	Drainage of Soft Palate, External Approach
0C9400Z	Drainage of Buccal Mucosa with Drainage Device, Open Approach
0C940ZX	Drainage of Buccal Mucosa, Open Approach, Diagnostic
0C940ZZ	Drainage of Buccal Mucosa, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C9430Z	Drainage of Buccal Mucosa with Drainage Device, Percutaneous Approach
0C943ZX	Drainage of Buccal Mucosa, Percutaneous Approach, Diagnostic
0C943ZZ	Drainage of Buccal Mucosa, Percutaneous Approach
0C94X0Z	Drainage of Buccal Mucosa with Drainage Device, External Approach
0C94XZX	Drainage of Buccal Mucosa, External Approach, Diagnostic
0C94XZZ	Drainage of Buccal Mucosa, External Approach
0C9500Z	Drainage of Upper Gingiva with Drainage Device, Open Approach
0C950ZX	Drainage of Upper Gingiva, Open Approach, Diagnostic
0C950ZZ	Drainage of Upper Gingiva, Open Approach
0C9530Z	Drainage of Upper Gingiva with Drainage Device, Percutaneous Approach
0C953ZX	Drainage of Upper Gingiva, Percutaneous Approach, Diagnostic
0C953ZZ	Drainage of Upper Gingiva, Percutaneous Approach
0C95X0Z	Drainage of Upper Gingiva with Drainage Device, External Approach
0C95XZX	Drainage of Upper Gingiva, External Approach, Diagnostic
0C95XZZ	Drainage of Upper Gingiva, External Approach
0C9600Z	Drainage of Lower Gingiva with Drainage Device, Open Approach
0C960ZX	Drainage of Lower Gingiva, Open Approach, Diagnostic
0C960ZZ	Drainage of Lower Gingiva, Open Approach
0C9630Z	Drainage of Lower Gingiva with Drainage Device, Percutaneous Approach
0C963ZX	Drainage of Lower Gingiva, Percutaneous Approach, Diagnostic
0C963ZZ	Drainage of Lower Gingiva, Percutaneous Approach
0C96X0Z	Drainage of Lower Gingiva with Drainage Device, External Approach
0C96XZX	Drainage of Lower Gingiva, External Approach, Diagnostic
0C96XZZ	Drainage of Lower Gingiva, External Approach
0C9700Z	Drainage of Tongue with Drainage Device, Open Approach
0C970ZX	Drainage of Tongue, Open Approach, Diagnostic
0C970ZZ	Drainage of Tongue, Open Approach
0C9730Z	Drainage of Tongue with Drainage Device, Percutaneous Approach
0C973ZX	Drainage of Tongue, Percutaneous Approach, Diagnostic
0C973ZZ	Drainage of Tongue, Percutaneous Approach
0C97X0Z	Drainage of Tongue with Drainage Device, External Approach
0C97XZX	Drainage of Tongue, External Approach, Diagnostic
0C97XZZ	Drainage of Tongue, External Approach
0C9800Z	Drainage of Right Parotid Gland with Drainage Device, Open Approach
0C980ZX	Drainage of Right Parotid Gland, Open Approach, Diagnostic
0C980ZZ	Drainage of Right Parotid Gland, Open Approach
0C9830Z	Drainage of Right Parotid Gland with Drainage Device, Percutaneous Approach
0C983ZX	Drainage of Right Parotid Gland, Percutaneous Approach, Diagnostic
0C983ZZ	Drainage of Right Parotid Gland, Percutaneous Approach
0C9900Z	Drainage of Left Parotid Gland with Drainage Device, Open Approach
0C990ZX	Drainage of Left Parotid Gland, Open Approach, Diagnostic
0C990ZZ	Drainage of Left Parotid Gland, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C9930Z	Drainage of Left Parotid Gland with Drainage Device, Percutaneous Approach
0C993ZX	Drainage of Left Parotid Gland, Percutaneous Approach, Diagnostic
0C993ZZ	Drainage of Left Parotid Gland, Percutaneous Approach
0C9B00Z	Drainage of Right Parotid Duct with Drainage Device, Open Approach
0C9B0ZX	Drainage of Right Parotid Duct, Open Approach, Diagnostic
0C9B0ZZ	Drainage of Right Parotid Duct, Open Approach
0C9B30Z	Drainage of Right Parotid Duct with Drainage Device, Percutaneous Approach
0C9B3ZX	Drainage of Right Parotid Duct, Percutaneous Approach, Diagnostic
0C9B3ZZ	Drainage of Right Parotid Duct, Percutaneous Approach
0C9C00Z	Drainage of Left Parotid Duct with Drainage Device, Open Approach
0C9C0ZX	Drainage of Left Parotid Duct, Open Approach, Diagnostic
0C9C0ZZ	Drainage of Left Parotid Duct, Open Approach
0C9C30Z	Drainage of Left Parotid Duct with Drainage Device, Percutaneous Approach
0C9C3ZX	Drainage of Left Parotid Duct, Percutaneous Approach, Diagnostic
0C9C3ZZ	Drainage of Left Parotid Duct, Percutaneous Approach
0C9D00Z	Drainage of Right Sublingual Gland with Drainage Device, Open Approach
0C9D0ZX	Drainage of Right Sublingual Gland, Open Approach, Diagnostic
0C9D0ZZ	Drainage of Right Sublingual Gland, Open Approach
0C9D30Z	Drainage of Right Sublingual Gland with Drainage Device, Percutaneous Approach
0C9D3ZX	Drainage of Right Sublingual Gland, Percutaneous Approach, Diagnostic
0C9D3ZZ	Drainage of Right Sublingual Gland, Percutaneous Approach
0C9F00Z	Drainage of Left Sublingual Gland with Drainage Device, Open Approach
0C9F0ZX	Drainage of Left Sublingual Gland, Open Approach, Diagnostic
0C9F0ZZ	Drainage of Left Sublingual Gland, Open Approach
0C9F30Z	Drainage of Left Sublingual Gland with Drainage Device, Percutaneous Approach
0C9F3ZX	Drainage of Left Sublingual Gland, Percutaneous Approach, Diagnostic
0C9F3ZZ	Drainage of Left Sublingual Gland, Percutaneous Approach
0C9G00Z	Drainage of Right Submaxillary Gland with Drainage Device, Open Approach
0C9G0ZX	Drainage of Right Submaxillary Gland, Open Approach, Diagnostic
0C9G0ZZ	Drainage of Right Submaxillary Gland, Open Approach
0C9G30Z	Drainage of Right Submaxillary Gland with Drainage Device, Percutaneous Approach
0C9G3ZX	Drainage of Right Submaxillary Gland, Percutaneous Approach, Diagnostic
0C9G3ZZ	Drainage of Right Submaxillary Gland, Percutaneous Approach
0C9H00Z	Drainage of Left Submaxillary Gland with Drainage Device, Open Approach
0C9H0ZX	Drainage of Left Submaxillary Gland, Open Approach, Diagnostic
0C9H0ZZ	Drainage of Left Submaxillary Gland, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C9H30Z	Drainage of Left Submaxillary Gland with Drainage Device, Percutaneous Approach
0C9H3ZX	Drainage of Left Submaxillary Gland, Percutaneous Approach, Diagnostic
0C9H3ZZ	Drainage of Left Submaxillary Gland, Percutaneous Approach
0C9J00Z	Drainage of Minor Salivary Gland with Drainage Device, Open Approach
0C9J0ZX	Drainage of Minor Salivary Gland, Open Approach, Diagnostic
0C9J0ZZ	Drainage of Minor Salivary Gland, Open Approach
0C9J30Z	Drainage of Minor Salivary Gland with Drainage Device, Percutaneous Approach
0C9J3ZX	Drainage of Minor Salivary Gland, Percutaneous Approach, Diagnostic
0C9J3ZZ	Drainage of Minor Salivary Gland, Percutaneous Approach
0C9N00Z	Drainage of Uvula with Drainage Device, Open Approach
0C9N0ZX	Drainage of Uvula, Open Approach, Diagnostic
0C9N0ZZ	Drainage of Uvula, Open Approach
0C9N30Z	Drainage of Uvula with Drainage Device, Percutaneous Approach
0C9N3ZX	Drainage of Uvula, Percutaneous Approach, Diagnostic
0C9N3ZZ	Drainage of Uvula, Percutaneous Approach
0C9NX0Z	Drainage of Uvula with Drainage Device, External Approach
0C9NXZX	Drainage of Uvula, External Approach, Diagnostic
0C9NXZZ	Drainage of Uvula, External Approach
0C9W000	Drainage of Upper Tooth with Drainage Device, Open Approach, Single
0C9W001	Drainage of Upper Tooth with Drainage Device, Open Approach, Multiple
0C9W002	Drainage of Upper Tooth with Drainage Device, Open Approach, All
0C9W0Z0	Drainage of Upper Tooth, Open Approach, Single
0C9W0Z1	Drainage of Upper Tooth, Open Approach, Multiple
0C9W0Z2	Drainage of Upper Tooth, Open Approach, All
0C9WX00	Drainage of Upper Tooth with Drainage Device, External Approach, Single
0C9WX01	Drainage of Upper Tooth with Drainage Device, External Approach, Multiple
0C9WX02	Drainage of Upper Tooth with Drainage Device, External Approach, All
0C9WXZ0	Drainage of Upper Tooth, External Approach, Single
0C9WXZ1	Drainage of Upper Tooth, External Approach, Multiple
0C9WXZ2	Drainage of Upper Tooth, External Approach, All
0C9X000	Drainage of Lower Tooth with Drainage Device, Open Approach, Single
0C9X001	Drainage of Lower Tooth with Drainage Device, Open Approach, Multiple
0C9X002	Drainage of Lower Tooth with Drainage Device, Open Approach, All
0C9X0Z0	Drainage of Lower Tooth, Open Approach, Single
0C9X0Z1	Drainage of Lower Tooth, Open Approach, Multiple
0C9X0Z2	Drainage of Lower Tooth, Open Approach, All
0C9XX00	Drainage of Lower Tooth with Drainage Device, External Approach, Single
0C9XX01	Drainage of Lower Tooth with Drainage Device, External Approach, Multiple
0C9XX02	Drainage of Lower Tooth with Drainage Device, External Approach, All
0C9XXZ0	Drainage of Lower Tooth, External Approach, Single

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0C9XXZ1	Drainage of Lower Tooth, External Approach, Multiple
0C9XXZ2	Drainage of Lower Tooth, External Approach, All
0CB00ZX	Excision of Upper Lip, Open Approach, Diagnostic
0CB03ZX	Excision of Upper Lip, Percutaneous Approach, Diagnostic
0CB03ZZ	Excision of Upper Lip, Percutaneous Approach
0CB0XZX	Excision of Upper Lip, External Approach, Diagnostic
0CB10ZX	Excision of Lower Lip, Open Approach, Diagnostic
0CB13ZX	Excision of Lower Lip, Percutaneous Approach, Diagnostic
0CB13ZZ	Excision of Lower Lip, Percutaneous Approach
0CB1XZX	Excision of Lower Lip, External Approach, Diagnostic
0CB20ZX	Excision of Hard Palate, Open Approach, Diagnostic
0CB20ZZ	Excision of Hard Palate, Open Approach
0CB23ZX	Excision of Hard Palate, Percutaneous Approach, Diagnostic
0CB23ZZ	Excision of Hard Palate, Percutaneous Approach
0CB2XZX	Excision of Hard Palate, External Approach, Diagnostic
0CB2XZZ	Excision of Hard Palate, External Approach
0CB30ZX	Excision of Soft Palate, Open Approach, Diagnostic
0CB30ZZ	Excision of Soft Palate, Open Approach
0CB33ZX	Excision of Soft Palate, Percutaneous Approach, Diagnostic
0CB33ZZ	Excision of Soft Palate, Percutaneous Approach
0CB3XZX	Excision of Soft Palate, External Approach, Diagnostic
0CB3XZZ	Excision of Soft Palate, External Approach
0CB40ZX	Excision of Buccal Mucosa, Open Approach, Diagnostic
0CB43ZX	Excision of Buccal Mucosa, Percutaneous Approach, Diagnostic
0CB43ZZ	Excision of Buccal Mucosa, Percutaneous Approach
0CB4XZX	Excision of Buccal Mucosa, External Approach, Diagnostic
0CB50ZX	Excision of Upper Gingiva, Open Approach, Diagnostic
0CB50ZZ	Excision of Upper Gingiva, Open Approach
0CB53ZX	Excision of Upper Gingiva, Percutaneous Approach, Diagnostic
0CB53ZZ	Excision of Upper Gingiva, Percutaneous Approach
0CB5XZX	Excision of Upper Gingiva, External Approach, Diagnostic
0CB5XZZ	Excision of Upper Gingiva, External Approach
0CB60ZX	Excision of Lower Gingiva, Open Approach, Diagnostic
0CB60ZZ	Excision of Lower Gingiva, Open Approach
0CB63ZX	Excision of Lower Gingiva, Percutaneous Approach, Diagnostic
0CB63ZZ	Excision of Lower Gingiva, Percutaneous Approach
0CB6XZX	Excision of Lower Gingiva, External Approach, Diagnostic
0CB6XZZ	Excision of Lower Gingiva, External Approach
0CB70ZX	Excision of Tongue, Open Approach, Diagnostic
0CB73ZX	Excision of Tongue, Percutaneous Approach, Diagnostic
0CB7XZX	Excision of Tongue, External Approach, Diagnostic
0CB80ZX	Excision of Right Parotid Gland, Open Approach, Diagnostic
0CB80ZZ	Excision of Right Parotid Gland, Open Approach
0CB83ZX	Excision of Right Parotid Gland, Percutaneous Approach, Diagnostic
0CB83ZZ	Excision of Right Parotid Gland, Percutaneous Approach
0CB90ZX	Excision of Left Parotid Gland, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CB90ZZ	Excision of Left Parotid Gland, Open Approach
0CB93ZX	Excision of Left Parotid Gland, Percutaneous Approach, Diagnostic
0CB93ZZ	Excision of Left Parotid Gland, Percutaneous Approach
0CBB0ZX	Excision of Right Parotid Duct, Open Approach, Diagnostic
0CBB0ZZ	Excision of Right Parotid Duct, Open Approach
0CBB3ZX	Excision of Right Parotid Duct, Percutaneous Approach, Diagnostic
0CBB3ZZ	Excision of Right Parotid Duct, Percutaneous Approach
0CBC0ZX	Excision of Left Parotid Duct, Open Approach, Diagnostic
0CBC0ZZ	Excision of Left Parotid Duct, Open Approach
0CBC3ZX	Excision of Left Parotid Duct, Percutaneous Approach, Diagnostic
0CBC3ZZ	Excision of Left Parotid Duct, Percutaneous Approach
0CBD0ZX	Excision of Right Sublingual Gland, Open Approach, Diagnostic
0CBD0ZZ	Excision of Right Sublingual Gland, Open Approach
0CBD3ZX	Excision of Right Sublingual Gland, Percutaneous Approach, Diagnostic
0CBD3ZZ	Excision of Right Sublingual Gland, Percutaneous Approach
0CBF0ZX	Excision of Left Sublingual Gland, Open Approach, Diagnostic
0CBF0ZZ	Excision of Left Sublingual Gland, Open Approach
0CBF3ZX	Excision of Left Sublingual Gland, Percutaneous Approach, Diagnostic
0CBF3ZZ	Excision of Left Sublingual Gland, Percutaneous Approach
0CBG0ZX	Excision of Right Submaxillary Gland, Open Approach, Diagnostic
0CBG0ZZ	Excision of Right Submaxillary Gland, Open Approach
0CBG3ZX	Excision of Right Submaxillary Gland, Percutaneous Approach, Diagnostic
0CBG3ZZ	Excision of Right Submaxillary Gland, Percutaneous Approach
0CBH0ZX	Excision of Left Submaxillary Gland, Open Approach, Diagnostic
0CBH0ZZ	Excision of Left Submaxillary Gland, Open Approach
0CBH3ZX	Excision of Left Submaxillary Gland, Percutaneous Approach, Diagnostic
0CBH3ZZ	Excision of Left Submaxillary Gland, Percutaneous Approach
0CBJ0ZX	Excision of Minor Salivary Gland, Open Approach, Diagnostic
0CBJ0ZZ	Excision of Minor Salivary Gland, Open Approach
0CBJ3ZX	Excision of Minor Salivary Gland, Percutaneous Approach, Diagnostic
0CBJ3ZZ	Excision of Minor Salivary Gland, Percutaneous Approach
0CBN0ZX	Excision of Uvula, Open Approach, Diagnostic
0CBN3ZX	Excision of Uvula, Percutaneous Approach, Diagnostic
0CBNXZX	Excision of Uvula, External Approach, Diagnostic
0CBW0Z0	Excision of Upper Tooth, Open Approach, Single
0CBW0Z1	Excision of Upper Tooth, Open Approach, Multiple
0CBW0Z2	Excision of Upper Tooth, Open Approach, All
0CBWXZ0	Excision of Upper Tooth, External Approach, Single
0CBWXZ1	Excision of Upper Tooth, External Approach, Multiple
0CBWXZ2	Excision of Upper Tooth, External Approach, All
0CBX0Z0	Excision of Lower Tooth, Open Approach, Single
0CBX0Z1	Excision of Lower Tooth, Open Approach, Multiple
0CBX0Z2	Excision of Lower Tooth, Open Approach, All
0CBXXZ0	Excision of Lower Tooth, External Approach, Single
0CBXXZ1	Excision of Lower Tooth, External Approach, Multiple

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CBXXZ2	Excision of Lower Tooth, External Approach, All
0CC20ZZ	Extirpation of Matter from Hard Palate, Open Approach
0CC23ZZ	Extirpation of Matter from Hard Palate, Percutaneous Approach
0CC30ZZ	Extirpation of Matter from Soft Palate, Open Approach
0CC33ZZ	Extirpation of Matter from Soft Palate, Percutaneous Approach
0CC50ZZ	Extirpation of Matter from Upper Gingiva, Open Approach
0CC53ZZ	Extirpation of Matter from Upper Gingiva, Percutaneous Approach
0CC60ZZ	Extirpation of Matter from Lower Gingiva, Open Approach
0CC63ZZ	Extirpation of Matter from Lower Gingiva, Percutaneous Approach
0CC70ZZ	Extirpation of Matter from Tongue, Open Approach
0CC73ZZ	Extirpation of Matter from Tongue, Percutaneous Approach
0CC80ZZ	Extirpation of Matter from Right Parotid Gland, Open Approach
0CC83ZZ	Extirpation of Matter from Right Parotid Gland, Percutaneous Approach
0CC90ZZ	Extirpation of Matter from Left Parotid Gland, Open Approach
0CC93ZZ	Extirpation of Matter from Left Parotid Gland, Percutaneous Approach
0CCB0ZZ	Extirpation of Matter from Right Parotid Duct, Open Approach
0CCB3ZZ	Extirpation of Matter from Right Parotid Duct, Percutaneous Approach
0CCC0ZZ	Extirpation of Matter from Left Parotid Duct, Open Approach
0CCC3ZZ	Extirpation of Matter from Left Parotid Duct, Percutaneous Approach
0CCD0ZZ	Extirpation of Matter from Right Sublingual Gland, Open Approach
0CCD3ZZ	Extirpation of Matter from Right Sublingual Gland, Percutaneous Approach
0CCF0ZZ	Extirpation of Matter from Left Sublingual Gland, Open Approach
0CCF3ZZ	Extirpation of Matter from Left Sublingual Gland, Percutaneous Approach
0CCG0ZZ	Extirpation of Matter from Right Submaxillary Gland, Open Approach
0CCG3ZZ	Extirpation of Matter from Right Submaxillary Gland, Percutaneous Approach
0CCH0ZZ	Extirpation of Matter from Left Submaxillary Gland, Open Approach
0CCH3ZZ	Extirpation of Matter from Left Submaxillary Gland, Percutaneous Approach
0CCJ0ZZ	Extirpation of Matter from Minor Salivary Gland, Open Approach
0CCJ3ZZ	Extirpation of Matter from Minor Salivary Gland, Percutaneous Approach
0CCN0ZZ	Extirpation of Matter from Uvula, Open Approach
0CCN3ZZ	Extirpation of Matter from Uvula, Percutaneous Approach
0CCW0Z0	Extirpation of Matter from Upper Tooth, Single, Open Approach
0CCW0Z1	Extirpation of Matter from Upper Tooth, Multiple, Open Approach
0CCW0Z2	Extirpation of Matter from Upper Tooth, All, Open Approach
0CCX0Z0	Extirpation of Matter from Lower Tooth, Single, Open Approach
0CCX0Z1	Extirpation of Matter from Lower Tooth, Multiple, Open Approach
0CCX0Z2	Extirpation of Matter from Lower Tooth, All, Open Approach
0CDWXZ0	Extraction of Upper Tooth, Single, External Approach
0CDWXZ1	Extraction of Upper Tooth, Multiple, External Approach
0CDWXZ2	Extraction of Upper Tooth, All, External Approach
0CDXXZ0	Extraction of Lower Tooth, Single, External Approach
0CDXXZ1	Extraction of Lower Tooth, Multiple, External Approach
0CDXXZ2	Extraction of Lower Tooth, All, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CFB0ZZ	Fragmentation in Right Parotid Duct, Open Approach
0CFB3ZZ	Fragmentation in Right Parotid Duct, Percutaneous Approach
0CFB7ZZ	Fragmentation in Right Parotid Duct, Via Natural or Artificial Opening
0CFC0ZZ	Fragmentation in Left Parotid Duct, Open Approach
0CFC3ZZ	Fragmentation in Left Parotid Duct, Percutaneous Approach
0CFC7ZZ	Fragmentation in Left Parotid Duct, Via Natural or Artificial Opening
0CJA0ZZ	Inspection of Salivary Gland, Open Approach
0CJA3ZZ	Inspection of Salivary Gland, Percutaneous Approach
0CJAXZZ	Inspection of Salivary Gland, External Approach
0CJY0ZZ	Inspection of Mouth and Throat, Open Approach
0CJY3ZZ	Inspection of Mouth and Throat, Percutaneous Approach
0CJY4ZZ	Inspection of Mouth and Throat, Percutaneous Endoscopic Approach
0CJY7ZZ	Inspection of Mouth and Throat, Via Natural or Artificial Opening
0CJY8ZZ	Inspection of Mouth and Throat, Via Natural or Artificial Opening Endoscopic
0CJYXZZ	Inspection of Mouth and Throat, External Approach
0CLB0CZ	Occlusion of Right Parotid Duct with Extraluminal Device, Open Approach
0CLB0DZ	Occlusion of Right Parotid Duct with Intraluminal Device, Open Approach
0CLB0ZZ	Occlusion of Right Parotid Duct, Open Approach
0CLB3CZ	Occlusion of Right Parotid Duct with Extraluminal Device, Percutaneous Approach
0CLB3DZ	Occlusion of Right Parotid Duct with Intraluminal Device, Percutaneous Approach
0CLB3ZZ	Occlusion of Right Parotid Duct, Percutaneous Approach
0CLB4CZ	Occlusion of Right Parotid Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0CLB4DZ	Occlusion of Right Parotid Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0CLB4ZZ	Occlusion of Right Parotid Duct, Percutaneous Endoscopic Approach
0CLB7DZ	Occlusion of Right Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0CLB7ZZ	Occlusion of Right Parotid Duct, Via Natural or Artificial Opening
0CLB8DZ	Occlusion of Right Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0CLB8ZZ	Occlusion of Right Parotid Duct, Via Natural or Artificial Opening Endoscopic
0CLC0CZ	Occlusion of Left Parotid Duct with Extraluminal Device, Open Approach
0CLC0DZ	Occlusion of Left Parotid Duct with Intraluminal Device, Open Approach
0CLC0ZZ	Occlusion of Left Parotid Duct, Open Approach
0CLC3CZ	Occlusion of Left Parotid Duct with Extraluminal Device, Percutaneous Approach
0CLC3DZ	Occlusion of Left Parotid Duct with Intraluminal Device, Percutaneous Approach
0CLC3ZZ	Occlusion of Left Parotid Duct, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CLC4CZ	Occlusion of Left Parotid Duct with Extraluminal Device, Percutaneous Endoscopic Approach
0CLC4DZ	Occlusion of Left Parotid Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0CLC4ZZ	Occlusion of Left Parotid Duct, Percutaneous Endoscopic Approach
0CLC7DZ	Occlusion of Left Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0CLC7ZZ	Occlusion of Left Parotid Duct, Via Natural or Artificial Opening
0CLC8DZ	Occlusion of Left Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0CLC8ZZ	Occlusion of Left Parotid Duct, Via Natural or Artificial Opening Endoscopic
0CM00ZZ	Reattachment of Upper Lip, Open Approach
0CM10ZZ	Reattachment of Lower Lip, Open Approach
0CM30ZZ	Reattachment of Soft Palate, Open Approach
0CM70ZZ	Reattachment of Tongue, Open Approach
0CMN0ZZ	Reattachment of Uvula, Open Approach
0CMW0Z0	Reattachment of Upper Tooth, Single, Open Approach
0CMW0Z1	Reattachment of Upper Tooth, Multiple, Open Approach
0CMW0Z2	Reattachment of Upper Tooth, All, Open Approach
0CMWXZ0	Reattachment of Upper Tooth, Single, External Approach
0CMWXZ1	Reattachment of Upper Tooth, Multiple, External Approach
0CMWXZ2	Reattachment of Upper Tooth, All, External Approach
0CMX0Z0	Reattachment of Lower Tooth, Single, Open Approach
0CMX0Z1	Reattachment of Lower Tooth, Multiple, Open Approach
0CMX0Z2	Reattachment of Lower Tooth, All, Open Approach
0CMXXZ0	Reattachment of Lower Tooth, Single, External Approach
0CMXXZ1	Reattachment of Lower Tooth, Multiple, External Approach
0CMXXZ2	Reattachment of Lower Tooth, All, External Approach
0CN00ZZ	Release Upper Lip, Open Approach
0CN03ZZ	Release Upper Lip, Percutaneous Approach
0CN10ZZ	Release Lower Lip, Open Approach
0CN13ZZ	Release Lower Lip, Percutaneous Approach
0CN20ZZ	Release Hard Palate, Open Approach
0CN23ZZ	Release Hard Palate, Percutaneous Approach
0CN2XZZ	Release Hard Palate, External Approach
0CN30ZZ	Release Soft Palate, Open Approach
0CN33ZZ	Release Soft Palate, Percutaneous Approach
0CN3XZZ	Release Soft Palate, External Approach
0CN40ZZ	Release Buccal Mucosa, Open Approach
0CN43ZZ	Release Buccal Mucosa, Percutaneous Approach
0CN4XZZ	Release Buccal Mucosa, External Approach
0CN50ZZ	Release Upper Gingiva, Open Approach
0CN53ZZ	Release Upper Gingiva, Percutaneous Approach
0CN5XZZ	Release Upper Gingiva, External Approach
0CN60ZZ	Release Lower Gingiva, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CN63ZZ	Release Lower Gingiva, Percutaneous Approach
0CN6XZZ	Release Lower Gingiva, External Approach
0CN70ZZ	Release Tongue, Open Approach
0CN73ZZ	Release Tongue, Percutaneous Approach
0CN7XZZ	Release Tongue, External Approach
0CN80ZZ	Release Right Parotid Gland, Open Approach
0CN83ZZ	Release Right Parotid Gland, Percutaneous Approach
0CN90ZZ	Release Left Parotid Gland, Open Approach
0CN93ZZ	Release Left Parotid Gland, Percutaneous Approach
0CNB0ZZ	Release Right Parotid Duct, Open Approach
0CNB3ZZ	Release Right Parotid Duct, Percutaneous Approach
0CNC0ZZ	Release Left Parotid Duct, Open Approach
0CNC3ZZ	Release Left Parotid Duct, Percutaneous Approach
0CND0ZZ	Release Right Sublingual Gland, Open Approach
0CND3ZZ	Release Right Sublingual Gland, Percutaneous Approach
0CNF0ZZ	Release Left Sublingual Gland, Open Approach
0CNF3ZZ	Release Left Sublingual Gland, Percutaneous Approach
0CNG0ZZ	Release Right Submaxillary Gland, Open Approach
0CNG3ZZ	Release Right Submaxillary Gland, Percutaneous Approach
0CNH0ZZ	Release Left Submaxillary Gland, Open Approach
0CNH3ZZ	Release Left Submaxillary Gland, Percutaneous Approach
0CNJ0ZZ	Release Minor Salivary Gland, Open Approach
0CNJ3ZZ	Release Minor Salivary Gland, Percutaneous Approach
0CNN0ZZ	Release Uvula, Open Approach
0CNN3ZZ	Release Uvula, Percutaneous Approach
0CNXZZ	Release Uvula, External Approach
0CNW0Z0	Release Upper Tooth, Single, Open Approach
0CNW0Z1	Release Upper Tooth, Multiple, Open Approach
0CNW0Z2	Release Upper Tooth, All, Open Approach
0CNWXZ0	Release Upper Tooth, Single, External Approach
0CNWXZ1	Release Upper Tooth, Multiple, External Approach
0CNWXZ2	Release Upper Tooth, All, External Approach
0CNX0Z0	Release Lower Tooth, Single, Open Approach
0CNX0Z1	Release Lower Tooth, Multiple, Open Approach
0CNX0Z2	Release Lower Tooth, All, Open Approach
0CNXXZ0	Release Lower Tooth, Single, External Approach
0CNXXZ1	Release Lower Tooth, Multiple, External Approach
0CNXXZ2	Release Lower Tooth, All, External Approach
0CPA00Z	Removal of Drainage Device from Salivary Gland, Open Approach
0CPA0CZ	Removal of Extraluminal Device from Salivary Gland, Open Approach
0CPA30Z	Removal of Drainage Device from Salivary Gland, Percutaneous Approach
0CPA3CZ	Removal of Extraluminal Device from Salivary Gland, Percutaneous Approach
0CQ03ZZ	Repair Upper Lip, Percutaneous Approach
0CQ10ZZ	Repair Lower Lip, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CQ13ZZ	Repair Lower Lip, Percutaneous Approach
0CQ1XZZ	Repair Lower Lip, External Approach
0CQ23ZZ	Repair Hard Palate, Percutaneous Approach
0CQ2XZZ	Repair Hard Palate, External Approach
0CQ33ZZ	Repair Soft Palate, Percutaneous Approach
0CQ40ZZ	Repair Buccal Mucosa, Open Approach
0CQ43ZZ	Repair Buccal Mucosa, Percutaneous Approach
0CQ4XZZ	Repair Buccal Mucosa, External Approach
0CQ50ZZ	Repair Upper Gingiva, Open Approach
0CQ53ZZ	Repair Upper Gingiva, Percutaneous Approach
0CQ5XZZ	Repair Upper Gingiva, External Approach
0CQ60ZZ	Repair Lower Gingiva, Open Approach
0CQ63ZZ	Repair Lower Gingiva, Percutaneous Approach
0CQ6XZZ	Repair Lower Gingiva, External Approach
0CQ70ZZ	Repair Tongue, Open Approach
0CQ73ZZ	Repair Tongue, Percutaneous Approach
0CQ7XZZ	Repair Tongue, External Approach
0CQ80ZZ	Repair Right Parotid Gland, Open Approach
0CQ83ZZ	Repair Right Parotid Gland, Percutaneous Approach
0CQ90ZZ	Repair Left Parotid Gland, Open Approach
0CQ93ZZ	Repair Left Parotid Gland, Percutaneous Approach
0CQB0ZZ	Repair Right Parotid Duct, Open Approach
0CQB3ZZ	Repair Right Parotid Duct, Percutaneous Approach
0CQC0ZZ	Repair Left Parotid Duct, Open Approach
0CQC3ZZ	Repair Left Parotid Duct, Percutaneous Approach
0CQD0ZZ	Repair Right Sublingual Gland, Open Approach
0CQD3ZZ	Repair Right Sublingual Gland, Percutaneous Approach
0CQF0ZZ	Repair Left Sublingual Gland, Open Approach
0CQF3ZZ	Repair Left Sublingual Gland, Percutaneous Approach
0CQG0ZZ	Repair Right Submaxillary Gland, Open Approach
0CQG3ZZ	Repair Right Submaxillary Gland, Percutaneous Approach
0CQH0ZZ	Repair Left Submaxillary Gland, Open Approach
0CQH3ZZ	Repair Left Submaxillary Gland, Percutaneous Approach
0CQJ0ZZ	Repair Minor Salivary Gland, Open Approach
0CQJ3ZZ	Repair Minor Salivary Gland, Percutaneous Approach
0CQM0ZZ	Repair Pharynx, Open Approach
0CQM3ZZ	Repair Pharynx, Percutaneous Approach
0CQM4ZZ	Repair Pharynx, Percutaneous Endoscopic Approach
0CQM7ZZ	Repair Pharynx, Via Natural or Artificial Opening
0CQM8ZZ	Repair Pharynx, Via Natural or Artificial Opening Endoscopic
0CQN3ZZ	Repair Uvula, Percutaneous Approach
0CQNXZZ	Repair Uvula, External Approach
0CQW0Z0	Repair of Upper Tooth, Single, Open Approach
0CQW0Z1	Repair of Upper Tooth, Multiple, Open Approach
0CQW0Z2	Repair of Upper Tooth, All, Open Approach
0CQWXZ0	Repair of Upper Tooth, Single, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CQWXZ1	Repair of Upper Tooth, Multiple, External Approach
0CQWXZ2	Repair of Upper Tooth, All, External Approach
0CQX0Z0	Repair of Lower Tooth, Single, Open Approach
0CQX0Z1	Repair of Lower Tooth, Multiple, Open Approach
0CQX0Z2	Repair of Lower Tooth, All, Open Approach
0CQXXZ0	Repair of Lower Tooth, Single, External Approach
0CQXXZ1	Repair of Lower Tooth, Multiple, External Approach
0CQXXZ2	Repair of Lower Tooth, All, External Approach
0CR007Z	Replacement of Upper Lip with Autologous Tissue Substitute, Open Approach
0CR00JZ	Replacement of Upper Lip with Synthetic Substitute, Open Approach
0CR00KZ	Replacement of Upper Lip with Nonautologous Tissue Substitute, Open Approach
0CR037Z	Replacement of Upper Lip with Autologous Tissue Substitute, Percutaneous Approach
0CR03JZ	Replacement of Upper Lip with Synthetic Substitute, Percutaneous Approach
0CR03KZ	Replacement of Upper Lip with Nonautologous Tissue Substitute, Percutaneous Approach
0CR0X7Z	Replacement of Upper Lip with Autologous Tissue Substitute, External Approach
0CR0XJZ	Replacement of Upper Lip with Synthetic Substitute, External Approach
0CR0XKZ	Replacement of Upper Lip with Nonautologous Tissue Substitute, External Approach
0CR107Z	Replacement of Lower Lip with Autologous Tissue Substitute, Open Approach
0CR10JZ	Replacement of Lower Lip with Synthetic Substitute, Open Approach
0CR10KZ	Replacement of Lower Lip with Nonautologous Tissue Substitute, Open Approach
0CR137Z	Replacement of Lower Lip with Autologous Tissue Substitute, Percutaneous Approach
0CR13JZ	Replacement of Lower Lip with Synthetic Substitute, Percutaneous Approach
0CR13KZ	Replacement of Lower Lip with Nonautologous Tissue Substitute, Percutaneous Approach
0CR1X7Z	Replacement of Lower Lip with Autologous Tissue Substitute, External Approach
0CR1XJZ	Replacement of Lower Lip with Synthetic Substitute, External Approach
0CR1XKZ	Replacement of Lower Lip with Nonautologous Tissue Substitute, External Approach
0CR20JZ	Replacement of Hard Palate with Synthetic Substitute, Open Approach
0CR20KZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, Open Approach
0CR237Z	Replacement of Hard Palate with Autologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CR23JZ	Replacement of Hard Palate with Synthetic Substitute, Percutaneous Approach
0CR23KZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CR2X7Z	Replacement of Hard Palate with Autologous Tissue Substitute, External Approach
0CR2XJZ	Replacement of Hard Palate with Synthetic Substitute, External Approach
0CR2XKZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, External Approach
0CR30JZ	Replacement of Soft Palate with Synthetic Substitute, Open Approach
0CR30KZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, Open Approach
0CR337Z	Replacement of Soft Palate with Autologous Tissue Substitute, Percutaneous Approach
0CR33JZ	Replacement of Soft Palate with Synthetic Substitute, Percutaneous Approach
0CR33KZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CR3X7Z	Replacement of Soft Palate with Autologous Tissue Substitute, External Approach
0CR3XJZ	Replacement of Soft Palate with Synthetic Substitute, External Approach
0CR3XKZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, External Approach
0CR407Z	Replacement of Buccal Mucosa with Autologous Tissue Substitute, Open Approach
0CR40JZ	Replacement of Buccal Mucosa with Synthetic Substitute, Open Approach
0CR40KZ	Replacement of Buccal Mucosa with Nonautologous Tissue Substitute, Open Approach
0CR437Z	Replacement of Buccal Mucosa with Autologous Tissue Substitute, Percutaneous Approach
0CR43JZ	Replacement of Buccal Mucosa with Synthetic Substitute, Percutaneous Approach
0CR43KZ	Replacement of Buccal Mucosa with Nonautologous Tissue Substitute, Percutaneous Approach
0CR4X7Z	Replacement of Buccal Mucosa with Autologous Tissue Substitute, External Approach
0CR4XJZ	Replacement of Buccal Mucosa with Synthetic Substitute, External Approach
0CR4XKZ	Replacement of Buccal Mucosa with Nonautologous Tissue Substitute, External Approach
0CR507Z	Replacement of Upper Gingiva with Autologous Tissue Substitute, Open Approach
0CR50JZ	Replacement of Upper Gingiva with Synthetic Substitute, Open Approach
0CR50KZ	Replacement of Upper Gingiva with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CR537Z	Replacement of Upper Gingiva with Autologous Tissue Substitute, Percutaneous Approach
0CR53JZ	Replacement of Upper Gingiva with Synthetic Substitute, Percutaneous Approach
0CR53KZ	Replacement of Upper Gingiva with Nonautologous Tissue Substitute, Percutaneous Approach
0CR5X7Z	Replacement of Upper Gingiva with Autologous Tissue Substitute, External Approach
0CR5XJZ	Replacement of Upper Gingiva with Synthetic Substitute, External Approach
0CR5XKZ	Replacement of Upper Gingiva with Nonautologous Tissue Substitute, External Approach
0CR607Z	Replacement of Lower Gingiva with Autologous Tissue Substitute, Open Approach
0CR60JZ	Replacement of Lower Gingiva with Synthetic Substitute, Open Approach
0CR60KZ	Replacement of Lower Gingiva with Nonautologous Tissue Substitute, Open Approach
0CR637Z	Replacement of Lower Gingiva with Autologous Tissue Substitute, Percutaneous Approach
0CR63JZ	Replacement of Lower Gingiva with Synthetic Substitute, Percutaneous Approach
0CR63KZ	Replacement of Lower Gingiva with Nonautologous Tissue Substitute, Percutaneous Approach
0CR6X7Z	Replacement of Lower Gingiva with Autologous Tissue Substitute, External Approach
0CR6XJZ	Replacement of Lower Gingiva with Synthetic Substitute, External Approach
0CR6XKZ	Replacement of Lower Gingiva with Nonautologous Tissue Substitute, External Approach
0CR707Z	Replacement of Tongue with Autologous Tissue Substitute, Open Approach
0CR70JZ	Replacement of Tongue with Synthetic Substitute, Open Approach
0CR70KZ	Replacement of Tongue with Nonautologous Tissue Substitute, Open Approach
0CR737Z	Replacement of Tongue with Autologous Tissue Substitute, Percutaneous Approach
0CR73JZ	Replacement of Tongue with Synthetic Substitute, Percutaneous Approach
0CR73KZ	Replacement of Tongue with Nonautologous Tissue Substitute, Percutaneous Approach
0CR7X7Z	Replacement of Tongue with Autologous Tissue Substitute, External Approach
0CR7XJZ	Replacement of Tongue with Synthetic Substitute, External Approach
0CR7XKZ	Replacement of Tongue with Nonautologous Tissue Substitute, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CRB07Z	Replacement of Right Parotid Duct with Autologous Tissue Substitute, Open Approach
0CRB0JZ	Replacement of Right Parotid Duct with Synthetic Substitute, Open Approach
0CRB0KZ	Replacement of Right Parotid Duct with Nonautologous Tissue Substitute, Open Approach
0CRB37Z	Replacement of Right Parotid Duct with Autologous Tissue Substitute, Percutaneous Approach
0CRB3JZ	Replacement of Right Parotid Duct with Synthetic Substitute, Percutaneous Approach
0CRB3KZ	Replacement of Right Parotid Duct with Nonautologous Tissue Substitute, Percutaneous Approach
0CRC07Z	Replacement of Left Parotid Duct with Autologous Tissue Substitute, Open Approach
0CRC0JZ	Replacement of Left Parotid Duct with Synthetic Substitute, Open Approach
0CRC0KZ	Replacement of Left Parotid Duct with Nonautologous Tissue Substitute, Open Approach
0CRC37Z	Replacement of Left Parotid Duct with Autologous Tissue Substitute, Percutaneous Approach
0CRC3JZ	Replacement of Left Parotid Duct with Synthetic Substitute, Percutaneous Approach
0CRC3KZ	Replacement of Left Parotid Duct with Nonautologous Tissue Substitute, Percutaneous Approach
0CRN07Z	Replacement of Uvula with Autologous Tissue Substitute, Open Approach
0CRN0JZ	Replacement of Uvula with Synthetic Substitute, Open Approach
0CRN0KZ	Replacement of Uvula with Nonautologous Tissue Substitute, Open Approach
0CRN37Z	Replacement of Uvula with Autologous Tissue Substitute, Percutaneous Approach
0CRN3JZ	Replacement of Uvula with Synthetic Substitute, Percutaneous Approach
0CRN3KZ	Replacement of Uvula with Nonautologous Tissue Substitute, Percutaneous Approach
0CRNX7Z	Replacement of Uvula with Autologous Tissue Substitute, External Approach
0CRNXJZ	Replacement of Uvula with Synthetic Substitute, External Approach
0CRNXKZ	Replacement of Uvula with Nonautologous Tissue Substitute, External Approach
0CRW0J0	Replacement of Upper Tooth, Single, with Synthetic Substitute, Open Approach
0CRW0J1	Replacement of Upper Tooth, Multiple, with Synthetic Substitute, Open Approach
0CRW0J2	Replacement of Upper Tooth, All, with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CRWXJ0	Replacement of Upper Tooth, Single, with Synthetic Substitute, External Approach
0CRWXJ1	Replacement of Upper Tooth, Multiple, with Synthetic Substitute, External Approach
0CRWXJ2	Replacement of Upper Tooth, All, with Synthetic Substitute, External Approach
0CRX0J0	Replacement of Lower Tooth, Single, with Synthetic Substitute, Open Approach
0CRX0J1	Replacement of Lower Tooth, Multiple, with Synthetic Substitute, Open Approach
0CRX0J2	Replacement of Lower Tooth, All, with Synthetic Substitute, Open Approach
0CRXXJ0	Replacement of Lower Tooth, Single, with Synthetic Substitute, External Approach
0CRXXJ1	Replacement of Lower Tooth, Multiple, with Synthetic Substitute, External Approach
0CRXXJ2	Replacement of Lower Tooth, All, with Synthetic Substitute, External Approach
0CS00ZZ	Reposition Upper Lip, Open Approach
0CS0XZZ	Reposition Upper Lip, External Approach
0CS10ZZ	Reposition Lower Lip, Open Approach
0CS1XZZ	Reposition Lower Lip, External Approach
0CS20ZZ	Reposition Hard Palate, Open Approach
0CS2XZZ	Reposition Hard Palate, External Approach
0CS30ZZ	Reposition Soft Palate, Open Approach
0CS3XZZ	Reposition Soft Palate, External Approach
0CS70ZZ	Reposition Tongue, Open Approach
0CS7XZZ	Reposition Tongue, External Approach
0CSB0ZZ	Reposition Right Parotid Duct, Open Approach
0CSB3ZZ	Reposition Right Parotid Duct, Percutaneous Approach
0CSC0ZZ	Reposition Left Parotid Duct, Open Approach
0CSC3ZZ	Reposition Left Parotid Duct, Percutaneous Approach
0CSN0ZZ	Reposition Uvula, Open Approach
0CSNXZZ	Reposition Uvula, External Approach
0CSW050	Reposition Upper Tooth with External Fixation Device, Single, Open Approach
0CSW051	Reposition Upper Tooth with External Fixation Device, Multiple, Open Approach
0CSW052	Reposition Upper Tooth with External Fixation Device, All, Open Approach
0CSW0Z0	Reposition Upper Tooth, Single, Open Approach
0CSW0Z1	Reposition Upper Tooth, Multiple, Open Approach
0CSW0Z2	Reposition Upper Tooth, All, Open Approach
0CSWX50	Reposition Upper Tooth, Single, with External Fixation Device, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CSWX51	Reposition Upper Tooth, Multiple, with External Fixation Device, External Approach
0CSWX52	Reposition Upper Tooth, All, with External Fixation Device, External Approach
0CSWXZ0	Reposition Upper Tooth, Single, External Approach
0CSWXZ1	Reposition Upper Tooth, Multiple, External Approach
0CSWXZ2	Reposition Upper Tooth, All, External Approach
0CSX050	Reposition Lower Tooth with External Fixation Device, Single, Open Approach
0CSX051	Reposition Lower Tooth with External Fixation Device, Multiple, Open Approach
0CSX052	Reposition Lower Tooth with External Fixation Device, All, Open Approach
0CSX0Z0	Reposition Lower Tooth, Single, Open Approach
0CSX0Z1	Reposition Lower Tooth, Multiple, Open Approach
0CSX0Z2	Reposition Lower Tooth, All, Open Approach
0CSXX50	Reposition Lower Tooth, Single, with External Fixation Device, External Approach
0CSXX51	Reposition Lower Tooth, Multiple, with External Fixation Device, External Approach
0CSXX52	Reposition Lower Tooth, All, with External Fixation Device, External Approach
0CSXXZ0	Reposition Lower Tooth, Single, External Approach
0CSXXZ1	Reposition Lower Tooth, Multiple, External Approach
0CSXXZ2	Reposition Lower Tooth, All, External Approach
0CT00ZZ	Resection of Upper Lip, Open Approach
0CT0XZZ	Resection of Upper Lip, External Approach
0CT10ZZ	Resection of Lower Lip, Open Approach
0CT1XZZ	Resection of Lower Lip, External Approach
0CT20ZZ	Resection of Hard Palate, Open Approach
0CT2XZZ	Resection of Hard Palate, External Approach
0CT30ZZ	Resection of Soft Palate, Open Approach
0CT3XZZ	Resection of Soft Palate, External Approach
0CTP0ZZ	Resection of Tonsils, Open Approach
0CTQ0ZZ	Resection of Adenoids, Open Approach
0CTW0Z0	Resection of Upper Tooth, Single, Open Approach
0CTW0Z1	Resection of Upper Tooth, Multiple, Open Approach
0CTW0Z2	Resection of Upper Tooth, All, Open Approach
0CTX0Z0	Resection of Lower Tooth, Single, Open Approach
0CTX0Z1	Resection of Lower Tooth, Multiple, Open Approach
0CTX0Z2	Resection of Lower Tooth, All, Open Approach
0CU007Z	Supplement Upper Lip with Autologous Tissue Substitute, Open Approach
0CU00JZ	Supplement Upper Lip with Synthetic Substitute, Open Approach
0CU00KZ	Supplement Upper Lip with Nonautologous Tissue Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CU037Z	Supplement Upper Lip with Autologous Tissue Substitute, Percutaneous Approach
0CU03JZ	Supplement Upper Lip with Synthetic Substitute, Percutaneous Approach
0CU03KZ	Supplement Upper Lip with Nonautologous Tissue Substitute, Percutaneous Approach
0CU0X7Z	Supplement Upper Lip with Autologous Tissue Substitute, External Approach
0CU0XJZ	Supplement Upper Lip with Synthetic Substitute, External Approach
0CU0XKZ	Supplement Upper Lip with Nonautologous Tissue Substitute, External Approach
0CU107Z	Supplement Lower Lip with Autologous Tissue Substitute, Open Approach
0CU10JZ	Supplement Lower Lip with Synthetic Substitute, Open Approach
0CU10KZ	Supplement Lower Lip with Nonautologous Tissue Substitute, Open Approach
0CU137Z	Supplement Lower Lip with Autologous Tissue Substitute, Percutaneous Approach
0CU13JZ	Supplement Lower Lip with Synthetic Substitute, Percutaneous Approach
0CU13KZ	Supplement Lower Lip with Nonautologous Tissue Substitute, Percutaneous Approach
0CU1X7Z	Supplement Lower Lip with Autologous Tissue Substitute, External Approach
0CU1XJZ	Supplement Lower Lip with Synthetic Substitute, External Approach
0CU1XKZ	Supplement Lower Lip with Nonautologous Tissue Substitute, External Approach
0CU20JZ	Supplement Hard Palate with Synthetic Substitute, Open Approach
0CU20KZ	Supplement Hard Palate with Nonautologous Tissue Substitute, Open Approach
0CU237Z	Supplement Hard Palate with Autologous Tissue Substitute, Percutaneous Approach
0CU23JZ	Supplement Hard Palate with Synthetic Substitute, Percutaneous Approach
0CU23KZ	Supplement Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CU2X7Z	Supplement Hard Palate with Autologous Tissue Substitute, External Approach
0CU2XJZ	Supplement Hard Palate with Synthetic Substitute, External Approach
0CU2XKZ	Supplement Hard Palate with Nonautologous Tissue Substitute, External Approach
0CU30JZ	Supplement Soft Palate with Synthetic Substitute, Open Approach
0CU30KZ	Supplement Soft Palate with Nonautologous Tissue Substitute, Open Approach
0CU337Z	Supplement Soft Palate with Autologous Tissue Substitute, Percutaneous Approach
0CU33JZ	Supplement Soft Palate with Synthetic Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CU33KZ	Supplement Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CU3XJZ	Supplement Soft Palate with Synthetic Substitute, External Approach
0CU3XKZ	Supplement Soft Palate with Nonautologous Tissue Substitute, External Approach
0CU407Z	Supplement Buccal Mucosa with Autologous Tissue Substitute, Open Approach
0CU40JZ	Supplement Buccal Mucosa with Synthetic Substitute, Open Approach
0CU40KZ	Supplement Buccal Mucosa with Nonautologous Tissue Substitute, Open Approach
0CU437Z	Supplement Buccal Mucosa with Autologous Tissue Substitute, Percutaneous Approach
0CU43JZ	Supplement Buccal Mucosa with Synthetic Substitute, Percutaneous Approach
0CU43KZ	Supplement Buccal Mucosa with Nonautologous Tissue Substitute, Percutaneous Approach
0CU4X7Z	Supplement Buccal Mucosa with Autologous Tissue Substitute, External Approach
0CU4XJZ	Supplement Buccal Mucosa with Synthetic Substitute, External Approach
0CU4XKZ	Supplement Buccal Mucosa with Nonautologous Tissue Substitute, External Approach
0CU507Z	Supplement Upper Gingiva with Autologous Tissue Substitute, Open Approach
0CU50JZ	Supplement Upper Gingiva with Synthetic Substitute, Open Approach
0CU50KZ	Supplement Upper Gingiva with Nonautologous Tissue Substitute, Open Approach
0CU537Z	Supplement Upper Gingiva with Autologous Tissue Substitute, Percutaneous Approach
0CU53JZ	Supplement Upper Gingiva with Synthetic Substitute, Percutaneous Approach
0CU53KZ	Supplement Upper Gingiva with Nonautologous Tissue Substitute, Percutaneous Approach
0CU5X7Z	Supplement Upper Gingiva with Autologous Tissue Substitute, External Approach
0CU5XJZ	Supplement Upper Gingiva with Synthetic Substitute, External Approach
0CU5XKZ	Supplement Upper Gingiva with Nonautologous Tissue Substitute, External Approach
0CU607Z	Supplement Lower Gingiva with Autologous Tissue Substitute, Open Approach
0CU60JZ	Supplement Lower Gingiva with Synthetic Substitute, Open Approach
0CU60KZ	Supplement Lower Gingiva with Nonautologous Tissue Substitute, Open Approach
0CU637Z	Supplement Lower Gingiva with Autologous Tissue Substitute, Percutaneous Approach
0CU63JZ	Supplement Lower Gingiva with Synthetic Substitute, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CU63KZ	Supplement Lower Gingiva with Nonautologous Tissue Substitute, Percutaneous Approach
0CU6X7Z	Supplement Lower Gingiva with Autologous Tissue Substitute, External Approach
0CU6XJZ	Supplement Lower Gingiva with Synthetic Substitute, External Approach
0CU6XKZ	Supplement Lower Gingiva with Nonautologous Tissue Substitute, External Approach
0CU707Z	Supplement Tongue with Autologous Tissue Substitute, Open Approach
0CU70JZ	Supplement Tongue with Synthetic Substitute, Open Approach
0CU70KZ	Supplement Tongue with Nonautologous Tissue Substitute, Open Approach
0CU737Z	Supplement Tongue with Autologous Tissue Substitute, Percutaneous Approach
0CU73JZ	Supplement Tongue with Synthetic Substitute, Percutaneous Approach
0CU73KZ	Supplement Tongue with Nonautologous Tissue Substitute, Percutaneous Approach
0CU7X7Z	Supplement Tongue with Autologous Tissue Substitute, External Approach
0CU7XJZ	Supplement Tongue with Synthetic Substitute, External Approach
0CU7XKZ	Supplement Tongue with Nonautologous Tissue Substitute, External Approach
0CUM07Z	Supplement Pharynx with Autologous Tissue Substitute, Open Approach
0CUM0JZ	Supplement Pharynx with Synthetic Substitute, Open Approach
0CUM0KZ	Supplement Pharynx with Nonautologous Tissue Substitute, Open Approach
0CUM77Z	Supplement Pharynx with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CUM7JZ	Supplement Pharynx with Synthetic Substitute, Via Natural or Artificial Opening
0CUM7KZ	Supplement Pharynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CUM87Z	Supplement Pharynx with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUM8JZ	Supplement Pharynx with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CUM8KZ	Supplement Pharynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUN07Z	Supplement Uvula with Autologous Tissue Substitute, Open Approach
0CUN0JZ	Supplement Uvula with Synthetic Substitute, Open Approach
0CUN0KZ	Supplement Uvula with Nonautologous Tissue Substitute, Open Approach
0CUN37Z	Supplement Uvula with Autologous Tissue Substitute, Percutaneous Approach
0CUN3JZ	Supplement Uvula with Synthetic Substitute, Percutaneous Approach
0CUN3KZ	Supplement Uvula with Nonautologous Tissue Substitute, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CUNX7Z	Supplement Uvula with Autologous Tissue Substitute, External Approach
0CUNXJZ	Supplement Uvula with Synthetic Substitute, External Approach
0CUNXKZ	Supplement Uvula with Nonautologous Tissue Substitute, External Approach
0CVB0CZ	Restriction of Right Parotid Duct with Extraluminal Device, Open Approach
0CVB0DZ	Restriction of Right Parotid Duct with Intraluminal Device, Open Approach
0CVB0ZZ	Restriction of Right Parotid Duct, Open Approach
0CVB3CZ	Restriction of Right Parotid Duct with Extraluminal Device, Percutaneous Approach
0CVB3DZ	Restriction of Right Parotid Duct with Intraluminal Device, Percutaneous Approach
0CVB3ZZ	Restriction of Right Parotid Duct, Percutaneous Approach
0CVB7DZ	Restriction of Right Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0CVB7ZZ	Restriction of Right Parotid Duct, Via Natural or Artificial Opening
0CVB8DZ	Restriction of Right Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0CVB8ZZ	Restriction of Right Parotid Duct, Via Natural or Artificial Opening Endoscopic
0CVC0CZ	Restriction of Left Parotid Duct with Extraluminal Device, Open Approach
0CVC0DZ	Restriction of Left Parotid Duct with Intraluminal Device, Open Approach
0CVC0ZZ	Restriction of Left Parotid Duct, Open Approach
0CVC3CZ	Restriction of Left Parotid Duct with Extraluminal Device, Percutaneous Approach
0CVC3DZ	Restriction of Left Parotid Duct with Intraluminal Device, Percutaneous Approach
0CVC3ZZ	Restriction of Left Parotid Duct, Percutaneous Approach
0CVC7DZ	Restriction of Left Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening
0CVC7ZZ	Restriction of Left Parotid Duct, Via Natural or Artificial Opening
0CVC8DZ	Restriction of Left Parotid Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0CVC8ZZ	Restriction of Left Parotid Duct, Via Natural or Artificial Opening Endoscopic
0CWA00Z	Revision of Drainage Device in Salivary Gland, Open Approach
0CWA0CZ	Revision of Extraluminal Device in Salivary Gland, Open Approach
0CWA30Z	Revision of Drainage Device in Salivary Gland, Percutaneous Approach
0CWA3CZ	Revision of Extraluminal Device in Salivary Gland, Percutaneous Approach
0CWY07Z	Revision of Autologous Tissue Substitute in Mouth and Throat, Open Approach
0CX3XZZ	Transfer Soft Palate, External Approach
0CX40ZZ	Transfer Buccal Mucosa, Open Approach
0CX4XZZ	Transfer Buccal Mucosa, External Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0CX50ZZ	Transfer Upper Gingiva, Open Approach
0CX5XZZ	Transfer Upper Gingiva, External Approach
0CX60ZZ	Transfer Lower Gingiva, Open Approach
0CX6XZZ	Transfer Lower Gingiva, External Approach
0CX70ZZ	Transfer Tongue, Open Approach
0CX7XZZ	Transfer Tongue, External Approach
0H91X0Z	Drainage of Face Skin with Drainage Device, External Approach
0H91XZZ	Drainage of Face Skin, External Approach
0J9100Z	Drainage of Face Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J910ZZ	Drainage of Face Subcutaneous Tissue and Fascia, Open Approach
0J9130Z	Drainage of Face Subcutaneous Tissue and Fascia with Drainage Device, Percutaneous Approach
0N5B0ZZ	Destruction of Nasal Bone, Open Approach
0N5B3ZZ	Destruction of Nasal Bone, Percutaneous Approach
0N5B4ZZ	Destruction of Nasal Bone, Percutaneous Endoscopic Approach
0N8B0ZZ	Division of Nasal Bone, Open Approach
0N8B3ZZ	Division of Nasal Bone, Percutaneous Approach
0N8B4ZZ	Division of Nasal Bone, Percutaneous Endoscopic Approach
0N9B00Z	Drainage of Nasal Bone with Drainage Device, Open Approach
0N9B0ZX	Drainage of Nasal Bone, Open Approach, Diagnostic
0N9B0ZZ	Drainage of Nasal Bone, Open Approach
0N9B30Z	Drainage of Nasal Bone with Drainage Device, Percutaneous Approach
0N9B3ZX	Drainage of Nasal Bone, Percutaneous Approach, Diagnostic
0N9B3ZZ	Drainage of Nasal Bone, Percutaneous Approach
0N9B40Z	Drainage of Nasal Bone with Drainage Device, Percutaneous Endoscopic Approach
0N9B4ZX	Drainage of Nasal Bone, Percutaneous Endoscopic Approach, Diagnostic
0N9B4ZZ	Drainage of Nasal Bone, Percutaneous Endoscopic Approach
0N9R00Z	Drainage of Right Maxilla with Drainage Device, Open Approach
0N9R0ZZ	Drainage of Right Maxilla, Open Approach
0N9R30Z	Drainage of Right Maxilla with Drainage Device, Percutaneous Approach
0N9R3ZZ	Drainage of Right Maxilla, Percutaneous Approach
0N9R40Z	Drainage of Right Maxilla with Drainage Device, Percutaneous Endoscopic Approach
0N9R4ZZ	Drainage of Right Maxilla, Percutaneous Endoscopic Approach
0N9T00Z	Drainage of Right Mandible with Drainage Device, Open Approach
0N9T0ZZ	Drainage of Right Mandible, Open Approach
0N9T30Z	Drainage of Right Mandible with Drainage Device, Percutaneous Approach
0N9T3ZZ	Drainage of Right Mandible, Percutaneous Approach
0N9T40Z	Drainage of Right Mandible with Drainage Device, Percutaneous Endoscopic Approach
0N9T4ZZ	Drainage of Right Mandible, Percutaneous Endoscopic Approach
0N9V00Z	Drainage of Left Mandible with Drainage Device, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0N9V0ZZ	Drainage of Left Mandible, Open Approach
0N9V30Z	Drainage of Left Mandible with Drainage Device, Percutaneous Approach
0N9V3ZZ	Drainage of Left Mandible, Percutaneous Approach
0N9V40Z	Drainage of Left Mandible with Drainage Device, Percutaneous Endoscopic Approach
0N9V4ZZ	Drainage of Left Mandible, Percutaneous Endoscopic Approach
0NBB0ZX	Excision of Nasal Bone, Open Approach, Diagnostic
0NBB0ZZ	Excision of Nasal Bone, Open Approach
0NBB3ZX	Excision of Nasal Bone, Percutaneous Approach, Diagnostic
0NBB3ZZ	Excision of Nasal Bone, Percutaneous Approach
0NBB4ZX	Excision of Nasal Bone, Percutaneous Endoscopic Approach, Diagnostic
0NBB4ZZ	Excision of Nasal Bone, Percutaneous Endoscopic Approach
0NBR0ZX	Excision of Right Maxilla, Open Approach, Diagnostic
0NBR0ZZ	Excision of Right Maxilla, Open Approach
0NBR3ZX	Excision of Right Maxilla, Percutaneous Approach, Diagnostic
0NBR3ZZ	Excision of Right Maxilla, Percutaneous Approach
0NBR4ZX	Excision of Right Maxilla, Percutaneous Endoscopic Approach, Diagnostic
0NBR4ZZ	Excision of Right Maxilla, Percutaneous Endoscopic Approach
0NBT0ZX	Excision of Right Mandible, Open Approach, Diagnostic
0NBT3ZX	Excision of Right Mandible, Percutaneous Approach, Diagnostic
0NBT3ZZ	Excision of Right Mandible, Percutaneous Approach
0NBT4ZX	Excision of Right Mandible, Percutaneous Endoscopic Approach, Diagnostic
0NBT4ZZ	Excision of Right Mandible, Percutaneous Endoscopic Approach
0NBV0ZX	Excision of Left Mandible, Open Approach, Diagnostic
0NBV3ZX	Excision of Left Mandible, Percutaneous Approach, Diagnostic
0NBV3ZZ	Excision of Left Mandible, Percutaneous Approach
0NBV4ZX	Excision of Left Mandible, Percutaneous Endoscopic Approach, Diagnostic
0NBV4ZZ	Excision of Left Mandible, Percutaneous Endoscopic Approach
0NCB0ZZ	Extirpation of Matter from Nasal Bone, Open Approach
0NCB3ZZ	Extirpation of Matter from Nasal Bone, Percutaneous Approach
0NCB4ZZ	Extirpation of Matter from Nasal Bone, Percutaneous Endoscopic Approach
0NCR0ZZ	Extirpation of Matter from Right Maxilla, Open Approach
0NCR3ZZ	Extirpation of Matter from Right Maxilla, Percutaneous Approach
0NCR4ZZ	Extirpation of Matter from Right Maxilla, Percutaneous Endoscopic Approach
0NCT0ZZ	Extirpation of Matter from Right Mandible, Open Approach
0NCT3ZZ	Extirpation of Matter from Right Mandible, Percutaneous Approach
0NCT4ZZ	Extirpation of Matter from Right Mandible, Percutaneous Endoscopic Approach
0NCV0ZZ	Extirpation of Matter from Left Mandible, Open Approach
0NCV3ZZ	Extirpation of Matter from Left Mandible, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0NCV4ZZ	Extirpation of Matter from Left Mandible, Percutaneous Endoscopic Approach
0NHB04Z	Insertion of Internal Fixation Device into Nasal Bone, Open Approach
0NHB0MZ	Insertion of Bone Growth Stimulator into Nasal Bone, Open Approach
0NHB34Z	Insertion of Internal Fixation Device into Nasal Bone, Percutaneous Approach
0NHB3MZ	Insertion of Bone Growth Stimulator into Nasal Bone, Percutaneous Approach
0NHB44Z	Insertion of Internal Fixation Device into Nasal Bone, Percutaneous Endoscopic Approach
0NHB4MZ	Insertion of Bone Growth Stimulator into Nasal Bone, Percutaneous Endoscopic Approach
0NJB0ZZ	Inspection of Nasal Bone, Open Approach
0NJB3ZZ	Inspection of Nasal Bone, Percutaneous Approach
0NJB4ZZ	Inspection of Nasal Bone, Percutaneous Endoscopic Approach
0NNB0ZZ	Release Nasal Bone, Open Approach
0NNB3ZZ	Release Nasal Bone, Percutaneous Approach
0NNB4ZZ	Release Nasal Bone, Percutaneous Endoscopic Approach
0NNX0ZZ	Release Hyoid Bone, Open Approach
0NNX3ZZ	Release Hyoid Bone, Percutaneous Approach
0NNX4ZZ	Release Hyoid Bone, Percutaneous Endoscopic Approach
0NPB00Z	Removal of Drainage Device from Nasal Bone, Open Approach
0NPB04Z	Removal of Internal Fixation Device from Nasal Bone, Open Approach
0NPB07Z	Removal of Autologous Tissue Substitute from Nasal Bone, Open Approach
0NPB0JZ	Removal of Synthetic Substitute from Nasal Bone, Open Approach
0NPB0KZ	Removal of Nonautologous Tissue Substitute from Nasal Bone, Open Approach
0NPB0MZ	Removal of Bone Growth Stimulator from Nasal Bone, Open Approach
0NPB30Z	Removal of Drainage Device from Nasal Bone, Percutaneous Approach
0NPB34Z	Removal of Internal Fixation Device from Nasal Bone, Percutaneous Approach
0NPB37Z	Removal of Autologous Tissue Substitute from Nasal Bone, Percutaneous Approach
0NPB3JZ	Removal of Synthetic Substitute from Nasal Bone, Percutaneous Approach
0NPB3KZ	Removal of Nonautologous Tissue Substitute from Nasal Bone, Percutaneous Approach
0NPB3MZ	Removal of Bone Growth Stimulator from Nasal Bone, Percutaneous Approach
0NPB40Z	Removal of Drainage Device from Nasal Bone, Percutaneous Endoscopic Approach
0NPB44Z	Removal of Internal Fixation Device from Nasal Bone, Percutaneous Endoscopic Approach
0NPB47Z	Removal of Autologous Tissue Substitute from Nasal Bone, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0NPB4JZ	Removal of Synthetic Substitute from Nasal Bone, Percutaneous Endoscopic Approach
0NPB4KZ	Removal of Nonautologous Tissue Substitute from Nasal Bone, Percutaneous Endoscopic Approach
0NPB4MZ	Removal of Bone Growth Stimulator from Nasal Bone, Percutaneous Endoscopic Approach
0NQB0ZZ	Repair Nasal Bone, Open Approach
0NQB3ZZ	Repair Nasal Bone, Percutaneous Approach
0NQB4ZZ	Repair Nasal Bone, Percutaneous Endoscopic Approach
0NQBXZZ	Repair Nasal Bone, External Approach
0NQR0ZZ	Repair Right Maxilla, Open Approach
0NQR3ZZ	Repair Right Maxilla, Percutaneous Approach
0NQR4ZZ	Repair Right Maxilla, Percutaneous Endoscopic Approach
0NQRXZZ	Repair Right Maxilla, External Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQT3ZZ	Repair Right Mandible, Percutaneous Approach
0NQT4ZZ	Repair Right Mandible, Percutaneous Endoscopic Approach
0NQTXXZZ	Repair Right Mandible, External Approach
0NQV0ZZ	Repair Left Mandible, Open Approach
0NQV3ZZ	Repair Left Mandible, Percutaneous Approach
0NQV4ZZ	Repair Left Mandible, Percutaneous Endoscopic Approach
0NQVXXZZ	Repair Left Mandible, External Approach
0NRB07Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Open Approach
0NRB0JZ	Replacement Of Nasal Bone With Synthetic Substitute, Open Approach
0NRB0KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Open Approach
0NRB37Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Percutaneous Approach
0NRB3JZ	Replacement Of Nasal Bone With Synthetic Substitute, Percutaneous Approach
0NRB3KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Approach
0NRB47Z	Replacement Of Nasal Bone With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRB4JZ	Replacement Of Nasal Bone With Synthetic Substitute, Percutaneous Endoscopic Approach
0NRB4KZ	Replacement Of Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NSB04Z	Reposition Nasal Bone with Internal Fixation Device, Open Approach
0NSB0ZZ	Reposition Nasal Bone, Open Approach
0NSB34Z	Reposition Nasal Bone with Internal Fixation Device, Percutaneous Approach
0NSB3ZZ	Reposition Nasal Bone, Percutaneous Approach
0NSB44Z	Reposition Nasal Bone with Internal Fixation Device, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0NSB4ZZ	Reposition Nasal Bone, Percutaneous Endoscopic Approach
0NSBXZZ	Reposition Nasal Bone, External Approach
0NUB07Z	Supplement Nasal Bone With Autologous Tissue Substitute, Open Approach
0NUB0JZ	Supplement Nasal Bone With Synthetic Substitute, Open Approach
0NUB0KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Open Approach
0NUB37Z	Supplement Nasal Bone With Autologous Tissue Substitute, Percutaneous Approach
0NUB3JZ	Supplement Nasal Bone With Synthetic Substitute, Percutaneous Approach
0NUB3KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Approach
0NUB47Z	Supplement Nasal Bone With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUB4JZ	Supplement Nasal Bone With Synthetic Substitute, Percutaneous Endoscopic Approach
0NUB4KZ	Supplement Nasal Bone With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NWB00Z	Revision of Drainage Device in Nasal Bone, Open Approach
0NWB04Z	Revision of Internal Fixation Device in Nasal Bone, Open Approach
0NWB07Z	Revision of Autologous Tissue Substitute in Nasal Bone, Open Approach
0NWB0JZ	Revision of Synthetic Substitute in Nasal Bone, Open Approach
0NWB0KZ	Revision of Nonautologous Tissue Substitute in Nasal Bone, Open Approach
0NWB0MZ	Revision of Bone Growth Stimulator in Nasal Bone, Open Approach
0NWB30Z	Revision of Drainage Device in Nasal Bone, Percutaneous Approach
0NWB34Z	Revision of Internal Fixation Device in Nasal Bone, Percutaneous Approach
0NWB37Z	Revision of Autologous Tissue Substitute in Nasal Bone, Percutaneous Approach
0NWB3JZ	Revision of Synthetic Substitute in Nasal Bone, Percutaneous Approach
0NWB3KZ	Revision of Nonautologous Tissue Substitute in Nasal Bone, Percutaneous Approach
0NWB3MZ	Revision of Bone Growth Stimulator in Nasal Bone, Percutaneous Approach
0NWB40Z	Revision of Drainage Device in Nasal Bone, Percutaneous Endoscopic Approach
0NWB44Z	Revision of Internal Fixation Device in Nasal Bone, Percutaneous Endoscopic Approach
0NWB47Z	Revision of Autologous Tissue Substitute in Nasal Bone, Percutaneous Endoscopic Approach
0NWB4JZ	Revision of Synthetic Substitute in Nasal Bone, Percutaneous Endoscopic Approach
0NWB4KZ	Revision of Nonautologous Tissue Substitute in Nasal Bone, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0NWB4MZ	Revision of Bone Growth Stimulator in Nasal Bone, Percutaneous Endoscopic Approach
0W9200Z	Drainage of Face with Drainage Device, Open Approach
0W920ZZ	Drainage of Face, Open Approach
0W9230Z	Drainage of Face with Drainage Device, Percutaneous Approach
0W923ZZ	Drainage of Face, Percutaneous Approach
0W9240Z	Drainage of Face with Drainage Device, Percutaneous Endoscopic Approach
0W924ZZ	Drainage of Face, Percutaneous Endoscopic Approach
0W9300Z	Drainage of Oral Cavity and Throat with Drainage Device, Open Approach
0W930ZX	Drainage of Oral Cavity and Throat, Open Approach, Diagnostic
0W930ZZ	Drainage of Oral Cavity and Throat, Open Approach
0W9330Z	Drainage of Oral Cavity and Throat with Drainage Device, Percutaneous Approach
0W933ZX	Drainage of Oral Cavity and Throat, Percutaneous Approach, Diagnostic
0W933ZZ	Drainage of Oral Cavity and Throat, Percutaneous Approach
0W9340Z	Drainage of Oral Cavity and Throat with Drainage Device, Percutaneous Endoscopic Approach
0W934ZX	Drainage of Oral Cavity and Throat, Percutaneous Endoscopic Approach, Diagnostic
0W934ZZ	Drainage of Oral Cavity and Throat, Percutaneous Endoscopic Approach
0W9400Z	Drainage of Upper Jaw with Drainage Device, Open Approach
0W940ZX	Drainage of Upper Jaw, Open Approach, Diagnostic
0W940ZZ	Drainage of Upper Jaw, Open Approach
0W9430Z	Drainage of Upper Jaw with Drainage Device, Percutaneous Approach
0W943ZX	Drainage of Upper Jaw, Percutaneous Approach, Diagnostic
0W943ZZ	Drainage of Upper Jaw, Percutaneous Approach
0W9440Z	Drainage of Upper Jaw with Drainage Device, Percutaneous Endoscopic Approach
0W944ZX	Drainage of Upper Jaw, Percutaneous Endoscopic Approach, Diagnostic
0W944ZZ	Drainage of Upper Jaw, Percutaneous Endoscopic Approach
0W9500Z	Drainage of Lower Jaw with Drainage Device, Open Approach
0W950ZX	Drainage of Lower Jaw, Open Approach, Diagnostic
0W950ZZ	Drainage of Lower Jaw, Open Approach
0W9530Z	Drainage of Lower Jaw with Drainage Device, Percutaneous Approach
0W953ZX	Drainage of Lower Jaw, Percutaneous Approach, Diagnostic
0W953ZZ	Drainage of Lower Jaw, Percutaneous Approach
0W9540Z	Drainage of Lower Jaw with Drainage Device, Percutaneous Endoscopic Approach
0W954ZX	Drainage of Lower Jaw, Percutaneous Endoscopic Approach, Diagnostic
0W954ZZ	Drainage of Lower Jaw, Percutaneous Endoscopic Approach
0WF30ZZ	Fragmentation in Oral Cavity and Throat, Open Approach
0WF33ZZ	Fragmentation in Oral Cavity and Throat, Percutaneous Approach
0WF34ZZ	Fragmentation in Oral Cavity and Throat, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
ICD-10 Code	Description
0WJ30ZZ	Inspection of Oral Cavity and Throat, Open Approach
0WJ33ZZ	Inspection of Oral Cavity and Throat, Percutaneous Approach
0WJ34ZZ	Inspection of Oral Cavity and Throat, Percutaneous Endoscopic Approach
2W31X9Z	Immobilization of Face using Wire
2W31XYZ	Immobilization of Face using Other Device
2W6CXZZ	Traction of Right Lower Arm
2W6DXZZ	Traction of Left Lower Arm
2Y41X5Z	Packing of Nasal Region using Packing Material
3E09XGC	Introduction of Other Therapeutic Substance into Nose, External Approach
3E1978Z	Irrigation of Nose using Irrigating Substance, Via Natural or Artificial Opening
3E1988Z	Irrigation of Nose using Irrigating Substance, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 to cm to 30.0 cm
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over30.0 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm orless
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm



**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021**

Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, (List separately in addition to code for primary procedure)
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet,
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, axillae, genitalia, hands or feet
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
20910	Cartilage graft; costochondral
20912	Cartilage graft; nasal septum
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21076	Impression and custom preparation; surgical obturator prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21310	Closed treatment of nasal bone fracture without manipulation
21315	Closed treatment of nasal bone fracture; without stabilization
21320	Closed treatment of nasal bone fracture; with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	Open treatment of nasoethmoid fracture; with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21497	Interdental wiring, for condition other than fracture
30000	Drainage abscess or hematoma, nasal, internal approach
30020	Drainage abscess or hematoma, nasal septum

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
30100	Biopsy, intranasal
30110	Excision, nasal polyp(s), simple
30115	Excision, nasal polyp(s), extensive
30120	Excision or surgical planing of skin of nose for rhinophyma
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30150	Rhinectomy; partial
30160	Rhinectomy; total
30200	Injection into turbinate(s), therapeutic
30220	Insertion, nasal septal prosthesis (button)
30300	Removal foreign body, intranasal; office type procedure
30310	Removal foreign body, intranasal; requiring general anesthesia
30320	Removal foreign body, intranasal; by lateral rhinotomy
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	Repair choanal atresia; intranasal
30545	Repair choanal atresia; transpalatine
30560	Lysis intranasal synechia
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	Repair fistula; oronasal
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	Repair nasal septal perforations
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial
30802	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method;intramural
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	Ligation arteries; ethmoidal
30920	Ligation arteries; internal maxillary artery, transantral
30930	Fracture nasal inferior turbinate(s), therapeutic
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002	Lavage by cannulation; sphenoid sinus
31020	Sinusotomy, maxillary (antrotomy); intranasal
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31050	Sinusotomy, sphenoid, with or without biopsy;
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	Sinusotomy frontal; external, simple (trephine operation)
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	Ethmoidectomy; intranasal, anterior
31201	Ethmoidectomy; intranasal, total
31205	Ethmoidectomy; extranasal, total
31225	Maxillectomy; without orbital exenteration
31230	Maxillectomy; with orbital exenteration (en bloc)
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
40490	Biopsy of lip
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40530	Resection of lip, more than 1/4, without reconstruction
40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over 1/2 vertical height, or complex
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	Removal of embedded foreign body, vestibule of mouth; simple
40805	Removal of embedded foreign body, vestibule of mouth; complicated
40806	Incision of labial frenum (frenotomy)
40808	Biopsy, vestibule of mouth
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth;
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	Incision of lingual frenum (frenotomy)
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41100	Biopsy of tongue; anterior 2/3
41105	Biopsy of tongue; posterior 1/3
41108	Biopsy of floor of mouth
41115	Excision of lingual frenum (frenectomy)
41116	Excision, lesion of floor of mouth
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior 2/3 of tongue
41251	Repair of laceration 2.5 cm or less; posterior 1/3 of tongue
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
41512	Tongue base suspension, permanent suture technique
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41599	Unlisted procedure, tongue, floor of mouth
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	Removal of embedded foreign body from dentoalveolar structures; bone
41820	Gingivectomy, excision gingiva, each quadrant
41821	Operculectomy, excision pericoronal tissues
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	Destruction of lesion (except excision), dentoalveolar structures
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)
41899	Unlisted procedure, dentoalveolar structures
42000	Drainage of abscess of palate, uvula
42100	Biopsy of palate, uvula
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42120	Resection of palate or extensive resection of lesion
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	Repair, laceration of palate; up to 2 cm
42182	Repair, laceration of palate; over 2 cm or complex
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42260	Repair of nasolabial fistula
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis
42300	Drainage of abscess; parotid, simple
42305	Drainage of abscess; parotid, complicated
42310	Drainage of abscess; submaxillary or sublingual, intraoral
42320	Drainage of abscess; submaxillary, external
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	Biopsy of salivary gland; needle
42405	Biopsy of salivary gland; incisional
42408	Excision of sublingual salivary cyst (ranula)
42409	Marsupialization of sublingual salivary cyst (ranula)
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42440	Excision of submandibular (submaxillary) gland



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	Parotid duct diversion, bilateral (Wilke type procedure);
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	Parotid duct diversion, bilateral (Wilke type procedure);with ligation of both submandibular (Wharton's) ducts
42550	Injection procedure for sialography
42650	Dilation salivary duct
42660	Dilation and catheterization of salivary duct, with or without injection
42665	Ligation salivary duct, intraoral
42699	Unlisted procedure, salivary glands or ducts
42800	Biopsy; oropharynx
42804	Biopsy; nasopharynx, visible lesion, simple
42806	Biopsy; nasopharynx, survey for unknown primary lesion
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	Tonsillectomy and adenoidectomy; younger than age 12
42821	Tonsillectomy and adenoidectomy; age 12 or over
42825	Tonsillectomy, primary or secondary; younger than age 12
42826	Tonsillectomy, primary or secondary; age 12 or over
42830	Adenoidectomy, primary; younger than age 12
42831	Adenoidectomy, primary; age 12 or over
42835	Adenoidectomy, secondary; younger than age 12
42836	Adenoidectomy, secondary; age 12 or over
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860	Excision of tonsil tags
42870	Excision or destruction lingual tonsil, any method (separate procedure)
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap
42900	Suture pharynx for wound or injury
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	Pharyngoesophageal repair
42955	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Nose, Mouth and Pharynx	
CPT Code	Description
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43030	Cricopharyngeal myotomy
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
92502	Otolaryngologic examination under general anesthesia
92504	Binocular microscopy (separate diagnostic procedure)
92511	Nasopharyngoscopy with endoscope (separate procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Obstetrical Procedures	
ICD-10 Code	Description
0TQD7ZZ	Repair Urethra, Via Natural or Artificial Opening
0UQG7ZZ	Repair Vagina, Via Natural or Artificial Opening
0UQG7ZZ	Repair Vagina, Via Natural or Artificial Opening
0UQG7ZZ	Repair Vagina, External Approach
0UQMXZZ	Repair Vulva, External Approach
0WQNXZZ	Repair Female Perineum, External Approach
10900ZA	Drainage of Fetal Cerebrospinal Fluid from Products of Conception, Open Approach
10900ZB	Drainage of Other Fetal Fluid from Products of Conception, Open Approach
10900ZD	Drainage of Other Fluid from Products of Conception, Open Approach
10900ZU	Drainage of Amniotic Fluid, Diagnostic from Products of Conception, Open Approach
10903ZA	Drainage of Fetal Cerebrospinal Fluid from Products of Conception, Percutaneous Approach
10903ZB	Drainage of Other Fetal Fluid from Products of Conception, Percutaneous Approach
10903ZD	Drainage of Other Fluid from Products of Conception, Percutaneous Approach
10903ZU	Drainage of Amniotic Fluid, Diagnostic from Products of Conception, Percutaneous Approach
10907ZB	Drainage of Other Fetal Fluid from Products of Conception, Via Natural or Artificial Opening
10907ZD	Drainage of Other Fluid from Products of Conception, Via Natural or Artificial Opening
10908Z9	Drainage of Fetal Blood from Products of Conception, Via Natural or Artificial Opening Endoscopic
10A07ZX	Abortion of Products of Conception, Abortifacient, Via Natural or Artificial Opening
10H073Z	Insertion of Monitoring Electrode into Products of Conception, Via Natural or Artificial Opening
10H07YZ	Insertion of Other Device into Products of Conception, Via Natural or Artificial Opening
10J00ZZ	Inspection of Products of Conception, Open Approach
10J03ZZ	Inspection of Products of Conception, Percutaneous Approach
10J07ZZ	Inspection of Products of Conception, Via Natural or Artificial Opening
10J08ZZ	Inspection of Products of Conception, Via Natural or Artificial Opening Endoscopic
10J0XZZ	Inspection of Products of Conception, External Approach
10J10ZZ	Inspection of Products of Conception, Retained, Open Approach
10J13ZZ	Inspection of Products of Conception, Retained, Percutaneous Approach
10J17ZZ	Inspection of Products of Conception, Retained, Via Natural or Artificial Opening
10J1XZZ	Inspection of Products of Conception, Retained, External Approach
10J20ZZ	Inspection of Products of Conception, Ectopic, Open Approach
10J23ZZ	Inspection of Products of Conception, Ectopic, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Obstetrical Procedures	
ICD-10 Code	Description
10J27ZZ	Inspection of Products of Conception, Ectopic, Via Natural or Artificial Opening
10J2XZZ	Inspection of Products of Conception, Ectopic, External Approach
30273H1	Transfusion of Nonautologous Whole Blood into Products of Conception, Circulatory, Percutaneous Approach
30273J1	Transfusion of Nonautologous Serum Albumin into Products of Conception, Circulatory, Percutaneous Approach
30273K1	Transfusion of Nonautologous Frozen Plasma into Products of Conception, Circulatory, Percutaneous Approach
30273L1	Transfusion of Nonautologous Fresh Plasma into Products of Conception, Circulatory, Percutaneous Approach
30273M1	Transfusion of Nonautologous Plasma Cryoprecipitate into Products of Conception, Circulatory, Percutaneous Approach
30273N1	Transfusion of Nonautologous Red Blood Cells into Products of Conception, Circulatory, Percutaneous Approach
30273P1	Transfusion of Nonautologous Frozen Red Cells into Products of Conception, Circulatory, Percutaneous Approach
30273Q1	Transfusion of Nonautologous White Cells into Products of Conception, Circulatory, Percutaneous Approach
30273R1	Transfusion of Nonautologous Platelets into Products of Conception, Circulatory, Percutaneous Approach
30273S1	Transfusion of Nonautologous Globulin into Products of Conception, Circulatory, Percutaneous Approach
30273T1	Transfusion of Nonautologous Fibrinogen into Products of Conception, Circulatory, Percutaneous Approach
30273V1	Transfusion of Nonautologous Antihemophilic Factors into Products of Conception, Circulatory, Percutaneous Approach
30273W1	Transfusion of Nonautologous Factor IX into Products of Conception, Circulatory, Percutaneous Approach
4A0H74Z	Measurement of Products of Conception, Cardiac Electrical Activity, Via Natural or Artificial Opening
4A0H7CZ	Measurement of Products of Conception, Cardiac Rate, Via Natural or Artificial Opening
4A0H7FZ	Measurement of Products of Conception, Cardiac Rhythm, Via Natural or Artificial Opening
4A0H7HZ	Measurement of Products of Conception, Cardiac Sound, Via Natural or Artificial Opening
4A0HXCZ	Measurement of Products of Conception, Cardiac Rate, External Approach
4A0HXFZ	Measurement of Products of Conception, Cardiac Rhythm, External Approach
4A0HXHZ	Measurement of Products of Conception, Cardiac Sound, External Approach
4A0J72Z	Measurement of Products of Conception, Nervous Conductivity, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Obstetrical Procedures	
ICD-10 Code	Description
4A0J74Z	Measurement of Products of Conception, Nervous Electrical Activity, Via Natural or Artificial Opening
4A0J7BZ	Measurement of Products of Conception, Nervous Pressure, Via Natural or Artificial Opening
4A0JX2Z	Measurement of Products of Conception, Nervous Conductivity, External Approach
4A0JX4Z	Measurement of Products of Conception, Nervous Electrical Activity, External Approach
4A0JXBZ	Measurement of Products of Conception, Nervous Pressure, External Approach
4A1H74Z	Monitoring of Products of Conception, Cardiac Electrical Activity, Via Natural or Artificial Opening
4A1H7CZ	Monitoring of Products of Conception, Cardiac Rate, Via Natural or Artificial Opening
4A1H7FZ	Monitoring of Products of Conception, Cardiac Rhythm, Via Natural or Artificial Opening
4A1H7HZ	Monitoring of Products of Conception, Cardiac Sound, Via Natural or Artificial Opening
4A1HX4Z	Monitoring of Products of Conception, Cardiac Electrical Activity, External Approach
4A1HXCZ	Monitoring of Products of Conception, Cardiac Rate, External Approach
4A1HXFZ	Monitoring of Products of Conception, Cardiac Rhythm, External Approach
4A1HXHZ	Monitoring of Products of Conception, Cardiac Sound, External Approach
4A1J72Z	Monitoring of Products of Conception, Nervous Conductivity, Via Natural or Artificial Opening
4A1J74Z	Monitoring of Products of Conception, Nervous Electrical Activity, Via Natural or Artificial Opening
4A1J7BZ	Monitoring of Products of Conception, Nervous Pressure, Via Natural or Artificial Opening
4A1JX2Z	Monitoring of Products of Conception, Nervous Conductivity, External Approach
4A1JX4Z	Monitoring of Products of Conception, Nervous Electrical Activity, External Approach
4A1JXBZ	Monitoring of Products of Conception, Nervous Pressure, External Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Obstetrical Procedures	
CPT Code	Description
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
36460	Transfusion, intrauterine, fetal
59000	Amniocentesis; diagnostic
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59020	Fetal contraction stress test
59025	Fetal non-stress test
59030	Fetal scalp blood sampling
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59072	Fetal umbilical cord occlusion, including ultrasound guidance
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	Fetal shunt placement, including ultrasound guidance
59300	Episiotomy or vaginal repair, by other than attending physician
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412	External cephalic version, with or without tocolysis
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);including postpartum care
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Obstetrical Procedures	
CPT Code	Description
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59866	Multifetal pregnancy reduction(s) (MPR)
59899	Unlisted procedure, maternity care and delivery
76818	Fetal biophysical profile; with non-stress testing



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
008Q0ZZ	Division of Vagus Nerve, Open Approach
008Q3ZZ	Division of Vagus Nerve, Percutaneous Approach
008Q4ZZ	Division of Vagus Nerve, Percutaneous Endoscopic Approach
01520ZZ	Destruction of Phrenic Nerve, Open Approach
01523ZZ	Destruction of Phrenic Nerve, Percutaneous Approach
01524ZZ	Destruction of Phrenic Nerve, Percutaneous Endoscopic Approach
02JA4ZZ	Inspection of Heart, Percutaneous Endoscopic Approach
02JY4ZZ	Inspection of Great Vessel, Percutaneous Endoscopic Approach
0B110D6	Bypass Trachea to Esophagus with Intraluminal Device, Open Approach
0B510ZZ	Destruction of Trachea, Open Approach
0B513ZZ	Destruction of Trachea, Percutaneous Approach
0B517ZZ	Destruction of Trachea, Via Natural or Artificial Opening
0B518ZZ	Destruction of Trachea, Via Natural or Artificial Opening Endoscopic
0B520ZZ	Destruction of Carina, Open Approach
0B523ZZ	Destruction of Carina, Percutaneous Approach
0B524ZZ	Destruction of Carina, Percutaneous Endoscopic Approach
0B527ZZ	Destruction of Carina, Via Natural or Artificial Opening
0B528ZZ	Destruction of Carina, Via Natural or Artificial Opening Endoscopic
0B530ZZ	Destruction of Right Main Bronchus, Open Approach
0B533ZZ	Destruction of Right Main Bronchus, Percutaneous Approach
0B534ZZ	Destruction of Right Main Bronchus, Percutaneous Endoscopic Approach
0B537ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening
0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B540ZZ	Destruction of Right Upper Lobe Bronchus, Open Approach
0B543ZZ	Destruction of Right Upper Lobe Bronchus, Percutaneous Approach
0B544ZZ	Destruction of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B547ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening
0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B550ZZ	Destruction of Right Middle Lobe Bronchus, Open Approach
0B553ZZ	Destruction of Right Middle Lobe Bronchus, Percutaneous Approach
0B554ZZ	Destruction of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0B557ZZ	Destruction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening
0B558ZZ	Destruction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B560ZZ	Destruction of Right Lower Lobe Bronchus, Open Approach
0B563ZZ	Destruction of Right Lower Lobe Bronchus, Percutaneous Approach
0B564ZZ	Destruction of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B567ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0B570ZZ	Destruction of Left Main Bronchus, Open Approach
0B573ZZ	Destruction of Left Main Bronchus, Percutaneous Approach
0B574ZZ	Destruction of Left Main Bronchus, Percutaneous Endoscopic Approach
0B577ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening
0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B580ZZ	Destruction of Left Upper Lobe Bronchus, Open Approach
0B583ZZ	Destruction of Left Upper Lobe Bronchus, Percutaneous Approach
0B584ZZ	Destruction of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B587ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening
0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B590ZZ	Destruction of Lingula Bronchus, Open Approach
0B593ZZ	Destruction of Lingula Bronchus, Percutaneous Approach
0B594ZZ	Destruction of Lingula Bronchus, Percutaneous Endoscopic Approach
0B597ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening
0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0B5B0ZZ	Destruction of Left Lower Lobe Bronchus, Open Approach
0B5B3ZZ	Destruction of Left Lower Lobe Bronchus, Percutaneous Approach
0B5B4ZZ	Destruction of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0B5B7ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening
0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B5C8ZZ	Destruction of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic
0B5D8ZZ	Destruction of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic
0B5F8ZZ	Destruction of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic
0B5G8ZZ	Destruction of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic
0B5H8ZZ	Destruction of Lung Lingula, Via Natural or Artificial Opening Endoscopic
0B5J8ZZ	Destruction of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic
0B5K4ZZ	Destruction Of Right Lung, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B5K8ZZ	Destruction of Right Lung, Via Natural or Artificial Opening Endoscopic
0B5L8ZZ	Destruction of Left Lung, Via Natural or Artificial Opening Endoscopic
0B5M8ZZ	Destruction of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic
0B710DZ	Dilation of Trachea with Intraluminal Device, Open Approach
0B710ZZ	Dilation of Trachea, Open Approach
0B713DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Approach
0B713ZZ	Dilation of Trachea, Percutaneous Approach
0B714DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
0B714ZZ	Dilation of Trachea, Percutaneous Endoscopic Approach
0B717DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening
0B717ZZ	Dilation of Trachea, Via Natural or Artificial Opening
0B718DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B718ZZ	Dilation of Trachea, Via Natural or Artificial Opening Endoscopic
0B720DZ	Dilation of Carina with Intraluminal Device, Open Approach
0B720ZZ	Dilation of Carina, Open Approach
0B723DZ	Dilation of Carina with Intraluminal Device, Percutaneous Approach
0B723ZZ	Dilation of Carina, Percutaneous Approach
0B724DZ	Dilation of Carina with Intraluminal Device, Percutaneous Endoscopic Approach
0B724ZZ	Dilation of Carina, Percutaneous Endoscopic Approach
0B727DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening
0B727ZZ	Dilation of Carina, Via Natural or Artificial Opening
0B728DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B728ZZ	Dilation of Carina, Via Natural or Artificial Opening Endoscopic
0B730DZ	Dilation of Right Main Bronchus with Intraluminal Device, Open Approach
0B730ZZ	Dilation of Right Main Bronchus, Open Approach
0B733DZ	Dilation of Right Main Bronchus with Intraluminal Device, Percutaneous Approach
0B733ZZ	Dilation of Right Main Bronchus, Percutaneous Approach
0B734DZ	Dilation of Right Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B734ZZ	Dilation of Right Main Bronchus, Percutaneous Endoscopic Approach
0B737DZ	Dilation of Right Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B737ZZ	Dilation of Right Main Bronchus, Via Natural or Artificial Opening
0B738DZ	Dilation of Right Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B738ZZ	Dilation of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B740DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Open Approach
0B740ZZ	Dilation of Right Upper Lobe Bronchus, Open Approach
0B743DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Percutaneous Approach
0B743ZZ	Dilation of Right Upper Lobe Bronchus, Percutaneous Approach
0B744DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B744ZZ	Dilation of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B747DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B747ZZ	Dilation of Right Upper Lobe Bronchus, Via Natural or Artificial Opening
0B748DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B748ZZ	Dilation of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B750DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Open Approach
0B750ZZ	Dilation of Right Middle Lobe Bronchus, Open Approach
0B753DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Percutaneous Approach
0B753ZZ	Dilation of Right Middle Lobe Bronchus, Percutaneous Approach
0B754DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B754ZZ	Dilation of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0B757DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B757ZZ	Dilation of Right Middle Lobe Bronchus, Via Natural or Artificial Opening
0B758DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B758ZZ	Dilation of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B760DZ	Dilation of Right Lower Lobe Bronchus with Intraluminal Device, Open Approach
0B760ZZ	Dilation of Right Lower Lobe Bronchus, Open Approach
0B763DZ	Dilation of Right Lower Lobe Bronchus with Intraluminal Device, Percutaneous Approach
0B763ZZ	Dilation of Right Lower Lobe Bronchus, Percutaneous Approach
0B764DZ	Dilation of Right Lower Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B764ZZ	Dilation of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0B767DZ	Dilation of Right Lower Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B767ZZ	Dilation of Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0B768DZ	Dilation of Right Lower Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B768ZZ	Dilation of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B770DZ	Dilation of Left Main Bronchus with Intraluminal Device, Open Approach
0B770ZZ	Dilation of Left Main Bronchus, Open Approach
0B773DZ	Dilation of Left Main Bronchus with Intraluminal Device, Percutaneous Approach
0B773ZZ	Dilation of Left Main Bronchus, Percutaneous Approach
0B774DZ	Dilation of Left Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B774ZZ	Dilation of Left Main Bronchus, Percutaneous Endoscopic Approach
0B777DZ	Dilation of Left Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B777ZZ	Dilation of Left Main Bronchus, Via Natural or Artificial Opening
0B778DZ	Dilation of Left Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B778ZZ	Dilation of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B780DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Open Approach
0B780ZZ	Dilation of Left Upper Lobe Bronchus, Open Approach
0B783DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Percutaneous Approach
0B783ZZ	Dilation of Left Upper Lobe Bronchus, Percutaneous Approach
0B784DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B784ZZ	Dilation of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B787DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B787ZZ	Dilation of Left Upper Lobe Bronchus, Via Natural or Artificial Opening
0B788DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B788ZZ	Dilation of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B790DZ	Dilation of Lingula Bronchus with Intraluminal Device, Open Approach
0B790ZZ	Dilation of Lingula Bronchus, Open Approach
0B793DZ	Dilation of Lingula Bronchus with Intraluminal Device, Percutaneous Approach
0B793ZZ	Dilation of Lingula Bronchus, Percutaneous Approach
0B794DZ	Dilation of Lingula Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B794ZZ	Dilation of Lingula Bronchus, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B797DZ	Dilation of Lingula Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B797ZZ	Dilation of Lingula Bronchus, Via Natural or Artificial Opening
0B798DZ	Dilation of Lingula Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B798ZZ	Dilation of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0B7B0DZ	Dilation of Left Lower Lobe Bronchus with Intraluminal Device, Open Approach
0B7B0ZZ	Dilation of Left Lower Lobe Bronchus, Open Approach
0B7B3DZ	Dilation of Left Lower Lobe Bronchus with Intraluminal Device, Percutaneous Approach
0B7B3ZZ	Dilation of Left Lower Lobe Bronchus, Percutaneous Approach
0B7B4DZ	Dilation of Left Lower Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B7B4ZZ	Dilation of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0B7B7DZ	Dilation of Left Lower Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening
0B7B7ZZ	Dilation of Left Lower Lobe Bronchus, Via Natural or Artificial Opening
0B7B8DZ	Dilation of Left Lower Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B7B8ZZ	Dilation of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B9100Z	Drainage of Trachea with Drainage Device, Open Approach
0B910ZX	Drainage of Trachea, Open Approach, Diagnostic
0B910ZZ	Drainage of Trachea, Open Approach
0B9130Z	Drainage of Trachea with Drainage Device, Percutaneous Approach
0B913ZX	Drainage of Trachea, Percutaneous Approach, Diagnostic
0B913ZZ	Drainage of Trachea, Percutaneous Approach
0B9140Z	Drainage of Trachea with Drainage Device, Percutaneous Endoscopic Approach
0B914ZX	Drainage of Trachea, Percutaneous Endoscopic Approach, Diagnostic
0B914ZZ	Drainage of Trachea, Percutaneous Endoscopic Approach
0B9170Z	Drainage of Trachea with Drainage Device, Via Natural or Artificial Opening
0B917ZX	Drainage of Trachea, Via Natural or Artificial Opening, Diagnostic
0B917ZZ	Drainage of Trachea, Via Natural or Artificial Opening
0B9180Z	Drainage of Trachea with Drainage Device, Via Natural or Artificial Opening Endoscopic
0B918ZX	Drainage of Trachea, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B918ZZ	Drainage of Trachea, Via Natural or Artificial Opening Endoscopic
0B9200Z	Drainage of Carina with Drainage Device, Open Approach
0B920ZX	Drainage of Carina, Open Approach, Diagnostic
0B920ZZ	Drainage of Carina, Open Approach
0B9230Z	Drainage of Carina with Drainage Device, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B923ZX	Drainage of Carina, Percutaneous Approach, Diagnostic
0B923ZZ	Drainage of Carina, Percutaneous Approach
0B9240Z	Drainage of Carina with Drainage Device, Percutaneous Endoscopic Approach
0B924ZX	Drainage of Carina, Percutaneous Endoscopic Approach, Diagnostic
0B924ZZ	Drainage of Carina, Percutaneous Endoscopic Approach
0B9270Z	Drainage of Carina with Drainage Device, Via Natural or Artificial Opening
0B927ZX	Drainage of Carina, Via Natural or Artificial Opening, Diagnostic
0B927ZZ	Drainage of Carina, Via Natural or Artificial Opening
0B9280Z	Drainage of Carina with Drainage Device, Via Natural or Artificial Opening Endoscopic
0B928ZX	Drainage of Carina, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B928ZZ	Drainage of Carina, Via Natural or Artificial Opening Endoscopic
0B933ZX	Drainage of Right Main Bronchus, Percutaneous Approach, Diagnostic
0B934ZX	Drainage of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B937ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0B938ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B943ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0B944ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B947ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B948ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B953ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic
0B954ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B957ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B958ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B963ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0B964ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B967ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B968ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B973ZX	Drainage of Left Main Bronchus, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B974ZX	Drainage of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B977ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0B978ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B983ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0B984ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B987ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B988ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B993ZX	Drainage of Lingula Bronchus, Percutaneous Approach, Diagnostic
0B994ZX	Drainage of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B997ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic
0B998ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9B3ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0B9B4ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B9B7ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B9B8ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9C0ZX	Drainage of Right Upper Lung Lobe, Open Approach, Diagnostic
0B9C3ZX	Drainage of Right Upper Lung Lobe, Percutaneous Approach, Diagnostic
0B9C4ZX	Drainage of Right Upper Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic
0B9C7ZX	Drainage of Right Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0B9C8ZX	Drainage of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9D0ZX	Drainage of Right Middle Lung Lobe, Open Approach, Diagnostic
0B9D3ZX	Drainage of Right Middle Lung Lobe, Percutaneous Approach, Diagnostic
0B9D4ZX	Drainage of Right Middle Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic
0B9D7ZX	Drainage of Right Middle Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0B9D8ZX	Drainage of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9F0ZX	Drainage of Right Lower Lung Lobe, Open Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B9F3ZX	Drainage of Right Lower Lung Lobe, Percutaneous Approach, Diagnostic
0B9F4ZX	Drainage of Right Lower Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic
0B9F7ZX	Drainage of Right Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0B9F8ZX	Drainage of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9G0ZX	Drainage of Left Upper Lung Lobe, Open Approach, Diagnostic
0B9G3ZX	Drainage of Left Upper Lung Lobe, Percutaneous Approach, Diagnostic
0B9G4ZX	Drainage of Left Upper Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic
0B9G7ZX	Drainage of Left Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0B9G8ZX	Drainage of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9H0ZX	Drainage of Lung Lingula, Open Approach, Diagnostic
0B9H3ZX	Drainage of Lung Lingula, Percutaneous Approach, Diagnostic
0B9H4ZX	Drainage of Lung Lingula, Percutaneous Endoscopic Approach, Diagnostic
0B9H7ZX	Drainage of Lung Lingula, Via Natural or Artificial Opening, Diagnostic
0B9H8ZX	Drainage of Lung Lingula, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9J0ZX	Drainage of Left Lower Lung Lobe, Open Approach, Diagnostic
0B9J3ZX	Drainage of Left Lower Lung Lobe, Percutaneous Approach, Diagnostic
0B9J4ZX	Drainage of Left Lower Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic
0B9J7ZX	Drainage of Left Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0B9J8ZX	Drainage of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9K0ZX	Drainage of Right Lung, Open Approach, Diagnostic
0B9K3ZX	Drainage of Right Lung, Percutaneous Approach, Diagnostic
0B9K4ZX	Drainage of Right Lung, Percutaneous Endoscopic Approach, Diagnostic
0B9K7ZX	Drainage of Right Lung, Via Natural or Artificial Opening, Diagnostic
0B9K8ZX	Drainage of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9L0ZX	Drainage of Left Lung, Open Approach, Diagnostic
0B9L3ZX	Drainage of Left Lung, Percutaneous Approach, Diagnostic
0B9L4ZX	Drainage of Left Lung, Percutaneous Endoscopic Approach, Diagnostic
0B9L7ZX	Drainage of Left Lung, Via Natural or Artificial Opening, Diagnostic
0B9L8ZX	Drainage of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9M0ZX	Drainage of Bilateral Lungs, Open Approach, Diagnostic
0B9M3ZX	Drainage of Bilateral Lungs, Percutaneous Approach, Diagnostic
0B9M4ZX	Drainage of Bilateral Lungs, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0B9M7ZX	Drainage of Bilateral Lungs, Via Natural or Artificial Opening, Diagnostic
0B9M8ZX	Drainage of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9N00Z	Drainage of Right Pleura with Drainage Device, Open Approach
0B9N0ZX	Drainage of Right Pleura, Open Approach, Diagnostic
0B9N0ZZ	Drainage of Right Pleura, Open Approach
0B9N30Z	Drainage of Right Pleura with Drainage Device, Percutaneous Approach
0B9N3ZX	Drainage of Right Pleura, Percutaneous Approach, Diagnostic
0B9N3ZZ	Drainage of Right Pleura, Percutaneous Approach
0B9N40Z	Drainage of Right Pleura with Drainage Device, Percutaneous Endoscopic Approach
0B9N4ZX	Drainage of Right Pleura, Percutaneous Endoscopic Approach, Diagnostic
0B9N4ZZ	Drainage of Right Pleura, Percutaneous Endoscopic Approach
0B9P00Z	Drainage of Left Pleura with Drainage Device, Open Approach
0B9P0ZX	Drainage of Left Pleura, Open Approach, Diagnostic
0B9P0ZZ	Drainage of Left Pleura, Open Approach
0B9P30Z	Drainage of Left Pleura with Drainage Device, Percutaneous Approach
0B9P3ZX	Drainage of Left Pleura, Percutaneous Approach, Diagnostic
0B9P3ZZ	Drainage of Left Pleura, Percutaneous Approach
0B9P40Z	Drainage of Left Pleura with Drainage Device, Percutaneous Endoscopic Approach
0B9P4ZX	Drainage of Left Pleura, Percutaneous Endoscopic Approach, Diagnostic
0B9P4ZZ	Drainage of Left Pleura, Percutaneous Endoscopic Approach
0BB10ZX	Excision of Trachea, Open Approach, Diagnostic
0BB10ZZ	Excision of Trachea, Open Approach
0BB13ZX	Excision of Trachea, Percutaneous Approach, Diagnostic
0BB13ZZ	Excision of Trachea, Percutaneous Approach
0BB17ZX	Excision of Trachea, Via Natural or Artificial Opening, Diagnostic
0BB17ZZ	Excision of Trachea, Via Natural or Artificial Opening
0BB18ZX	Excision of Trachea, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB18ZZ	Excision of Trachea, Via Natural or Artificial Opening Endoscopic
0BB20ZX	Excision of Carina, Open Approach, Diagnostic
0BB20ZZ	Excision of Carina, Open Approach
0BB23ZX	Excision of Carina, Percutaneous Approach, Diagnostic
0BB23ZZ	Excision of Carina, Percutaneous Approach
0BB24ZX	Excision of Carina, Percutaneous Endoscopic Approach, Diagnostic
0BB24ZZ	Excision of Carina, Percutaneous Endoscopic Approach
0BB27ZX	Excision of Carina, Via Natural or Artificial Opening, Diagnostic
0BB27ZZ	Excision of Carina, Via Natural or Artificial Opening
0BB28ZX	Excision of Carina, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB28ZZ	Excision of Carina, Via Natural or Artificial Opening Endoscopic
0BB30ZZ	Excision of Right Main Bronchus, Open Approach
0BB33ZX	Excision of Right Main Bronchus, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BB33ZZ	Excision of Right Main Bronchus, Percutaneous Approach
0BB34ZX	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB34ZZ	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach
0BB37ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB37ZZ	Excision of Right Main Bronchus, Via Natural or Artificial Opening
0BB38ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB38ZZ	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BB40ZZ	Excision of Right Upper Lobe Bronchus, Open Approach
0BB43ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB43ZZ	Excision of Right Upper Lobe Bronchus, Percutaneous Approach
0BB44ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB44ZZ	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BB47ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB47ZZ	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening
0BB48ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB48ZZ	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB50ZZ	Excision of Right Middle Lobe Bronchus, Open Approach
0BB53ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB53ZZ	Excision of Right Middle Lobe Bronchus, Percutaneous Approach
0BB54ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB54ZZ	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BB57ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB57ZZ	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening
0BB58ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB58ZZ	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB60ZZ	Excision of Right Lower Lobe Bronchus, Open Approach
0BB63ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB63ZZ	Excision of Right Lower Lobe Bronchus, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BB64ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB64ZZ	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BB67ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB67ZZ	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0BB68ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB68ZZ	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB70ZZ	Excision of Left Main Bronchus, Open Approach
0BB73ZX	Excision of Left Main Bronchus, Percutaneous Approach, Diagnostic
0BB73ZZ	Excision of Left Main Bronchus, Percutaneous Approach
0BB74ZX	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB74ZZ	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach
0BB77ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB77ZZ	Excision of Left Main Bronchus, Via Natural or Artificial Opening
0BB78ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB78ZZ	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BB80ZZ	Excision of Left Upper Lobe Bronchus, Open Approach
0BB83ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB83ZZ	Excision of Left Upper Lobe Bronchus, Percutaneous Approach
0BB84ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB84ZZ	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BB87ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB87ZZ	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening
0BB88ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB88ZZ	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB90ZZ	Excision of Lingula Bronchus, Open Approach
0BB93ZX	Excision of Lingula Bronchus, Percutaneous Approach, Diagnostic
0BB93ZZ	Excision of Lingula Bronchus, Percutaneous Approach
0BB94ZX	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB94ZZ	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach
0BB97ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BB97ZZ	Excision of Lingula Bronchus, Via Natural or Artificial Opening
0BB98ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB98ZZ	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0BBB0ZZ	Excision of Left Lower Lobe Bronchus, Open Approach
0BBB3ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0BBB3ZZ	Excision of Left Lower Lobe Bronchus, Percutaneous Approach
0BBB4ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BBB4ZZ	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BBB7ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BBB7ZZ	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening
0BBB8ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBB8ZZ	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BBC0ZX	Excision of Right Upper Lung Lobe, Open Approach, Diagnostic
0BBC3ZX	Excision of Right Upper Lung Lobe, Percutaneous Approach, Diagnostic
0BBC7ZX	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBC8ZX	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBC8ZZ	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic
0BBD0ZX	Excision of Right Middle Lung Lobe, Open Approach, Diagnostic
0BBD3ZX	Excision of Right Middle Lung Lobe, Percutaneous Approach, Diagnostic
0BBD7ZX	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBD8ZX	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBD8ZZ	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic
0BBF0ZX	Excision of Right Lower Lung Lobe, Open Approach, Diagnostic
0BBF3ZX	Excision of Right Lower Lung Lobe, Percutaneous Approach, Diagnostic
0BBF7ZX	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBF8ZX	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBF8ZZ	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic
0BBG0ZX	Excision of Left Upper Lung Lobe, Open Approach, Diagnostic
0BBG3ZX	Excision of Left Upper Lung Lobe, Percutaneous Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BBG7ZX	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBG8ZX	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBG8ZZ	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic
0BBH0ZX	Excision of Lung Lingula, Open Approach, Diagnostic
0BBH3ZX	Excision of Lung Lingula, Percutaneous Approach, Diagnostic
0BBH7ZX	Excision of Lung Lingula, Via Natural or Artificial Opening, Diagnostic
0BBH8ZX	Excision of Lung Lingula, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBH8ZZ	Excision of Lung Lingula, Via Natural or Artificial Opening Endoscopic
0BBJ0ZX	Excision of Left Lower Lung Lobe, Open Approach, Diagnostic
0BBJ3ZX	Excision of Left Lower Lung Lobe, Percutaneous Approach, Diagnostic
0BBJ7ZX	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBJ8ZX	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBJ8ZZ	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic
0BBK0ZX	Excision of Right Lung, Open Approach, Diagnostic
0BBK3ZX	Excision of Right Lung, Percutaneous Approach, Diagnostic
0BBK7ZX	Excision of Right Lung, Via Natural or Artificial Opening, Diagnostic
0BBK8ZX	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBK8ZZ	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic
0BBL0ZX	Excision of Left Lung, Open Approach, Diagnostic
0BBL3ZX	Excision of Left Lung, Percutaneous Approach, Diagnostic
0BBL7ZX	Excision of Left Lung, Via Natural or Artificial Opening, Diagnostic
0BBL8ZX	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBL8ZZ	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic
0BBM0ZX	Excision of Bilateral Lungs, Open Approach, Diagnostic
0BBM3ZX	Excision of Bilateral Lungs, Percutaneous Approach, Diagnostic
0BBM7ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening, Diagnostic
0BBM8ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBM8ZZ	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic
0BBN0ZX	Excision of Right Pleura, Open Approach, Diagnostic
0BBN3ZX	Excision of Right Pleura, Percutaneous Approach, Diagnostic
0BBP0ZX	Excision of Left Pleura, Open Approach, Diagnostic
0BBP3ZX	Excision of Left Pleura, Percutaneous Approach, Diagnostic
0BC10ZZ	Extirpation of Matter from Trachea, Open Approach
0BC13ZZ	Extirpation of Matter from Trachea, Percutaneous Approach
0BC20ZZ	Extirpation of Matter from Carina, Open Approach
0BC23ZZ	Extirpation of Matter from Carina, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0BC24ZZ	Extirpation of Matter from Carina, Percutaneous Endoscopic Approach
0BCN0ZZ	Extirpation of Matter from Right Pleura, Open Approach
0BCN3ZZ	Extirpation of Matter from Right Pleura, Percutaneous Approach
0BCP0ZZ	Extirpation of Matter from Left Pleura, Open Approach
0BCP3ZZ	Extirpation of Matter from Left Pleura, Percutaneous Approach
0BF10ZZ	Fragmentation in Trachea, Open Approach
0BF13ZZ	Fragmentation in Trachea, Percutaneous Approach
0BF14ZZ	Fragmentation in Trachea, Percutaneous Endoscopic Approach
0BF17ZZ	Fragmentation in Trachea, Via Natural or Artificial Opening
0BF18ZZ	Fragmentation in Trachea, Via Natural or Artificial Opening Endoscopic
0BF20ZZ	Fragmentation in Carina, Open Approach
0BF23ZZ	Fragmentation in Carina, Percutaneous Approach
0BF24ZZ	Fragmentation in Carina, Percutaneous Endoscopic Approach
0BF27ZZ	Fragmentation in Carina, Via Natural or Artificial Opening
0BF28ZZ	Fragmentation in Carina, Via Natural or Artificial Opening Endoscopic
0BH10ZZ	Insertion of Monitoring Device into Trachea, Open Approach
0BH10DZ	Insertion of Intraluminal Device into Trachea, Open Approach
0BH13DZ	Insertion of Intraluminal Device into Trachea, Percutaneous Approach
0BH14DZ	Insertion of Intraluminal Device into Trachea, Percutaneous Endoscopic Approach
0BH17ZZ	Insertion of Monitoring Device into Trachea, Via Natural or Artificial Opening
0BH17DZ	Insertion of Intraluminal Device into Trachea, Via Natural or Artificial Opening
0BH18ZZ	Insertion of Monitoring Device into Trachea, Via Natural or Artificial Opening Endoscopic
0BH18DZ	Insertion of Intraluminal Device into Trachea, Via Natural or Artificial Opening Endoscopic
0BJ00ZZ	Inspection of Tracheobronchial Tree, Open Approach
0BJ03ZZ	Inspection of Tracheobronchial Tree, Percutaneous Approach
0BJ07ZZ	Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening
0BJ08ZZ	Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BJ0XZZ	Inspection of Tracheobronchial Tree, External Approach
0BJ10ZZ	Inspection of Trachea, Open Approach
0BJ13ZZ	Inspection of Trachea, Percutaneous Approach
0BJ17ZZ	Inspection of Trachea, Via Natural or Artificial Opening
0BJ18ZZ	Inspection of Trachea, Via Natural or Artificial Opening Endoscopic
0BJ1XZZ	Inspection of Trachea, External Approach
0BJK0ZZ	Inspection of Right Lung, Open Approach
0BJK3ZZ	Inspection of Right Lung, Percutaneous Approach
0BJK7ZZ	Inspection of Right Lung, Via Natural or Artificial Opening
0BJK8ZZ	Inspection of Right Lung, Via Natural or Artificial Opening Endoscopic
0BJKXZZ	Inspection of Right Lung, External Approach
0BJL0ZZ	Inspection of Left Lung, Open Approach
0BJL3ZZ	Inspection of Left Lung, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BJL7ZZ	Inspection of Left Lung, Via Natural or Artificial Opening
0BJL8ZZ	Inspection of Left Lung, Via Natural or Artificial Opening Endoscopic
0BJLXZZ	Inspection of Left Lung, External Approach
0BJQ0ZZ	Inspection of Pleura, Open Approach
0BJQ3ZZ	Inspection of Pleura, Percutaneous Approach
0BJQ7ZZ	Inspection of Pleura, Via Natural or Artificial Opening
0BJQ8ZZ	Inspection of Pleura, Via Natural or Artificial Opening Endoscopic
0BJQXZZ	Inspection of Pleura, External Approach
0BJT0ZZ	Inspection of Diaphragm, Open Approach
0BJT3ZZ	Inspection of Diaphragm, Percutaneous Approach
0BJT4ZZ	Inspection of Diaphragm, Percutaneous Endoscopic Approach
0BJT7ZZ	Inspection of Diaphragm, Via Natural or Artificial Opening
0BJT8ZZ	Inspection of Diaphragm, Via Natural or Artificial Opening Endoscopic
0BJTXZZ	Inspection of Diaphragm, External Approach
0BL10CZ	Occlusion of Trachea with Extraluminal Device, Open Approach
0BL10DZ	Occlusion of Trachea with Intraluminal Device, Open Approach
0BL10ZZ	Occlusion of Trachea, Open Approach
0BL13CZ	Occlusion of Trachea with Extraluminal Device, Percutaneous Approach
0BL13DZ	Occlusion of Trachea with Intraluminal Device, Percutaneous Approach
0BL13ZZ	Occlusion of Trachea, Percutaneous Approach
0BL14CZ	Occlusion of Trachea with Extraluminal Device, Percutaneous Endoscopic Approach
0BL14DZ	Occlusion of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
0BL14ZZ	Occlusion of Trachea, Percutaneous Endoscopic Approach
0BL17DZ	Occlusion of Trachea with Intraluminal Device, Via Natural or Artificial Opening
0BL17ZZ	Occlusion of Trachea, Via Natural or Artificial Opening
0BL18DZ	Occlusion of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0BL18ZZ	Occlusion of Trachea, Via Natural or Artificial Opening Endoscopic
0BL20CZ	Occlusion of Carina with Extraluminal Device, Open Approach
0BL20DZ	Occlusion of Carina with Intraluminal Device, Open Approach
0BL20ZZ	Occlusion of Carina, Open Approach
0BL23CZ	Occlusion of Carina with Extraluminal Device, Percutaneous Approach
0BL23DZ	Occlusion of Carina with Intraluminal Device, Percutaneous Approach
0BL23ZZ	Occlusion of Carina, Percutaneous Approach
0BL24CZ	Occlusion of Carina with Extraluminal Device, Percutaneous Endoscopic Approach
0BL24DZ	Occlusion of Carina with Intraluminal Device, Percutaneous Endoscopic Approach
0BL24ZZ	Occlusion of Carina, Percutaneous Endoscopic Approach
0BL27DZ	Occlusion of Carina with Intraluminal Device, Via Natural or Artificial Opening
0BL27ZZ	Occlusion of Carina, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BL28DZ	Occlusion of Carina with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0BL28ZZ	Occlusion of Carina, Via Natural or Artificial Opening Endoscopic
0BM10ZZ	Reattachment of Trachea, Open Approach
0BM20ZZ	Reattachment of Carina, Open Approach
0BN10ZZ	Release Trachea, Open Approach
0BN13ZZ	Release Trachea, Percutaneous Approach
0BN14ZZ	Release Trachea, Percutaneous Endoscopic Approach
0BN17ZZ	Release Trachea, Via Natural or Artificial Opening
0BN18ZZ	Release Trachea, Via Natural or Artificial Opening Endoscopic
0BN20ZZ	Release Carina, Open Approach
0BN23ZZ	Release Carina, Percutaneous Approach
0BN24ZZ	Release Carina, Percutaneous Endoscopic Approach
0BN27ZZ	Release Carina, Via Natural or Artificial Opening
0BN28ZZ	Release Carina, Via Natural or Artificial Opening Endoscopic
0BP003Z	Removal of Infusion Device from Tracheobronchial Tree, Open Approach
0BP007Z	Removal of Autologous Tissue Substitute from Tracheobronchial Tree, Open Approach
0BP033Z	Removal of Infusion Device from Tracheobronchial Tree, Percutaneous Approach
0BP037Z	Removal of Autologous Tissue Substitute from Tracheobronchial Tree, Percutaneous Approach
0BP043Z	Removal of Infusion Device from Tracheobronchial Tree, Percutaneous Endoscopic Approach
0BP047Z	Removal of Autologous Tissue Substitute from Tracheobronchial Tree, Percutaneous Endoscopic Approach
0BP073Z	Removal of Infusion Device from Tracheobronchial Tree, Via Natural or Artificial Opening
0BP077Z	Removal of Autologous Tissue Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening
0BP07CZ	Removal of Extraluminal Device from Tracheobronchial Tree, Via Natural or Artificial Opening
0BP07JZ	Removal of Synthetic Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening
0BP07KZ	Removal of Nonautologous Tissue Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening
0BP083Z	Removal of Infusion Device from Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BP087Z	Removal of Autologous Tissue Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BP08CZ	Removal of Extraluminal Device from Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BP08JZ	Removal of Synthetic Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BP08KZ	Removal of Nonautologous Tissue Substitute from Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0BP100Z	Removal of Drainage Device from Trachea, Open Approach
0BP102Z	Removal of Monitoring Device from Trachea, Open Approach
0BP107Z	Removal of Autologous Tissue Substitute from Trachea, Open Approach
0BP10CZ	Removal of Extraluminal Device from Trachea, Open Approach
0BP10DZ	Removal of Intraluminal Device from Trachea, Open Approach
0BP10FZ	Removal of Tracheostomy Device from Trachea, Open Approach
0BP10JZ	Removal of Synthetic Substitute from Trachea, Open Approach
0BP10KZ	Removal of Nonautologous Tissue Substitute from Trachea, Open Approach
0BP130Z	Removal of Drainage Device from Trachea, Percutaneous Approach
0BP132Z	Removal of Monitoring Device from Trachea, Percutaneous Approach
0BP137Z	Removal of Autologous Tissue Substitute from Trachea, Percutaneous Approach
0BP13CZ	Removal of Extraluminal Device from Trachea, Percutaneous Approach
0BP13DZ	Removal of Intraluminal Device from Trachea, Percutaneous Approach
0BP13FZ	Removal of Tracheostomy Device from Trachea, Percutaneous Approach
0BP13JZ	Removal of Synthetic Substitute from Trachea, Percutaneous Approach
0BP13KZ	Removal of Nonautologous Tissue Substitute from Trachea, Percutaneous Approach
0BP140Z	Removal of Drainage Device from Trachea, Percutaneous Endoscopic Approach
0BP142Z	Removal of Monitoring Device from Trachea, Percutaneous Endoscopic Approach
0BP147Z	Removal of Autologous Tissue Substitute from Trachea, Percutaneous Endoscopic Approach
0BP14CZ	Removal of Extraluminal Device from Trachea, Percutaneous Endoscopic Approach
0BP14DZ	Removal of Intraluminal Device from Trachea, Percutaneous Endoscopic Approach
0BP14FZ	Removal of Tracheostomy Device from Trachea, Percutaneous Endoscopic Approach
0BP14JZ	Removal of Synthetic Substitute from Trachea, Percutaneous Endoscopic Approach
0BP14KZ	Removal of Nonautologous Tissue Substitute from Trachea, Percutaneous Endoscopic Approach
0BP170Z	Removal of Drainage Device from Trachea, Via Natural or Artificial Opening
0BP172Z	Removal of Monitoring Device from Trachea, Via Natural or Artificial Opening
0BP177Z	Removal of Autologous Tissue Substitute from Trachea, Via Natural or Artificial Opening
0BP17CZ	Removal of Extraluminal Device from Trachea, Via Natural or Artificial Opening
0BP17DZ	Removal of Intraluminal Device from Trachea, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0BP17FZ	Removal of Tracheostomy Device from Trachea, Via Natural or Artificial Opening
0BP17JZ	Removal of Synthetic Substitute from Trachea, Via Natural or Artificial Opening
0BP17KZ	Removal of Nonautologous Tissue Substitute from Trachea, Via Natural or Artificial Opening
0BP180Z	Removal of Drainage Device from Trachea, Via Natural or Artificial Opening Endoscopic
0BP182Z	Removal of Monitoring Device from Trachea, Via Natural or Artificial Opening Endoscopic
0BP187Z	Removal of Autologous Tissue Substitute from Trachea, Via Natural or Artificial Opening Endoscopic
0BP18CZ	Removal of Extraluminal Device from Trachea, Via Natural or Artificial Opening Endoscopic
0BP18DZ	Removal of Intraluminal Device from Trachea, Via Natural or Artificial Opening Endoscopic
0BP18FZ	Removal of Tracheostomy Device from Trachea, Via Natural or Artificial Opening Endoscopic
0BP18JZ	Removal of Synthetic Substitute from Trachea, Via Natural or Artificial Opening Endoscopic
0BP18KZ	Removal of Nonautologous Tissue Substitute from Trachea, Via Natural or Artificial Opening Endoscopic
0BPQ00Z	Removal of Drainage Device from Pleura, Open Approach
0BPQ01Z	Removal of Radioactive Element from Pleura, Open Approach
0BPQ02Z	Removal of Monitoring Device from Pleura, Open Approach
0BPQ30Z	Removal of Drainage Device from Pleura, Percutaneous Approach
0BPQ31Z	Removal of Radioactive Element from Pleura, Percutaneous Approach
0BPQ32Z	Removal of Monitoring Device from Pleura, Percutaneous Approach
0BPQ40Z	Removal of Drainage Device from Pleura, Percutaneous Endoscopic Approach
0BPQ41Z	Removal of Radioactive Element from Pleura, Percutaneous Endoscopic Approach
0BPQ42Z	Removal of Monitoring Device from Pleura, Percutaneous Endoscopic Approach
0BPQ70Z	Removal of Drainage Device from Pleura, Via Natural or Artificial Opening
0BPQ71Z	Removal of Radioactive Element from Pleura, Via Natural or Artificial Opening
0BPQ72Z	Removal of Monitoring Device from Pleura, Via Natural or Artificial Opening
0BPQ80Z	Removal of Drainage Device from Pleura, Via Natural or Artificial Opening Endoscopic
0BPQ81Z	Removal of Radioactive Element from Pleura, Via Natural or Artificial Opening Endoscopic
0BPQ82Z	Removal of Monitoring Device from Pleura, Via Natural or Artificial Opening Endoscopic
0BQ10ZZ	Repair Trachea, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BQ13ZZ	Repair Trachea, Percutaneous Approach
0BQ17ZZ	Repair Trachea, Via Natural or Artificial Opening
0BQ18ZZ	Repair Trachea, Via Natural or Artificial Opening Endoscopic
0BQ20ZZ	Repair Carina, Open Approach
0BQ23ZZ	Repair Carina, Percutaneous Approach
0BQ24ZZ	Repair Carina, Percutaneous Endoscopic Approach
0BQ27ZZ	Repair Carina, Via Natural or Artificial Opening
0BQ28ZZ	Repair Carina, Via Natural or Artificial Opening Endoscopic
0BQ30ZZ	Repair Right Main Bronchus, Open Approach
0BQ33ZZ	Repair Right Main Bronchus, Percutaneous Approach
0BQ34ZZ	Repair Right Main Bronchus, Percutaneous Endoscopic Approach
0BQ37ZZ	Repair Right Main Bronchus, Via Natural or Artificial Opening
0BQ38ZZ	Repair Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ40ZZ	Repair Right Upper Lobe Bronchus, Open Approach
0BQ43ZZ	Repair Right Upper Lobe Bronchus, Percutaneous Approach
0BQ44ZZ	Repair Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BQ47ZZ	Repair Right Upper Lobe Bronchus, Via Natural or Artificial Opening
0BQ48ZZ	Repair Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ50ZZ	Repair Right Middle Lobe Bronchus, Open Approach
0BQ53ZZ	Repair Right Middle Lobe Bronchus, Percutaneous Approach
0BQ54ZZ	Repair Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BQ57ZZ	Repair Right Middle Lobe Bronchus, Via Natural or Artificial Opening
0BQ58ZZ	Repair Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ60ZZ	Repair Right Lower Lobe Bronchus, Open Approach
0BQ63ZZ	Repair Right Lower Lobe Bronchus, Percutaneous Approach
0BQ64ZZ	Repair Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BQ67ZZ	Repair Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0BQ68ZZ	Repair Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ70ZZ	Repair Left Main Bronchus, Open Approach
0BQ73ZZ	Repair Left Main Bronchus, Percutaneous Approach
0BQ74ZZ	Repair Left Main Bronchus, Percutaneous Endoscopic Approach
0BQ77ZZ	Repair Left Main Bronchus, Via Natural or Artificial Opening
0BQ78ZZ	Repair Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ80ZZ	Repair Left Upper Lobe Bronchus, Open Approach
0BQ83ZZ	Repair Left Upper Lobe Bronchus, Percutaneous Approach
0BQ84ZZ	Repair Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BQ87ZZ	Repair Left Upper Lobe Bronchus, Via Natural or Artificial Opening
0BQ88ZZ	Repair Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BQ90ZZ	Repair Lingula Bronchus, Open Approach
0BQ93ZZ	Repair Lingula Bronchus, Percutaneous Approach
0BQ94ZZ	Repair Lingula Bronchus, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0BQ97ZZ	Repair Lingula Bronchus, Via Natural or Artificial Opening
0BQ98ZZ	Repair Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0BQB0ZZ	Repair Left Lower Lobe Bronchus, Open Approach
0BQB3ZZ	Repair Left Lower Lobe Bronchus, Percutaneous Approach
0BQB4ZZ	Repair Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BQB7ZZ	Repair Left Lower Lobe Bronchus, Via Natural or Artificial Opening
0BQB8ZZ	Repair Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BS10ZZ	Reposition Trachea, Open Approach
0BS20ZZ	Reposition Carina, Open Approach
0BT10ZZ	Resection of Trachea, Open Approach
0BT20ZZ	Resection of Carina, Open Approach
0BT24ZZ	Resection of Carina, Percutaneous Endoscopic Approach
0BT30ZZ	Resection of Right Main Bronchus, Open Approach
0BT34ZZ	Resection of Right Main Bronchus, Percutaneous Endoscopic Approach
0BT40ZZ	Resection of Right Upper Lobe Bronchus, Open Approach
0BT44ZZ	Resection of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BT50ZZ	Resection of Right Middle Lobe Bronchus, Open Approach
0BT54ZZ	Resection of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BT60ZZ	Resection of Right Lower Lobe Bronchus, Open Approach
0BT64ZZ	Resection of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BT70ZZ	Resection of Left Main Bronchus, Open Approach
0BT74ZZ	Resection of Left Main Bronchus, Percutaneous Endoscopic Approach
0BT80ZZ	Resection of Left Upper Lobe Bronchus, Open Approach
0BT84ZZ	Resection of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BT90ZZ	Resection of Lingula Bronchus, Open Approach
0BT94ZZ	Resection of Lingula Bronchus, Percutaneous Endoscopic Approach
0BTB0ZZ	Resection of Left Lower Lobe Bronchus, Open Approach
0BTB4ZZ	Resection of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BU107Z	Supplement Trachea with Autologous Tissue Substitute, Open Approach
0BU10JZ	Supplement Trachea with Synthetic Substitute, Open Approach
0BU10KZ	Supplement Trachea with Nonautologous Tissue Substitute, Open Approach
0BU147Z	Supplement Trachea with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0BU14JZ	Supplement Trachea with Synthetic Substitute, Percutaneous Endoscopic Approach
0BU14KZ	Supplement Trachea with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0BU207Z	Supplement Carina with Autologous Tissue Substitute, Open Approach
0BU20JZ	Supplement Carina with Synthetic Substitute, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BU20KZ	Supplement Carina with Nonautologous Tissue Substitute, Open Approach
0BU247Z	Supplement Carina with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0BU24JZ	Supplement Carina with Synthetic Substitute, Percutaneous Endoscopic Approach
0BU24KZ	Supplement Carina with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0BV10CZ	Restriction of Trachea with Extraluminal Device, Open Approach
0BV10DZ	Restriction of Trachea with Intraluminal Device, Open Approach
0BV10ZZ	Restriction of Trachea, Open Approach
0BV13CZ	Restriction of Trachea with Extraluminal Device, Percutaneous Approach
0BV13DZ	Restriction of Trachea with Intraluminal Device, Percutaneous Approach
0BV13ZZ	Restriction of Trachea, Percutaneous Approach
0BV14CZ	Restriction of Trachea with Extraluminal Device, Percutaneous Endoscopic Approach
0BV14DZ	Restriction of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
0BV14ZZ	Restriction of Trachea, Percutaneous Endoscopic Approach
0BV17DZ	Restriction of Trachea with Intraluminal Device, Via Natural or Artificial Opening
0BV17ZZ	Restriction of Trachea, Via Natural or Artificial Opening
0BV18DZ	Restriction of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0BV18ZZ	Restriction of Trachea, Via Natural or Artificial Opening Endoscopic
0BV20CZ	Restriction of Carina with Extraluminal Device, Open Approach
0BV20DZ	Restriction of Carina with Intraluminal Device, Open Approach
0BV20ZZ	Restriction of Carina, Open Approach
0BV23CZ	Restriction of Carina with Extraluminal Device, Percutaneous Approach
0BV23DZ	Restriction of Carina with Intraluminal Device, Percutaneous Approach
0BV23ZZ	Restriction of Carina, Percutaneous Approach
0BV24CZ	Restriction of Carina with Extraluminal Device, Percutaneous Endoscopic Approach
0BV24DZ	Restriction of Carina with Intraluminal Device, Percutaneous Endoscopic Approach
0BV24ZZ	Restriction of Carina, Percutaneous Endoscopic Approach
0BV27DZ	Restriction of Carina with Intraluminal Device, Via Natural or Artificial Opening
0BV27ZZ	Restriction of Carina, Via Natural or Artificial Opening
0BV28DZ	Restriction of Carina with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0BV28ZZ	Restriction of Carina, Via Natural or Artificial Opening Endoscopic
0BV30ZZ	Restriction of Right Main Bronchus, Open Approach
0BV33ZZ	Restriction of Right Main Bronchus, Percutaneous Approach
0BV34ZZ	Restriction of Right Main Bronchus, Percutaneous Endoscopic Approach
0BV37ZZ	Restriction of Right Main Bronchus, Via Natural or Artificial Opening

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BV38ZZ	Restriction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BV40ZZ	Restriction of Right Upper Lobe Bronchus, Open Approach
0BV43ZZ	Restriction of Right Upper Lobe Bronchus, Percutaneous Approach
0BV44ZZ	Restriction of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BV47ZZ	Restriction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening
0BV48ZZ	Restriction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BV50ZZ	Restriction of Right Middle Lobe Bronchus, Open Approach
0BV53ZZ	Restriction of Right Middle Lobe Bronchus, Percutaneous Approach
0BV54ZZ	Restriction of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BV57ZZ	Restriction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening
0BV58ZZ	Restriction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BV60ZZ	Restriction of Right Lower Lobe Bronchus, Open Approach
0BV63ZZ	Restriction of Right Lower Lobe Bronchus, Percutaneous Approach
0BV64ZZ	Restriction of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BV67ZZ	Restriction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening
0BV68ZZ	Restriction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BV70ZZ	Restriction of Left Main Bronchus, Open Approach
0BV73ZZ	Restriction of Left Main Bronchus, Percutaneous Approach
0BV74ZZ	Restriction of Left Main Bronchus, Percutaneous Endoscopic Approach
0BV77ZZ	Restriction of Left Main Bronchus, Via Natural or Artificial Opening
0BV78ZZ	Restriction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BV80ZZ	Restriction of Left Upper Lobe Bronchus, Open Approach
0BV83ZZ	Restriction of Left Upper Lobe Bronchus, Percutaneous Approach
0BV84ZZ	Restriction of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BV87ZZ	Restriction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening
0BV88ZZ	Restriction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BW003Z	Revision of Infusion Device in Tracheobronchial Tree, Open Approach
0BW007Z	Revision of Autologous Tissue Substitute in Tracheobronchial Tree, Open Approach
0BW033Z	Revision of Infusion Device in Tracheobronchial Tree, Percutaneous Approach
0BW037Z	Revision of Autologous Tissue Substitute in Tracheobronchial Tree, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BW043Z	Revision of Infusion Device in Tracheobronchial Tree, Percutaneous Endoscopic Approach
0BW047Z	Revision of Autologous Tissue Substitute in Tracheobronchial Tree, Percutaneous Endoscopic Approach
0BW073Z	Revision of Infusion Device in Tracheobronchial Tree, Via Natural or Artificial Opening
0BW077Z	Revision of Autologous Tissue Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening
0BW07CZ	Revision of Extraluminal Device in Tracheobronchial Tree, Via Natural or Artificial Opening
0BW07JZ	Revision of Synthetic Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening
0BW07KZ	Revision of Nonautologous Tissue Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening
0BW083Z	Revision of Infusion Device in Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BW087Z	Revision of Autologous Tissue Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BW08CZ	Revision of Extraluminal Device in Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BW08JZ	Revision of Synthetic Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BW08KZ	Revision of Nonautologous Tissue Substitute in Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BW100Z	Revision of Drainage Device in Trachea, Open Approach
0BW102Z	Revision of Monitoring Device in Trachea, Open Approach
0BW107Z	Revision of Autologous Tissue Substitute in Trachea, Open Approach
0BW10CZ	Revision of Extraluminal Device in Trachea, Open Approach
0BW10DZ	Revision of Intraluminal Device in Trachea, Open Approach
0BW10FZ	Revision of Tracheostomy Device in Trachea, Open Approach
0BW10JZ	Revision of Synthetic Substitute in Trachea, Open Approach
0BW10KZ	Revision of Nonautologous Tissue Substitute in Trachea, Open Approach
0BW130Z	Revision of Drainage Device in Trachea, Percutaneous Approach
0BW132Z	Revision of Monitoring Device in Trachea, Percutaneous Approach
0BW137Z	Revision of Autologous Tissue Substitute in Trachea, Percutaneous Approach
0BW13CZ	Revision of Extraluminal Device in Trachea, Percutaneous Approach
0BW13DZ	Revision of Intraluminal Device in Trachea, Percutaneous Approach
0BW13FZ	Revision of Tracheostomy Device in Trachea, Percutaneous Approach
0BW13JZ	Revision of Synthetic Substitute in Trachea, Percutaneous Approach
0BW13KZ	Revision of Nonautologous Tissue Substitute in Trachea, Percutaneous Approach
0BW140Z	Revision of Drainage Device in Trachea, Percutaneous Endoscopic Approach
0BW142Z	Revision of Monitoring Device in Trachea, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0BW147Z	Revision of Autologous Tissue Substitute in Trachea, Percutaneous Endoscopic Approach
0BW14CZ	Revision of Extraluminal Device in Trachea, Percutaneous Endoscopic Approach
0BW14DZ	Revision of Intraluminal Device in Trachea, Percutaneous Endoscopic Approach
0BW14FZ	Revision of Tracheostomy Device in Trachea, Percutaneous Endoscopic Approach
0BW14JZ	Revision of Synthetic Substitute in Trachea, Percutaneous Endoscopic Approach
0BW14KZ	Revision of Nonautologous Tissue Substitute in Trachea, Percutaneous Endoscopic Approach
0BW170Z	Revision of Drainage Device in Trachea, Via Natural or Artificial Opening
0BW172Z	Revision of Monitoring Device in Trachea, Via Natural or Artificial Opening
0BW177Z	Revision of Autologous Tissue Substitute in Trachea, Via Natural or Artificial Opening
0BW17CZ	Revision of Extraluminal Device in Trachea, Via Natural or Artificial Opening
0BW17DZ	Revision of Intraluminal Device in Trachea, Via Natural or Artificial Opening
0BW17FZ	Revision of Tracheostomy Device in Trachea, Via Natural or Artificial Opening
0BW17JZ	Revision of Synthetic Substitute in Trachea, Via Natural or Artificial Opening
0BW17KZ	Revision of Nonautologous Tissue Substitute in Trachea, Via Natural or Artificial Opening
0BW180Z	Revision of Drainage Device in Trachea, Via Natural or Artificial Opening Endoscopic
0BW182Z	Revision of Monitoring Device in Trachea, Via Natural or Artificial Opening Endoscopic
0BW187Z	Revision of Autologous Tissue Substitute in Trachea, Via Natural or Artificial Opening Endoscopic
0BW18CZ	Revision of Extraluminal Device in Trachea, Via Natural or Artificial Opening Endoscopic
0BW18DZ	Revision of Intraluminal Device in Trachea, Via Natural or Artificial Opening Endoscopic
0BW18FZ	Revision of Tracheostomy Device in Trachea, Via Natural or Artificial Opening Endoscopic
0BW18JZ	Revision of Synthetic Substitute in Trachea, Via Natural or Artificial Opening Endoscopic
0BW18KZ	Revision of Nonautologous Tissue Substitute in Trachea, Via Natural or Artificial Opening Endoscopic
0BWQ00Z	Revision of Drainage Device in Pleura, Open Approach
0BWQ02Z	Revision of Monitoring Device in Pleura, Open Approach
0BWQ30Z	Revision of Drainage Device in Pleura, Percutaneous Approach
0BWQ32Z	Revision of Monitoring Device in Pleura, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0BWQ40Z	Revision of Drainage Device in Pleura, Percutaneous Endoscopic Approach
0BWQ42Z	Revision of Monitoring Device in Pleura, Percutaneous Endoscopic Approach
0BWQ70Z	Revision of Drainage Device in Pleura, Via Natural or Artificial Opening
0BWQ72Z	Revision of Monitoring Device in Pleura, Via Natural or Artificial Opening
0BWQ80Z	Revision of Drainage Device in Pleura, Via Natural or Artificial Opening Endoscopic
0BWQ82Z	Revision of Monitoring Device in Pleura, Via Natural or Artificial Opening Endoscopic
0C5S0ZZ	Destruction of Larynx, Open Approach
0C5S3ZZ	Destruction of Larynx, Percutaneous Approach
0C5S4ZZ	Destruction of Larynx, Percutaneous Endoscopic Approach
0C5S7ZZ	Destruction of Larynx, Via Natural or Artificial Opening
0C5S8ZZ	Destruction of Larynx, Via Natural or Artificial Opening Endoscopic
0C5T0ZZ	Destruction of Right Vocal Cord, Open Approach
0C5T3ZZ	Destruction of Right Vocal Cord, Percutaneous Approach
0C5T4ZZ	Destruction of Right Vocal Cord, Percutaneous Endoscopic Approach
0C5T7ZZ	Destruction of Right Vocal Cord, Via Natural or Artificial Opening
0C5T8ZZ	Destruction of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0C5V0ZZ	Destruction of Left Vocal Cord, Open Approach
0C5V3ZZ	Destruction of Left Vocal Cord, Percutaneous Approach
0C5V4ZZ	Destruction of Left Vocal Cord, Percutaneous Endoscopic Approach
0C5V7ZZ	Destruction of Left Vocal Cord, Via Natural or Artificial Opening
0C5V8ZZ	Destruction of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0C7S0DZ	Dilation of Larynx with Intraluminal Device, Open Approach
0C7S0ZZ	Dilation of Larynx, Open Approach
0C7S3DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Approach
0C7S3ZZ	Dilation of Larynx, Percutaneous Approach
0C7S4DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Endoscopic Approach
0C7S4ZZ	Dilation of Larynx, Percutaneous Endoscopic Approach
0C7S7DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening
0C7S7ZZ	Dilation of Larynx, Via Natural or Artificial Opening
0C7S8DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0C7S8ZZ	Dilation of Larynx, Via Natural or Artificial Opening Endoscopic
0C9R00Z	Drainage of Epiglottis with Drainage Device, Open Approach
0C9R0ZX	Drainage of Epiglottis, Open Approach, Diagnostic
0C9R0ZZ	Drainage of Epiglottis, Open Approach
0C9R30Z	Drainage of Epiglottis with Drainage Device, Percutaneous Approach
0C9R3ZX	Drainage of Epiglottis, Percutaneous Approach, Diagnostic
0C9R3ZZ	Drainage of Epiglottis, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0C9R40Z	Drainage of Epiglottis with Drainage Device, Percutaneous Endoscopic Approach
0C9R4ZX	Drainage of Epiglottis, Percutaneous Endoscopic Approach, Diagnostic
0C9R4ZZ	Drainage of Epiglottis, Percutaneous Endoscopic Approach
0C9R70Z	Drainage of Epiglottis with Drainage Device, Via Natural or Artificial Opening
0C9R7ZX	Drainage of Epiglottis, Via Natural or Artificial Opening, Diagnostic
0C9R7ZZ	Drainage of Epiglottis, Via Natural or Artificial Opening
0C9R80Z	Drainage of Epiglottis with Drainage Device, Via Natural or Artificial Opening Endoscopic
0C9R8ZX	Drainage of Epiglottis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0C9R8ZZ	Drainage of Epiglottis, Via Natural or Artificial Opening Endoscopic
0C9S00Z	Drainage of Larynx with Drainage Device, Open Approach
0C9S0ZX	Drainage of Larynx, Open Approach, Diagnostic
0C9S0ZZ	Drainage of Larynx, Open Approach
0C9S30Z	Drainage of Larynx with Drainage Device, Percutaneous Approach
0C9S3ZX	Drainage of Larynx, Percutaneous Approach, Diagnostic
0C9S3ZZ	Drainage of Larynx, Percutaneous Approach
0C9S40Z	Drainage of Larynx with Drainage Device, Percutaneous Endoscopic Approach
0C9S4ZX	Drainage of Larynx, Percutaneous Endoscopic Approach, Diagnostic
0C9S4ZZ	Drainage of Larynx, Percutaneous Endoscopic Approach
0C9S70Z	Drainage of Larynx with Drainage Device, Via Natural or Artificial Opening
0C9S7ZX	Drainage of Larynx, Via Natural or Artificial Opening, Diagnostic
0C9S7ZZ	Drainage of Larynx, Via Natural or Artificial Opening
0C9S80Z	Drainage of Larynx with Drainage Device, Via Natural or Artificial Opening Endoscopic
0C9S8ZX	Drainage of Larynx, Via Natural or Artificial Opening Endoscopic, Diagnostic
0C9S8ZZ	Drainage of Larynx, Via Natural or Artificial Opening Endoscopic
0C9T00Z	Drainage of Right Vocal Cord with Drainage Device, Open Approach
0C9T0ZX	Drainage of Right Vocal Cord, Open Approach, Diagnostic
0C9T0ZZ	Drainage of Right Vocal Cord, Open Approach
0C9T30Z	Drainage of Right Vocal Cord with Drainage Device, Percutaneous Approach
0C9T3ZX	Drainage of Right Vocal Cord, Percutaneous Approach, Diagnostic
0C9T3ZZ	Drainage of Right Vocal Cord, Percutaneous Approach
0C9T40Z	Drainage of Right Vocal Cord with Drainage Device, Percutaneous Endoscopic Approach
0C9T4ZX	Drainage of Right Vocal Cord, Percutaneous Endoscopic Approach, Diagnostic
0C9T4ZZ	Drainage of Right Vocal Cord, Percutaneous Endoscopic Approach
0C9T70Z	Drainage of Right Vocal Cord with Drainage Device, Via Natural or Artificial Opening
0C9T7ZX	Drainage of Right Vocal Cord, Via Natural or Artificial Opening, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0C9T7ZZ	Drainage of Right Vocal Cord, Via Natural or Artificial Opening
0C9T80Z	Drainage of Right Vocal Cord with Drainage Device, Via Natural or Artificial Opening Endoscopic
0C9T8ZX	Drainage of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic, Diagnostic
0C9T8ZZ	Drainage of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0C9V00Z	Drainage of Left Vocal Cord with Drainage Device, Open Approach
0C9V0ZX	Drainage of Left Vocal Cord, Open Approach, Diagnostic
0C9V0ZZ	Drainage of Left Vocal Cord, Open Approach
0C9V30Z	Drainage of Left Vocal Cord with Drainage Device, Percutaneous Approach
0C9V3ZX	Drainage of Left Vocal Cord, Percutaneous Approach, Diagnostic
0C9V3ZZ	Drainage of Left Vocal Cord, Percutaneous Approach
0C9V40Z	Drainage of Left Vocal Cord with Drainage Device, Percutaneous Endoscopic Approach
0C9V4ZX	Drainage of Left Vocal Cord, Percutaneous Endoscopic Approach, Diagnostic
0C9V4ZZ	Drainage of Left Vocal Cord, Percutaneous Endoscopic Approach
0C9V70Z	Drainage of Left Vocal Cord with Drainage Device, Via Natural or Artificial Opening
0C9V7ZX	Drainage of Left Vocal Cord, Via Natural or Artificial Opening, Diagnostic
0C9V7ZZ	Drainage of Left Vocal Cord, Via Natural or Artificial Opening
0C9V80Z	Drainage of Left Vocal Cord with Drainage Device, Via Natural or Artificial Opening Endoscopic
0C9V8ZX	Drainage of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic, Diagnostic
0C9V8ZZ	Drainage of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CBR0ZX	Excision of Epiglottis, Open Approach, Diagnostic
0CBR0ZZ	Excision of Epiglottis, Open Approach
0CBR3ZX	Excision of Epiglottis, Percutaneous Approach, Diagnostic
0CBR3ZZ	Excision of Epiglottis, Percutaneous Approach
0CBR4ZX	Excision of Epiglottis, Percutaneous Endoscopic Approach, Diagnostic
0CBR4ZZ	Excision of Epiglottis, Percutaneous Endoscopic Approach
0CBR7ZX	Excision of Epiglottis, Via Natural or Artificial Opening, Diagnostic
0CBR7ZZ	Excision of Epiglottis, Via Natural or Artificial Opening
0CBR8ZX	Excision of Epiglottis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0CBR8ZZ	Excision of Epiglottis, Via Natural or Artificial Opening Endoscopic
0CBS0ZX	Excision of Larynx, Open Approach, Diagnostic
0CBS0ZZ	Excision of Larynx, Open Approach
0CBS3ZX	Excision of Larynx, Percutaneous Approach, Diagnostic
0CBS3ZZ	Excision of Larynx, Percutaneous Approach
0CBS4ZX	Excision of Larynx, Percutaneous Endoscopic Approach, Diagnostic
0CBS4ZZ	Excision of Larynx, Percutaneous Endoscopic Approach
0CBS7ZX	Excision of Larynx, Via Natural or Artificial Opening, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CBS7ZZ	Excision of Larynx, Via Natural or Artificial Opening
0CBS8ZX	Excision of Larynx, Via Natural or Artificial Opening Endoscopic, Diagnostic
0CBS8ZZ	Excision of Larynx, Via Natural or Artificial Opening Endoscopic
0CBT0ZX	Excision of Right Vocal Cord, Open Approach, Diagnostic
0CBT0ZZ	Excision of Right Vocal Cord, Open Approach
0CBT3ZX	Excision of Right Vocal Cord, Percutaneous Approach, Diagnostic
0CBT3ZZ	Excision of Right Vocal Cord, Percutaneous Approach
0CBT4ZX	Excision of Right Vocal Cord, Percutaneous Endoscopic Approach, Diagnostic
0CBT4ZZ	Excision of Right Vocal Cord, Percutaneous Endoscopic Approach
0CBT7ZX	Excision of Right Vocal Cord, Via Natural or Artificial Opening, Diagnostic
0CBT7ZZ	Excision of Right Vocal Cord, Via Natural or Artificial Opening
0CBT8ZX	Excision of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic, Diagnostic
0CBT8ZZ	Excision of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CBV0ZX	Excision of Left Vocal Cord, Open Approach, Diagnostic
0CBV0ZZ	Excision of Left Vocal Cord, Open Approach
0CBV3ZX	Excision of Left Vocal Cord, Percutaneous Approach, Diagnostic
0CBV3ZZ	Excision of Left Vocal Cord, Percutaneous Approach
0CBV4ZX	Excision of Left Vocal Cord, Percutaneous Endoscopic Approach, Diagnostic
0CBV4ZZ	Excision of Left Vocal Cord, Percutaneous Endoscopic Approach
0CBV7ZX	Excision of Left Vocal Cord, Via Natural or Artificial Opening, Diagnostic
0CBV7ZZ	Excision of Left Vocal Cord, Via Natural or Artificial Opening
0CBV8ZX	Excision of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic, Diagnostic
0CBV8ZZ	Excision of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CCR0ZZ	Extirpation of Matter from Epiglottis, Open Approach
0CCR3ZZ	Extirpation of Matter from Epiglottis, Percutaneous Approach
0CCR4ZZ	Extirpation of Matter from Epiglottis, Percutaneous Endoscopic Approach
0CCR7ZZ	Extirpation of Matter from Epiglottis, Via Natural or Artificial Opening
0CCR8ZZ	Extirpation of Matter from Epiglottis, Via Natural or Artificial Opening Endoscopic
0CCS0ZZ	Extirpation of Matter from Larynx, Open Approach
0CCS3ZZ	Extirpation of Matter from Larynx, Percutaneous Approach
0CCS4ZZ	Extirpation of Matter from Larynx, Percutaneous Endoscopic Approach
0CCT0ZZ	Extirpation of Matter from Right Vocal Cord, Open Approach
0CCT3ZZ	Extirpation of Matter from Right Vocal Cord, Percutaneous Approach
0CCT4ZZ	Extirpation of Matter from Right Vocal Cord, Percutaneous Endoscopic Approach
0CCT7ZZ	Extirpation of Matter from Right Vocal Cord, Via Natural or Artificial Opening
0CCT8ZZ	Extirpation of Matter from Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CCV0ZZ	Extirpation of Matter from Left Vocal Cord, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CCV3ZZ	Extirpation of Matter from Left Vocal Cord, Percutaneous Approach
0CCV4ZZ	Extirpation of Matter from Left Vocal Cord, Percutaneous Endoscopic Approach
0CCV7ZZ	Extirpation of Matter from Left Vocal Cord, Via Natural or Artificial Opening
0CCV8ZZ	Extirpation of Matter from Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CDT0ZZ	Extraction of Right Vocal Cord, Open Approach
0CDT3ZZ	Extraction of Right Vocal Cord, Percutaneous Approach
0CDT4ZZ	Extraction of Right Vocal Cord, Percutaneous Endoscopic Approach
0CDT7ZZ	Extraction of Right Vocal Cord, Via Natural or Artificial Opening
0CDT8ZZ	Extraction of Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CDV0ZZ	Extraction of Left Vocal Cord, Open Approach
0CDV3ZZ	Extraction of Left Vocal Cord, Percutaneous Approach
0CDV4ZZ	Extraction of Left Vocal Cord, Percutaneous Endoscopic Approach
0CDV7ZZ	Extraction of Left Vocal Cord, Via Natural or Artificial Opening
0CDV8ZZ	Extraction of Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic
0CJS0ZZ	Inspection of Larynx, Open Approach
0CJS3ZZ	Inspection of Larynx, Percutaneous Approach
0CJS4ZZ	Inspection of Larynx, Percutaneous Endoscopic Approach
0CJS7ZZ	Inspection of Larynx, Via Natural or Artificial Opening
0CJS8ZZ	Inspection of Larynx, Via Natural or Artificial Opening Endoscopic
0CJSXZZ	Inspection of Larynx, External Approach
0CNR0ZZ	Release Epiglottis, Open Approach
0CNR3ZZ	Release Epiglottis, Percutaneous Approach
0CNR4ZZ	Release Epiglottis, Percutaneous Endoscopic Approach
0CNR7ZZ	Release Epiglottis, Via Natural or Artificial Opening
0CNR8ZZ	Release Epiglottis, Via Natural or Artificial Opening Endoscopic
0CNS0ZZ	Release Larynx, Open Approach
0CNS3ZZ	Release Larynx, Percutaneous Approach
0CNS4ZZ	Release Larynx, Percutaneous Endoscopic Approach
0CNS7ZZ	Release Larynx, Via Natural or Artificial Opening
0CNS8ZZ	Release Larynx, Via Natural or Artificial Opening Endoscopic
0CNT0ZZ	Release Right Vocal Cord, Open Approach
0CNT3ZZ	Release Right Vocal Cord, Percutaneous Approach
0CNT4ZZ	Release Right Vocal Cord, Percutaneous Endoscopic Approach
0CNT7ZZ	Release Right Vocal Cord, Via Natural or Artificial Opening
0CNT8ZZ	Release Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CNV0ZZ	Release Left Vocal Cord, Open Approach
0CNV3ZZ	Release Left Vocal Cord, Percutaneous Approach
0CNV4ZZ	Release Left Vocal Cord, Percutaneous Endoscopic Approach
0CNV7ZZ	Release Left Vocal Cord, Via Natural or Artificial Opening
0CNV8ZZ	Release Left Vocal Cord, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CPS00Z	Removal of Drainage Device from Larynx, Open Approach
0CPS07Z	Removal of Autologous Tissue Substitute from Larynx, Open Approach
0CPS0DZ	Removal of Intraluminal Device from Larynx, Open Approach
0CPS0JZ	Removal of Synthetic Substitute from Larynx, Open Approach
0CPS0KZ	Removal of Nonautologous Tissue Substitute from Larynx, Open Approach
0CPS30Z	Removal of Drainage Device from Larynx, Percutaneous Approach
0CPS37Z	Removal of Autologous Tissue Substitute from Larynx, Percutaneous Approach
0CPS3DZ	Removal of Intraluminal Device from Larynx, Percutaneous Approach
0CPS3JZ	Removal of Synthetic Substitute from Larynx, Percutaneous Approach
0CPS3KZ	Removal of Nonautologous Tissue Substitute from Larynx, Percutaneous Approach
0CPS70Z	Removal of Drainage Device from Larynx, Via Natural or Artificial Opening
0CPS77Z	Removal of Autologous Tissue Substitute from Larynx, Via Natural or Artificial Opening
0CPS7DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening
0CPS7JZ	Removal of Synthetic Substitute from Larynx, Via Natural or Artificial Opening
0CPS7KZ	Removal of Nonautologous Tissue Substitute from Larynx, Via Natural or Artificial Opening
0CPS80Z	Removal of Drainage Device from Larynx, Via Natural or Artificial Opening Endoscopic
0CPS87Z	Removal of Autologous Tissue Substitute from Larynx, Via Natural or Artificial Opening Endoscopic
0CPS8DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening Endoscopic
0CPS8JZ	Removal of Synthetic Substitute from Larynx, Via Natural or Artificial Opening Endoscopic
0CPS8KZ	Removal of Nonautologous Tissue Substitute from Larynx, Via Natural or Artificial Opening Endoscopic
0CQR0ZZ	Repair Epiglottis, Open Approach
0CQR3ZZ	Repair Epiglottis, Percutaneous Approach
0CQR4ZZ	Repair Epiglottis, Percutaneous Endoscopic Approach
0CQR7ZZ	Repair Epiglottis, Via Natural or Artificial Opening
0CQR8ZZ	Repair Epiglottis, Via Natural or Artificial Opening Endoscopic
0CQS0ZZ	Repair Larynx, Open Approach
0CQS3ZZ	Repair Larynx, Percutaneous Approach
0CQS4ZZ	Repair Larynx, Percutaneous Endoscopic Approach
0CQS7ZZ	Repair Larynx, Via Natural or Artificial Opening
0CQS8ZZ	Repair Larynx, Via Natural or Artificial Opening Endoscopic
0CQT0ZZ	Repair Right Vocal Cord, Open Approach
0CQT3ZZ	Repair Right Vocal Cord, Percutaneous Approach
0CQT4ZZ	Repair Right Vocal Cord, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CQT7ZZ	Repair Right Vocal Cord, Via Natural or Artificial Opening
0CQT8ZZ	Repair Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CQV0ZZ	Repair Left Vocal Cord, Open Approach
0CQV3ZZ	Repair Left Vocal Cord, Percutaneous Approach
0CQV4ZZ	Repair Left Vocal Cord, Percutaneous Endoscopic Approach
0CQV7ZZ	Repair Left Vocal Cord, Via Natural or Artificial Opening
0CQV8ZZ	Repair Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CRR07Z	Replacement of Epiglottis with Autologous Tissue Substitute, Open Approach
0CRR0JZ	Replacement of Epiglottis with Synthetic Substitute, Open Approach
0CRR0KZ	Replacement of Epiglottis with Nonautologous Tissue Substitute, Open Approach
0CRR77Z	Replacement of Epiglottis with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CRR7JZ	Replacement of Epiglottis with Synthetic Substitute, Via Natural or Artificial Opening
0CRR7KZ	Replacement of Epiglottis with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CRR87Z	Replacement of Epiglottis with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRR8JZ	Replacement of Epiglottis with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CRR8KZ	Replacement of Epiglottis with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRS07Z	Replacement of Larynx with Autologous Tissue Substitute, Open Approach
0CRS0JZ	Replacement of Larynx with Synthetic Substitute, Open Approach
0CRS0KZ	Replacement of Larynx with Nonautologous Tissue Substitute, Open Approach
0CRS77Z	Replacement of Larynx with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CRS7JZ	Replacement of Larynx with Synthetic Substitute, Via Natural or Artificial Opening
0CRS7KZ	Replacement of Larynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CRS87Z	Replacement of Larynx with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRS8JZ	Replacement of Larynx with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CRS8KZ	Replacement of Larynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRT07Z	Replacement of Right Vocal Cord with Autologous Tissue Substitute, Open Approach
0CRT0JZ	Replacement of Right Vocal Cord with Synthetic Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CRT0KZ	Replacement of Right Vocal Cord with Nonautologous Tissue Substitute, Open Approach
0CRT77Z	Replacement of Right Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CRT7JZ	Replacement of Right Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening
0CRT7KZ	Replacement of Right Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CRT87Z	Replacement of Right Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRT8JZ	Replacement of Right Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CRT8KZ	Replacement of Right Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRV07Z	Replacement of Left Vocal Cord with Autologous Tissue Substitute, Open Approach
0CRV0JZ	Replacement of Left Vocal Cord with Synthetic Substitute, Open Approach
0CRV0KZ	Replacement of Left Vocal Cord with Nonautologous Tissue Substitute, Open Approach
0CRV77Z	Replacement of Left Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CRV7JZ	Replacement of Left Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening
0CRV7KZ	Replacement of Left Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CRV87Z	Replacement of Left Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CRV8JZ	Replacement of Left Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CRV8KZ	Replacement of Left Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CSR0ZZ	Reposition Epiglottis, Open Approach
0CSR7ZZ	Reposition Epiglottis, Via Natural or Artificial Opening
0CSR8ZZ	Reposition Epiglottis, Via Natural or Artificial Opening Endoscopic
0CST0ZZ	Reposition Right Vocal Cord, Open Approach
0CST7ZZ	Reposition Right Vocal Cord, Via Natural or Artificial Opening
0CST8ZZ	Reposition Right Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CSV0ZZ	Reposition Left Vocal Cord, Open Approach
0CSV7ZZ	Reposition Left Vocal Cord, Via Natural or Artificial Opening
0CSV8ZZ	Reposition Left Vocal Cord, Via Natural or Artificial Opening Endoscopic
0CUR07Z	Supplement Epiglottis with Autologous Tissue Substitute, Open Approach
0CUR0JZ	Supplement Epiglottis with Synthetic Substitute, Open Approach
0CUR0KZ	Supplement Epiglottis with Nonautologous Tissue Substitute, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CUR77Z	Supplement Epiglottis with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CUR7JZ	Supplement Epiglottis with Synthetic Substitute, Via Natural or Artificial Opening
0CUR7KZ	Supplement Epiglottis with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CUR87Z	Supplement Epiglottis with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUR8JZ	Supplement Epiglottis with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CUR8KZ	Supplement Epiglottis with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUS07Z	Supplement Larynx with Autologous Tissue Substitute, Open Approach
0CUS0JZ	Supplement Larynx with Synthetic Substitute, Open Approach
0CUS0KZ	Supplement Larynx with Nonautologous Tissue Substitute, Open Approach
0CUS77Z	Supplement Larynx with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CUS7JZ	Supplement Larynx with Synthetic Substitute, Via Natural or Artificial Opening
0CUS7KZ	Supplement Larynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CUS87Z	Supplement Larynx with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUS8JZ	Supplement Larynx with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CUS8KZ	Supplement Larynx with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUT07Z	Supplement Right Vocal Cord with Autologous Tissue Substitute, Open Approach
0CUT0JZ	Supplement Right Vocal Cord with Synthetic Substitute, Open Approach
0CUT0KZ	Supplement Right Vocal Cord with Nonautologous Tissue Substitute, Open Approach
0CUT77Z	Supplement Right Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CUT7JZ	Supplement Right Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening
0CUT7KZ	Supplement Right Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CUT87Z	Supplement Right Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUT8JZ	Supplement Right Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CUT8KZ	Supplement Right Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0CUV07Z	Supplement Left Vocal Cord with Autologous Tissue Substitute, Open Approach
0CUV0JZ	Supplement Left Vocal Cord with Synthetic Substitute, Open Approach
0CUV0KZ	Supplement Left Vocal Cord with Nonautologous Tissue Substitute, Open Approach
0CUV77Z	Supplement Left Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening
0CUV7JZ	Supplement Left Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening
0CUV7KZ	Supplement Left Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0CUV87Z	Supplement Left Vocal Cord with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CUV8JZ	Supplement Left Vocal Cord with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0CUV8KZ	Supplement Left Vocal Cord with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0CWS00Z	Revision of Drainage Device in Larynx, Open Approach
0CWS07Z	Revision of Autologous Tissue Substitute in Larynx, Open Approach
0CWS0DZ	Revision of Intraluminal Device in Larynx, Open Approach
0CWS0JZ	Revision of Synthetic Substitute in Larynx, Open Approach
0CWS0KZ	Revision of Nonautologous Tissue Substitute in Larynx, Open Approach
0CWS30Z	Revision of Drainage Device in Larynx, Percutaneous Approach
0CWS37Z	Revision of Autologous Tissue Substitute in Larynx, Percutaneous Approach
0CWS3DZ	Revision of Intraluminal Device in Larynx, Percutaneous Approach
0CWS3JZ	Revision of Synthetic Substitute in Larynx, Percutaneous Approach
0CWS3KZ	Revision of Nonautologous Tissue Substitute in Larynx, Percutaneous Approach
0CWS70Z	Revision of Drainage Device in Larynx, Via Natural or Artificial Opening
0CWS77Z	Revision of Autologous Tissue Substitute in Larynx, Via Natural or Artificial Opening
0CWS7DZ	Revision of Intraluminal Device in Larynx, Via Natural or Artificial Opening
0CWS7JZ	Revision of Synthetic Substitute in Larynx, Via Natural or Artificial Opening
0CWS7KZ	Revision of Nonautologous Tissue Substitute in Larynx, Via Natural or Artificial Opening
0CWS80Z	Revision of Drainage Device in Larynx, Via Natural or Artificial Opening Endoscopic
0CWS87Z	Revision of Autologous Tissue Substitute in Larynx, Via Natural or Artificial Opening Endoscopic
0CWS8DZ	Revision of Intraluminal Device in Larynx, Via Natural or Artificial Opening Endoscopic
0CWS8JZ	Revision of Synthetic Substitute in Larynx, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0CWS8KZ	Revision of Nonautologous Tissue Substitute in Larynx, Via Natural or Artificial Opening Endoscopic
0DQ50ZZ	Repair Esophagus, Open Approach
0DQ53ZZ	Repair Esophagus, Percutaneous Approach
0DQ54ZZ	Repair Esophagus, Percutaneous Endoscopic Approach
0DQ57ZZ	Repair Esophagus, Via Natural or Artificial Opening
0DQ58ZZ	Repair Esophagus, Via Natural or Artificial Opening Endoscopic
0HQ4XZZ	Repair Neck Skin, External Approach
0HQ5XZZ	Repair Chest Skin, External Approach
0W190J4	Bypass Right Pleural Cavity to Cutaneous with Synthetic Substitute, Open Approach
0W190JY	Bypass Right Pleural Cavity to Lower Vein with Synthetic Substitute, Open Approach
0W193J4	Bypass Right Pleural Cavity to Cutaneous with Synthetic Substitute, Percutaneous Approach
0W194J4	Bypass Right Pleural Cavity to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0W194JY	Bypass Right Pleural Cavity to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach
0W1B0J4	Bypass Left Pleural Cavity to Cutaneous with Synthetic Substitute, Open Approach
0W1B0JY	Bypass Left Pleural Cavity to Lower Vein with Synthetic Substitute, Open Approach
0W1B3J4	Bypass Left Pleural Cavity to Cutaneous with Synthetic Substitute, Percutaneous Approach
0W1B4J4	Bypass Left Pleural Cavity to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach
0W1B4JY	Bypass Left Pleural Cavity to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach
0W9800Z	Drainage of Chest Wall with Drainage Device, Open Approach
0W980ZX	Drainage of Chest Wall, Open Approach, Diagnostic
0W980ZZ	Drainage of Chest Wall, Open Approach
0W9830Z	Drainage of Chest Wall with Drainage Device, Percutaneous Approach
0W983ZX	Drainage of Chest Wall, Percutaneous Approach, Diagnostic
0W983ZZ	Drainage of Chest Wall, Percutaneous Approach
0W9840Z	Drainage of Chest Wall with Drainage Device, Percutaneous Endoscopic Approach
0W984ZX	Drainage of Chest Wall, Percutaneous Endoscopic Approach, Diagnostic
0W984ZZ	Drainage of Chest Wall, Percutaneous Endoscopic Approach
0W9900Z	Drainage of Right Pleural Cavity with Drainage Device, Open Approach
0W990ZX	Drainage of Right Pleural Cavity, Open Approach, Diagnostic
0W990ZZ	Drainage of Right Pleural Cavity, Open Approach
0W993ZX	Drainage of Right Pleural Cavity, Percutaneous Approach, Diagnostic
0W993ZZ	Drainage of Right Pleural Cavity, Percutaneous Approach
0W994ZX	Drainage of Right Pleural Cavity, Percutaneous Endoscopic Approach, Diagnostic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0W994ZZ	Drainage of Right Pleural Cavity, Percutaneous Endoscopic Approach
0W9B00Z	Drainage of Left Pleural Cavity with Drainage Device, Open Approach
0W9B0ZX	Drainage of Left Pleural Cavity, Open Approach, Diagnostic
0W9B0ZZ	Drainage of Left Pleural Cavity, Open Approach
0W9B3ZX	Drainage of Left Pleural Cavity, Percutaneous Approach, Diagnostic
0W9B3ZZ	Drainage of Left Pleural Cavity, Percutaneous Approach
0W9B4ZX	Drainage of Left Pleural Cavity, Percutaneous Endoscopic Approach, Diagnostic
0W9B4ZZ	Drainage of Left Pleural Cavity, Percutaneous Endoscopic Approach
0W9C00Z	Drainage Of Mediastinum With Drainage Device, Open Approach
0W9C0ZX	Drainage of Mediastinum, Open Approach, Diagnostic
0W9C0ZZ	Drainage Of Mediastinum, Open Approach
0W9C30Z	Drainage Of Mediastinum With Drainage Device, Percutaneous Approach
0W9C3ZX	Drainage of Mediastinum, Percutaneous Approach, Diagnostic
0W9C3ZZ	Drainage Of Mediastinum, Percutaneous Approach
0W9C40Z	Drainage Of Mediastinum With Drainage Device, Percutaneous Endoscopic Approach
0W9C4ZX	Drainage of Mediastinum, Percutaneous Endoscopic Approach, Diagnostic
0W9C4ZZ	Drainage Of Mediastinum, Percutaneous Endoscopic Approach
0WB6XZ2	Excision of Neck, Stoma, External Approach
0WB80ZX	Excision of Chest Wall, Open Approach, Diagnostic
0WB83ZX	Excision of Chest Wall, Percutaneous Approach, Diagnostic
0WB8XZX	Excision of Chest Wall, External Approach, Diagnostic
0WBC0ZX	Excision of Mediastinum, Open Approach, Diagnostic
0WBC3ZX	Excision of Mediastinum, Percutaneous Approach, Diagnostic
0WC90ZZ	Extirpation of Matter from Right Pleural Cavity, Open Approach
0WC93ZZ	Extirpation of Matter from Right Pleural Cavity, Percutaneous Approach
0WCB0ZZ	Extirpation of Matter from Left Pleural Cavity, Open Approach
0WCB3ZZ	Extirpation of Matter from Left Pleural Cavity, Percutaneous Approach
0WCC0ZZ	Extirpation Of Matter From Mediastinum, Open Approach
0WCC3ZZ	Extirpation Of Matter From Mediastinum, Percutaneous Approach
0WCQ0ZZ	Extirpation of Matter from Respiratory Tract, Open Approach
0WCQ3ZZ	Extirpation of Matter from Respiratory Tract, Percutaneous Approach
0WCQ4ZZ	Extirpation of Matter from Respiratory Tract, Percutaneous Endoscopic Approach
0WH803Z	Insertion of Infusion Device into Chest Wall, Open Approach
0WH80YZ	Insertion of Other Device into Chest Wall, Open Approach
0WH833Z	Insertion of Infusion Device into Chest Wall, Percutaneous Approach
0WH83YZ	Insertion of Other Device into Chest Wall, Percutaneous Approach
0WH843Z	Insertion of Infusion Device into Chest Wall, Percutaneous Endoscopic Approach
0WH84YZ	Insertion of Other Device into Chest Wall, Percutaneous Endoscopic Approach
0WH903Z	Insertion of Infusion Device into Right Pleural Cavity, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
0WH90YZ	Insertion of Other Device into Right Pleural Cavity, Open Approach
0WH933Z	Insertion of Infusion Device into Right Pleural Cavity, Percutaneous Approach
0WH93YZ	Insertion of Other Device into Right Pleural Cavity, Percutaneous Approach
0WH943Z	Insertion of Infusion Device into Right Pleural Cavity, Percutaneous Endoscopic Approach
0WH94YZ	Insertion of Other Device into Right Pleural Cavity, Percutaneous Endoscopic Approach
0WHB03Z	Insertion of Infusion Device into Left Pleural Cavity, Open Approach
0WHB0YZ	Insertion of Other Device into Left Pleural Cavity, Open Approach
0WHB33Z	Insertion of Infusion Device into Left Pleural Cavity, Percutaneous Approach
0WHB3YZ	Insertion of Other Device into Left Pleural Cavity, Percutaneous Approach
0WHB43Z	Insertion of Infusion Device into Left Pleural Cavity, Percutaneous Endoscopic Approach
0WHB4YZ	Insertion of Other Device into Left Pleural Cavity, Percutaneous Endoscopic Approach
0WHQ03Z	Insertion of Infusion Device into Respiratory Tract, Open Approach
0WHQ0YZ	Insertion of Other Device into Respiratory Tract, Open Approach
0WJ80ZZ	Inspection of Chest Wall, Open Approach
0WJ83ZZ	Inspection of Chest Wall, Percutaneous Approach
0WJ93ZZ	Inspection of Right Pleural Cavity, Percutaneous Approach
0WJB3ZZ	Inspection of Left Pleural Cavity, Percutaneous Approach
0WJQ3ZZ	Inspection of Respiratory Tract, Percutaneous Approach
0WJQ8ZZ	Inspection of Respiratory Tract, Via Natural or Artificial Opening Endoscopic Approach
0WP800Z	Removal of Drainage Device from Chest Wall, Open Approach
0WP801Z	Removal of Radioactive Element from Chest Wall, Open Approach
0WP803Z	Removal of Infusion Device from Chest Wall, Open Approach
0WP807Z	Removal of Autologous Tissue Substitute from Chest Wall, Open Approach
0WP80JZ	Removal of Synthetic Substitute from Chest Wall, Open Approach
0WP80KZ	Removal of Nonautologous Tissue Substitute from Chest Wall, Open Approach
0WP80YZ	Removal of Other Device from Chest Wall, Open Approach
0WP830Z	Removal of Drainage Device from Chest Wall, Percutaneous Approach
0WP831Z	Removal of Radioactive Element from Chest Wall, Percutaneous Approach
0WP833Z	Removal of Infusion Device from Chest Wall, Percutaneous Approach
0WP837Z	Removal of Autologous Tissue Substitute from Chest Wall, Percutaneous Approach
0WP83JZ	Removal of Synthetic Substitute from Chest Wall, Percutaneous Approach
0WP83KZ	Removal of Nonautologous Tissue Substitute from Chest Wall, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0WP83YZ	Removal of Other Device from Chest Wall, Percutaneous Approach
0WP840Z	Removal of Drainage Device from Chest Wall, Percutaneous Endoscopic Approach
0WP841Z	Removal of Radioactive Element from Chest Wall, Percutaneous Endoscopic Approach
0WP843Z	Removal of Infusion Device from Chest Wall, Percutaneous Endoscopic Approach
0WP847Z	Removal of Autologous Tissue Substitute from Chest Wall, Percutaneous Endoscopic Approach
0WP84JZ	Removal of Synthetic Substitute from Chest Wall, Percutaneous Endoscopic Approach
0WP84KZ	Removal of Nonautologous Tissue Substitute from Chest Wall, Percutaneous Endoscopic Approach
0WP84YZ	Removal of Other Device from Chest Wall, Percutaneous Endoscopic Approach
0WP900Z	Removal of Drainage Device from Right Pleural Cavity, Open Approach
0WP901Z	Removal of Radioactive Element from Right Pleural Cavity, Open Approach
0WP903Z	Removal of Infusion Device from Right Pleural Cavity, Open Approach
0WP90JZ	Removal of Synthetic Substitute from Right Pleural Cavity, Open Approach
0WP90YZ	Removal of Other Device from Right Pleural Cavity, Open Approach
0WP930Z	Removal of Drainage Device from Right Pleural Cavity, Percutaneous Approach
0WP931Z	Removal of Radioactive Element from Right Pleural Cavity, Percutaneous Approach
0WP933Z	Removal of Infusion Device from Right Pleural Cavity, Percutaneous Approach
0WP93JZ	Removal of Synthetic Substitute from Right Pleural Cavity, Percutaneous Approach
0WP93YZ	Removal of Other Device from Right Pleural Cavity, Percutaneous Approach
0WP940Z	Removal of Drainage Device from Right Pleural Cavity, Percutaneous Endoscopic Approach
0WP941Z	Removal of Radioactive Element from Right Pleural Cavity, Percutaneous Endoscopic Approach
0WP943Z	Removal of Infusion Device from Right Pleural Cavity, Percutaneous Endoscopic Approach
0WP94JZ	Removal of Synthetic Substitute from Right Pleural Cavity, Percutaneous Endoscopic Approach
0WP94YZ	Removal of Other Device from Right Pleural Cavity, Percutaneous Endoscopic Approach
0WPB00Z	Removal of Drainage Device from Left Pleural Cavity, Open Approach
0WPB01Z	Removal of Radioactive Element from Left Pleural Cavity, Open Approach
0WPB03Z	Removal of Infusion Device from Left Pleural Cavity, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0WPB0JZ	Removal of Synthetic Substitute from Left Pleural Cavity, Open Approach
0WPB0YZ	Removal of Other Device from Left Pleural Cavity, Open Approach
0WPB30Z	Removal of Drainage Device from Left Pleural Cavity, Percutaneous Approach
0WPB31Z	Removal of Radioactive Element from Left Pleural Cavity, Percutaneous Approach
0WPB33Z	Removal of Infusion Device from Left Pleural Cavity, Percutaneous Approach
0WPB3JZ	Removal of Synthetic Substitute from Left Pleural Cavity, Percutaneous Approach
0WPB3YZ	Removal of Other Device from Left Pleural Cavity, Percutaneous Approach
0WPB40Z	Removal of Drainage Device from Left Pleural Cavity, Percutaneous Endoscopic Approach
0WPB41Z	Removal of Radioactive Element from Left Pleural Cavity, Percutaneous Endoscopic Approach
0WPB43Z	Removal of Infusion Device from Left Pleural Cavity, Percutaneous Endoscopic Approach
0WPB4JZ	Removal of Synthetic Substitute from Left Pleural Cavity, Percutaneous Endoscopic Approach
0WPB4YZ	Removal of Other Device from Left Pleural Cavity, Percutaneous Endoscopic Approach
0WPQ01Z	Removal of Radioactive Element from Respiratory Tract, Open Approach
0WPQ03Z	Removal of Infusion Device from Respiratory Tract, Open Approach
0WPQ0YZ	Removal of Other Device from Respiratory Tract, Open Approach
0WQ6XZ2	Repair Neck, Stoma, External Approach
0WQ80ZZ	Repair Chest Wall, Open Approach
0WQ83ZZ	Repair Chest Wall, Percutaneous Approach
0WQ8XZZ	Repair Chest Wall, External Approach
0WW800Z	Revision of Drainage Device in Chest Wall, Open Approach
0WW801Z	Revision of Radioactive Element in Chest Wall, Open Approach
0WW803Z	Revision of Infusion Device in Chest Wall, Open Approach
0WW807Z	Revision of Autologous Tissue Substitute in Chest Wall, Open Approach
0WW80JZ	Revision of Synthetic Substitute in Chest Wall, Open Approach
0WW80KZ	Revision of Nonautologous Tissue Substitute in Chest Wall, Open Approach
0WW80YZ	Revision of Other Device in Chest Wall, Open Approach
0WW830Z	Revision of Drainage Device in Chest Wall, Percutaneous Approach
0WW831Z	Revision of Radioactive Element in Chest Wall, Percutaneous Approach
0WW833Z	Revision of Infusion Device in Chest Wall, Percutaneous Approach
0WW837Z	Revision of Autologous Tissue Substitute in Chest Wall, Percutaneous Approach
0WW83JZ	Revision of Synthetic Substitute in Chest Wall, Percutaneous Approach
0WW83KZ	Revision of Nonautologous Tissue Substitute in Chest Wall, Percutaneous Approach
0WW83YZ	Revision of Other Device in Chest Wall, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0WW840Z	Revision of Drainage Device in Chest Wall, Percutaneous Endoscopic Approach
0WW841Z	Revision of Radioactive Element in Chest Wall, Percutaneous Endoscopic Approach
0WW843Z	Revision of Infusion Device in Chest Wall, Percutaneous Endoscopic Approach
0WW847Z	Revision of Autologous Tissue Substitute in Chest Wall, Percutaneous Endoscopic Approach
0WW84JZ	Revision of Synthetic Substitute in Chest Wall, Percutaneous Endoscopic Approach
0WW84KZ	Revision of Nonautologous Tissue Substitute in Chest Wall, Percutaneous Endoscopic Approach
0WW84YZ	Revision of Other Device in Chest Wall, Percutaneous Endoscopic Approach
0WW900Z	Revision of Drainage Device in Right Pleural Cavity, Open Approach
0WW901Z	Revision of Radioactive Element in Right Pleural Cavity, Open Approach
0WW903Z	Revision of Infusion Device in Right Pleural Cavity, Open Approach
0WW90JZ	Revision of Synthetic Substitute in Right Pleural Cavity, Open Approach
0WW90YZ	Revision of Other Device in Right Pleural Cavity, Open Approach
0WW930Z	Revision of Drainage Device in Right Pleural Cavity, Percutaneous Approach
0WW931Z	Revision of Radioactive Element in Right Pleural Cavity, Percutaneous Approach
0WW933Z	Revision of Infusion Device in Right Pleural Cavity, Percutaneous Approach
0WW93JZ	Revision of Synthetic Substitute in Right Pleural Cavity, Percutaneous Approach
0WW93YZ	Revision of Other Device in Right Pleural Cavity, Percutaneous Approach
0WW940Z	Revision of Drainage Device in Right Pleural Cavity, Percutaneous Endoscopic Approach
0WW941Z	Revision of Radioactive Element in Right Pleural Cavity, Percutaneous Endoscopic Approach
0WW943Z	Revision of Infusion Device in Right Pleural Cavity, Percutaneous Endoscopic Approach
0WW94JZ	Revision of Synthetic Substitute in Right Pleural Cavity, Percutaneous Endoscopic Approach
0WW94YZ	Revision of Other Device in Right Pleural Cavity, Percutaneous Endoscopic Approach
0WWB00Z	Revision of Drainage Device in Left Pleural Cavity, Open Approach
0WWB01Z	Revision of Radioactive Element in Left Pleural Cavity, Open Approach
0WWB03Z	Revision of Infusion Device in Left Pleural Cavity, Open Approach
0WWB0JZ	Revision of Synthetic Substitute in Left Pleural Cavity, Open Approach
0WWB0YZ	Revision of Other Device in Left Pleural Cavity, Open Approach
0WWB30Z	Revision of Drainage Device in Left Pleural Cavity, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
0WWB31Z	Revision of Radioactive Element in Left Pleural Cavity, Percutaneous Approach
0WWB33Z	Revision of Infusion Device in Left Pleural Cavity, Percutaneous Approach
0WWB3JZ	Revision of Synthetic Substitute in Left Pleural Cavity, Percutaneous Approach
0WWB3YZ	Revision of Other Device in Left Pleural Cavity, Percutaneous Approach
0WWB40Z	Revision of Drainage Device in Left Pleural Cavity, Percutaneous Endoscopic Approach
0WWB41Z	Revision of Radioactive Element in Left Pleural Cavity, Percutaneous Endoscopic Approach
0WWB43Z	Revision of Infusion Device in Left Pleural Cavity, Percutaneous Endoscopic Approach
0WWB4JZ	Revision of Synthetic Substitute in Left Pleural Cavity, Percutaneous Endoscopic Approach
0WWB4YZ	Revision of Other Device in Left Pleural Cavity, Percutaneous Endoscopic Approach
0WWQ01Z	Revision of Radioactive Element in Respiratory Tract, Open Approach
0WWQ03Z	Revision of Infusion Device in Respiratory Tract, Open Approach
0WWQ0YZ	Revision of Other Device in Respiratory Tract, Open Approach
3E0F33Z	Introduction of Anti-inflammatory into Respiratory Tract, Percutaneous Approach
3E0F36Z	Introduction of Nutritional Substance into Respiratory Tract, Percutaneous Approach
3E0F37Z	Introduction of Electrolytic and Water Balance Substance into Respiratory Tract, Percutaneous Approach
3E0F3BZ	Introduction of Local Anesthetic into Respiratory Tract, Percutaneous Approach
3E0F3GC	Introduction of Other Therapeutic Substance into Respiratory Tract, Percutaneous Approach
3E0F3HZ	Introduction of Radioactive Substance into Respiratory Tract, Percutaneous Approach
3E0F3KZ	Introduction of Other Diagnostic Substance into Respiratory Tract, Percutaneous Approach
3E0F3TZ	Introduction of Destructive Agent into Respiratory Tract, Percutaneous Approach
3E0F7GC	Introduction of Other Therapeutic Substance into Respiratory Tract, Via Natural or Artificial Opening
3E0F7HZ	Introduction of Radioactive Substance into Respiratory Tract, Via Natural or Artificial Opening
3E0F7KZ	Introduction of Other Diagnostic Substance into Respiratory Tract, Via Natural or Artificial Opening
3E0F7TZ	Introduction of Destructive Agent into Respiratory Tract, Via Natural or Artificial Opening
3E0F83Z	Introduction of Anti-inflammatory into Respiratory Tract, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
ICD-10 Code	Description
3E0F86Z	Introduction of Nutritional Substance into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F87Z	Introduction of Electrolytic and Water Balance Substance into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F8BZ	Introduction of Local Anesthetic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F8GC	Introduction of Other Therapeutic Substance into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F8HZ	Introduction of Radioactive Substance into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F8KZ	Introduction of Other Diagnostic Substance into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0F8TZ	Introduction of Destructive Agent into Respiratory Tract, Via Natural or Artificial Opening Endoscopic
3E0L33Z	Introduction of Anti-inflammatory into Pleural Cavity, Percutaneous Approach
3E0L36Z	Introduction of Nutritional Substance into Pleural Cavity, Percutaneous Approach
3E0L37Z	Introduction of Electrolytic and Water Balance Substance into Pleural Cavity, Percutaneous Approach
3E0L3BZ	Introduction of Local Anesthetic into Pleural Cavity, Percutaneous Approach
3E0L3GC	Introduction of Other Therapeutic Substance into Pleural Cavity, Percutaneous Approach
3E0L3HZ	Introduction of Radioactive Substance into Pleural Cavity, Percutaneous Approach
3E0L3KZ	Introduction of Other Diagnostic Substance into Pleural Cavity, Percutaneous Approach
3E0L3SF	Introduction of Other Gas into Pleural Cavity, Percutaneous Approach
3E0L3TZ	Introduction of Destructive Agent into Pleural Cavity, Percutaneous Approach
3E0L7SF	Introduction of Other Gas into Pleural Cavity, Via Natural or Artificial Opening
3E0M3SF	Introduction of Other Gas into Peritoneal Cavity, Percutaneous Approach
3E0Y33Z	Introduction of Anti-inflammatory into Pericardial Cavity, Percutaneous Approach
3E0Y36Z	Introduction of Nutritional Substance into Pericardial Cavity, Percutaneous Approach
3E0Y37Z	Introduction of Electrolytic and Water Balance Substance into Pericardial Cavity, Percutaneous Approach
3E0Y3BZ	Introduction of Local Anesthetic into Pericardial Cavity, Percutaneous Approach
3E0Y3GC	Introduction of Other Therapeutic Substance into Pericardial Cavity, Percutaneous Approach
3E0Y3HZ	Introduction of Radioactive Substance into Pericardial Cavity, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
ICD-10 Code	Description
3E0Y3KZ	Introduction of Other Diagnostic Substance into Pericardial Cavity, Percutaneous Approach
3E0Y3SF	Introduction of Other Gas into Pericardial Cavity, Percutaneous Approach
3E0Y3TZ	Introduction of Destructive Agent into Pericardial Cavity, Percutaneous Approach
3E0Y7SF	Introduction of Other Gas into Pericardial Cavity, Via Natural or Artificial Opening
3E1L38X	Irrigation of Pleural Cavity using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1L38Z	Irrigation of Pleural Cavity using Irrigating Substance, Percutaneous Approach
3E1Y38X	Irrigation of Pericardial Cavity using Irrigating Substance, Percutaneous Approach, Diagnostic
3E1Y38Z	Irrigation of Pericardial Cavity using Irrigating Substance, Percutaneous Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Respiratory System	
CPT Code	Description
20101	Exploration of penetrating wound (separate procedure); chest
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	Biopsy, soft tissue of neck or thorax
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	Arytenoidectomy or arytenoidopexy, external approach
31505	Laryngoscopy, indirect; diagnostic (separate procedure)
31510	Laryngoscopy, indirect; with biopsy
31512	Laryngoscopy, indirect; with removal of lesion
31513	Laryngoscopy, indirect; with vocal cord injection
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31535	Laryngoscopy, direct, operative, with biopsy;
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	Laryngoscopy, flexible fiberoptic; diagnostic
31576	Laryngoscopy, flexible fiberoptic; with biopsy
31578	Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580	Laryngoplasty; for laryngeal web, 2 stage, with keel insertion and removal

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
CPT Code	Description
31584	Laryngoplasty; with open reduction of fracture
31587	Laryngoplasty, cricoid split
31590	Laryngeal reinnervation by neuromuscular pedicle
31599	Unlisted procedure, larynx
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	Tracheostoma revision; simple, without flap rotation
31614	Tracheostoma revision; complex, with flap rotation
31615	Tracheobronchoscopy through established tracheostomy incision
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
31623	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings
31624	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage
31625	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe
31629	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture
31631	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31636	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
31637	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)
31638	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
CPT Code	Description
31641	Bronchoscopy (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
31717	Catheterization with bronchial brush biopsy
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	Tracheoplasty; cervical
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage
31775	Bronchoplasty; excision stenosis and anastomosis
31781	Excision tracheal stenosis and anastomosis; cervicothoracic
31785	Excision of tracheal tumor or carcinoma; cervical
31786	Excision of tracheal tumor or carcinoma; thoracic
31800	Suture of tracheal wound or injury; cervical
31805	Suture of tracheal wound or injury; intrathoracic
31820	Surgical closure tracheostomy or fistula; without plastic repair
31825	Surgical closure tracheostomy or fistula; with plastic repair
31899	Unlisted procedure, trachea, bronchi
32035	Thoracostomy; with rib resection for empyema
32036	Thoracostomy; with open flap drainage for empyema
32150	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151	Thoracotomy, major; with removal of intrapulmonary foreign body
32400	Biopsy, pleura; percutaneous needle
32405	Biopsy, lung or mediastinum, percutaneous needle
32550	Insertion of indwelling tunneled pleural catheter with cuff
32560	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39599	Unlisted procedure, diaphragm
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Respiratory System	
CPT Code	Description
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49400	Injection of air or contrast into peritoneal cavity (separate procedure)
64746	Transection or avulsion of; phrenic nerve
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0DQP0ZZ	Repair Rectum, Open Approach
0DQP3ZZ	Repair Rectum, Percutaneous Approach
0DQP4ZZ	Repair Rectum, Percutaneous Endoscopic Approach
0DQP7ZZ	Repair Rectum, Via Natural or Artificial Opening
0DQP8ZZ	Repair Rectum, Via Natural or Artificial Opening Endoscopic
0HQ7XZZ	Repair Abdomen Skin, External Approach
0HQ9XZZ	Repair Perineum Skin, External Approach
0JH70MZ	Insertion of Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach
0JH73MZ	Insertion of Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH80MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT0MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT3MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
0T16079	Bypass Right Ureter To Colocutaneous With Autologous Tissue Substitute, Open Approach
0T1607D	Bypass Right Ureter To Cutaneous With Autologous Tissue Substitute, Open Approach
0T160J9	Bypass Right Ureter To Colocutaneous With Synthetic Substitute, Open Approach
0T160JD	Bypass Right Ureter To Cutaneous With Synthetic Substitute, Open Approach
0T160K9	Bypass Right Ureter To Colocutaneous With Nonautologous Tissue Substitute, Open Approach
0T160KD	Bypass Right Ureter To Cutaneous With Nonautologous Tissue Substitute, Open Approach
0T160Z9	Bypass Right Ureter To Colocutaneous, Open Approach
0T160ZD	Bypass Right Ureter To Cutaneous, Open Approach
0T163JD	Bypass Right Ureter To Cutaneous With Synthetic Substitute, Percutaneous Approach
0T16479	Bypass Right Ureter To Colocutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T1647D	Bypass Right Ureter To Cutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T164J9	Bypass Right Ureter To Colocutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach
0T164JD	Bypass Right Ureter To Cutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach
0T164K9	Bypass Right Ureter To Colocutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T164KD	Bypass Right Ureter To Cutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T164Z9	Bypass Right Ureter To Colocutaneous, Percutaneous Endoscopic Approach
0T164ZD	Bypass Right Ureter To Cutaneous, Percutaneous Endoscopic Approach
0T17079	Bypass Left Ureter To Colocutaneous With Autologous Tissue Substitute, Open Approach
0T1707D	Bypass Left Ureter To Cutaneous With Autologous Tissue Substitute, Open Approach
0T170J9	Bypass Left Ureter To Colocutaneous With Synthetic Substitute, Open Approach
0T170JD	Bypass Left Ureter To Cutaneous With Synthetic Substitute, Open Approach
0T170K9	Bypass Left Ureter To Colocutaneous With Nonautologous Tissue Substitute, Open Approach
0T170KD	Bypass Left Ureter To Cutaneous With Nonautologous Tissue Substitute, Open Approach
0T170Z9	Bypass Left Ureter To Colocutaneous, Open Approach
0T170ZD	Bypass Left Ureter To Cutaneous, Open Approach
0T173JD	Bypass Left Ureter To Cutaneous With Synthetic Substitute, Percutaneous Approach
0T17479	Bypass Left Ureter To Colocutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T1747D	Bypass Left Ureter To Cutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T174J9	Bypass Left Ureter To Colocutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach
0T174JD	Bypass Left Ureter To Cutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach
0T174K9	Bypass Left Ureter To Colocutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T174KD	Bypass Left Ureter To Cutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T174Z9	Bypass Left Ureter To Colocutaneous, Percutaneous Endoscopic Approach
0T174ZD	Bypass Left Ureter To Cutaneous, Percutaneous Endoscopic Approach
0T180ZD	Bypass Bilateral Ureters To Cutaneous, Open Approach
0T183JD	Bypass Bilateral Ureters To Cutaneous With Synthetic Substitute, Percutaneous Approach
0T18479	Bypass Bilateral Ureters To Colocutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T1847D	Bypass Bilateral Ureters To Cutaneous With Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0T184J9	Bypass Bilateral Ureters To Colocutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T184JD	Bypass Bilateral Ureters To Cutaneous With Synthetic Substitute, Percutaneous Endoscopic Approach
0T184K9	Bypass Bilateral Ureters To Colocutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T184KD	Bypass Bilateral Ureters To Cutaneous With Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0T184Z9	Bypass Bilateral Ureters To Colocutaneous, Percutaneous Endoscopic Approach
0T184ZD	Bypass Bilateral Ureters To Cutaneous, Percutaneous Endoscopic Approach
0T25X0Z	Change Drainage Device in Kidney, External Approach
0T25XYZ	Change Other Device in Kidney, External Approach
0T29X0Z	Change Drainage Device in Ureter, External Approach
0T29XYZ	Change Other Device in Ureter, External Approach
0T2BX0Z	Change Drainage Device in Bladder, External Approach
0T500ZZ	Destruction Of Right Kidney, Open Approach
0T503ZZ	Destruction Of Right Kidney, Percutaneous Approach
0T504ZZ	Destruction Of Right Kidney, Percutaneous Endoscopic Approach
0T507ZZ	Destruction Of Right Kidney, Via Natural Or Artificial Opening
0T508ZZ	Destruction Of Right Kidney, Via Natural Or Artificial Opening Endoscopic
0T510ZZ	Destruction Of Left Kidney, Open Approach
0T513ZZ	Destruction Of Left Kidney, Percutaneous Approach
0T514ZZ	Destruction Of Left Kidney, Percutaneous Endoscopic Approach
0T517ZZ	Destruction Of Left Kidney, Via Natural Or Artificial Opening
0T518ZZ	Destruction Of Left Kidney, Via Natural Or Artificial Opening Endoscopic
0T530ZZ	Destruction Of Right Kidney Pelvis, Open Approach
0T533ZZ	Destruction Of Right Kidney Pelvis, Percutaneous Approach
0T534ZZ	Destruction Of Right Kidney Pelvis, Percutaneous Endoscopic Approach
0T537ZZ	Destruction Of Right Kidney Pelvis, Via Natural Or Artificial Opening
0T538ZZ	Destruction Of Right Kidney Pelvis, Via Natural Or Artificial Opening Endoscopic
0T540ZZ	Destruction Of Left Kidney Pelvis, Open Approach
0T543ZZ	Destruction Of Left Kidney Pelvis, Percutaneous Approach
0T544ZZ	Destruction Of Left Kidney Pelvis, Percutaneous Endoscopic Approach
0T547ZZ	Destruction Of Left Kidney Pelvis, Via Natural Or Artificial Opening
0T548ZZ	Destruction Of Left Kidney Pelvis, Via Natural Or Artificial Opening Endoscopic
0T5B7ZZ	Destruction of Bladder, Via Natural or Artificial Opening
0T5B8ZZ	Destruction of Bladder, Via Natural or Artificial Opening Endoscopic
0T5C7ZZ	Destruction of Bladder Neck, Via Natural or Artificial Opening
0T5C8ZZ	Destruction of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0T5D0ZZ	Destruction of Urethra, Open Approach
0T5D3ZZ	Destruction of Urethra, Percutaneous Approach
0T5D4ZZ	Destruction of Urethra, Percutaneous Endoscopic Approach
0T5D7ZZ	Destruction of Urethra, Via Natural or Artificial Opening
0T5D8ZZ	Destruction of Urethra, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T5DXZZ	Destruction of Urethra, External Approach
0T760DZ	Dilation of Right Ureter with Intraluminal Device, Open Approach
0T760ZZ	Dilation of Right Ureter, Open Approach
0T763DZ	Dilation of Right Ureter with Intraluminal Device, Percutaneous Approach
0T763ZZ	Dilation of Right Ureter, Percutaneous Approach
0T764ZZ	Dilation of Right Ureter, Percutaneous Endoscopic Approach
0T767DZ	Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening
0T767ZZ	Dilation of Right Ureter, Via Natural or Artificial Opening
0T768DZ	Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T768ZZ	Dilation of Right Ureter, Via Natural or Artificial Opening Endoscopic
0T770DZ	Dilation of Left Ureter with Intraluminal Device, Open Approach
0T770ZZ	Dilation of Left Ureter, Open Approach
0T773DZ	Dilation of Left Ureter with Intraluminal Device, Percutaneous Approach
0T773ZZ	Dilation of Left Ureter, Percutaneous Approach
0T774ZZ	Dilation of Left Ureter, Percutaneous Endoscopic Approach
0T777DZ	Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening
0T777ZZ	Dilation of Left Ureter, Via Natural or Artificial Opening
0T778DZ	Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T778ZZ	Dilation of Left Ureter, Via Natural or Artificial Opening Endoscopic
0T780DZ	Dilation of Bilateral Ureters with Intraluminal Device, Open Approach
0T783DZ	Dilation of Bilateral Ureters with Intraluminal Device, Percutaneous Approach
0T787DZ	Dilation of Bilateral Ureters with Intraluminal Device, Via Natural or Artificial Opening
0T787ZZ	Dilation of Bilateral Ureters, Via Natural or Artificial Opening
0T788DZ	Dilation of Bilateral Ureters with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T788ZZ	Dilation of Bilateral Ureters, Via Natural or Artificial Opening Endoscopic
0T7C0DZ	Dilation of Bladder Neck with Intraluminal Device, Open Approach
0T7C0ZZ	Dilation of Bladder Neck, Open Approach
0T7C3DZ	Dilation of Bladder Neck with Intraluminal Device, Percutaneous Approach
0T7C3ZZ	Dilation of Bladder Neck, Percutaneous Approach
0T7C4DZ	Dilation of Bladder Neck with Intraluminal Device, Percutaneous Endoscopic Approach
0T7C4ZZ	Dilation of Bladder Neck, Percutaneous Endoscopic Approach
0T7C7DZ	Dilation of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening
0T7C7ZZ	Dilation of Bladder Neck, Via Natural or Artificial Opening
0T7C8DZ	Dilation of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T7C8ZZ	Dilation of Bladder Neck, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T7D0DZ	Dilation of Urethra with Intraluminal Device, Open Approach
0T7D0ZZ	Dilation of Urethra, Open Approach
0T7D3DZ	Dilation of Urethra with Intraluminal Device, Percutaneous Approach
0T7D3ZZ	Dilation of Urethra, Percutaneous Approach
0T7D4DZ	Dilation of Urethra with Intraluminal Device, Percutaneous Endoscopic Approach
0T7D4ZZ	Dilation of Urethra, Percutaneous Endoscopic Approach
0T7D7DZ	Dilation of Urethra with Intraluminal Device, Via Natural or Artificial Opening
0T7D7ZZ	Dilation of Urethra, Via Natural or Artificial Opening
0T7D8DZ	Dilation of Urethra with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0T7D8ZZ	Dilation of Urethra, Via Natural or Artificial Opening Endoscopic
0T8C0ZZ	Division of Bladder Neck, Open Approach
0T8C3ZZ	Division of Bladder Neck, Percutaneous Approach
0T8C4ZZ	Division of Bladder Neck, Percutaneous Endoscopic Approach
0T9000Z	Drainage of Right Kidney with Drainage Device, Open Approach
0T9030Z	Drainage of Right Kidney with Drainage Device, Percutaneous Approach
0T903ZX	Drainage of Right Kidney, Percutaneous Approach, Diagnostic
0T903ZZ	Drainage of Right Kidney, Percutaneous Approach
0T9040Z	Drainage of Right Kidney with Drainage Device, Percutaneous Endoscopic Approach
0T904ZX	Drainage of Right Kidney, Percutaneous Endoscopic Approach, Diagnostic
0T904ZZ	Drainage of Right Kidney, Percutaneous Endoscopic Approach
0T9070Z	Drainage of Right Kidney with Drainage Device, Via Natural or Artificial Opening
0T907ZX	Drainage of Right Kidney, Via Natural or Artificial Opening, Diagnostic
0T9080Z	Drainage of Right Kidney with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T908ZX	Drainage of Right Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T9100Z	Drainage of Left Kidney with Drainage Device, Open Approach
0T9130Z	Drainage of Left Kidney with Drainage Device, Percutaneous Approach
0T913ZX	Drainage of Left Kidney, Percutaneous Approach, Diagnostic
0T913ZZ	Drainage of Left Kidney, Percutaneous Approach
0T9140Z	Drainage of Left Kidney with Drainage Device, Percutaneous Endoscopic Approach
0T914ZX	Drainage of Left Kidney, Percutaneous Endoscopic Approach, Diagnostic
0T914ZZ	Drainage of Left Kidney, Percutaneous Endoscopic Approach
0T9170Z	Drainage of Left Kidney with Drainage Device, Via Natural or Artificial Opening
0T917ZX	Drainage of Left Kidney, Via Natural or Artificial Opening, Diagnostic
0T9180Z	Drainage of Left Kidney with Drainage Device, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T918ZX	Drainage of Left Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T933ZX	Drainage of Right Kidney Pelvis, Percutaneous Approach, Diagnostic
0T933ZZ	Drainage of Right Kidney Pelvis, Percutaneous Approach
0T934ZX	Drainage of Right Kidney Pelvis, Percutaneous Endoscopic Approach, Diagnostic
0T934ZZ	Drainage of Right Kidney Pelvis, Percutaneous Endoscopic Approach
0T937ZX	Drainage of Right Kidney Pelvis, Via Natural or Artificial Opening, Diagnostic
0T938ZX	Drainage of Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T943ZX	Drainage of Left Kidney Pelvis, Percutaneous Approach, Diagnostic
0T943ZZ	Drainage of Left Kidney Pelvis, Percutaneous Approach
0T944ZX	Drainage of Left Kidney Pelvis, Percutaneous Endoscopic Approach, Diagnostic
0T944ZZ	Drainage of Left Kidney Pelvis, Percutaneous Endoscopic Approach
0T947ZX	Drainage of Left Kidney Pelvis, Via Natural or Artificial Opening, Diagnostic
0T948ZX	Drainage of Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T9600Z	Drainage of Right Ureter with Drainage Device, Open Approach
0T960ZZ	Drainage Of Right Ureter, Open Approach
0T9630Z	Drainage of Right Ureter with Drainage Device, Percutaneous Approach
0T963ZX	Drainage of Right Ureter, Percutaneous Approach, Diagnostic
0T963ZZ	Drainage Of Right Ureter, Percutaneous Approach
0T9640Z	Drainage of Right Ureter with Drainage Device, Percutaneous Endoscopic Approach
0T964ZX	Drainage of Right Ureter, Percutaneous Endoscopic Approach, Diagnostic
0T964ZZ	Drainage Of Right Ureter, Percutaneous Endoscopic Approach
0T9670Z	Drainage of Right Ureter with Drainage Device, Via Natural or Artificial Opening
0T967ZX	Drainage of Right Ureter, Via Natural or Artificial Opening, Diagnostic
0T967ZZ	Drainage Of Right Ureter, Via Natural Or Artificial Opening
0T9680Z	Drainage of Right Ureter with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T968ZX	Drainage of Right Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T968ZZ	Drainage Of Right Ureter, Via Natural Or Artificial Opening Endoscopic
0T9700Z	Drainage of Left Ureter with Drainage Device, Open Approach
0T970ZZ	Drainage Of Left Ureter, Open Approach
0T9730Z	Drainage of Left Ureter with Drainage Device, Percutaneous Approach
0T973ZX	Drainage of Left Ureter, Percutaneous Approach, Diagnostic
0T973ZZ	Drainage Of Left Ureter, Percutaneous Approach
0T9740Z	Drainage of Left Ureter with Drainage Device, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T974ZX	Drainage of Left Ureter, Percutaneous Endoscopic Approach, Diagnostic
0T974ZZ	Drainage Of Left Ureter, Percutaneous Endoscopic Approach
0T9770Z	Drainage of Left Ureter with Drainage Device, Via Natural or Artificial Opening
0T977ZX	Drainage of Left Ureter, Via Natural or Artificial Opening, Diagnostic
0T977ZZ	Drainage Of Left Ureter, Via Natural Or Artificial Opening
0T9780Z	Drainage of Left Ureter with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T978ZX	Drainage of Left Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T978ZZ	Drainage Of Left Ureter, Via Natural Or Artificial Opening Endoscopic
0T9800Z	Drainage of Bilateral Ureters with Drainage Device, Open Approach
0T980ZZ	Drainage Of Bilateral Ureters, Open Approach
0T9830Z	Drainage of Bilateral Ureters with Drainage Device, Percutaneous Approach
0T983ZX	Drainage of Bilateral Ureters, Percutaneous Approach, Diagnostic
0T983ZZ	Drainage Of Bilateral Ureters, Percutaneous Approach
0T9840Z	Drainage of Bilateral Ureters with Drainage Device, Percutaneous Endoscopic Approach
0T984ZX	Drainage of Bilateral Ureters, Percutaneous Endoscopic Approach, Diagnostic
0T984ZZ	Drainage Of Bilateral Ureters, Percutaneous Endoscopic Approach
0T9870Z	Drainage of Bilateral Ureters with Drainage Device, Via Natural or Artificial Opening
0T987ZX	Drainage of Bilateral Ureters, Via Natural or Artificial Opening, Diagnostic
0T987ZZ	Drainage Of Bilateral Ureters, Via Natural Or Artificial Opening
0T9880Z	Drainage of Bilateral Ureters with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T988ZX	Drainage of Bilateral Ureters, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T988ZZ	Drainage Of Bilateral Ureters, Via Natural Or Artificial Opening Endoscopic
0T9B00Z	Drainage Of Bladder With Drainage Device, Open Approach
0T9B0ZZ	Drainage Of Bladder, Open Approach
0T9B30Z	Drainage of Bladder with Drainage Device, Percutaneous Approach
0T9B3ZX	Drainage of Bladder, Percutaneous Approach, Diagnostic
0T9B3ZZ	Drainage of Bladder, Percutaneous Approach
0T9B40Z	Drainage of Bladder with Drainage Device, Percutaneous Endoscopic Approach
0T9B4ZX	Drainage of Bladder, Percutaneous Endoscopic Approach, Diagnostic
0T9B4ZZ	Drainage of Bladder, Percutaneous Endoscopic Approach
0T9B70Z	Drainage of Bladder with Drainage Device, Via Natural or Artificial Opening
0T9B7ZX	Drainage of Bladder, Via Natural or Artificial Opening, Diagnostic
0T9B7ZZ	Drainage of Bladder, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0T9B80Z	Drainage of Bladder with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T9B8ZX	Drainage of Bladder, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T9B8ZZ	Drainage of Bladder, Via Natural or Artificial Opening Endoscopic
0T9C30Z	Drainage of Bladder Neck with Drainage Device, Percutaneous Approach
0T9C3ZX	Drainage of Bladder Neck, Percutaneous Approach, Diagnostic
0T9C3ZZ	Drainage of Bladder Neck, Percutaneous Approach
0T9C40Z	Drainage of Bladder Neck with Drainage Device, Percutaneous Endoscopic Approach
0T9C4ZX	Drainage of Bladder Neck, Percutaneous Endoscopic Approach, Diagnostic
0T9C4ZZ	Drainage of Bladder Neck, Percutaneous Endoscopic Approach
0T9C70Z	Drainage of Bladder Neck with Drainage Device, Via Natural or Artificial Opening
0T9C7ZX	Drainage of Bladder Neck, Via Natural or Artificial Opening, Diagnostic
0T9C7ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening
0T9C80Z	Drainage of Bladder Neck with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T9C8ZX	Drainage of Bladder Neck, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T9C8ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0T9D00Z	Drainage of Urethra with Drainage Device, Open Approach
0T9D0ZX	Drainage of Urethra, Open Approach, Diagnostic
0T9D0ZZ	Drainage of Urethra, Open Approach
0T9D30Z	Drainage of Urethra with Drainage Device, Percutaneous Approach
0T9D3ZX	Drainage of Urethra, Percutaneous Approach, Diagnostic
0T9D3ZZ	Drainage of Urethra, Percutaneous Approach
0T9D40Z	Drainage of Urethra with Drainage Device, Percutaneous Endoscopic Approach
0T9D4ZX	Drainage of Urethra, Percutaneous Endoscopic Approach, Diagnostic
0T9D4ZZ	Drainage of Urethra, Percutaneous Endoscopic Approach
0T9D70Z	Drainage of Urethra with Drainage Device, Via Natural or Artificial Opening
0T9D7ZX	Drainage of Urethra, Via Natural or Artificial Opening, Diagnostic
0T9D7ZZ	Drainage of Urethra, Via Natural or Artificial Opening
0T9D80Z	Drainage of Urethra with Drainage Device, Via Natural or Artificial Opening Endoscopic
0T9D8ZX	Drainage of Urethra, Via Natural or Artificial Opening Endoscopic, Diagnostic
0T9D8ZZ	Drainage of Urethra, Via Natural or Artificial Opening Endoscopic
0T9DX0Z	Drainage of Urethra with Drainage Device, External Approach
0T9DXZX	Drainage of Urethra, External Approach, Diagnostic
0T9DXZZ	Drainage of Urethra, External Approach
0TB00ZX	Excision of Right Kidney, Open Approach, Diagnostic
0TB03ZX	Excision of Right Kidney, Percutaneous Approach, Diagnostic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TB04ZX	Excision of Right Kidney, Percutaneous Endoscopic Approach, Diagnostic
0TB07ZX	Excision of Right Kidney, Via Natural or Artificial Opening, Diagnostic
0TB08ZX	Excision of Right Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TB10ZX	Excision of Left Kidney, Open Approach, Diagnostic
0TB13ZX	Excision of Left Kidney, Percutaneous Approach, Diagnostic
0TB14ZX	Excision of Left Kidney, Percutaneous Endoscopic Approach, Diagnostic
0TB17ZX	Excision of Left Kidney, Via Natural or Artificial Opening, Diagnostic
0TB18ZX	Excision of Left Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TB30ZX	Excision of Right Kidney Pelvis, Open Approach, Diagnostic
0TB33ZX	Excision of Right Kidney Pelvis, Percutaneous Approach, Diagnostic
0TB34ZX	Excision of Right Kidney Pelvis, Percutaneous Endoscopic Approach, Diagnostic
0TB37ZX	Excision of Right Kidney Pelvis, Via Natural or Artificial Opening, Diagnostic
0TB38ZX	Excision of Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TB40ZX	Excision of Left Kidney Pelvis, Open Approach, Diagnostic
0TB43ZX	Excision of Left Kidney Pelvis, Percutaneous Approach, Diagnostic
0TB44ZX	Excision of Left Kidney Pelvis, Percutaneous Endoscopic Approach, Diagnostic
0TB47ZX	Excision of Left Kidney Pelvis, Via Natural or Artificial Opening, Diagnostic
0TB48ZX	Excision of Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TB63ZX	Excision of Right Ureter, Percutaneous Approach, Diagnostic
0TB64ZX	Excision of Right Ureter, Percutaneous Endoscopic Approach, Diagnostic
0TB67ZX	Excision of Right Ureter, Via Natural or Artificial Opening, Diagnostic
0TB68ZX	Excision of Right Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TB73ZX	Excision of Left Ureter, Percutaneous Approach, Diagnostic
0TB74ZX	Excision of Left Ureter, Percutaneous Endoscopic Approach, Diagnostic
0TB77ZX	Excision of Left Ureter, Via Natural or Artificial Opening, Diagnostic
0TB78ZX	Excision of Left Ureter, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TBB0ZX	Excision of Bladder, Open Approach, Diagnostic
0TBB3ZX	Excision of Bladder, Percutaneous Approach, Diagnostic
0TBB4ZX	Excision of Bladder, Percutaneous Endoscopic Approach, Diagnostic
0TBB7ZX	Excision of Bladder, Via Natural or Artificial Opening, Diagnostic
0TBB7ZZ	Excision of Bladder, Via Natural or Artificial Opening
0TBB8ZX	Excision of Bladder, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TBB8ZZ	Excision of Bladder, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TBC0ZX	Excision of Bladder Neck, Open Approach, Diagnostic
0TBC3ZX	Excision of Bladder Neck, Percutaneous Approach, Diagnostic
0TBC4ZX	Excision of Bladder Neck, Percutaneous Endoscopic Approach, Diagnostic
0TBC7ZX	Excision of Bladder Neck, Via Natural or Artificial Opening, Diagnostic
0TBC7ZZ	Excision of Bladder Neck, Via Natural or Artificial Opening
0TBC8ZX	Excision of Bladder Neck, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TBC8ZZ	Excision of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TBD0ZX	Excision of Urethra, Open Approach, Diagnostic
0TBD0ZZ	Excision of Urethra, Open Approach
0TBD3ZX	Excision of Urethra, Percutaneous Approach, Diagnostic
0TBD3ZZ	Excision of Urethra, Percutaneous Approach
0TBD4ZX	Excision of Urethra, Percutaneous Endoscopic Approach, Diagnostic
0TBD4ZZ	Excision of Urethra, Percutaneous Endoscopic Approach
0TBD7ZX	Excision of Urethra, Via Natural or Artificial Opening, Diagnostic
0TBD7ZZ	Excision of Urethra, Via Natural or Artificial Opening
0TBD8ZX	Excision of Urethra, Via Natural or Artificial Opening Endoscopic, Diagnostic
0TBD8ZZ	Excision of Urethra, Via Natural or Artificial Opening Endoscopic
0TBDXZX	Excision of Urethra, External Approach, Diagnostic
0TBDXZZ	Excision of Urethra, External Approach
0TC03ZZ	Extirpation of Matter from Right Kidney, Percutaneous Approach
0TC04ZZ	Extirpation of Matter from Right Kidney, Percutaneous Endoscopic Approach
0TC13ZZ	Extirpation of Matter from Left Kidney, Percutaneous Approach
0TC14ZZ	Extirpation of Matter from Left Kidney, Percutaneous Endoscopic Approach
0TC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach
0TC34ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Endoscopic Approach
0TC37ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening
0TC38ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC43ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Approach
0TC44ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Endoscopic Approach
0TC47ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening
0TC48ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TC60ZZ	Extirpation Of Matter From Right Ureter, Open Approach
0TC63ZZ	Extirpation Of Matter From Right Ureter, Percutaneous Approach
0TC64ZZ	Extirpation Of Matter From Right Ureter, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TC67ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening
0TC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
0TC70ZZ	Extirpation Of Matter From Left Ureter, Open Approach
0TC73ZZ	Extirpation Of Matter From Left Ureter, Percutaneous Approach
0TC74ZZ	Extirpation Of Matter From Left Ureter, Percutaneous Endoscopic Approach
0TC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
0TC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
0TCB0ZZ	Extirpation Of Matter From Bladder, Open Approach
0TCB3ZZ	Extirpation Of Matter From Bladder, Percutaneous Approach
0TCB4ZZ	Extirpation Of Matter From Bladder, Percutaneous Endoscopic Approach
0TCB7ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening
0TCB8ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening Endoscopic
0TCC7ZZ	Extirpation of Matter from Bladder Neck, Via Natural or Artificial Opening
0TCC8ZZ	Extirpation of Matter from Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TCD0ZZ	Extirpation of Matter from Urethra, Open Approach
0TCD3ZZ	Extirpation of Matter from Urethra, Percutaneous Approach
0TCD4ZZ	Extirpation of Matter from Urethra, Percutaneous Endoscopic Approach
0TF30ZZ	Fragmentation in Right Kidney Pelvis, Open Approach
0TF33ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Approach
0TF34ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Endoscopic Approach
0TF37ZZ	Fragmentation in Right Kidney Pelvis, Via Natural or Artificial Opening
0TF38ZZ	Fragmentation in Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TF40ZZ	Fragmentation in Left Kidney Pelvis, Open Approach
0TF43ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Approach
0TF44ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Endoscopic Approach
0TF47ZZ	Fragmentation in Left Kidney Pelvis, Via Natural or Artificial Opening
0TF48ZZ	Fragmentation in Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
0TF60ZZ	Fragmentation in Right Ureter, Open Approach
0TF63ZZ	Fragmentation in Right Ureter, Percutaneous Approach
0TF64ZZ	Fragmentation in Right Ureter, Percutaneous Endoscopic Approach
0TF67ZZ	Fragmentation in Right Ureter, Via Natural or Artificial Opening
0TF68ZZ	Fragmentation in Right Ureter, Via Natural or Artificial Opening Endoscopic
0TF70ZZ	Fragmentation in Left Ureter, Open Approach
0TF73ZZ	Fragmentation in Left Ureter, Percutaneous Approach
0TF74ZZ	Fragmentation in Left Ureter, Percutaneous Endoscopic Approach
0TF77ZZ	Fragmentation in Left Ureter, Via Natural or Artificial Opening
0TF78ZZ	Fragmentation in Left Ureter, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TFB0ZZ	Fragmentation in Bladder, Open Approach
0TFB3ZZ	Fragmentation in Bladder, Percutaneous Approach
0TFB4ZZ	Fragmentation in Bladder, Percutaneous Endoscopic Approach
0TFB7ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening
0TFB8ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening Endoscopic
0TFC0ZZ	Fragmentation in Bladder Neck, Open Approach
0TFC3ZZ	Fragmentation in Bladder Neck, Percutaneous Approach
0TFC4ZZ	Fragmentation in Bladder Neck, Percutaneous Endoscopic Approach
0TFC7ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening
0TFC8ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TFD0ZZ	Fragmentation in Urethra, Open Approach
0TFD3ZZ	Fragmentation in Urethra, Percutaneous Approach
0TFD4ZZ	Fragmentation in Urethra, Percutaneous Endoscopic Approach
0TFD7ZZ	Fragmentation in Urethra, Via Natural or Artificial Opening
0TFD8ZZ	Fragmentation in Urethra, Via Natural or Artificial Opening Endoscopic
0TH90MZ	Insertion of Stimulator Lead into Ureter, Open Approach
0TH93MZ	Insertion of Stimulator Lead into Ureter, Percutaneous Approach
0TH94MZ	Insertion of Stimulator Lead into Ureter, Percutaneous Endoscopic Approach
0TH97MZ	Insertion of Stimulator Lead into Ureter, Via Natural or Artificial Opening
0TH98MZ	Insertion of Stimulator Lead into Ureter, Via Natural or Artificial Opening Endoscopic
0THB0MZ	Insertion of Stimulator Lead into Bladder, Open Approach
0THB3MZ	Insertion of Stimulator Lead into Bladder, Percutaneous Approach
0THB4MZ	Insertion of Stimulator Lead into Bladder, Percutaneous Endoscopic Approach
0THB7MZ	Insertion of Stimulator Lead into Bladder, Via Natural or Artificial Opening
0THB8MZ	Insertion of Stimulator Lead into Bladder, Via Natural or Artificial Opening Endoscopic
0THD0ZZ	Insertion of Monitoring Device into Urethra, Open Approach
0THD3ZZ	Insertion of Monitoring Device into Urethra, Percutaneous Approach
0THD4ZZ	Insertion of Monitoring Device into Urethra, Percutaneous Endoscopic Approach
0THD7ZZ	Insertion of Monitoring Device into Urethra, Via Natural or Artificial Opening
0THD8ZZ	Insertion of Monitoring Device into Urethra, Via Natural or Artificial Opening Endoscopic
0THDXZZ	Insertion of Monitoring Device into Urethra, External Approach
0TJ53ZZ	Inspection of Kidney, Percutaneous Approach
0TJ54ZZ	Inspection of Kidney, Percutaneous Endoscopic Approach
0TJ57ZZ	Inspection of Kidney, Via Natural or Artificial Opening
0TJ58ZZ	Inspection of Kidney, Via Natural or Artificial Opening Endoscopic
0TJ90ZZ	Inspection Of Ureter, Open Approach
0TJ93ZZ	Inspection of Ureter, Percutaneous Approach
0TJ94ZZ	Inspection of Ureter, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TJ97ZZ	Inspection of Ureter, Via Natural or Artificial Opening
0TJ98ZZ	Inspection of Ureter, Via Natural or Artificial Opening Endoscopic
0TJB0ZZ	Inspection Of Bladder, Open Approach
0TJB3ZZ	Inspection of Bladder, Percutaneous Approach
0TJB4ZZ	Inspection of Bladder, Percutaneous Endoscopic Approach
0TJB7ZZ	Inspection of Bladder, Via Natural or Artificial Opening
0TJB8ZZ	Inspection of Bladder, Via Natural or Artificial Opening Endoscopic
0TJD0ZZ	Inspection of Urethra, Open Approach
0TJD3ZZ	Inspection of Urethra, Percutaneous Approach
0TJD4ZZ	Inspection of Urethra, Percutaneous Endoscopic Approach
0TJD7ZZ	Inspection of Urethra, Via Natural or Artificial Opening
0TJD8ZZ	Inspection of Urethra, Via Natural or Artificial Opening Endoscopic
0TL60CZ	Occlusion of Right Ureter with Extraluminal Device, Open Approach
0TL60DZ	Occlusion of Right Ureter with Intraluminal Device, Open Approach
0TL60ZZ	Occlusion of Right Ureter, Open Approach
0TL63CZ	Occlusion of Right Ureter with Extraluminal Device, Percutaneous Approach
0TL63DZ	Occlusion of Right Ureter with Intraluminal Device, Percutaneous Approach
0TL63ZZ	Occlusion of Right Ureter, Percutaneous Approach
0TL64CZ	Occlusion of Right Ureter with Extraluminal Device, Percutaneous Endoscopic Approach
0TL64DZ	Occlusion of Right Ureter with Intraluminal Device, Percutaneous Endoscopic Approach
0TL64ZZ	Occlusion of Right Ureter, Percutaneous Endoscopic Approach
0TL67DZ	Occlusion of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening
0TL67ZZ	Occlusion of Right Ureter, Via Natural or Artificial Opening
0TL68DZ	Occlusion of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TL68ZZ	Occlusion of Right Ureter, Via Natural or Artificial Opening Endoscopic
0TL70CZ	Occlusion of Left Ureter with Extraluminal Device, Open Approach
0TL70DZ	Occlusion of Left Ureter with Intraluminal Device, Open Approach
0TL70ZZ	Occlusion of Left Ureter, Open Approach
0TL73CZ	Occlusion of Left Ureter with Extraluminal Device, Percutaneous Approach
0TL73DZ	Occlusion of Left Ureter with Intraluminal Device, Percutaneous Approach
0TL73ZZ	Occlusion of Left Ureter, Percutaneous Approach
0TL74CZ	Occlusion of Left Ureter with Extraluminal Device, Percutaneous Endoscopic Approach
0TL74DZ	Occlusion of Left Ureter with Intraluminal Device, Percutaneous Endoscopic Approach
0TL74ZZ	Occlusion of Left Ureter, Percutaneous Endoscopic Approach
0TL77DZ	Occlusion of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TL77ZZ	Occlusion of Left Ureter, Via Natural or Artificial Opening
0TL78DZ	Occlusion of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TL78ZZ	Occlusion of Left Ureter, Via Natural or Artificial Opening Endoscopic
0TLB0CZ	Occlusion of Bladder with Extraluminal Device, Open Approach
0TLB0DZ	Occlusion of Bladder with Intraluminal Device, Open Approach
0TLB0ZZ	Occlusion of Bladder, Open Approach
0TLB3CZ	Occlusion of Bladder with Extraluminal Device, Percutaneous Approach
0TLB3DZ	Occlusion of Bladder with Intraluminal Device, Percutaneous Approach
0TLB3ZZ	Occlusion of Bladder, Percutaneous Approach
0TLB4CZ	Occlusion of Bladder with Extraluminal Device, Percutaneous Endoscopic Approach
0TLB4DZ	Occlusion of Bladder with Intraluminal Device, Percutaneous Endoscopic Approach
0TLB4ZZ	Occlusion of Bladder, Percutaneous Endoscopic Approach
0TLB7DZ	Occlusion of Bladder with Intraluminal Device, Via Natural or Artificial Opening
0TLB7ZZ	Occlusion of Bladder, Via Natural or Artificial Opening
0TLB8DZ	Occlusion of Bladder with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TLB8ZZ	Occlusion of Bladder, Via Natural or Artificial Opening Endoscopic
0TLC0CZ	Occlusion of Bladder Neck with Extraluminal Device, Open Approach
0TLC0DZ	Occlusion of Bladder Neck with Intraluminal Device, Open Approach
0TLC0ZZ	Occlusion of Bladder Neck, Open Approach
0TLC3CZ	Occlusion of Bladder Neck with Extraluminal Device, Percutaneous Approach
0TLC3DZ	Occlusion of Bladder Neck with Intraluminal Device, Percutaneous Approach
0TLC3ZZ	Occlusion of Bladder Neck, Percutaneous Approach
0TLC4CZ	Occlusion of Bladder Neck with Extraluminal Device, Percutaneous Endoscopic Approach
0TLC4DZ	Occlusion of Bladder Neck with Intraluminal Device, Percutaneous Endoscopic Approach
0TLC4ZZ	Occlusion of Bladder Neck, Percutaneous Endoscopic Approach
0TLC7DZ	Occlusion of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening
0TLC7ZZ	Occlusion of Bladder Neck, Via Natural or Artificial Opening
0TLC8DZ	Occlusion of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TLC8ZZ	Occlusion of Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TLD0CZ	Occlusion of Urethra with Extraluminal Device, Open Approach
0TLD0DZ	Occlusion of Urethra with Intraluminal Device, Open Approach
0TLD0ZZ	Occlusion of Urethra, Open Approach
0TLD3CZ	Occlusion of Urethra with Extraluminal Device, Percutaneous Approach
0TLD3DZ	Occlusion of Urethra with Intraluminal Device, Percutaneous Approach
0TLD3ZZ	Occlusion of Urethra, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TLD4CZ	Occlusion of Urethra with Extraluminal Device, Percutaneous Endoscopic Approach
0TLD4DZ	Occlusion of Urethra with Intraluminal Device, Percutaneous Endoscopic Approach
0TLD4ZZ	Occlusion of Urethra, Percutaneous Endoscopic Approach
0TLD7DZ	Occlusion of Urethra with Intraluminal Device, Via Natural or Artificial Opening
0TLD7ZZ	Occlusion of Urethra, Via Natural or Artificial Opening
0TLD8DZ	Occlusion of Urethra with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TLD8ZZ	Occlusion of Urethra, Via Natural or Artificial Opening Endoscopic
0TLDXCZ	Occlusion of Urethra with Extraluminal Device, External Approach
0TLDXDZ	Occlusion of Urethra with Intraluminal Device, External Approach
0TLDXZZ	Occlusion of Urethra, External Approach
0TMD0ZZ	Reattachment of Urethra, Open Approach
0TMD4ZZ	Reattachment of Urethra, Percutaneous Endoscopic Approach
0TNB0ZZ	Release Bladder, Open Approach
0TNB7ZZ	Release Bladder, Via Natural or Artificial Opening
0TNB8ZZ	Release Bladder, Via Natural or Artificial Opening Endoscopic
0TNC0ZZ	Release Bladder Neck, Open Approach
0TNC7ZZ	Release Bladder Neck, Via Natural or Artificial Opening
0TNC8ZZ	Release Bladder Neck, Via Natural or Artificial Opening Endoscopic
0TND0ZZ	Release Urethra, Open Approach
0TND3ZZ	Release Urethra, Percutaneous Approach
0TND4ZZ	Release Urethra, Percutaneous Endoscopic Approach
0TND7ZZ	Release Urethra, Via Natural or Artificial Opening
0TND8ZZ	Release Urethra, Via Natural or Artificial Opening Endoscopic
0TNDXZZ	Release Urethra, External Approach
0TP90MZ	Removal of Stimulator Lead from Ureter, Open Approach
0TP93MZ	Removal of Stimulator Lead from Ureter, Percutaneous Approach
0TP94MZ	Removal of Stimulator Lead from Ureter, Percutaneous Endoscopic Approach
0TP97MZ	Removal of Stimulator Lead from Ureter, Via Natural or Artificial Opening
0TP98MZ	Removal of Stimulator Lead from Ureter, Via Natural or Artificial Opening Endoscopic
0TP9XMZ	Removal of Stimulator Lead from Ureter, External Approach
0TPB0MZ	Removal of Stimulator Lead from Bladder, Open Approach
0TPB3MZ	Removal of Stimulator Lead from Bladder, Percutaneous Approach
0TPB4MZ	Removal of Stimulator Lead from Bladder, Percutaneous Endoscopic Approach
0TPB7MZ	Removal of Stimulator Lead from Bladder, Via Natural or Artificial Opening
0TPB8MZ	Removal of Stimulator Lead from Bladder, Via Natural or Artificial Opening Endoscopic
0TPBXMZ	Removal of Stimulator Lead from Bladder, External Approach
0TPD00Z	Removal of Drainage Device from Urethra, Open Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0TPD02Z	Removal of Monitoring Device from Urethra, Open Approach
0TPD03Z	Removal of Infusion Device from Urethra, Open Approach
0TPD07Z	Removal of Autologous Tissue Substitute from Urethra, Open Approach
0TPD0CZ	Removal of Extraluminal Device from Urethra, Open Approach
0TPD0DZ	Removal of Intraluminal Device from Urethra, Open Approach
0TPD0JZ	Removal of Synthetic Substitute from Urethra, Open Approach
0TPD0KZ	Removal of Nonautologous Tissue Substitute from Urethra, Open Approach
0TPD0LZ	Removal of Artificial Sphincter from Urethra, Open Approach
0TPD30Z	Removal of Drainage Device from Urethra, Percutaneous Approach
0TPD32Z	Removal of Monitoring Device from Urethra, Percutaneous Approach
0TPD33Z	Removal of Infusion Device from Urethra, Percutaneous Approach
0TPD37Z	Removal of Autologous Tissue Substitute from Urethra, Percutaneous Approach
0TPD3CZ	Removal of Extraluminal Device from Urethra, Percutaneous Approach
0TPD3DZ	Removal of Intraluminal Device from Urethra, Percutaneous Approach
0TPD3JZ	Removal of Synthetic Substitute from Urethra, Percutaneous Approach
0TPD3KZ	Removal of Nonautologous Tissue Substitute from Urethra, Percutaneous Approach
0TPD3LZ	Removal of Artificial Sphincter from Urethra, Percutaneous Approach
0TPD40Z	Removal of Drainage Device from Urethra, Percutaneous Endoscopic Approach
0TPD42Z	Removal of Monitoring Device from Urethra, Percutaneous Endoscopic Approach
0TPD43Z	Removal of Infusion Device from Urethra, Percutaneous Endoscopic Approach
0TPD47Z	Removal of Autologous Tissue Substitute from Urethra, Percutaneous Endoscopic Approach
0TPD4CZ	Removal of Extraluminal Device from Urethra, Percutaneous Endoscopic Approach
0TPD4DZ	Removal of Intraluminal Device from Urethra, Percutaneous Endoscopic Approach
0TPD4JZ	Removal of Synthetic Substitute from Urethra, Percutaneous Endoscopic Approach
0TPD4KZ	Removal of Nonautologous Tissue Substitute from Urethra, Percutaneous Endoscopic Approach
0TPD4LZ	Removal of Artificial Sphincter from Urethra, Percutaneous Endoscopic Approach
0TPD70Z	Removal of Drainage Device from Urethra, Via Natural or Artificial Opening
0TPD72Z	Removal of Monitoring Device from Urethra, Via Natural or Artificial Opening
0TPD73Z	Removal of Infusion Device from Urethra, Via Natural or Artificial Opening
0TPD77Z	Removal of Autologous Tissue Substitute from Urethra, Via Natural or Artificial Opening



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0TPD7CZ	Removal of Extraluminal Device from Urethra, Via Natural or Artificial Opening
0TPD7DZ	Removal of Intraluminal Device from Urethra, Via Natural or Artificial Opening
0TPD7JZ	Removal of Synthetic Substitute from Urethra, Via Natural or Artificial Opening
0TPD7KZ	Removal of Nonautologous Tissue Substitute from Urethra, Via Natural or Artificial Opening
0TPD7LZ	Removal of Artificial Sphincter from Urethra, Via Natural or Artificial Opening
0TPD80Z	Removal of Drainage Device from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD82Z	Removal of Monitoring Device from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD83Z	Removal of Infusion Device from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD87Z	Removal of Autologous Tissue Substitute from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD8CZ	Removal of Extraluminal Device from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD8DZ	Removal of Intraluminal Device from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD8JZ	Removal of Synthetic Substitute from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD8KZ	Removal of Nonautologous Tissue Substitute from Urethra, Via Natural or Artificial Opening Endoscopic
0TPD8LZ	Removal of Artificial Sphincter from Urethra, Via Natural or Artificial Opening Endoscopic
0TPDXLZ	Removal of Artificial Sphincter from Urethra, External Approach
0TQ00ZZ	Repair Right Kidney, Open Approach
0TQ03ZZ	Repair Right Kidney, Percutaneous Approach
0TQ04ZZ	Repair Right Kidney, Percutaneous Endoscopic Approach
0TQ07ZZ	Repair Right Kidney, Via Natural or Artificial Opening
0TQ08ZZ	Repair Right Kidney, Via Natural or Artificial Opening Endoscopic
0TQ10ZZ	Repair Left Kidney, Open Approach
0TQ13ZZ	Repair Left Kidney, Percutaneous Approach
0TQ14ZZ	Repair Left Kidney, Percutaneous Endoscopic Approach
0TQ17ZZ	Repair Left Kidney, Via Natural or Artificial Opening
0TQ18ZZ	Repair Left Kidney, Via Natural or Artificial Opening Endoscopic
0TQ60ZZ	Repair Right Ureter, Open Approach
0TQ63ZZ	Repair Right Ureter, Percutaneous Approach
0TQ64ZZ	Repair Right Ureter, Percutaneous Endoscopic Approach
0TQ67ZZ	Repair Right Ureter, Via Natural or Artificial Opening
0TQ68ZZ	Repair Right Ureter, Via Natural or Artificial Opening Endoscopic
0TQ70ZZ	Repair Left Ureter, Open Approach
0TQ73ZZ	Repair Left Ureter, Percutaneous Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0TQ74ZZ	Repair Left Ureter, Percutaneous Endoscopic Approach
0TQ77ZZ	Repair Left Ureter, Via Natural or Artificial Opening
0TQ78ZZ	Repair Left Ureter, Via Natural or Artificial Opening Endoscopic
0TQB3ZZ	Repair Bladder, Percutaneous Approach
0TQB4ZZ	Repair Bladder, Percutaneous Endoscopic Approach
0TQB7ZZ	Repair Bladder, Via Natural or Artificial Opening
0TQB8ZZ	Repair Bladder, Via Natural or Artificial Opening Endoscopic
0TQD3ZZ	Repair Urethra, Percutaneous Approach
0TQD4ZZ	Repair Urethra, Percutaneous Endoscopic Approach
0TQD7ZZ	Repair Urethra, Via Natural or Artificial Opening
0TQD8ZZ	Repair Urethra, Via Natural or Artificial Opening Endoscopic
0TQDXZZ	Repair Urethra, External Approach
0TRD07Z	Replacement of Urethra with Autologous Tissue Substitute, Open Approach
0TRD0JZ	Replacement of Urethra with Synthetic Substitute, Open Approach
0TRD0KZ	Replacement of Urethra with Nonautologous Tissue Substitute, Open Approach
0TRD47Z	Replacement of Urethra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0TRD4JZ	Replacement of Urethra with Synthetic Substitute, Percutaneous Endoscopic Approach
0TRD4KZ	Replacement of Urethra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0TRD77Z	Replacement of Urethra with Autologous Tissue Substitute, Via Natural or Artificial Opening
0TRD7JZ	Replacement of Urethra with Synthetic Substitute, Via Natural or Artificial Opening
0TRD7KZ	Replacement of Urethra with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0TRD87Z	Replacement of Urethra with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0TRD8JZ	Replacement of Urethra with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0TRD8KZ	Replacement of Urethra with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0TRDX7Z	Replacement of Urethra with Autologous Tissue Substitute, External Approach
0TRDXJZ	Replacement of Urethra with Synthetic Substitute, External Approach
0TRDXKZ	Replacement of Urethra with Nonautologous Tissue Substitute, External Approach
0TSD0ZZ	Reposition Urethra, Open Approach
0TSD4ZZ	Reposition Urethra, Percutaneous Endoscopic Approach
0TTD0ZZ	Resection of Urethra, Open Approach
0TTD4ZZ	Resection of Urethra, Percutaneous Endoscopic Approach
0TTD7ZZ	Resection of Urethra, Via Natural or Artificial Opening
0TTD8ZZ	Resection of Urethra, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0TUD07Z	Supplement Urethra with Autologous Tissue Substitute, Open Approach
0TUD0JZ	Supplement Urethra with Synthetic Substitute, Open Approach
0TUD0KZ	Supplement Urethra with Nonautologous Tissue Substitute, Open Approach
0TUD47Z	Supplement Urethra with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0TUD4JZ	Supplement Urethra with Synthetic Substitute, Percutaneous Endoscopic Approach
0TUD4KZ	Supplement Urethra with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0TUD77Z	Supplement Urethra with Autologous Tissue Substitute, Via Natural or Artificial Opening
0TUD7JZ	Supplement Urethra with Synthetic Substitute, Via Natural or Artificial Opening
0TUD7KZ	Supplement Urethra with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0TUD87Z	Supplement Urethra with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0TUD8JZ	Supplement Urethra with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0TUD8KZ	Supplement Urethra with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0TUDX7Z	Supplement Urethra with Autologous Tissue Substitute, External Approach
0TUDXJZ	Supplement Urethra with Synthetic Substitute, External Approach
0TUDXKZ	Supplement Urethra with Nonautologous Tissue Substitute, External Approach
0TVC0CZ	Restriction of Bladder Neck with Extraluminal Device, Open Approach
0TVC0DZ	Restriction of Bladder Neck with Intraluminal Device, Open Approach
0TVC0ZZ	Restriction of Bladder Neck, Open Approach
0TVC3CZ	Restriction of Bladder Neck with Extraluminal Device, Percutaneous Approach
0TVC3DZ	Restriction of Bladder Neck with Intraluminal Device, Percutaneous Approach
0TVC3ZZ	Restriction of Bladder Neck, Percutaneous Approach
0TVC4CZ	Restriction of Bladder Neck with Extraluminal Device, Percutaneous Endoscopic Approach
0TVC4DZ	Restriction of Bladder Neck with Intraluminal Device, Percutaneous Endoscopic Approach
0TVC4ZZ	Restriction of Bladder Neck, Percutaneous Endoscopic Approach
0TVC7DZ	Restriction of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening
0TVC7ZZ	Restriction of Bladder Neck, Via Natural or Artificial Opening
0TVC8DZ	Restriction of Bladder Neck with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TVC8ZZ	Restriction of Bladder Neck, Via Natural or Artificial Opening Endoscopic

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TVD0CZ	Restriction of Urethra with Extraluminal Device, Open Approach
0TVD0DZ	Restriction of Urethra with Intraluminal Device, Open Approach
0TVD0ZZ	Restriction of Urethra, Open Approach
0TVD3CZ	Restriction of Urethra with Extraluminal Device, Percutaneous Approach
0TVD3DZ	Restriction of Urethra with Intraluminal Device, Percutaneous Approach
0TVD3ZZ	Restriction of Urethra, Percutaneous Approach
0TVD4CZ	Restriction of Urethra with Extraluminal Device, Percutaneous Endoscopic Approach
0TVD4DZ	Restriction of Urethra with Intraluminal Device, Percutaneous Endoscopic Approach
0TVD4ZZ	Restriction of Urethra, Percutaneous Endoscopic Approach
0TVD7DZ	Restriction of Urethra with Intraluminal Device, Via Natural or Artificial Opening
0TVD7ZZ	Restriction of Urethra, Via Natural or Artificial Opening
0TVD8DZ	Restriction of Urethra with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0TVD8ZZ	Restriction of Urethra, Via Natural or Artificial Opening Endoscopic
0TVDXZZ	Restriction of Urethra, External Approach
0TWD00Z	Revision of Drainage Device in Urethra, Open Approach
0TWD02Z	Revision of Monitoring Device in Urethra, Open Approach
0TWD03Z	Revision of Infusion Device in Urethra, Open Approach
0TWD07Z	Revision of Autologous Tissue Substitute in Urethra, Open Approach
0TWD0CZ	Revision of Extraluminal Device in Urethra, Open Approach
0TWD0DZ	Revision of Intraluminal Device in Urethra, Open Approach
0TWD0JZ	Revision of Synthetic Substitute in Urethra, Open Approach
0TWD0KZ	Revision of Nonautologous Tissue Substitute in Urethra, Open Approach
0TWD0LZ	Revision of Artificial Sphincter in Urethra, Open Approach
0TWD30Z	Revision of Drainage Device in Urethra, Percutaneous Approach
0TWD32Z	Revision of Monitoring Device in Urethra, Percutaneous Approach
0TWD33Z	Revision of Infusion Device in Urethra, Percutaneous Approach
0TWD37Z	Revision of Autologous Tissue Substitute in Urethra, Percutaneous Approach
0TWD3CZ	Revision of Extraluminal Device in Urethra, Percutaneous Approach
0TWD3DZ	Revision of Intraluminal Device in Urethra, Percutaneous Approach
0TWD3JZ	Revision of Synthetic Substitute in Urethra, Percutaneous Approach
0TWD3KZ	Revision of Nonautologous Tissue Substitute in Urethra, Percutaneous Approach
0TWD3LZ	Revision of Artificial Sphincter in Urethra, Percutaneous Approach
0TWD40Z	Revision of Drainage Device in Urethra, Percutaneous Endoscopic Approach
0TWD42Z	Revision of Monitoring Device in Urethra, Percutaneous Endoscopic Approach
0TWD43Z	Revision of Infusion Device in Urethra, Percutaneous Endoscopic Approach
0TWD47Z	Revision of Autologous Tissue Substitute in Urethra, Percutaneous Endoscopic Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0TWD4CZ	Revision of Extraluminal Device in Urethra, Percutaneous Endoscopic Approach
0TWD4DZ	Revision of Intraluminal Device in Urethra, Percutaneous Endoscopic Approach
0TWD4JZ	Revision of Synthetic Substitute in Urethra, Percutaneous Endoscopic Approach
0TWD4KZ	Revision of Nonautologous Tissue Substitute in Urethra, Percutaneous Endoscopic Approach
0TWD4LZ	Revision of Artificial Sphincter in Urethra, Percutaneous Endoscopic Approach
0TWD70Z	Revision of Drainage Device in Urethra, Via Natural or Artificial Opening
0TWD72Z	Revision of Monitoring Device in Urethra, Via Natural or Artificial Opening
0TWD73Z	Revision of Infusion Device in Urethra, Via Natural or Artificial Opening
0TWD77Z	Revision of Autologous Tissue Substitute in Urethra, Via Natural or Artificial Opening
0TWD7CZ	Revision of Extraluminal Device in Urethra, Via Natural or Artificial Opening
0TWD7DZ	Revision of Intraluminal Device in Urethra, Via Natural or Artificial Opening
0TWD7JZ	Revision of Synthetic Substitute in Urethra, Via Natural or Artificial Opening
0TWD7KZ	Revision of Nonautologous Tissue Substitute in Urethra, Via Natural or Artificial Opening
0TWD7LZ	Revision of Artificial Sphincter in Urethra, Via Natural or Artificial Opening
0TWD80Z	Revision of Drainage Device in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD82Z	Revision of Monitoring Device in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD83Z	Revision of Infusion Device in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD87Z	Revision of Autologous Tissue Substitute in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD8CZ	Revision of Extraluminal Device in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD8DZ	Revision of Intraluminal Device in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD8JZ	Revision of Synthetic Substitute in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD8KZ	Revision of Nonautologous Tissue Substitute in Urethra, Via Natural or Artificial Opening Endoscopic
0TWD8LZ	Revision of Artificial Sphincter in Urethra, Via Natural or Artificial Opening Endoscopic
0UQ90ZZ	Repair Uterus, Open Approach
0UQ93ZZ	Repair Uterus, Percutaneous Approach
0UQ94ZZ	Repair Uterus, Percutaneous Endoscopic Approach
0UQ97ZZ	Repair Uterus, Via Natural or Artificial Opening
0UQ98ZZ	Repair Uterus, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
ICD-10 Code	Description
0UQC0ZZ	Repair Cervix, Open Approach
0UQC3ZZ	Repair Cervix, Percutaneous Approach
0UQC4ZZ	Repair Cervix, Percutaneous Endoscopic Approach
0UQC7ZZ	Repair Cervix, Via Natural or Artificial Opening
0UQC8ZZ	Repair Cervix, Via Natural or Artificial Opening Endoscopic
0UQG3ZZ	Repair Vagina, Percutaneous Approach
0UQG4ZZ	Repair Vagina, Percutaneous Endoscopic Approach
0UQG7ZZ	Repair Vagina, Via Natural or Artificial Opening
0UQG8ZZ	Repair Vagina, Via Natural or Artificial Opening Endoscopic
0VQ50ZZ	Repair Scrotum, Open Approach
0VQ53ZZ	Repair Scrotum, Percutaneous Approach
0VQ54ZZ	Repair Scrotum, Percutaneous Endoscopic Approach
0VQ5XZZ	Repair Scrotum, External Approach
0W3R0ZZ	Control Bleeding in Genitourinary Tract, Open Approach
0W3R3ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Approach
0W3R4ZZ	Control Bleeding in Genitourinary Tract, Percutaneous Endoscopic Approach
0W3R7ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening
0W3R8ZZ	Control Bleeding in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WCR7ZZ	Extirpation of Matter from Genitourinary Tract, Via Natural or Artificial Opening
0WCR8ZZ	Extirpation of Matter from Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WFR0ZZ	Fragmentation in Genitourinary Tract, Open Approach
0WFR3ZZ	Fragmentation in Genitourinary Tract, Percutaneous Approach
0WFR4ZZ	Fragmentation in Genitourinary Tract, Percutaneous Endoscopic Approach
0WFR7ZZ	Fragmentation in Genitourinary Tract, Via Natural or Artificial Opening
0WFR8ZZ	Fragmentation in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WHR03Z	Insertion of Infusion Device into Genitourinary Tract, Open Approach
0WHR0YZ	Insertion of Other Device into Genitourinary Tract, Open Approach
0WHR33Z	Insertion of Infusion Device into Genitourinary Tract, Percutaneous Approach
0WHR3YZ	Insertion of Other Device into Genitourinary Tract, Percutaneous Approach
0WHR43Z	Insertion of Infusion Device into Genitourinary Tract, Percutaneous Endoscopic Approach
0WHR4YZ	Insertion of Other Device into Genitourinary Tract, Percutaneous Endoscopic Approach
0WHR83Z	Insertion of Infusion Device into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WHR8YZ	Insertion of Other Device into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WJH0ZZ	Inspection of Retroperitoneum, Open Approach

This List is a tool to assist in making level of care determinations and is used as a guide; it is not intended to be all-inclusive. This list is proprietary to Blue Cross Blue Shield of Massachusetts. MPC_072120-1N-2-O (7/21)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0WJH3ZZ	Inspection of Retroperitoneum, Percutaneous Approach
0WJH4ZZ	Inspection of Retroperitoneum, Percutaneous Endoscopic Approach
0WPR01Z	Removal of Radioactive Element from Genitourinary Tract, Open Approach
0WPR03Z	Removal of Infusion Device from Genitourinary Tract, Open Approach
0WPR0YZ	Removal of Other Device from Genitourinary Tract, Open Approach
0WPR31Z	Removal of Radioactive Element from Genitourinary Tract, Percutaneous Approach
0WPR33Z	Removal of Infusion Device from Genitourinary Tract, Percutaneous Approach
0WPR3YZ	Removal of Other Device from Genitourinary Tract, Percutaneous Approach
0WPR41Z	Removal of Radioactive Element from Genitourinary Tract, Percutaneous Endoscopic Approach
0WPR43Z	Removal of Infusion Device from Genitourinary Tract, Percutaneous Endoscopic Approach
0WPR4YZ	Removal of Other Device from Genitourinary Tract, Percutaneous Endoscopic Approach
0WPR71Z	Removal of Radioactive Element from Genitourinary Tract, Via Natural or Artificial Opening
0WPR73Z	Removal of Infusion Device from Genitourinary Tract, Via Natural or Artificial Opening
0WPR7YZ	Removal of Other Device from Genitourinary Tract, Via Natural or Artificial Opening
0WPR81Z	Removal of Radioactive Element from Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WPR83Z	Removal of Infusion Device from Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WPR8YZ	Removal of Other Device from Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WQFXZZ	Repair Abdominal Wall, External Approach
0WWR01Z	Revision of Radioactive Element in Genitourinary Tract, Open Approach
0WWR03Z	Revision of Infusion Device in Genitourinary Tract, Open Approach
0WWR0YZ	Revision of Other Device in Genitourinary Tract, Open Approach
0WWR31Z	Revision of Radioactive Element in Genitourinary Tract, Percutaneous Approach
0WWR33Z	Revision of Infusion Device in Genitourinary Tract, Percutaneous Approach
0WWR3YZ	Revision of Other Device in Genitourinary Tract, Percutaneous Approach
0WWR41Z	Revision of Radioactive Element in Genitourinary Tract, Percutaneous Endoscopic Approach
0WWR43Z	Revision of Infusion Device in Genitourinary Tract, Percutaneous Endoscopic Approach
0WWR4YZ	Revision of Other Device in Genitourinary Tract, Percutaneous Endoscopic Approach



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
ICD-10 Code	Description
0WWR71Z	Revision of Radioactive Element in Genitourinary Tract, Via Natural or Artificial Opening
0WWR73Z	Revision of Infusion Device in Genitourinary Tract, Via Natural or Artificial Opening
0WWR7YZ	Revision of Other Device in Genitourinary Tract, Via Natural or Artificial Opening
0WWR81Z	Revision of Radioactive Element in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WWR83Z	Revision of Infusion Device in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
0WWR8YZ	Revision of Other Device in Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
3E0K33Z	Introduction of Anti-inflammatory into Genitourinary Tract, Percutaneous Approach
3E0K36Z	Introduction of Nutritional Substance into Genitourinary Tract, Percutaneous Approach
3E0K37Z	Introduction of Electrolytic and Water Balance Substance into Genitourinary Tract, Percutaneous Approach
3E0K73Z	Introduction of Anti-inflammatory into Genitourinary Tract, Via Natural or Artificial Opening
3E0K76Z	Introduction of Nutritional Substance into Genitourinary Tract, Via Natural or Artificial Opening
3E0K77Z	Introduction of Electrolytic and Water Balance Substance into Genitourinary Tract, Via Natural or Artificial Opening
3E0K83Z	Introduction of Anti-inflammatory into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
3E0K86Z	Introduction of Nutritional Substance into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic
3E0K87Z	Introduction of Electrolytic and Water Balance Substance into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
CPT Code	Description
45820	Closure of rectourethral fistula;
45825	Closure of rectourethral fistula; with colostomy
50040	Nephrostomy, nephrotomy with drainage
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50200	Renal biopsy; percutaneous, by trocar or needle
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50387	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
CPT Code	Description
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation,
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50600	Ureterotomy with exploration or drainage (separate procedure)
50605	Ureterotomy for insertion of indwelling stent, all types
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50860	Ureterostomy, transplantation of ureter to skin
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
CPT Code	Description
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51100	Aspiration of bladder; by needle
51101	Aspiration of bladder; by trocar or intracatheter
51102	Aspiration of bladder; with insertion of suprapubic catheter
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	Change of cystostomy tube; simple
51710	Change of cystostomy tube; complicated
51900	Closure of vesicovaginal fistula, abdominal approach
51920	Closure of vesicouterine fistula;
51925	Closure of vesicouterine fistula; with hysterectomy
52000	Cystourethroscopy (separate procedure)
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	Cystourethroscopy, with biopsy(s)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021

Operations on the Urinary System	
CPT Code	Description
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	Cystourethroscopy, with internal urethrotomy; female
52275	Cystourethroscopy, with internal urethrotomy; male
52276	Cystourethroscopy with direct vision internal urethrotomy
52277	Cystourethroscopy, with resection of external sphincter
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282	Cystourethroscopy, with insertion of urethral stent
52283	Cystourethroscopy, with steroid injection into stricture
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
CPT Code	Description
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52500	Transurethral resection of bladder neck (separate procedure)
52640	Transurethral resection; of postoperative bladder neck contracture
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53025	Meatotomy, cutting of meatus (separate procedure); infant
53040	Drainage of deep periurethral abscess
53060	Drainage of Skene's gland abscess or cyst



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
CPT Code	Description
53200	Biopsy of urethra
53210	Urethrectomy, total, including cystostomy; female
53215	Urethrectomy, total, including cystostomy; male
53220	Excision or fulguration of carcinoma of urethra
53230	Excision of urethral diverticulum (separate procedure); female
53235	Excision of urethral diverticulum (separate procedure); male
53240	Marsupialization of urethral diverticulum, male or female
53250	Excision of bulbourethral gland (Cowper's gland)
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53270	Excision or fulguration; Skene's glands
53275	Excision or fulguration; urethral prolapse
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg,
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	Insertion of tandem cuff (dual cuff)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	Urethromeatoplasty, with mucosal advancement
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
CPT Code	Description
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502	Urethrorrhaphy, suture of urethral wound or injury, female
53505	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	Urethrorrhaphy, suture of urethral wound or injury; prostaticmembranous
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	Dilation of female urethra including suppository and/or instillation; initial
53665	Dilation of female urethra, general or conduction (spinal) anesthesia
53899	Unlisted procedure, urinary system
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	1 stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)
54326	1 stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	1stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**Blue Cross Blue Shield of Massachusetts
Outpatient and Surgical Day Care List 2021
Effective July 1, 2021**

Operations on the Urinary System	
CPT Code	Description
54332	1 stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	1 stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flap or graft
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
57310	Closure of urethrovaginal fistula;
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	Closure of vesicovaginal fistula; vaginal approach
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach