



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

POLICY NUMBER	REVIEW DATE:	APPROVED BY
RPC20230048	6/25/2026	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the Reimbursement Policies webpage on connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

For ConnectiCare contracts that follow grouper payment methodology.

Note: This is cumulative document; updates to this policy will be communicated through provider newsletters and are detailed in Revision History.

Ambulatory Surgical Grouper

Paid as Surgical when billed with Revenue Codes 360 or 490.

In addition to the above, if surgical services are billed with revenue codes other than those listed above and the claim contains charges for anesthesia and/or recovery room, claim will be priced according to surgical contracted rates unless otherwise negotiated.

This rate sheet is not a guarantee of payment for a particular ConnectiCare Member's treatment. ConnectiCare claims edits and payment policies, including your group agreement terms and conditions with ConnectiCare, may impact ConnectiCare payment liability and a Member's cost-sharing obligations. ConnectiCare reserves the right to review claims for correct coding.

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
10004	Fna bx w/o img gdn ea addl	0		
10005	Fna bx w/us gdn 1st les	1		
10006	Fna bx w/us gdn ea addl	0		
10007	Fna bx w/fluor gdn 1st les	1		
10008	Fna bx w/fluor gdn ea addl	0		
10009	Fna bx w/ct gdn 1st les	1		
10010	Fna bx w/ct gdn ea addl	0		
10021	Fna w/o image	0		
10022	Fna w/image	0		
10030	GUIDE CATHET FLUID DRAINAGE	2		
10035	PERQ DEV SOFT TISS 1ST IMAG	1		
10036	PERQ DEV SOFT TISS ADD IMAG	0		
10040	Acne surgery	0		
10060	Drain skin abscess, simple/single	0		
10061	Drain skin abscess, complic/mult	0		
10080	Drainage of pilonidal cyst, simple	0		
10081	Drainage of pilonidal cyst, complic	1		
10120	Remove skin foreign body, simple	0		
10121	Remove skin foreign body, complic	2		
10140	Drainage of skin lesion	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
10160	Puncture drainage of skin lesion	0		
10180	Drain compl postop wound infection	3		
11000	Surgical skin cleansing, up to 10%	0		
11001	Surgical skin cleansing, add'l 10%	0		
11008	Remove mesh from abd wall	4		
11010	Debride skin/tissue, Fx	1		
11011	Debride skin/muscle, Fx	0		
11012	Debride skin/muscle/bone, Fx	1		
11042	Surgical cleansing of skin/tissue	0		
11043	Surgical cleansing of tissue/muscle	0		
11044	Surg cleansing, tissue/muscle/bone	0		
11045	DEB SUBQ TISSUE ADD-ON	0		
11046	DEB MUSC/FASCIA ADD-ON	0		
11047	DEB BONE ADD-ON	0		
11055	Paring/cut benign skin lesion, 1	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11056	Paring/cut benign skin lesion, 2-4	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11057	Paring/cut benign skin lesion, 4+	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11100	Biopsy of skin lesion	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11101	Biopsy of added skin lesions	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11102	Tangntl bx skin single les	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
11103	Tangntl bx skin ea sep/addl	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
11104	Punch bx skin single lesion	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
11105	Punch bx skin ea sep/addl	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
11106	Incal bx skn single les	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11107	Incal bx skn ea sep/addl	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
11200	Removal of skin tags, up to 15	0		
11201	Removal of add'l skin tags, 10 each	0		
11300	Shave skin lesion, trunk/arm/leg	0		
11301	Shave skin lesion, trunk/arm/leg	0		
11302	Shave skin lesion, trunk/arm/leg	0		
11303	Shave skin lesion, trunk/arm/leg	0		
11305	Shave lesion, scalp/neck/hand/foot	0		
11306	Shave lesion, scalp/neck/hand/foot	0		
11307	Shave lesion, scalp/neck/hand/foot	0		
11308	Shave lesion, scalp/neck/hand/foot	0		
11310	Shave lesion, face/lid/ear/nose/lip	0		
11311	Shave lesion, face/lid/ear/nose/lip	0		
11312	Shave lesion, face/lid/ear/nose/lip	0		
11313	Shave lesion, face/lid/ear/nose/lip	0		
11400	Remove lesion, trunk/arm/leg	1		
11401	Remove lesion, trunk/arm/leg	1		
11402	Remove lesion, trunk/arm/leg	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11403	Remove lesion, trunk/arm/leg	1		
11404	Remove lesion, trunk/arm/leg	2		
11406	Remove lesion, trunk/arm/leg	2		
11420	Remove lesion, scalp/neck/hand/foot	1		
11421	Remove lesion, scalp/neck/hand/foot	1		
11422	Remove lesion, scalp/neck/hand/foot	1		
11423	Remove lesion, scalp/neck/hand/foot	2		
11424	Remove lesion, scalp/neck/hand/foot	2		
11426	Remove lesion, scalp/neck/hand/foot	3		
11440	Remove lesion, face/lid/ear/nose/lip	1		
11441	Remove lesion, face/lid/ear/nose/lip	1		
11442	Remove lesion, face/lid/ear/nose/lip	1		
11443	Remove lesion, face/lid/ear/nose/lip	1		
11444	Remove lesion, face/lid/ear/nose/lip	2		
11446	Remove lesion, face/lid/ear/nose/lip	3		
11450	Remove sweat gland lesion, axillary	3		
11451	Remove sweat gland lesion, axillary	3		
11462	Remove sweat gland lesion, inguinal	3		
11463	Remove sweat gland lesion, inguinal	3		
11470	Remove sweat gland lesion, perianal	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11471	Remove sweat gland lesion, perianal	3		
11600	Remove malig lesion, trunk/arm/leg	1		
11601	Remove malig lesion, trunk/arm/leg	1		
11602	Remove malig lesion, trunk/arm/leg	1		
11603	Remove malig lesion, trunk/arm/leg	2		
11604	Remove malig lesion, trunk/arm/leg	2		
11606	Remove malig lesion, trunk/arm/leg	2		
11620	Remove malig lesion, head/hand/foot	1		
11621	Remove malig lesion, head/hand/foot	1		
11622	Remove malig lesion, head/hand/foot	1		
11623	Remove malig lesion, head/hand/foot	2		
11624	Remove malig lesion, head/hand/foot	2		
11626	Remove malig lesion, head/hand/foot	3		
11640	Remove malig lesion, face/nose/lips	1		
11641	Remove malig lesion, face/nose/lips	1		
11642	Remove malig lesion, face/nose/lips	1		
11643	Remove malig lesion, face/nose/lips	1		
11644	Remove malig lesion, face/nose/lips	2		
11646	Remove malig lesion, face/nose/lips	3		
11719	Trim nondystrophic nail, any number	0		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11720	Debride 1-5 nails, any method	0		
11721	Debride 6+ nails, any method	0		
11730	Removal of single nail plate	0		
11732	Removal of add'l nail plate	0		
11740	Drain blood from under nail	0		
11750	Permanent removal of nail bed	0		
11752	Removal of nail bed/finger tip	3		
11755	Biopsy of nail unit, any method	1		
11760	Repair of nail bed	0		
11762	Nailbed reconstruction w/graft	1		
11765	Excise skin wedge, ingrown toenail	0		
11770	Remove pilonidal cyst, simple	3		
11771	Remove pilonidal cyst, extensive	3		
11772	Remove pilonidal cyst, complex	3		
11900	Inject skin lesions, 7 max	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11901	Inject skin lesions, 8 or more	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11920	Fix skin color defect, up to 6 sqcm	0		



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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11921	Fix skin color defect, 6.1-20 sqcm	0		
11922	Fix skin color defect add'l 10 sqcm	0		
11950	Contour defect therapy, 1cc or less	0		
11951	Contour defect therapy, 1.1-5.0 cc	0		
11952	Contour defect therapy, 5.1-10.0 cc	0		
11954	Contour defect therapy, over 10 cc	0		
11960	Insert tissue expander(s)	3		
11970	Replace tissue expander	5		
11971	Remove tissue expander(s)	3		
11976	Remove contraceptive capsules	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11980	IMPLANT HORMONE PELLET(S)	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11981	Insert drug implant device	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
11982	Remove drug implant device	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
11983	Remove/insert drug implant	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
12001	Repair superficial wounds, trunk	0		
12002	Repair superficial wounds, trunk	0		
12004	Repair superficial wounds, trunk	0		
12005	Repair superficial wounds, trunk	0		
12006	Repair superficial wounds, trunk	0		
12007	Repair superficial wounds, trunk	0		
12011	Repair superficial wounds, face	0		
12013	Repair superficial wounds, face	0		
12014	Repair superficial wounds, face	0		
12015	Repair superficial wounds, face	0		
12016	Repair superficial wounds, face	0		
12017	Repair superficial wounds, face	0		
12018	Repair superficial wounds, face	0		
12020	Closure of split wound, simple	0		
12021	Closure of split wound, w/packing	0		
12031	Layer closure of wounds, trunk	0		
12032	Layer closure of wounds, trunk	0		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
12034	Layer closure of wounds, trunk	0		
12035	Layer closure of wounds, trunk	0		
12036	Layer closure of wounds, trunk	0		
12037	Layer closure of wounds, trunk	1		
12041	Layer closure of wounds, hands/feet	0		
12042	Layer closure of wounds, hands/feet	0		
12044	Layer closure of wounds, hands/feet	0		
12045	Layer closure of wounds, hands/feet	0		
12046	Layer closure of wounds, hands/feet	0		
12047	Layer closure of wounds, hands/feet	0		
12051	Layer closure of wounds, face/ears	0		
12052	Layer closure of wounds, face/ears	0		
12053	Layer closure of wounds, face/ears	0		
12054	Layer closure of wounds, face/ears	0		
12055	Layer closure of wounds, face/ears	0		
12056	Layer closure of wounds, face/ears	0		
12057	Layer closure of wounds, face/ears	0		
13100	Repair complex wound, trunk	2		
13101	Repair complex wound, trunk	0		
13102	REPAIR WOUND/LESION ADD-ON	0		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
13120	Repair complex wound, scalp/arm/leg	0		
13121	Repair complex wound, scalp/arm/leg	0		
13122	REPAIR WOUND/LESION ADD-ON	0		
13131	Repair complex wound, face/hand/foot	0		
13132	Repair complex wound, face/hand/foot	0		
13133	REPAIR WOUND/LESION ADD-ON	0		
13151	Repair complex wound, nose/ear/lips	0		
13152	Repair complex wound, nose/ear/lips	0		
13153	REPAIR WOUND/LESION ADD-ON	0		
13160	Late closure of wound, extensive	2		
14000	Adjacent tissue transfer, trunk	2		
14001	Adjacent tissue transfer, trunk	2		
14020	Tissue transfer, scalp/arms/legs	2		
14021	Tissue transfer, scalp/arms/legs	2		
14040	Tissue transfer, face/hands/feet	2		
14041	Tissue transfer, face/hands/feet	2		
14060	Tissue transfer, nose/ear/lids/lips	2		
14061	Tissue transfer, nose/ear/lids/lips	2		
14301	Skin tissue rearrangement	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
14302	Skin tissue rearrange add-on	0		
14350	Filletted finger/toe flap w/prep	3		
15002	WOUND PREP, CH/INF, TRK/ARM/LG	1		
15003	WOUND PREP, CH/INF ADDED 100 CM	0		
15004	WOUND PREPARE CH/INF, F/N/HF/G	0		
15005	WOUND PREP, F/N/HF/G, ADDED CM	0		
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1	1/1/2025	New Code
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof	0	1/1/2025	New Code
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	5	1/1/2025	New Code
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof	0	1/1/2025	New Code
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1	1/1/2025	New Code

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof	0	1/1/2025	New Code
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	1	1/1/2025	New Code
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof	0	1/1/2025	New Code
15040	Harvest cultured skin graft	0		
15050	Skin pinch graft, up to 2 cm	1		
15100	Skin split graft, trunk/arms/legs	3		
15101	Skin split graft, trunk/arms/legs	0		
15110	Epidrm autogrft trnk/arm/leg	1		
15111	Epidrm autogrft t/a/l add-on	0		
15115	Epidrm a-grft face/nck/hf/g	1		
15116	Epidrm a-grft f/n/hf/g addl	0		
15120	Skin split graft, face/neck/ears	3		
15121	Skin split graft, face/neck/ears	0		
15130	Derm autograft, trnk/arm/leg	2		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15131	Derm autograft t/a/l add-on	0		
15135	Derm autograft face/nck/hf/g	2		
15136	Derm autograft, f/n/hf/g add	0		
15150	Cult epiderm grft t/arm/leg	1		
15151	Cult epiderm grft t/a/l addl	0		
15152	Cult epiderm graft t/a/l +%	0		
15155	Cult epiderm graft, f/n/hf/g	1		
15156	Cult epidrm grft f/n/hfg add	0		
15157	Cult epiderm grft f/n/hfg +%	0		
15200	Skin full thickness graft, trunk	2		
15201	Skin full thickness graft, trunk	0		
15220	Skin full graft, scalp/arms/legs	2		
15221	Skin full graft, scalp/arms/legs	0		
15240	Skin full graft, face/hands/feet	2		
15241	Skin full graft, face/hands/feet	0		
15260	Skin full graft, nose/ear/lids/lips	2		
15261	Skin full graft, nose/ear/lids/lips	0		
15271	Skin sub graft trnk/arm/leg	1		
15272	Skin sub graft t/a/l add-on	0		
15273	Skin sub grft t/arm/lg child	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15274	Skn sub grft t/a/l child add	0		
15275	Skin sub graft face/nk/hf/g	1		
15276	Skin sub graft f/n/hf/g addl	0		
15277	Skn sub grft f/n/hf/g child	1		
15278	Skn sub grft f/n/hf/g ch add	0		
15570	Form skin pedicle, trunk	3		
15572	Form skin pedicle, scalp/arms/legs	3		
15574	Form skin pedicle, face/hands/feet	3		
15576	Form skin pedicle, nose/ear/lid/lip	3		
15600	Delay skin flap at trunk	3		
15610	Delay skin flap at scalp/arms/legs	3		
15620	Delay flap at face/neck/hands/feet	3		
15630	Delay flap at nose/ears/lids/lips	3		
15650	Transfer of skin pedicle flap	3		
15730	Mdfc flap w/prsrv vasc pedcl	3		
15731	FOREHEAD FLAP W/VASC PEDICLE	3		
15732	Muscle-skin flap, head/neck	3		
15733	Musc myoq/fscq flp h&n pedcl	3		
15734	Muscle-skin flap, trunk	3		
15736	Muscle-skin flap, arm	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15738	Muscle-skin flap, leg	3		
15740	Island pedicle flap	2		
15750	Neurovascular pedicle flap	3		
15756	Microvascular free muscle flap	3		
15757	Microvascular free skin flap	3		
15758	Microvascular free fascial flap	3		
15760	Composite skin graft	3		
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1		
15770	Derma-fat-fascia graft	3		
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1		
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	1		
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	1		
15775	Hair transplant punch grafts, 1-15	0		
15776	Hair transplant punch grafts, 16+	0		
15777	Acellular derm matrix implt	0		
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	1	1/1/2023	New Code
15780	Dermabrasion, total face	3		
15781	Dermabrasion, segmental, face	1		
15782	Dermabrasion, other than face	1		
15783	Dermabrasion, superficial, any site	0		
15786	Abrasion treatment, single lesion	0		
15787	Abrasion treatment, add'l lesions	0		
15788	Chemical peel, facial, epidermal	1		
15789	Chemical peel, facial, dermal	0		
15792	Chemical peel, nonfacial, epidermal	1		
15793	Chemical peel, nonfacial, dermal	1		
15819	Revision/reconstruction of neck	4	1/1/2025	Deleted

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15820	Revise lower eyelid	3		
15821	Revise lower eyelid/fat pad hernia	3		
15822	Revise upper eyelid	3		
15823	Revise upper eyelid/excess skin	3		
15824	Removal of forehead wrinkles	3		
15825	Removal of neck wrinkles	3		
15826	Removal of brow wrinkles	3		
15828	Remove wrinkles, cheek/chin/neck	3		
15829	Remove skin wrinkles, SMAS flap	3		
15830	EXC SKIN ABD	3		
15832	Remove excessive skin/tissue, thigh	3		
15833	Remove excessive skin/tissue, leg	3		
15834	Remove excessive skin/tissue, hip	3		
15835	Remove excess skin/tissue, buttock	3		
15836	Remove excessive skin/tissue, arm	2		
15837	Remove excessive skin, forearm/hand	1		
15838	Remove excess skin/tissue, fat pad	1		
15839	Remove excessive skin, other area	2		
15840	Graft for face nerve palsy, fascia	3		
15841	Graft for face nerve palsy, muscle	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15842	Graft for face nerve palsy, muscle	3		
15845	Muscle transfer/graft, facial palsy	3		
15847	EXC SKIN ABD ADD-ON	0		
15851	Removal of sutures, other surgeon Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)	0		Code Description updated effective 1/1/2023
15852	Dressing change w/anesthesia	0		
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	0	1/1/2023	New Code
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	0	1/1/2023	New Code
15860	Test for blood flow in flap/graft	0		
15876	Suction remove fat tissue, head/neck	3		
15877	Suction remove fat tissue, trunk	3		
15878	Suction remove fat tissue, arms	3		
15879	Suction remove fat tissue, legs	3		
15920	Remove tailbone ulcer w/suture	1		
15922	Remove tailbone ulcer w/closure	3		
15931	Remove sacral pressure ulcer	3		
15933	Remove sacral pressure ulcer/bone	3		
15934	Remove sacral pressure ulcer	3		
15935	Remove sacral pressure ulcer/bone	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
15936	Remove sacral pressure ulcer	2		
15937	Remove sacral pressure ulcer/bone	3		
15940	Remove ischial pressure ulcer	3		
15941	Remove ischial pressure ulcer/bone	3		
15944	Remove ischial pressure ulcer	3		
15945	Remove ischial pressure ulcer/bone	3		
15946	Remove ischial pressure ulcer/bone	3		
15950	Remove thigh pressure ulcer	3		
15951	Remove thigh pressure ulcer/bone	3		
15952	Remove thigh pressure ulcer	2		
15953	Remove thigh pressure ulcer/bone	2		
15956	Remove thigh pressure ulcer	2		
15958	Remove thigh pressure ulcer/bone	2		
15999	Remove pressure ulcer NEC	UL		
16000	Local burn treatment, 1st degree	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
16020	Burn treatment w/o anesth, small	0		
16025	Burn treatment w/o anesth, medium	0		
16030	Burn treatment w/o anesth, large	0		
16035	Removal of burn scab	0		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
16036	Incise burn scab, addl incis	2		
17000	Destroy benign/premalig lesion, 1	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17003	Destroy benign/premalig lesion, 2-14	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17004	Destroy benign/premalig lesion, 15+	0		
17106	Destroy vascular skin lesions	0		
17107	Destroy vascular skin lesions	0		
17108	Destroy vascular skin lesions	0		
17110	Destroy flat wart, up to 14 lesions	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17111	Destroy flat wart, 15+ lesions	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17250	Chemical cautery, granulated tissue	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17260	Destroy malig lesion, trunk/arm/leg	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
17261	Destroy malig lesion, trunk/arm/leg	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17262	Destroy malig lesion, trunk/arm/leg	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17263	Destroy malig lesion, trunk/arm/leg	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17264	Destroy malig lesion, trunk/arm/leg	0		
17266	Destroy malig lesion, trunk/arm/leg	0		
17270	Destroy malig lesion,neck/hand/foot	0		
17271	Destroy malig lesion,neck/hand/foot	0		
17272	Destroy malig lesion,neck/hand/foot	0		
17273	Destroy malig lesion,neck/hand/foot	0		
17274	Destroy malig lesion,neck/hand/foot	0		
17276	Destroy malig lesion,neck/hand/foot	0		
17280	Destroy malig lesion, face/ear/nose	0		
17281	Destroy malig lesion, face/ear/nose	0		
17282	Destroy malig lesion, face/ear/nose	0		
17283	Destroy malig lesion, face/ear/nose	0		
17284	Destroy malig lesion, face/ear/nose	0		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
17286	Destroy malig lesion, face/ear/nose	0		
17311	MOHS, 1 STAGE, H/N/HF/G	0		
17312	MOHS ADDED STAGE	0		
17313	MOHS, 1 STAGE, T/A/L	0		
17314	MOHS, ADDED STAGE, T/A/L	0		
17315	MOHS SURG, ADDED BLOCK	0		
17340	Cryotherapy of skin	0		
17360	Chemical skin peel for acne	0		
17380	Hair removal, electrolysis, 1/2 hr	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
17999	Skin tissue procedure NEC	UL		
19000	Puncture drainage of breast cyst	1		
19001	Drainage of additional breast cyst	0		
19020	Incision of breast lesion, deep	3		
19030	Injection for breast duct x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
19081	BX BREAST 1ST LESION STRTCTC	2		
19082	BX BREAST ADD LESION STRTCTC	0		
19083	BX BREAST 1ST LESION US IMAG	2		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
19084	BX BREAST ADD LESION US IMAG	0		
19085	BX BREAST 1ST LESION MR IMAG	2		
19086	BX BREAST ADD LESION MR IMAG	0		
19100	Needle biopsy of breast	1		
19101	Surgical biopsy of breast	3		
19105	CRYOSURG ABLATE FA, EACH	4		
19110	Exploration of nipple	3		
19112	Removal of breast duct fistula	3		
19120	Removal of breast lesion	3		
19125	Excise breast lesion (marker used)	3		
19126	Excise add'l breast lesion (marker)	0		
19260	Removal of chest wall tumor, ribs	2		
19281	PERQ DEVICE BREAST 1ST IMAG	0		
19282	PERQ DEVICE BREAST EA IMAG	0		
19283	PERQ DEV BREAST 1ST STRTCTC	0		
19284	PERQ DEV BREAST ADD STRTCTC	0		
19285	PERQ DEV BREAST 1ST US IMAG	0		
19286	PERQ DEV BREAST ADD US IMAG	0		
19287	PERQ DEV BREAST 1ST MR GUIDE	0		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
19288	PERQ DEV BREAST ADD MR GUIDE	0		
19294	Prep tum cav iort prtl mast	6		
19296	Place po breast cath for rad	6		
19297	Place breast cath for rad	6		
19298	Place breast rad tube/caths	6		
19300	REMOVE BREAST TISSUE	3		
19301	PARTIAL MASTECTOMY	3		
19302	PART MASTECTOMY W/LN REMOVE	5		
19303	MASTECTOMY, SIMPLE, COMPLETE	4		
19304	MASTECTOMY, SUBQ	4		
19307	MASTECTOMY, MOD RAD	5		
19316	Suspension of breast	4		
19318	Reduction of breast	5		
19324	Enlargement of breast w/o implant	5	1/1/2021	Deleted
19325	Enlargement of breast w/implant	6		
19328	Removal of breast implant	4		
19330	Removal of breast implant material	4		
19340	Immediate breast prosthesis	5		
19342	Delayed breast prosthesis	6		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
19350	Nipple/areola reconstruction	3		
19355	Correction of inverted nipples	4		
19357	Breast reconstruction w/expander	6		
19364	Breast reconstruction w/free flap	5		
19366	Breast reconstruction	4	1/1/2021	Deleted
19367	Breast reconstruction w/TRAM	9		
19368	Breast recon w/TRAM microvasc anast	9		
19369	Breast recon w/TRAM, double pedicle	9		
19370	Surgery of breast capsule	4		
19371	Removal of breast capsule	4		
19380	Revision of breast reconstruction	5		
19396	Design custom breast implant	9		
19499	Breast surgery procedure NEC	UL		
20005	Incision of abscess, deep/complex	3		
20100	Explore penetrating wound, neck	1		
20101	Explore penetrating wound, chest	3		
20102	Explore penetrating wnd, abdmn/back	3		
20103	Explore penetrating wnd, arm/leg	2		
20150	Excision of epiphyseal bar	5		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
20200	Muscle biopsy, superficial	2		
20205	Muscle biopsy, deep	2		
20206	Needle biopsy, muscle	1		
20220	Bone biopsy, trocar/needle,superfic	2		
20225	Bone biopsy, trocar/needle, deep	2		
20240	Bone biopsy, excisional,superficial	3		
20245	Bone biopsy, excisional, deep	3		
20250	Open bone biopsy, thoracic	3		
20251	Open bone biopsy, lumbar/cervical	3		
20500	Sinus tract injection, therapeutic	1		
20501	Sinus tract injection for x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
20520	Remove object, muscle/tendon,simple	1		
20525	Remove object, muscle/tendon, deep	3		
20526	Ther injection carpal tunnel	0		
20527	Inj dupuytren cord w/enzyme	0		
20550	Inject tendon/ligament/gangl cyst	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
20551	Inject tendon origin/insert	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
20552	Inject trigger point, 1 or 2	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
20553	Inject trigger points, > 3	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
20555	PLACE NEEDLE MUSC/TIS FOR RT	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
20600	Drain/inject small joint or bursa	0		
20604	DRAIN/INJ JOINT/BURSA W/US	0		
20605	Drain/inject intermed joint/bursa	0		
20606	DRAIN/INJ JOINT/BURSA W/US	0		
20610	Drain/inject major joint or bursa	0		
20611	DRAIN/INJ JOINT/BURSA W/US	0		
20612	Aspirate/inj ganglion cyst	0		
20615	Treatment of bone cyst	1		
20650	Insert/remove bone wire/pin	3		
20660	Apply/remove bone fixation device	1		
20661	Apply/remove head brace (halo)	3		
20662	Apply/remove pelvic brace (halo)	3		
20663	Apply/remove thigh brace (halo)	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
20664	Apply/remove halo, thin skull	3		
20665	Remove tongs/halo, other physician	0		
20670	Remove superficial support implant	1		
20680	Removal of deep support implant	3		
20690	Apply bone fixation device,uniplane	4		
20692	Apply bone fixation device, multi-	4		
20693	Adjust/revise bone fixation device	3		
20694	Remove bone fixation device	3		
20696	COMP MULTIPLANE EXT FIXATION	4		
20697	COMP EXT FIXATE STRUT CHANGE	3		
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	n/a	2020	Procedure Not Eligible for Separate Surgical Reimbursement
20822	Replantation of digit, complete	3		
20900	Remove bone for graft, small/minor	4		
20902	Remove bone for graft, large/major	4		
20910	Remove rib cartilage for graft	3		
20912	Nasal septum cartilage for graft	3		
20920	Fascia lata for graft, by stripper	2		
20922	Fascia lata for graft, by incision	2		
20924	Remove tendon for graft	4		
20926	Remove tissue for graft	1	2020	Deleted
20930	Allograft, spine surg, morselized	0		
20931	Allograft, spine surg, structural	0		
20932	Osteoart algrft w/surf & b1	0		
20933	Hemicrt intrclry algrft prtl	0		
20934	Intercalary algrft compl	0		
20936	Autograft, spine surgery, local	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
20937	Autograft, spine surg, morselized	1		
20938	Autograft, spine surg, structural	4		
20939	Bone marrow aspir bone grfg	4		
20950	Record intercellular fluid pressure	1		
20955	Microvascular fibula bone graft	4		
20962	Microvasc bone grft oth than fibula	4		
20969	Microvasc grft not iliac/met/grttoe	4		
20970	Microvasc bone-skin grft iliac crst	4		
20972	Microvascular bone-skin graft, toe	4		
20973	Bone-skin graft, great toe	4		
20974	Electrical bone stimulation	1		
20975	Electr bone stimulation, operative	1		
20979	US BONE STIMULATION	1		
20982	Ablate, bone tumor(s) perq	5		
20983	ABLATE BONE TUMOR(S) PERQ	6		
20985	CPTR-ASST DIR MS PX	0		
20999	Musculoskeletal surgery NEC	UL		
21010	Incision of temporomandibular joint	3		
21011	Exc face les sc < 2 cm	1		
21012	Exc face les sc = 2 cm	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21013	Exc face tum deep < 2 cm	1		
21014	Exc face tum deep = 2 cm	1		
21015	Radical resection, face/scalp tumor	2		
21016	Resect face tum = 2 cm	2		
21025	Removal of lower jaw bone	5		
21026	Removal of facial bone(s)	5		
21029	Contour benign face bone lesion	5		
21030	Remove benign face bone lesion	3		
21031	Remove exostosis of lower jaw	3		
21032	Remove exostosis of upper jaw	3		
21034	Remove malignant face bone lesion	5		
21040	Remove benign lower jaw lesion	3		
21044	Remove malignant lower jaw tumor	5		
21046	Remove mandible cyst complex	5		
21047	Excise lwr jaw cyst w/repair	2		
21048	Remove maxilla cyst complex	5		
21049	Excis uppr jaw cyst w/repair	5		
21050	Removal of temporomandibular joint	5		
21060	Removal of jaw joint cartilage	5		
21070	Removal of coronoid process	5		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21073	MNPJ TMJ W/ANESTH	1		
21076	Prep surgery obturator prosthesis	3		
21077	Prepare orbital prosthesis	5		
21079	Prepare cleft palate prosthesis	5		
21080	Prepare cleft palate prosthesis	5		
21081	Prepare mandible prosthesis	5		
21082	Prepare palatal prosthesis	5		
21083	Prepare palatal prosthesis	5		
21084	Prepare speech aid prosthesis	5		
21085	Prepare oral surgical splint	5		
21086	Prepare ear prosthesis	5		
21087	Prepare nasal prosthesis	5		
21088	Prepare facial prosthesis	5		
21089	Maxillofacial prosthetic proc NEC	UL		
21100	Apply/remove maxillofacial fixation	5		
21110	Apply/remove interdental fixation	1		
21116	Injection for jaw joint x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
21120	Revise/augment chin	3		
21121	Revise chin, sliding osteotomy	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21122	Revise chin, sliding osteotomies	3		
21123	Revise chin, sliding w/bone grafts	3		
21125	Augment lower jaw, w/prosthesis	3		
21127	Augment lower jaw, w/bone graft	5		
21137	Reduce/contour forehead	4		
21138	Reduce/contour forehead, pros/graft	5		
21139	Reduce/contour forehead, sinus wall	5		
21150	Reconstruct midface, LeFort II	5		
21172	Reconstruct orbit/forehead, partial	5		
21175	Reconstruct orbit/forehead, partial	5		
21181	Contour benign cranial bone tumor	3		
21193	Reconstruct lower jaw bone	5		
21195	Reconstruct lower jaw bone	5		
21196	Reconstruct lower jaw bone w/fix	5		
21198	Revise lower jaw bone	4		
21199	Reconstr lwr jaw w/advance	5		
21206	Revise upper jaw bone	5		
21208	Augmentation of facial bones	5		
21209	Reduction of facial bones	5		
21210	Face bone graft, nasal/maxill/malar	5		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21215	Lower jaw bone graft	5		
21230	Graft rib cartilage to face/ear/nos	5		
21235	Graft ear cartilage to nose/ear	3		
21240	Reconstruction of jaw joint	5		
21242	Reconstruct jaw joint w/allograft	5		
21243	Reconstruct jaw joint w/prosthesis	5		
21244	Reconstruct lower jaw w/bone plate	5		
21245	Partial reconstruction of jaw	5		
21246	Complete reconstruction of jaw	5		
21248	Reconstruction of jaw, partial	5		
21249	Reconstruction of jaw, complete	5		
21256	Reconstruct orbit w/bone grafts	5		
21260	Revise eye sockets, extracranial	5		
21261	Revise eye sockets, intra/extracran	5		
21263	Revise eye sockets, forehead advance	5		
21267	Repositioning of eye sockets	5		
21270	Augment cheek bones w/prosthesis	5		
21275	Followup revision, orbit-face bones	5		
21280	Revision of eyelid, medial	5		
21282	Revision of eyelid, lateral	2		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21295	Revise jaw muscle/bone, extraoral	1		
21296	Revise jaw muscle/bone, intraoral	3		
21299	Cranio/maxillofacial surgery NEC	UL		
21310	Treat nose Fx w/o manipulation	2	1/1/2022	Deleted
21315	Treat nose Fx w/o stabilization	2		
21320	Treat nose Fx w/stabilization	2		
21325	Repair nose Fx, uncomplicated	3		
21330	Repair nose Fx, complic, w/fixation	3		
21335	Repair nose/septum fracture	3		
21336	Repair nasal septal fracture	3		
21337	Treat nasal septal fracture	2		
21338	Repair nasoethmoid Fx w/o fixation	3		
21339	Repair nasoethmoid Fx w/fixation	3		
21340	Treat nasoethmoid complex Fx w/fix	5		
21343	Repair depressed frontal sinus Fx	5		
21345	Treat nasomaxillary complex Fx	3		
21346	Repair nasomaxillary complex Fx	3		
21355	Repair cheek bone Fx w/manipulation	5		
21356	Repair depressed zygomatic arch Fx	3		
21360	Repair depressed malar Fx	5		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21365	Repair complic malar Fx w/fixation	5		
21366	Repair complic malar Fx w/graft	5		
21385	Repair eye socket Fx, transantral	5		
21386	Repair eye socket Fx, periorbital	5		
21387	Repair eye socket Fx, combined	5		
21390	Repair eye socket Fx, periorbital	5		
21395	Repair eye socket Fx, periorbital	5		
21400	Treat eye socket Fx w/o manipul	1		
21401	Treat eye socket Fx w/manipulation	2		
21406	Repair eye socket Fx w/o implant	5		
21407	Repair eye socket Fx w/implant	5		
21408	Repair eye socket Fx w/bone graft	5		
21421	Treat mouth roof Fx, w/fixation	3		
21422	Repair mouth roof fracture	4		
21423	Repair mouth roof Fx, complicated	6		
21440	Treat dental ridge fracture	4		
21445	Repair dental ridge fracture	3		
21450	Treat lower jaw Fx w/o manipulation	1		
21451	Treat lower jaw Fx w/manipulation	1		
21452	Treat lower jaw Fx, w/ext fixation	2		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21453	Treat lower jaw Fx, w/interdent fix	5		
21454	Repair lower jaw Fx, w/ext fixation	3		
21461	Repair lower jaw Fx, w/o fixation	5		
21462	Repair lower jaw Fx, w/int fixation	5		
21465	Repair mandibular condylar Fx	5		
21470	Repair mandibular Fx, complicated	5		
21480	Reset dislocated jaw	1		
21485	Reset dislocated jaw, complicated	2		
21490	Repair dislocated jaw	5		
21495	Repair hyoid bone fracture	2		
21497	Interdental wiring, other than Fx	2		
21499	Head surgery procedure NEC	UL		
21501	Drain neck/chest abscess/hematoma	3		
21502	Drain chest lesion, remove part rib	3		
21510	Drain bone lesion, deep, thorax	3		
21550	Biopsy of neck/chest	1		
21552	Exc neck les sc = 3 cm	3		
21554	Exc neck tum deep = 5 cm	3		
21555	Remove lesion neck/chest, subcutan	2		
21556	Remove lesion neck/chest, deep	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21557	Radical resection, neck/chest tumor	2		
21558	Resect neck tum = 5 cm	3		
21600	Partial removal of rib	4		
21601	Excision of chest wall tumor including rib(s)	2		
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	n/a		
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	n/a		
21610	Partial removal of rib	4		
21620	Partial removal of sternum	2		
21685	Hyoid myotomy & suspension	1		
21700	Revise neck muscle w/o rib resect	3		
21720	Revise neck muscle, open, w/o cast	3		
21725	Revise neck muscle, open, w/cast	3		
21742	Repair stern/nuss w/o scope	5		
21743	Repair sternum/nuss w/scope	5		
21811	OPTX OF RIB FX W/FIXJ SCOPE	3		
21812	TREATMENT OF RIB FRACTURE	3		
21813	TREATMENT OF RIB FRACTURE	3		
21820	Treat sternum fracture	1		
21899	Neck/chest surgery procedure NEC	UL		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
21920	Biopsy back/flank, superficial	1		
21925	Biopsy back/flank, deep	3		
21930	Remove back/flank tumor	2		
21931	Exc back les sc = 3 cm	2		
21932	Exc back tum deep < 5 cm	2		
21933	Exc back tum deep = 5 cm	3		
21935	Radical resection, back/flank tumor	3		
21936	Resect back tum = 5 cm	3		
22100	Remove part of neck vertebra	6		
22101	Remove part of thoracic vertebra	6		
22102	Remove part of lumbar vertebra	6		
22103	Remove add'l vertebral segment	4		
22222	Revise thoracic spine, anterior	6		
22305	Treat spine process fracture(s)	0		
22310	Treat spine body fracture(s)	0		
22315	Treat spine fracture/dislocation	2		
22318	TREAT ODONTOID FX W/O GRAFT	3		
22319	TREAT ODONTOID FX W/GRAFT	3		
22325	Repair lumbar spine Fx/dislocation	3		
22326	Repair neck spine Fx/dislocation	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
22327	Repair thoracic spine Fx/disloc	3		
22328	Treat add'l fractured vertebrae	3		
22505	Manipulate spine, anesthesia needed	2		
22510	PERQ CERVICOTHORACIC INJECT	4		
22511	PERQ LUMBOSACRAL INJECTION	4		
22512	VERTEBROPLASTY ADDL INJECT	0		
22513	PERQ VERTEBRAL AUGMENTATION	6		
22514	PERQ VERTEBRAL AUGMENTATION	6		
22515	PERQ VERTEBRAL AUGMENTATION	0		
22526	IDET, SINGLE LEVEL	4		
22527	IDET, 1 OR MORE LEVELS	4		
22548	Neck spine fusion (atlas-axis)	6		
22551	NECK SPINE FUSE&REMOVE ADDL	6		
22552	ADDL NECK SPINE FUSION	5		
22554	Neck spine fusion (cerv, below C2)	6		
22585	Spinal fusion, ea add'l interspace	6		
22586	PRESCLR FUSE W/ INSTR L5/S1	1		
22612	Lumbar spine fusion, posterolateral	6		
22614	Spine fusion, each add'l vertebra	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
22633	Lumbar spine fusion combined	7		
22634	Spine fusion extra segment	6		
22830	Exploration of spinal fusion	6		
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	6	1/1/2024	New Code
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	6	1/1/2024	New Code
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	6	1/1/2024	New Code
22845	Insert spine fix dev, ant, 2-3 seg	6		
22846	Insert spine fix dev, ant, 4-7 seg	6		
22847	Insert spine fix dev, ant, 8+ seg	6		
22851	Apply spinal prosthetic device	0		
22852	Remove spine seg fixation dev, post	6		
22853	INSJ BIOMECHANICAL DEVICE	1		
22854	INSJ BIOMECHANICAL DEVICE	1		
22856	CERVICAL ARTIFICIAL DISKECTOMY	6		
22858	SECOND LEVEL CER DISKECTOMY	1		
22859	INSJ BIOMECHANICAL DEVICE	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	0	1/1/2023	New Code
22867	INSJ STABLJ DEV W/DCMPRN	5		
22868	INSJ STABLJ DEV W/DCMPRN	1		
22869	INSJ STABLJ DEV W/O DCMPRN	2		
22870	INSJ STABLJ DEV W/O DCMPRN	1		
22899	Spine surgery procedure NEC	UL		
22900	Remove abdominal wall lesion	3		
22901	Exc back tum deep = 5 cm	3		
22902	Exc abd les sc < 3 cm	2		
22903	Exc abd les sc > 3 cm	3		
22904	Resect abd tum < 5 cm	2		
22905	Resect abd tum > 5 cm	3		
22999	Abdomen surgery procedure NEC	UL		
23000	Remove calcium deposits, open	2		
23020	Release shoulder joint	5		
23030	Drain shoulder lesion, deep	3		
23031	Drain infected shoulder bursa	3		
23035	Drain shoulder bone lesion	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
23040	Glenohumeral joint surgery	4		
23044	Acromio/sternoclavicular joint surg	4		
23065	Biopsy shoulder tissue, superficial	1		
23066	Biopsy shoulder tissue, deep	3		
23071	Exc shoulder les sc > 3 cm	1		
23073	Exc shoulder tum deep > 5 cm	3		
23075	Remove subcutaneous shoulder lesion	2		
23076	Remove deep shoulder lesion	2		
23077	Radical resection, shoulder tumor	2		
23078	Resect shoulder tum > 5 cm	3		
23100	Glenohumeral jt arthrotomy w/biop	3		
23101	Shoulder joint arthrotomy w/biopsy	4		
23105	Remove glenohumeral joint lining	4		
23106	Remove collarbone joint lining	4		
23107	Explore/treat glenohumeral joint	4		
23120	Partial removal of collarbone	4		
23125	Removal of collarbone	4		
23130	Partial removal of shoulder bone	5		
23140	Remove clavicle/scapula bone lesion	3		
23145	Remove clavicle lesion w/autograft	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
23146	Remove clavicle lesion w/allograft	4		
23150	Remove humerus lesion	4		
23155	Remove humerus lesion w/autograft	4		
23156	Remove humerus lesion w/allograft	4		
23170	Remove clavicle abscess/lesion	4		
23172	Remove scapula abscess/lesion	4		
23174	Remove humerus abscess/lesion	4		
23180	Partial removal, clavicle bone	4		
23182	Partial removal, scapula bone	4		
23184	Partial removal, proximal humerus	4		
23190	Partial removal, scapula	4		
23195	Remove head of humerus	4		
23330	Remove shoulder foreign body	2		
23333	REMOVE SHOULDER FB DEEP	3		
23334	SHOULDER PROSTHESIS REMOVAL	3		
23335	SHOULDER PROSTHESIS REMOVAL	3		
23350	Injection for shoulder x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
23395	Muscle transfer, shoulder/upper arm	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
23397	Muscle transfers, shoulder/upperarm	6		
23400	Fixation of scapula	4		
23405	Tenomyotomy, shoulder area, single	4		
23406	Tenomyotomy, shoulder area, mult	4		
23410	Repair ruptured rotator cuff, acute	5		
23412	Repair ruptured rotator cuff, chron	5		
23415	Release shoulder ligament	5		
23420	Repair shoulder cuff avulsion	5		
23430	Repair biceps long tendon rupture	5		
23440	Remove/transplant long biceps tendon	5		
23450	Repair shoulder capsule, Putti-Platt	6		
23455	Repair shoulder capsule, Bankart	6		
23460	Repair shoulder cap w/bone block	6		
23462	Repair shoulder cap w/coracoid xfer	5		
23465	Repair shoulder capsule	6		
23466	Repair shoulder capsule	5		
23470	Reconstruct shoulder joint, implant	7		
23472	Reconstruct/replace shoulder joint	7		
23473	REVIS RECONST SHOULDER JOINT	7		
23474	REVIS RECONST SHOULDER JOINT	7		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
23480	Revise clavicle (collarbone)	5		
23485	Revise clavicle w/bone graft	6		
23490	Reinforce clavicle	5		
23491	Reinforce humerus and humeral head	6		
23500	Treat clavicle fracture	1		
23505	Treat clavicle Fx w/manipulation	3		
23515	Repair clavicle fracture	6		
23520	Treat clavicle dislocation	1		
23525	Treat clavicle dislocation, w/manip	1		
23530	Repair clavicle dislocation	5		
23532	Repair clavicle dislocation w/graft	3		
23540	Treat clavicle dislocation	1		
23545	Treat clavicle dislocation w/manip	1		
23550	Repair clavicle dislocation	5		
23552	Repair clavicle dislocation w/graft	5		
23570	Treat scapular fracture	1		
23575	Treat scapular Fx, w/manipulation	1		
23585	Repair scapular fracture	6		
23600	Treat humeral fracture	1		
23605	Treat humeral Fx, w/manipulation	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
23615	Repair humeral fracture	6		
23616	Repair humeral Fx, w/prosthesis	6		
23620	Treat greater tuberosity Fx	1		
23625	Treat greater tuberos Fx, w/manip	3		
23630	Repair greater tuberosity Fx	6		
23650	Treat shoulder dislocation	1		
23655	Treat shoulder disloc w/anesthesia	2		
23660	Repair acute shoulder dislocation	5		
23665	Treat shoulder disloc w/Fx w/manip	1		
23670	Repair shoulder disloc w/GT Fx	6		
23675	Treat shoulder disloc w/Fx w/manip	2		
23680	Repair shoulder dislocation w/Fx	5		
23700	Shoulder manip w/anesth/fixation	2		
23800	Fusion of shoulder joint	6		
23802	Fusion of shoulder joint w/graft	5		
23921	Shoulder amputation followup surg	2		
23929	Shoulder surgery procedure NEC	UL		
23930	Drain arm/elbow abscess/hematoma	3		
23931	Drain infected arm/elbow bursa	3		
23935	Drain arm/elbow bone lesion	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24000	Exploratory elbow surgery	4		
24006	Release elbow joint	4		
24065	Biopsy tissue arm/elbow, superfic	1		
24066	Biopsy tissue arm/elbow, deep	2		
24071	Exc arm/elbow les sc = 3 cm	2		
24073	Ex arm/elbow tum deep > 5 cm	3		
24075	Remove subcutaneous arm/elbow tumor	2		
24076	Remove deep arm/elbow tumor	2		
24077	Remove tumor of arm/elbow	2		
24079	Resect arm/elbow tum > 5 cm	3		
24100	Biopsy elbow joint lining	3		
24101	Explore/treat elbow joint	4		
24102	Remove elbow joint lining	4		
24105	Remove elbow bursa	3		
24110	Remove humerus lesion	3		
24115	Remove humerus lesion w/autograft	4		
24116	Remove humerus lesion w/allograft	4		
24120	Remove elbow lesion	3		
24125	Remove elbow lesion w/autograft	4		
24126	Remove elbow lesion w/allograft	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24130	Remove head of radius	4		
24134	Remove shaft/distal humerus lesion	4		
24136	Remove radial head/neck lesion	4		
24138	Remove elbow bone lesion	4		
24140	Partial humeral bone removal	4		
24145	Partial radial head/neck removal	4		
24147	Partial olecranon process removal	4		
24149	Radical resect/release elbow joint	4		
24150	Radical resection, humerus tumor	5		
24152	Radical resection, radius tumor	5		
24155	Remove elbow joint	5		
24160	Remove elbow joint implant	4		
24164	Remove radius head implant	4		
24200	Remove subcutan foreign body, arm	1		
24201	Remove deep foreign body, arm	2		
24220	Injection for elbow x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
24300	Manipulate elbow w/anesth	2		
24301	Muscle/tendon xfer, upper arm/elbow	4		
24305	Lengthen one upper arm tendon, each	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24310	Revise one upper arm tendon, each	3		
24320	Repair upper arm tendon w/musc xfer	5		
24330	Flexor-plasty, elbow (Steindler)	6		
24331	Flexor-plasty, elbow w/extensor adv	5		
24332	Tenolysis, triceps	3		
24340	Repair biceps tendon rupture	5		
24341	Repair tendon/muscle upperarm/elbow	5		
24342	Reinsert rupt biceps/triceps tendon	5		
24343	Repr elbow lat ligmnt w/tiss	4		
24344	Reconstruct elbow lat ligmnt	6		
24345	Repr elbw med ligmnt w/tiss	4		
24346	Reconstruct elbow med ligmnt	6		
24357	REPAIR ELBOW, PERC	4		
24358	REPAIR ELBOW W/DEB, OPEN	4		
24359	REPAIR ELBOW DEB/ATTCH OPEN	4		
24360	Reconstruct elbow joint w/membrane	5		
24361	Reconstruct elbow w/humeral replace	7		
24362	Reconstruct elbow w/implant	6		
24363	Replace total elbow joint	7		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24365	Reconstruct radius head	5		
24366	Reconstruct radius head w/implant	7		
24370	REVISE RECONST ELBOW JOINT	7		
24371	REVISE RECONST ELBOW JOINT	7		
24400	Revise humerus	5		
24410	Revise humerus w/realign (Sofield)	5		
24420	Shorten/lengthen humerus	5		
24430	Repair humerus nonunion/malunion	6		
24435	Repair humerus non/malunion w/graft	6		
24470	Revision of elbow joint	5		
24495	Decompress forearm w/exploration	4		
24498	Reinforce humerus	6		
24500	Treat humeral shaft fracture	1		
24505	Treat humeral shaft Fx w/manipul	1		
24515	Repair humeral shaft Fx w/plate	6		
24516	Repair humeral shaft Fx w/implant	6		
24530	Treat humeral fracture	1		
24535	Treat humeral fracture w/manipul	1		
24538	Skeletal fixation of humeral Fx	3		
24545	Repair humerus fracture	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24546	Repair humerus Fx w/condylar exten	6		
24560	Treat humeral epicondylar Fx	1		
24565	Treat humeral epicond Fx w/manipul	2		
24566	Treat humeral epicond Fx w/fixation	3		
24575	Repair humeral epicondylar Fx	6		
24576	Treat humeral condylar Fx	1		
24577	Treat humeral condylar Fx w/manip	1		
24579	Repair humeral condylar fracture	6		
24582	Treat humeral condylar Fx w/fix	3		
24586	Repair elbow fracture/dislocation	6		
24587	Repair elbow Fx/dislocat w/implant	6		
24600	Treat elbow dislocation	1		
24605	Treat elbow dislocation, w/anesth	2		
24615	Repair elbow dislocation	6		
24620	Treat elbow Fx/disloc, Monteggia	3		
24635	Repair elbow Fx/disloc, Monteggia	6		
24640	Treat nursemaid elbow	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
24650	Treat radius fracture	1		
24655	Treat radius Fx w/manipulation	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
24665	Repair radius head/neck fracture	5		
24666	Repair radius head/neck Fx w/prosth	6		
24670	Treat ulnar fracture	1		
24675	Treat ulnar Fx w/manipulation	1		
24685	Repair ulnar fracture	3		
24800	Fusion of elbow joint	5		
24802	Fusion of elbow joint, w/autograft	5		
24925	Upper arm amputation follow-up surg	3		
24935	Revise upper arm amputation	6		
24999	Upper arm/elbow surgery NEC	UL		
25000	Incision of tendon sheath	3		
25001	Incise flexor carpi radialis	3		
25020	Decompression of forearm/wrist	4		
25023	Decompress forearm/wrist w/debride	4		
25024	Decompress forearm 2 spaces	4		
25025	Decompress forearm 2 spaces	4		
25028	Drainage of forearm/wrist lesion	3		
25031	Drainage of forearm/wrist bursa	3		
25035	Treat forearm/wrist bone lesion	3		
25040	Explore/treat wrist joint	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25065	Biopsy forearm soft tissue,superfic	1		
25066	Biopsy forearm soft tissue, deep	3		
25071	Exc forearm les sc > 3 cm	3		
25073	Exc forearm tum deep = 3 cm	3		
25075	Remove subcut forearm/wrist lesion	2		
25076	Remove deep forearm/wrist lesion	2		
25077	Radical resect tumor, forearm/wrist	2		
25078	Resect forearm/wrist tum=3cm	3		
25085	Incision of wrist capsule	3		
25100	Biopsy of wrist joint	3		
25101	Explore/treat wrist joint	4		
25105	Remove wrist joint lining	4		
25107	Remove wrist joint cartilage	4		
25109	EXCISE TENDON FOREARM/WRIST	3		
25110	Remove forearm/wrist tendon lesion	3		
25111	Remove wrist ganglion	3		
25112	Re-remove wrist ganglion	3		
25115	Remove wrist/forearm lesion,flexors	3		
25116	Remove wrist/forearm lesion,extenso	3		
25118	Remove wrist tendon sheath	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25119	Remove wrist tend sheath, part ulna	4		
25120	Removal of forearm lesion	3		
25125	Remove forearm lesion, w/autograft	4		
25126	Remove forearm lesion, w/allograft	4		
25130	Removal of wrist lesion	3		
25135	Remove wrist lesion, w/autograft	4		
25136	Remove wrist lesion, w/allograft	4		
25145	Remove forearm/wrist bone lesion	4		
25150	Partial removal of ulna	4		
25151	Partial removal of radius	4		
25170	Radical resection, forearm tumor	5		
25210	Removal of wrist bone	4		
25215	Removal of wrist bones	4		
25230	Removal of radial styloid	4		
25240	Removal of distal ulna	4		
25246	Injection for wrist x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
25248	Remove object from forearm/wrist	3		
25250	Remove wrist prosthesis	4		
25251	Remove wrist prosthesis,complicated	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25259	Manipulate wrist w/anesthes	3		
25260	Repair forearm/wrist tendon/muscle	4		
25263	Repair forearm/wrist tendon/muscle	4		
25265	Repair forearm/wrist tendon/muscle	4		
25270	Repair forearm/wrist tendon/muscle	4		
25272	Repair forearm/wrist tendon/muscle	4		
25274	Repair forearm/wrist tendon/muscle	4		
25275	Repair forearm tendon sheath	4		
25280	Length/shorten forearm/wrist tendon	4		
25290	Incise wrist/forearm tendon	4		
25295	Release wrist/forearm tendon	3		
25300	Fuse finger tendons at wrist, flex	4		
25301	Fuse finger tendons at wrist,extens	4		
25310	Transplant forearm/wrist tendon	5		
25312	Transplant/graft forearm/wrist tend	5		
25315	Flexor origin slide, cerebral palsy	5		
25316	Revise palsy forearm/wrist tendon	6		
25320	Repair/revise wrist joint	5		
25332	Arthroplasty, wrist	5		
25335	Realignment of hand	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25337	Reconstruct unstable radioulnar jt	5		
25350	Revision of radius, distal 1/3	5		
25355	Revision of radius, mid/prox 1/3	5		
25360	Revision of ulna	5		
25365	Revision of radius and ulna	5		
25370	Revision of radius/ulna, multiple	5		
25375	Revision of radius and ulna, mult	5		
25390	Shorten radius/ulna	5		
25391	Lengthen radius/ulna w/autograft	5		
25392	Shorten radius and ulna	4		
25393	Lengthen radius and ulna	5		
25394	Repair carpal bone, shorten	5		
25400	Repair nonunion, radius/ulna	5		
25405	Repair/graft nonunion, radius/ulna	6		
25415	Repair nonunion, radius & ulna	6		
25420	Repair/graft nonunion radius & ulna	6		
25425	Repair/graft radius/ulna defect	5		
25426	Repair/graft radius & ulna defect	5		
25430	Vasc graft into carpal bone	5		
25431	Repair nonunion carpal bone	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25440	Repair/graft nonunion, wrist bone	6		
25441	Reconstruct wrist joint,dist radius	7		
25442	Reconstruct wrist joint, dist ulna	7		
25443	Reconstruct wrist joint, scaphoid	6		
25444	Reconstruct wrist joint, lunate	6		
25445	Reconstruct wrist joint, trapezium	6		
25446	Total wrist replacement	7		
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	5		
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	4	1/1/2025	New Code
25449	Remove wrist joint implant	5		
25450	Surgery to stop arm growth	5		
25455	Surgery to stop arm growth	5		
25490	Reinforce radius	5		
25491	Reinforce ulna	5		
25492	Reinforce radius and ulna	5		
25500	Treat radius fracture	1		



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25505	Treat radius fracture, w/manipul	1		
25515	Repair radius fracture	5		
25520	Treat radius Fx/disloc (Galeazzi)	1		
25525	Repair radius Fx/disloc (Galeazzi)	5		
25526	Repair radius Fx/disloc (Galeazzi)	5		
25530	Treat ulna fracture	1		
25535	Treat ulna fracture, w/manipulation	1		
25545	Repair ulna fracture	5		
25560	Treat radius & ulna fractures	1		
25565	Treat radius & ulna Fx, w/manipul	1		
25574	Repair radius/ulna Fx, w/fixation	6		
25575	Repair radius & ulna Fx, w/fixation	6		
25600	Treat radius/ulna fracture	1		
25605	Treat radius/ulna Fx,w/manipulation	1		
25606	TREAT FX DISTAL RADIAL	3		
25607	TREAT FX RAD EXTRA-ARTICULAR	6		
25608	TREAT FX RAD INTRA-ARTICULAR	6		
25609	TREAT FX RADIAL 3+ FRAG	6		
25622	Treat navicular fracture	1		
25624	Treat navicular fracture, w/manipul	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25628	Repair navicular fracture	5		
25630	Treat wrist bone Fx, each bone	1		
25635	Treat wrist bone Fx, w/manipul, ea	1		
25645	Repair wrist bone Fx, each bone	5		
25650	Treat ulnar styloid fracture	1		
25651	Pin ulnar styloid fracture	3		
25652	Treat fracture ulnar styloid	5		
25660	Treat wrist dislocation, w/manipul	1		
25670	Repair wrist dislocation	3		
25671	Pin radioulnar dislocation	3		
25675	Treat wrist dislocation, w/manipul	1		
25676	Repair wrist dislocation	3		
25680	Treat wrist Fx/dislocation, w/manip	1		
25685	Repair wrist fracture/dislocation	3		
25690	Treat lunate dislocation, w/manip	3		
25695	Repair lunate dislocation	3		
25800	Fusion of wrist joint	6		
25805	Fuse wrist joint w/sliding graft	5		
25810	Fuse wrist joint w/autograft	6		
25820	Fusion of hand bones	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
25825	Fusion of hand bones w/autograft	6		
25830	Distal radioulnar joint fusion	6		
25907	Followup amputation, forearm	3		
25909	Re-amputation of forearm	3		
25922	Followup amputation, hand at wrist	3		
25929	Followup amputation of hand	2		
25931	Re-amputation of hand	3		
25999	Forearm/wrist surgery NEC	UL		
26010	Drainage of finger abscess, simple	0		
26011	Drainage of finger abscess, complic	2		
26020	Drain hand/digit tendon sheath	2		
26025	Drainage of palm bursa,ulnar/radial	2		
26030	Drainage of palm bursa(s)	2		
26034	Drain hand/finger bone lesion, deep	2		
26035	Decompress hand/digit,inject injury	2		
26037	Decompression of hand	2		
26040	Release palm contracture, percut	3		
26045	Release palm contracture, open	3		
26055	Tendon sheath incision, finger	2		
26060	Incision of finger tendon, percutan	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26070	Explore/treat hand joint	2		
26075	Explore/treat finger joint	2		
26080	Explore/treat finger joint	2		
26100	Biopsy of hand joint lining	2		
26105	Biopsy of finger joint lining	2		
26110	Biopsy of finger joint lining	2		
26111	Exc hand les sc > 1.5 cm	3		
26113	Exc hand tum deep > 1.5 cm	3		
26115	Removal of hand/finger lesion	2		
26116	Removal of hand/finger lesion, deep	2		
26117	Radical resection,hand/finger tumor	2		
26118	Exc hand tum ra > 3 cm	3		
26121	Release contracture, palm only	3		
26123	Fasciectomy, prt palmer, snl digit	3		
26125	Fasciectomy, prt palmar ea add dig	0		
26130	Remove wrist joint lining	2		
26135	Revise finger joint, each	3		
26140	Revise finger joint, each	2		
26145	Tendon excision, palm/finger, each	2		
26160	Remove tendon sheath lesion, hand	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26170	Removal of palm tendon, each	2		
26180	Removal of finger tendon	2		
26185	Thumb or finger sesamoidectomy	2		
26200	Remove hand bone lesion	2		
26205	Remove hand bone lesion w/autograft	3		
26210	Remove finger lesion	2		
26215	Remove finger lesion w/ autograft	2		
26230	Partial removal of hand bone	2		
26235	Partial removal of finger bone	2		
26236	Partial removal of finger bone	2		
26250	Radical resection, hand tumor	2		
26260	Radical resection, finger tumor	2		
26262	Radical resection, finger tumor	2		
26320	Remove implant from hand/finger	2		
26340	Manipulate finger w/anesth	1		
26341	Manipulat palm cord post inj	0		
26350	Repair finger/hand tendon, each	3		
26352	Followup repair/graft hand tendon	3		
26356	Repair finger/hand tendon, each	3		
26357	Followup repair finger/hand tendon	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26358	Followup repair/graft hand tendon	3		
26370	Repair finger/hand tendon	3		
26372	Followup repair/graft hand tendon	3		
26373	Followup repair finger/hand tendon	3		
26390	Revise hand/finger tendon	3		
26392	Repair/graft hand/finger tendon	3		
26410	Repair hand tendon, each	2		
26412	Repair hand tendon w/free graft	3		
26415	Remove hand tendon, add implant	3		
26416	Remove hand/finger tendon implant	3		
26418	Repair finger tendon, each	2		
26420	Repair finger tendon, each, w/graft	3		
26426	Followup finger/hand tendon repair	3		
26428	Followup repair/graft finger tendon	3		
26432	Repair finger tendon, closed	2		
26433	Repair finger tendon, open	2		
26434	Repair/graft finger tendon, open	3		
26437	Realignment of hand tendons	2		
26440	Release palm/finger tendon, each	2		
26442	Release palm & finger tendon, each	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26445	Release hand/finger tendon, each	2		
26449	Release forearm/hand tendon, complex	3		
26450	Incision of palm tendon, each	2		
26455	Incision of finger tendon, each	2		
26460	Incise hand/finger tendon, each	2		
26471	Finger tendon fusion, proximal joint	2		
26474	Finger tendon fusion, distal joint	2		
26476	Tendon lengthening, hand/finger	2		
26477	Tendon shortening, hand/finger	2		
26478	Tendon lengthening, hand/finger	2		
26479	Tendon shortening, hand/finger	2		
26480	Transplant hand tendon, each	3		
26483	Transplant/graft hand tendon, each	3		
26485	Transplant palm tendon, each	3		
26489	Transplant/graft palm tendon, each	3		
26490	Revise thumb tendon (sublimis)	3		
26492	Tendon transfer with graft, thumb	3		
26494	Hand tendon/muscle transfer, thumb	3		
26496	Revise thumb tendon, other methods	3		
26497	Tendon transfer, ring/small finger	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26498	Tendon transfer, all four fingers	3		
26499	Correct claw finger, other methods	3		
26500	Hand tendon reconstruction	2		
26502	Hand tendon reconstruction/graft	3		
26508	Release thumb muscle contracture	2		
26510	Thumb tendon transfer	3		
26516	Fusion of knuckle joint, 1 digit	3		
26517	Fusion of knuckle joints, 2 digits	3		
26518	Fusion of knuckle joints,3-4 digits	3		
26520	Release knuckle contracture, each	2		
26525	Release finger contracture, each	2		
26530	Revision of knuckle joint, each	5		
26531	Revise/implant knuckle joint, each	6		
26535	Revision of finger joint, each	5		
26536	Revise/implant finger joint, each	6		
26540	Repair hand joint	2		
26541	Reconstruct hand joint w/graft	3		
26542	Recon hand joint w/graft, local tis	2		
26545	Reconstruct finger joint, each	3		
26546	Repair nonunion, metacarpal/phalynx	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26548	Reconstruct finger joint, each	3		
26550	Construct thumb replacement	3		
26551	Microvascular toe-to-hand transfer	4		
26553	Microvasc toe-to-hand xfer, single	4		
26554	Microvasc toe-to-hand xfer, double	4		
26555	Positional change of finger	3		
26560	Repair of web finger w/flap	2		
26561	Repair of web finger w/flap/graft	3		
26562	Repair of web finger, complex	3		
26565	Correct metacarpal deformity	3		
26567	Correct finger deformity	3		
26568	Lengthen metacarpal/finger	3		
26580	Repair cleft hand	2		
26587	Reconstruct extra finger	2		
26590	Repair finger deformity	2		
26591	Repair muscles of hand	3		
26593	Release muscles of hand	2		
26596	Excise constricting finger tissue	2		
26600	Treat metacarpal fracture, each	1		
26605	Treat metacarpal Fx, w/manipulation	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26607	Treat metacarpal Fx, w/manip/fixatn	3		
26608	Skeletal fixation of metacarpal Fx	3		
26615	Repair metacarpal fracture	5		
26641	Treat thumb dislocation	1		
26645	Treat thumb Fx/disloc (Bennett)	1		
26650	Pin thumb Fx/dislocation (Bennett)	3		
26665	Repair thumb Fx/disloc (Bennett)	5		
26670	Treat hand dislocation	1		
26675	Treat hand dislocation, w/anesth	1		
26676	Pin hand dislocation	3		
26685	Repair hand dislocation, single	3		
26686	Repair hand dislocation, cmplx/mult	6		
26700	Treat knuckle dislocation, single	1		
26705	Treat knuckle dislocation, w/anesth	2		
26706	Pin knuckle dislocation, single	3		
26715	Repair knuckle dislocation, single	3		
26720	Treat finger fracture, each	1		
26725	Treat finger fracture,w/manip,each	1		
26727	Pin finger fracture, each	3		
26735	Repair finger fracture, each	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26740	Treat finger fracture, each	1		
26742	Treat finger fracture, w/manip, ea	2		
26746	Repair finger fracture, each	3		
26750	Treat distal finger fracture, each	1		
26755	Treat finger fracture, w/manip, ea	1		
26756	Pin distal finger fracture, each	3		
26765	Repair distal finger fracture, each	3		
26770	Treat finger dislocation, single	1		
26775	Treat finger dislocation, w/manip	1		
26776	Pin finger dislocation, w/manip	3		
26785	Repair finger dislocation, single	3		
26820	Thumb fusion w/autograft	3		
26841	Fusion of thumb	3		
26842	Fusion of thumb w/autograft	3		
26843	Fusion of hand joint/fingers	3		
26844	Fusion/graft of hand joint/fingers	3		
26850	Fusion of knuckle	3		
26852	Fusion of knuckle w/autograft	3		
26860	Fusion of finger joint	3		
26861	Fusion of added finger joint	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
26862	Fusion of finger joint w/autograft	3		
26863	Fusion/graft of add'l finger joint	0		
26910	Amputation of metacarpal bone	3		
26951	Amputation of finger/thumb	2		
26952	Amputation of finger/thumb w/flaps	2		
26989	Hand/finger surgery NEC	UL		
26990	Drain pelvis/hip joint lesion	3		
26991	Drain pelvis/hip joint bursa	3		
26992	Drain pelvis/hip joint bone lesion	2		
27000	Incision of hip tendon, closed	3		
27001	Incision of hip tendon, open	4		
27003	Incision of hip tendon, nerve(s)	4		
27006	Incision of hip tendons, open	4		
27027	BUTTOCK FASCIOTOMY	3		
27030	Drainage of hip joint	3		
27033	Explore/remove object, hip joint	5		
27035	Denervation of hip joint	5		
27036	Release of hip flexion contracture	4		
27040	Biopsy pelvis/hip tissues, superfic	2		
27041	Biopsy pelvis/hip tissues, deep	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27043	Exc hip pelvis les sc > 3 cm	3		
27045	Exc hip/pelv tum deep > 5 cm	3		
27047	Remove hip/pelvis tumor, subcutan	2		
27048	Remove hip/pelvis tumor, deep	2		
27049	Radical resection, hip/pelvis tumor	2		
27050	Biopsy of sacroiliac joint	3		
27052	Biopsy of hip joint	3		
27057	BUTTOCK FASCIOTOMY W/DEBRIDE	3		
27059	Resect hip/pelv tum > 5 cm	3		
27060	Removal of ischial bursa	3		
27062	Removal of femur bursa/lesion	3		
27065	Removal of hip bone lesion,superfic	3		
27066	Removal of hip bone lesion, deep	4		
27067	Remove hip bone lesion, w/autograft	4		
27071	Partial removal of hip bone, deep	6		
27080	Removal of tail bone	4		
27086	Remove pelvis/hip object, superfic	2		
27087	Remove pelvis/hip object, deep	3		
27090	Removal of hip prosthesis; (separate procedure)	3	1/1/2024	

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	3	1/1/2024	
27093	Injection for hip x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
27095	Injection for hip x-ray, w/anesth	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
27096	INJECT SACROILIAC JOINT	1		
27097	Revision of hip tendon	4		
27098	Transfer hip tendon to pelvis	4		
27100	Transfer of abdominal muscle to hip	5		
27105	Transfer of spinal muscle to hip	5		
27110	Transfer iliopsoas muscle to hip	5		
27111	Transfer iliopsoas muscle to hip	5		
27120	Acetabuloplasty	6	1/1/2024	
27125	Hemiarthroplasty, hip, partial	6	1/1/2024	
27130	Total hip replacement & prosthesis	7		
27132	Revise hip surgery to total replace	7		
27134	Revision of total hip joint surgery	7		
27137	Revision of total hip joint surgery	7		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27138	Revision of total hip joint surgery	7		
27176	Treat slipped epiphysis w/pinning	6		
27178	Repair slipped epiphysis, manip/pin	6		
27179	Revise slipped epiphysis/femur neck	6		
27193	Treat pelvic ring Fx/dislocation	0		
27194	Treat pelvic ring Fx/disloc w/manip	0		
27197	CLSD TX PELVIC RING FX	1		
27198	CLSD TX PELVIC RING FX	1		
27200	Treat tail bone fracture	1		
27202	Repair tail bone fracture	2		
27215	Repair pelvic fracture(s), w/fixatn	4		
27216	Skeletal fix, pelvic ring Fx/disloc	4		
27217	Repair pelvic ring Fx/disloc, w/fix	4		
27218	Repair pelvic ring Fx/disloc, w/fix	4		
27220	Treat hip socket fracture(s)	1		
27226	Repair hip wall fracture w/fixation	4		
27227	Repair hip fracture(s), w/fixation	4		
27228	Repair hip fracture(s), w/fixation	4		
27230	Treat thigh fracture	1		
27235	Skeletal fixation of thigh fracture	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27238	Treat thigh fracture	1		
27245	Repair thigh fracture, w/implant	4		
27246	Treat thigh fracture	1		
27250	Treat traumatic hip dislocation	0		
27252	Treat hip dislocation, w/anesthesia	2		
27256	Treat spontaneous hip dislocation	0		
27257	Treat hip disloc, w/manip & anesth	2		
27265	Treat postsurgery hip dislocation	1		
27266	Treat postsurgery hip dislocation	2		
27267	CLTX THIGH FX	1		
27275	Manipulate hip joint, gen'l anesth	2		
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	6	1/1/2024	New Code
27279	ARTHRODESIS SACROILIAC JOINT	8		
27299	Pelvis/hip joint surgery NEC	UL		
27301	Drainage of thigh/knee lesion	3		
27303	Drainage of thigh/knee bone lesion	2		
27305	Incision of thigh tendon & fascia	2		
27306	Incision of thigh tendon	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27307	Incision of thigh tendons	3		
27310	Incise knee joint for infection	4		
27323	Biopsy thigh/knee tissue, superfic	1		
27324	Biopsy thigh/knee tissue, deep	2		
27325	NEURECTOMY, HAMSTRING	3		
27326	NEURECTOMY, POPLITEAL	3		
27327	Remove subcutaneous thigh tumor	3		
27328	Remove deep/muscular thigh tumor	2		
27329	Radical resection, thigh/knee tumor	2		
27330	Biopsy of knee joint lining	4		
27331	Exploration/treatment of knee joint	4		
27332	Remove knee cartilage, med/lateral	4		
27333	Removal of knee cartilage	4		
27334	Remove knee joint lining, ant/post	4		
27335	Removal of knee joint lining	4		
27337	Exc thigh/knee les sc > 3 cm	3		
27339	Exc thigh/knee tum deep >5cm	3		
27340	Removal of kneecap bursa	3		
27345	Removal of knee cyst (Baker's)	3		
27347	REMOVE KNEE CYST	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27350	Removal of kneecap	4		
27355	Removal of femur lesion	4		
27356	Remove femur lesion, w/allograft	4		
27357	Remove femur lesion, w/autograft	4		
27358	Remove femur lesion, w/fixation	0		
27360	Partial removal of leg bone(s)	4		
27364	Resect thigh/knee tum >5 cm	3		
27369	Njx cntrst kne arthg/ct/mri	n/a	2019	Procedure Not Eligible for Separate Surgical Reimbursement
27370	Injection for knee x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
27372	Remove deep thigh/knee foreign body	3		
27380	Repair of kneecap tendon	3		
27381	Repair/graft of kneecap tendon	3		
27385	Repair of thigh muscle	3		
27386	Repair/graft of thigh muscle	3		
27390	Incision of thigh tendon	3		
27391	Incision of thigh tendons, one leg	3		
27392	Incise thigh tendons, both legs	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27393	Lengthening of thigh tendon	4		
27394	Lengthen thigh tendons, one leg	4		
27395	Lengthen thigh tendons, both legs	5		
27396	Transplant thigh tendon to knee	4		
27397	Transplant thigh tendons to knee	5		
27400	Revise thigh muscles/tendons	5		
27403	Repair of knee cartilage	4		
27405	Repair of knee ligament/capsule	5		
27407	Repair of knee ligament/capsule	6		
27409	Repair of knee ligaments	5		
27412	Autochondrocyte implant knee	6		
27415	Osteochondral knee allograft	6		
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	5		
27418	Revision of degenerated kneecap	5		
27420	Revision of unstable kneecap	5		
27422	Revision of unstable kneecap	5		
27424	Revise/remove unstable kneecap	5		
27425	Release of knee retinaculum	4		
27427	Reconstruction of knee ligaments	5		
27428	Reconstruction of knee ligaments	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27429	Reconstruction of knee ligaments	6		
27430	Revision of thigh muscles	5		
27435	Release of knee joint	5		
27437	Revision of kneecap	5		
27438	Revision of kneecap w/implant	6		
27440	Revision of knee joint	5		
27441	Revision of knee joint & lining	5		
27442	Revision of knee joint	5		
27443	Revision of knee joint & lining	5		
27445	Revision of knee joint	6	1/1/2026	Deleted
27446	Revision of knee joint, med/lateral	7		
27447	Total knee replacement	7		
27457	Realignment of knee	5		
27475	Surgery to stop leg growth, femur	4		
27477	Surgery to stop leg growth, tib/fib	4		
27479	Surgery to stop leg growth	4		
27485	Surgery to stop leg growth	4		
27486	Revise knee joint replacement	7		
27487	Revise knee joint replacement	7		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	6	1/1/2024	
27496	Decompress thigh/knee, 1 compart	4		
27497	Decompress thigh/knee w/debridement	3		
27498	Decompress thigh/knee, mult compart	4		
27499	Decompress thigh/knee w/debridement	4		
27500	Treat femur shaft fracture	1		
27501	Treat thigh fracture	2		
27502	Treat femur shaft Fx w/manipulation	2		
27503	Treat thigh fracture w/manipulation	3		
27507	Repair femur shaft Fx w/plate/screw	4		
27508	Treat femur fracture	1		
27509	Skeletal fixation of thigh fracture	3		
27510	Treat femur Fx w/manipulation	1		
27511	Repair thigh fracture	4		
27513	Repair thigh fracture	5		
27516	Treat thigh growth plate separation	1		
27517	Treat thigh growth plate, w/manipul	1		
27520	Treat kneecap fracture	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27524	Repair kneecap fracture w/fixation	5		
27530	Treat knee fracture	1		
27532	Treat knee fracture w/traction	1		
27535	Repair unicondylar knee fracture	3		
27536	Repair bicondylar knee fracture	4		
27538	Treat knee fracture(s)	1		
27540	Repair knee fracture	5		
27550	Treat knee dislocation	1		
27552	Treat knee dislocation w/anesthesia	1		
27556	Repair knee dislocation	4		
27557	Repair knee dislocation, ligaments	5		
27558	Repair knee dislocation, ligaments	4		
27560	Treat kneecap dislocation	1		
27562	Treat kneecap dislocation w/anesth	1		
27566	Repair kneecap dislocation	2		
27570	Manipulate knee joint, gen'l anesth	1		
27594	Followup amputation, leg at thigh	3		
27599	Thigh or knee surgery NEC	UL		
27600	Decompression of lower leg	3		
27601	Decompression of lower leg	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27602	Decompression of lower leg	3		
27603	Drain lower leg abscess/hematoma	3		
27604	Drain lower leg/ankle bursa	3		
27605	Incise achilles tendon,local anesth	3		
27606	Incise achilles tendon, genl anesth	3		
27607	Drain lower leg/ankle bone lesion	3		
27610	Explore/treat ankle joint	4		
27612	Incise ankle joint, release capsule	4		
27613	Biopsy of lower leg tissue,superfic	1		
27614	Biopsy of lower leg tissue, deep	2		
27615	Radical resection, lower leg tumor	2		
27616	Resect leg/ankle tum > 5 cm	3		
27618	Remove lower leg tumor,subcutaneous	2		
27619	Remove lower leg tumor, deep/muscl	2		
27620	Explore, treat ankle joint	4		
27625	Remove ankle joint lining	4		
27626	Remove ankle joint tendon sheath	4		
27630	Remove lower leg tendon lesion	3		
27632	Exc leg/ankle les sc > 3 cm	3		
27634	Exc leg/ankle tum deep >5 cm	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27635	Remove lower leg bone lesion	4		
27637	Remove/graft lower leg bone lesion	4		
27638	Remove/graft lower leg bone lesion	4		
27640	Partial removal of tibia	5		
27641	Partial removal of fibula	4		
27647	Radical resection, ankle/heel	5		
27648	Injection for ankle x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
27650	Repair ruptured achilles tendon	5		
27652	Repair/graft achilles tendon	6		
27654	Followup achilles tendon surgery	5		
27656	Repair of leg fascia defect	3		
27658	Repair of leg flexor tendon, each	3		
27659	Followup repair of leg tendon, each	3		
27664	Repair of leg extensor tendon, each	4		
27665	Followup repair of leg tendon, each	4		
27675	Repair lower leg tendon dislocation	3		
27676	Repair lower leg tendon dislocation	4		
27680	Release of lower leg tendon	4		
27681	Release of lower leg tendons	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27685	Lengthen/shorten lower leg tendon	4		
27686	Lengthen/shorten lower leg tendons	4		
27687	Revision of calf tendon	4		
27690	Lower leg tendon transfer, superfic	5		
27691	Lower leg tendon transfer, deep	5		
27692	Added lower leg tendon transfer	0		
27695	Repair of ankle ligament	4		
27696	Repair of ankle ligaments	4		
27698	Followup repair of ankle ligament	4		
27700	Revision of ankle joint	5		
27704	Removal ankle implant	3		
27705	Incision of tibia	5		
27707	Incision of fibula	3		
27709	Incision of tibia/fibula	4		
27713	Shin bone lengthening surgery	6	1/1/2026	New Code
27715	Lengthening of lower leg	4		
27720	Repair tibia union w/o graft	5		
27722	Repair tibia union w/sliding graft	6		
27726	REPAIR FIBULA NONUNION	5		
27730	Surgery to stop leg growth, tibia	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27732	Surgery to stop leg growth, fibula	4		
27734	Surgery to stop leg growth, tib/fib	4		
27740	Surgery to stop leg growth, tib/fib	4		
27742	Surg to stop leg growth,fem/tib/fib	5		
27745	Reinforcement of tibia	6		
27750	Treat tibia shaft fracture	1		
27752	Treat tibia shaft Fx w/manipulation	3		
27756	Skeletal fixation, tibia shaft Fx	3		
27758	Repair tibia shaft fracture	5		
27759	Repair tibia shaft Fx w/implant	6		
27760	Treat ankle fracture	1		
27762	Treat ankle fracture w/manipulation	3		
27766	Repair ankle fracture	5		
27767	CLTX POST ANKLE FX	1		
27768	CLTX POST ANKLE FX W/MNPJ	1		
27769	OPTX POST ANKLE FX	5		
27780	Treat fibula fracture	1		
27781	Treat fibula Fx w/manipulation	3		
27784	Repair fibula fracture	5		
27786	Treat ankle fracture	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27788	Treat ankle fracture w/manipulation	1		
27792	Repair ankle fracture	5		
27808	Treat ankle fracture	1		
27810	Treat ankle fracture w/manipulation	1		
27814	Repair ankle fracture	5		
27816	Treat ankle fracture	1		
27818	Treat ankle fracture w/manipulation	1		
27822	Repair ankle fracture	5		
27823	Repair ankle fracture w/fixation	6		
27824	Treat lower leg fracture	1		
27825	Treat lower leg Fx w/manip/traction	3		
27826	Treat lower leg Fx w/fixation	5		
27827	Treat lower leg Fx w/fixation	6		
27828	Treat lower leg Fx w/fixation	6		
27829	Treat lower leg joint dislocation	2		
27830	Treat lower leg joint dislocation	1		
27831	Treat lower leg joint dislocation	3		
27832	Repair lower leg dislocation	5		
27840	Treat ankle dislocation	1		
27842	Treat ankle dislocation w/anesth	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
27846	Repair ankle dislocation	5		
27848	Repair ankle dislocation w/fixation	5		
27860	Manipulate ankle joint, genl anesth	2		
27870	Fusion of ankle joint	6		
27871	Fusion of tibiofibular joint	6		
27884	Followup amputation of lower leg	3		
27889	Amputation of ankle	4		
27892	Decompression of leg fascia	4		
27893	Decompression of leg fascia	4		
27894	Decompression of leg fascia	4		
27899	Leg/ankle surgery NEC	UL		
28001	Drainage of foot bursa	2		
28002	Treat deep foot infection	3		
28003	Treat deep foot infections	3		
28005	Drain foot bone lesion	3		
28008	Incision of foot/toe fascia	3		
28010	Incision of toe tendon	3		
28011	Incision of toe tendons	3		
28020	Exploration of foot joint	3		
28022	Exploration of foot joint	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28024	Exploration of toe joint	3		
28035	Decompress posterior tibial nerve	3		
28039	Exc foot/toe tum sc > 1.5 cm	1		
28041	Exc foot/toe tum deep >1.5cm	3		
28043	Remove foot tumor, subcutaneous	2		
28045	Remove foot tumor, deep/muscl	2		
28046	Radical resection of foot tumor	2		
28047	Resect foot/toe tumor > 3 cm	3		
28050	Biopsy of foot joint lining	3		
28052	Biopsy of foot joint lining	3		
28054	Biopsy of toe joint lining	3		
28055	NEURECTOMY, FOOT	3		
28060	Partial removal foot fascia	3		
28062	Radical removal of foot fascia	3		
28070	Removal of foot joint lining	3		
28072	Removal of foot joint lining	3		
28080	Remove foot nerve lesion (Morton)	3		
28086	Remove foot flexor tendon sheath	3		
28088	Remove foot extensor tendon sheath	3		
28090	Remove foot tendon lesion	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28092	Remove toe tendon lesion	3		
28100	Removal of ankle/heel lesion	3		
28102	Remove ankle/heel lesion, autograft	6		
28103	Remove ankle/heel lesion, allograft	6		
28104	Removal of foot lesion	3		
28106	Remove foot lesion w/autograft	6		
28107	Remove foot lesion w/allograft	6		
28108	Removal of toe lesion(s)	3		
28110	Partial removal, 5th metatarsal head	3		
28111	Removal of 1st metatarsal head	3		
28112	Removal of metatarsal head	3		
28113	Removal of 5th metatarsal head	3		
28114	Removal of all metatarsal heads	3		
28116	Revision of foot bones	3		
28118	Removal of heel bone	3		
28119	Removal of heel spur	3		
28120	Partial removal of ankle/heel bone	3		
28122	Partial removal of foot bone	3		
28124	Partial removal of toe	3		
28126	Partial removal of toe, each	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28130	Removal of ankle bone	3		
28140	Removal of metatarsal bone	3		
28150	Removal of toe	3		
28153	Partial removal of toe	3		
28160	Partial removal of toe	3		
28171	Radical resection of foot tumor	3		
28173	Radical resection of foot tumor	3		
28175	Radical resection of toe tumor	3		
28190	Remove object from foot, subcutan	2		
28192	Remove object from foot, deep	2		
28193	Remove object from foot,complicated	2		
28200	Repair of foot flexor tendon	3		
28202	Followup repair/graft, foot tendon	3		
28208	Repair of foot extensor tendon	3		
28210	Followup repair/graft, foot tendon	6		
28220	Release of foot flexor tendon	3		
28222	Release of foot flexor tendons	3		
28225	Release of foot extensor tendon	3		
28226	Release of foot extensor tendons	3		
28230	Incision of foot flexor tendon(s)	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28232	Incision of toe flexor tendon	3		
28234	Incise foot/toe extensor tendon	3		
28238	Revision of foot tendon	6		
28240	Lengthen/release big toe	3		
28250	Revision of foot fascia/muscle	3		
28260	Release of midfoot joint	3		
28261	Lengthening of midfoot tendon	3		
28262	Revision of foot and ankle	3		
28264	Release of midfoot joint	6		
28270	Release of foot joint contracture	3		
28272	Release of toe joint contracture	3		
28280	Fusion of toes (Kelikian procedure)	3		
28285	Repair of hammertoe, one toe	3		
28286	Repair of hammertoe,cock-up 5th toe	3		
28288	Partial removal of foot bone	3		
28289	REPAIR HALLUX RIGIDUS	3		
28290	Bunion surgery, simple removal	4		
28291	CORRJ HALUX RIGDUS W/IMPLT	3		
28292	Bunion surgery, Keller/McBride/Mayo	4		
28293	Bunion surgery,remove joint/implant	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28294	Bunion surgery, tendon transplants	4		
28295	CORRECTION HALLUX VALGUS	2		
28296	Bunion surgery, incise metatarsal	4		
28297	Bunion surgery, Lapidus type	4		
28298	Bunion surgery, incise phalanx	4		
28299	Bunion surgery	4		
28300	Incision of heel bone	6		
28302	Incision of ankle bone	3		
28304	Incision of midfoot bones	6		
28305	Incision/graft of midfoot bones	6		
28306	Incision of 1st metatarsal	3		
28307	Incision/graft of 1st metatarsal	3		
28308	Incision of metatarsal	3		
28309	Incise metatarsals for cavus foot	6		
28310	Revision of great toe	3		
28312	Revision of toe	3		
28313	Repair angular deformity of toe	3		
28315	Removal of sesamoid bone, great toe	3		
28320	Repair non/malunion, tarsal bones	6		
28322	Repair non/malunion, metatarsals	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28340	Resection of enlarged toe tissue	3		
28341	Resection of enlarged toe bone	3		
28344	Revision of extra toe(s)	3		
28345	Revision of webbed toe(s)	3		
28360	Revision of cleft foot	6		
28400	Treatment of heel fracture	1		
28405	Treatment of heel Fx w/manipulation	3		
28406	Skeletal fixation of heel fracture	3		
28415	Repair of heel fracture	6		
28420	Repair of heel fracture w/autograft	5		
28430	Treatment of ankle fracture	1		
28435	Treat ankle Fx w/manipulation	2		
28436	Skeletal fixation of ankle fracture	3		
28445	Repair of ankle fracture	5		
28446	OSTEOCHONDRAL TALUS AUTOGRFT	6		
28450	Treat midfoot fracture, each	1		
28455	Treat midfoot Fx w/manipul, each	1		
28456	Skeletal fixation, midfoot fracture	3		
28465	Repair midfoot fracture, each	5		
28470	Treat metatarsal fracture	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28475	Treat metatarsal Fx w/manipulation	1		
28476	Skeletal fixation, metatarsal Fx	3		
28485	Repair metatarsal fracture	5		
28490	Treat great toe fracture	1		
28495	Treat great toe Fx w/manipulation	1		
28496	Skeletal fixation, great toe Fx	3		
28505	Repair great toe fracture	3		
28510	Treatment of toe fracture	1		
28515	Treatment of toe Fx w/manipulation	1		
28525	Repair of toe fracture	3		
28530	Treat sesamoid bone fracture	1		
28531	Repair sesamoid bone fracture	3		
28540	Treat foot dislocation	1		
28545	Treat foot dislocation w/anesthesia	3		
28546	Skeletal fixation, foot dislocation	3		
28555	Repair foot dislocation	5		
28570	Treat foot joint dislocation	1		
28575	Treat foot joint disloc, w/anesth	3		
28576	Skeletal fixation, foot joint disloc	3		
28585	Repair foot joint dislocation	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28600	Treat foot joint dislocation	1		
28605	Treat foot joint disloc, w/anesth	1		
28606	Skeletal fixation, foot joint disloc	3		
28615	Repair foot joint dislocation	5		
28630	Treat toe dislocation	0		
28635	Treat toe dislocation w/anesthesia	2		
28636	Skeletal fixation, toe dislocation	3		
28645	Repair toe dislocation	3		
28660	Treat toe dislocation	0		
28665	Treat toe dislocation w/anesthesia	0		
28666	Skeletal fixation, toe dislocation	3		
28675	Repair of toe dislocation	3		
28705	Fusion of foot bones, pantalar	6		
28715	Fusion of foot bones, triple	6		
28725	Fusion of foot bones, subtalar	6		
28730	Fusion of midfoot bones	6		
28735	Fusion of midfoot bones	6		
28737	Revision of foot bones/tendons	6		
28740	Fusion of midfoot joint	6		
28750	Fusion of great toe joint	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
28755	Fusion of great toe joint	3		
28760	Fusion of great toe joint	6		
28805	Amputation thru metatarsal	3		
28810	Amputation of toe & metatarsal	3		
28820	Amputation of toe	3		
28825	Partial amputation of toe	3		
28890	High energy eswt, plantar f	4		
28899	Foot/toe surgery NEC	UL		
29000	Application of body cast, halo type	0		
29010	Apply body cast, Risser jacket	0		
29015	Apply body/head cast, Risser jacket	0		
29035	Apply body cast, shoulder to hips	0		
29040	Apply body cast, shoulder to hips	0		
29044	Apply body cast, shoulder to hips	0		
29046	Apply body cast, shoulder to hips	0		
29049	Apply shoulder cast, figure-eight	0		
29055	Apply shoulder cast, shoulder spica	0		
29058	Apply shoulder cast, Velpeau	0		
29065	Application of long arm cast	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29075	Application of forearm cast	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29085	Application of hand/wrist cast	0		
29086	Apply finger cast	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29105	Application of long arm splint	0		
29125	Apply forearm splint, static	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29126	Apply forearm splint, dynamic	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29130	Apply finger splint, static	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29131	Apply finger splint, dynamic	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29200	Strapping of chest	0		
29240	Strapping of shoulder	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29260	Strapping of elbow/wrist	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29280	Strapping of hand/finger	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29305	Application of hip cast	0		
29325	Application of hip casts	0		
29345	Application of long leg cast	0		
29355	Application of long leg cast,walker	0		
29358	Apply long leg cast brace	0		
29365	Apply long leg cast, cylinder	0		
29405	Apply short leg cast	0		
29425	Apply short leg cast, walker	0		
29435	Apply short leg cast (PTB)	0		
29440	Addition of walker to cast	0		
29445	Apply rigid total contact leg cast	0		
29450	Application of leg cast, clubfoot	0		
29505	Application of long leg splint	0		
29515	Application of lower leg splint	0		
29520	Strapping of hip	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29530	Strapping of knee	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29540	Strapping of ankle	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29550	Strapping of toes	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
29580	Application of paste boot	0		
29581	Apply multilay comprs lwr leg	0		
29582	Apply multilay comprs upr leg	0		
29583	Apply multilay comprs upr arm	0		
29584	Appl multilay comprs arm/hand	0		
29700	Remove/revise cast, boot/body	0		
29705	Remove/revise cast, full arm/leg	0		
29710	Remove/revise cast, shoulder/hip	0		
29720	Repair of body cast spica	0		
29730	Windowing of cast	0		
29740	Wedging of cast	0		
29750	Wedging of clubfoot cast	0		
29799	Casting/strapping procedure NEC	UL		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29800	Jaw arthroscopy, diagnostic	4		
29804	Jaw arthroscopy/surgery	4		
29805	Shoulder arthroscopy, dx	4		
29806	Shoulder arthroscopy/surgery	6		
29807	Shoulder arthroscopy/surgery	6		
29819	Shoulder arthroscopy/remove object	6		
29820	Shoulder arthroscopy/synovectomy	6		
29821	Shoulder arthroscopy/synovectomy	6		
29822	Shoulder arthroscopy/debridement	4		
29823	Shoulder arthroscopy/debridement	6		
29824	Shoulder arthroscopy/surgery	4		
29825	Shoulder arthroscopy/surgery	6		
29826	Shoulder arthroscopy/decompression	0		
29827	Arthroscop rotator cuff repr	6		
29828	ARTHROSCOPY BICEPS TENODESIS	6		
29830	Elbow arthroscopy, diagnostic	4		
29834	Elbow arthroscopy/remove object	4		
29835	Elbow arthroscopy/synovectomy	4		
29836	Elbow arthroscopy/synovectomy	4		
29837	Elbow arthroscopy/debridement	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29838	Elbow arthroscopy/debridement	4		
29840	Wrist arthroscopy, diagnostic	4		
29843	Wrist arthroscopy/drain infection	4		
29844	Wrist arthroscopy/synovectomy	4		
29845	Wrist arthroscopy/synovectomy	4		
29846	Wrist arthroscopy/surgery	4		
29847	Wrist arthroscopy/internal fixation	6		
29848	Wrist arthroscopy/release ligament	4		
29850	Knee arthroscopy/surgery	4		
29851	Knee arthroscopy/surgery,w/fixation	6		
29855	Tibial arthroscopy/surgery, unicond	6		
29856	Tibial arthroscopy/surgery,bicondyl	6		
29860	Hip arthroscopy, diagnostic	6		
29861	Hip arthroscopy, surg rem LB/FB	6		
29862	Hip arthroscopy, surg debrid/shave	6		
29863	Hip arthroscopy, surg w/synovectomy	6		
29866	Autgrft implnt, knee w/scope	6		
29867	Allgrft implnt, knee w/scope	6		
29868	Meniscal trnspl, knee w/scpe	6		
29870	Knee arthroscopy, diagnostic	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29871	Knee arthroscopy/drain infection	4		
29873	Knee arthroscopy/surgery	4		
29874	Knee arthroscopy/remove object	4		
29875	Knee arthroscopy/synovectomy, ltd	4		
29876	Knee arthroscopy/synovectomy, major	4		
29877	Knee arthroscopy/debridement	4		
29879	Knee arthroscopy/arthroplasty	4		
29880	Knee arthroscopy/meniscectomy	4		
29881	Knee arthroscopy/meniscectomy	4		
29882	Knee arthroscopy/meniscus repair	4		
29883	Knee arthroscopy/meniscus repair	4		
29884	Knee arthroscopy/release adhesions	4		
29885	Knee arthroscopy/surgery	6		
29886	Knee arthroscopy/surgery	4		
29887	Knee arthroscopy/surgery	4		
29888	Knee arthroscopy/repair ligament	6		
29889	Knee arthroscopy/repair ligament	6		
29891	Arthroscopy, ankle, excise defect	6		
29892	Arthroscopy, ankle surg	6		
29893	Endoscopic plantar fasciotomy	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
29894	Ankle arthroscopy/remove object	4		
29895	Ankle arthroscopy/synovectomy	4		
29897	Ankle arthroscopy/debridement	4		
29898	Ankle arthroscopy/debridement	4		
29899	Ankle arthroscopy/surgery	6		
29900	Mcp joint arthroscopy, dx	4		
29901	Mcp joint arthroscopy, surg	4		
29902	Mcp joint arthroscopy, surg	4		
29904	SUBTALAR ARTHRO W/FB RMVL	4		
29905	SUBTALAR ARTHRO W/EXC	4		
29906	SUBTALAR ARTHRO W/DEB	4		
29907	SUBTALAR ARTHRO W/FUSION	6		
29914	HIP ARTHRO W/FEMOROPLASTY	4		
29915	HIP ARTHRO ACETABULOPLASTY	4		
29916	HIP ARTHRO W/LABRAL REPAIR	4		
29999	Arthroscopy of joint	4		
30000	Drainage of nose abscess/hematoma	0		
30020	Drainage of nasal septum lesion	0		
30100	Intranasal biopsy	1		
30110	Removal of nose polyp(s), simple	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
30115	Removal of nose polyp(s), extensive	2		
30117	Remove intranasal lesion	2		
30118	Remove intranasal lesion	3		
30120	Removal/abrasion of skin of nose	3		
30124	Removal of nose lesion, simple	1		
30125	Removal of nose lesion, complex	5		
30130	Removal of turbinate bones	2		
30140	Removal of turbinate bones	3		
30150	Partial removal of nose	5		
30160	Removal of nose	5		
30200	Injection treatment of nose	1		
30210	Nasal sinus therapy	1		
30220	Insert nasal septal button	1		
30300	Remove object from nose	0		
30310	Remove object from nose, gen anesth	2		
30320	Incision/removal nasal foreign body	2		
30400	Reconstruction of nose	5		
30410	Reconstruction of nose, complete	5		
30420	Reconstruction of nose/septum	5		
30430	Followup revision of nose, minor	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
30435	Followup revision of nose,intermed	5		
30450	Followup revision of nose, major	5		
30460	Revise nose for cleft lip/palate	5		
30462	Revise nose for cleft lip/palate	5		
30465	Repair nasal stenosis	5		
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	5	1/1/2023	New Code
30520	Repair of nasal septum	3		
30540	Repair nasal defect, intranasal	5		
30545	Repair nasal defect, transpalatine	5		
30560	Release of nasal adhesions	2		
30580	Repair upper jaw fistula	5		
30600	Repair mouth/nose fistula	5		
30620	Reconstruct inner nose	5		
30630	Repair nasal septum defect	3		
30801	Cauterize inner nose, superficial	1		
30802	Cauterize inner nose, intramural	2		
30901	Control of nosebleed, simple	0		
30903	Control of nosebleed, complex	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
30905	Control of nosebleed, posterior	0		
30906	Repeat control of nosebleed, poster	0		
30915	Ligation of nasal sinus artery	3		
30920	Ligation of upper jaw artery	3		
30930	Therapeutic fracture of nose	2		
30999	Nasal surgery procedure NEC	UL		
31000	Irrigation of maxillary sinus	0		
31002	Irrigation of sphenoid sinus	1		
31020	Exploration of maxillary sinus	3		
31030	Explore maxillary sinus, radical	5		
31032	Explore maxil sinus, remove polyps	5		
31040	Exploration behind upper jaw	3		
31050	Exploration of sphenoid sinus	5		
31051	Sphenoid sinus surgery	5		
31070	Exploration of frontal sinus	3		
31075	Exploration of frontal sinus	5		
31080	Remove frontal sinus, obliterative	5		
31081	Remove frontal sinus, obliterative	5		
31084	Remove frontal sinus, oblit,w/flap	5		
31085	Remove frontal sinus, oblit,w/flap	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31086	Remove frontal sinus, nonoblit,flap	5		
31087	Remove frontal sinus, nonoblit,flap	5		
31090	Exploration of 3+ sinuses, unilat	5		
31200	Removal of ethmoid sinus,intranasal	5		
31201	Removal of ethmoid sinus,intranasal	5		
31205	Removal of ethmoid sinus,extranasal	5		
31231	Nasal endoscopy, diagnostic	0		
31233	Nasal endoscopy, dx w/sinusoscopy	0		
31235	Nasal endoscopy, dx w/sinusoscopy	3		
31237	Nasal/sinus endoscopy, surgical	3		
31238	Nasal/sinus endoscopy, surgical	3		
31239	Nasal/sinus endoscopy, surgical	3		
31240	Nasal/sinus endoscopy, surgical	3		
31241	Nsl/sins ndsc w/artery lig	3		
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	4	1/1/2024	New Code
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	4	1/1/2024	New Code
31253	Nsl/sins ndsc total	3		
31254	Nasal endoscopy, part ethmoidectomy	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31255	Nasal endoscopy, total ethmoidectomy	3		
31256	Nasal endoscopy/explor maxil sinus	3		
31257	Nsl/sins ndsc tot w/sphendtt	3		
31259	Nsl/sins ndsc sphn tiss rmvl	3		
31267	Maxil sinus endoscopy w/tiss remove	3		
31276	Nasal/sinus endoscopy, surgical	3		
31287	Nasal/sinus endoscopy, surgical	3		
31288	Nasal/sinus endoscopy, surgical	3		
31292	Nasal/sinus endoscopy, surgical	3		
31293	Nasal/sinus endoscopy, surgical	3		
31294	Nasal/sinus endoscopy, surgical	3		
31295	SINUS ENDO W/BALLOON DIL	3		
31296	SINUS ENDO W/BALLOON DIL	3		
31297	SINUS ENDO W/BALLOON DIL	3		
31298	Nsl/sins ndsc w/sins dilat	3		
31299	Sinus surgery procedure NEC	UL		
31300	Removal of larynx tumor	3		
31320	Diagnostic incision of larynx	5		
31400	Revision of larynx	5		
31420	Removal of epiglottis	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31500	Insertion of emergency airway	0		
31502	Change of windpipe airway	0		
31505	Laryngoscopy, diagnostic	0		
31510	Laryngoscopy/biopsy	2		
31511	Laryngoscopy/removal of object	0		
31512	Laryngoscopy/removal of lesion	3		
31513	Laryngoscopy/injection vocal cord	2		
31515	Laryngoscopy for aspiration	0		
31520	Diagnostic laryngoscopy, newborn	0		
31525	Diagnostic laryngoscopy, not newborn	3		
31526	Diagnostic laryngoscopy/microscope	3		
31527	Laryngoscopy/insertion of obturator	3		
31528	Laryngoscopy/dilation	3		
31529	Laryngoscopy/added dilatation	3		
31530	Operative laryngoscopy/remov object	3		
31531	Operative laryngoscopy/remov object	3		
31535	Operative laryngoscopy/biopsy	3		
31536	Operative laryngoscopy/biopsy	3		
31540	Operative laryngoscopy/remove tumor	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31541	Operative laryngoscopy/remove tumor	3		
31545	Remove vc lesion w/scope	3		
31546	Remove vc lesion scope/graft	3		
31551	LARYNGOPLASTY LARYNGEAL STEN	5		
31552	LARYNGOPLASTY LARYNGEAL STEN	5		
31553	LARYNGOPLASTY LARYNGEAL STEN	5		
31554	LARYNGOPLASTY LARYNGEAL STEN	5		
31560	Operative laryngoscopy/arytenoidect	3		
31561	Operative laryngoscopy/arytenoidect	3		
31570	Laryngoscopy with injection	3		
31571	Laryngoscopy with injection	3		
31572	LARGSC W/LASER DSTRJ LES	2		
31573	LARGSC W/THER INJECTION	2		
31574	LARGSC W/NJX AUGMENTATION	2		
31575	Diagnostic laryngoscopy	0		
31576	Laryngoscopy with biopsy	3		
31577	Laryngoscopy/remove foreign body	0		
31578	Laryngoscopy/remove larynx lesion	3		
31579	Laryngoscopy/stroboscopy	0		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31580	Revision of larynx for web	5		
31582	Revision of larynx for stricture	5		
31584	Repair of larynx fracture	4		
31588	Revision of larynx	5		
31590	Reinnervation of larynx	5		
31591	LARYNGOPLASTY MEDIALIZATION	4		
31592	CRICOTRACHEAL RESECTION	4		
31595	Larynx nerve surgery	5		
31599	Larynx surgery procedure NEC	UL		
31600	Incision of windpipe, planned	2		
31601	Incision of windpipe, planned	2		
31603	Incision of windpipe, emergency	1		
31605	Incision of windpipe, emergency	2		
31610	Incision of windpipe, fenestration	2		
31611	Surgery to insert speech prosthesis	3		
31612	Puncture trachea to clear windpipe	3		
31613	Repair windpipe opening, simple	3		
31614	Repair windpipe opening, complex	5		
31615	Visualize windpipe thru est opening	1		
31622	Diagnostic bronchoscopy	2		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31623	DX BRONCHOSCOPE/BRUSH	2		
31624	DX BRONCHOSCOPE/LAVAGE	2		
31625	Bronchoscopy/biopsy	2		
31626	Bronchoscopy w/markers	2		
31627	Navigational bronchoscopy	0		
31628	Bronchoscopy/lung biopsy	2		
31629	Bronchoscopy/needle biopsy	2		
31630	Bronchoscopy/repair trachea/bronchi	3		
31631	Bronchoscopy/dilation, insert stent	3		
31632	Bronchoscopy/lung bx, add'l	0		
31633	Bronchoscopy/needle bx add'l	0		
31634	BRONCH W/BALLOON OCCLUSION	3		
31635	Bronchoscopy/remove foreign body	2		
31636	Bronchoscopy, bronch stents	3		
31637	Bronchoscopy, stent add-on	0		
31638	Bronchoscopy, revise stent	3		
31640	Bronchoscopy/remove tumor	3		
31641	Bronchoscopy/treat tumor/stricture	3		
31643	DX BRONCHOSCOPE/CATHETER	2		
31645	Bronchoscopy/clear airways	2		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31646	Bronchoscopy/re-clear airways	0		
31647	BRONCHIAL VALVE INIT INSERT	1		
31648	BRONCHIAL VALVE ADDL INSERT	1		
31649	BRONCHIAL VALVE REMOV INIT	1		
31651	BRONCHIAL VALVE REMOV ADDL	0		
31652	BRONCH EBUS SAMPLNG 1/2 NODE	1		
31653	BRONCH EBUS SAMPLNG 3/> NODE	1		
31654	BRONCH EBUS IVNTJ PERPH LES	0		
31660	BRONCH THERMOPLSTY 1 LOBE	1		
31661	BRONCH THERMOPLSTY 2/> LOBES	1		
31717	Catheterization/bronch brush biopsy	0		
31720	Clear airways, nose/trachea	0		
31730	Introduce windpipe wire/stent/tube	1		
31750	Repair of windpipe, cervical	5		
31755	Repair of windpipe/fistulization	5		
31785	Remove windpipe lesion, cervical	3		
31800	Repair windpipe injury, cervical	2		
31820	Closure of windpipe opening	3		
31825	Closure/repair of windpipe opening	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
31830	Revise windpipe scar	3		
31899	Airways surgical procedure NEC	UL		
32096	Open wedge/bx lung infiltr	6		
32097	Open wedge/bx lung nodule	6		
32098	Open biopsy of lung pleura	6		
32220	Release of lung	7		
32225	Partial release of lung	7		
32310	Removal of chest lining	7		
32320	Release/remove chest lining	7		
32400	Needle biopsy of chest lining	2		
32405	Needle biopsy of lung/mediastinum	2	1/1/2021	Deleted
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	2	1/1/2021	New Code
32505	Wedge resect of lung initial	7		
32506	Wedge resect of lung add-on	7		
32507	Wedge resect of lung diag	7		
32550	INSERT PLEURAL CATH	4		
32551	INSERT CHEST TUBE	1		
32552	Remove lung catheter	1		
32553	Ins mark thor for rt perq	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
32554	ASPIRATE PLEURA W/O IMAGING	1		
32555	ASPIRATE PLEURA W/ IMAGING	1		
32556	INSERT CATH PLEURA W/O IMAGE	4		
32557	INSERT CATH PLEURA W/ IMAGE	4		
32560	TREAT LUNG LINING CHEMICALLY	1		
32561	Lyse chest fibrin init day	1		
32562	Lyse chest fibrin subq day	1		
32601	Thoracoscopy, dx, lungs	4		
32604	Thoracoscopy, dx, pericard w/biopsy	4		
32606	Thoracoscopy, dx, mediast w/biopsy	4		
32607	Thoracoscopy w/bx infiltrate	4		
32608	Thoracoscopy w/bx nodule	4		
32609	Thoracoscopy w/bx pleura	4		
32650	Thoracoscopy, surgical	7		
32651	Thoracoscopy, surgical	7		
32652	Thoracoscopy, surgical	7		
32653	Thoracoscopy, surgical	7		
32655	Thoracoscopy, surgical	7		
32656	Thoracoscopy, surgical	7		
32664	Thoracoscopy, surgical	7		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
32666	Thoracoscopy w/wedge resect	7		
32667	Thoracoscopy w/w resect addl	7		
32668	Thoracoscopy w/w resect diag	7		
32669	Thoracoscopy remove segment	7		
32670	Thoracoscopy bilobectomy	7		
32671	Thoracoscopy pneumonectomy	7		
32672	Thoracoscopy for lvrs	7		
32673	Thoracoscopy w/thymus resect	7		
32674	Thoracoscopy lymph node exc	7		
32701	THORAX STEREO RAD TARGETW/TX	2		
32960	Therapeutic pneumothorax	1		
32994	Ablate pulm tumor perq crybl	3		
32997	TOTAL LUNG LAVAGE	2		
32998	PERQ RF ABLATE TX, PUL TUMOR	6		
32999	Chest surgery procedure NEC	UL		
33010	Drainage of heart sac	1	2020	Deleted
33011	Repeat drainage of heart sac	1	2020	Deleted
33016	Pericardiocentesis, including imaging guidance, when performed	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	1		
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	1		
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	1		
33206	Insert pacemaker, atrial	7		
33207	Insert pacemaker, ventricular	7		
33208	Insert pacemaker, atrial/ventricular	8		
33210	Insert heart electrode, snl chamb	6		
33211	Insert heart electrode, dual chamb	6		
33212	Insert/replace pulse gen only, snl	7		
33213	Insert/replace pulse gen only, dual	7		
33214	Implanted pacemaker system upgrade	8		
33215	Reposition pacing-defib lead	3		
33216	Insert/revise electrode, snl chmbr	6		
33217	Insert/revise electrode, dual chmbr	6		
33218	Repair pacemaker electrode, snl ch	3		



Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33220	Repair pacemaker electrode, dual ch	3		
33221	Insert pulse gen mult leads	7		
33222	Revise/relocate pacemaker pocket	2		
33223	Revise/relocate pacemaker pocket	2		
33224	Insert pacing lead & connect	9		
33225	L ventric pacing lead add-on	9		
33226	Reposition I ventric lead	3		
33227	Remove&replace pm gen singl	7		
33228	Remv&replc pm gen dual lead	7		
33229	Remv&replc pm gen mult leads	7		
33230	Insrt pulse gen w/dual leads	7		
33231	Insrt pulse gen w/mult leads	7		
33233	Remove pacemaker pulse gen only	3		
33234	Remove pacemaker electrode, single	3		
33235	Remove pacemaker electrode, dual	3		
33240	Insert/replace ICD pulse generator	7		
33241	Remove ICD pulse generator only	3		
33243	Remove ICD pulse gen by thoracotomy	3		
33244	Remove ICD pulse generator	3		
33249	Insert/replace ICD leads/pulse gen	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33262	Remv&replc cvd gen sing lead	7		
33263	Remv&replc cvd gen dual lead	7		
33264	Remv&replc cvd gen mult lead	7		
33270	INS/REP SUBQ DEFIBRILLATOR	9		
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	6		
33272	RMVL OF SUBQ DEFIBRILLATOR	4		
33273	REPOS PREV IMPLTBL SUBQ DFB	4		
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	9	1/1/2024	New Code
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	0	1/1/2024	New Code
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	4	1/1/2024	New Code
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	4	1/1/2024	New Code

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	4	1/1/2024	New Code
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	4	1/1/2024	New Code
33285	Insj subq car rhythm mntr	6		
33286	Rmvl subq car rhythm mntr	2		
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	8	1/1/2024	New Code
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	6	1/1/2024	New Code
33361	REPLACE AORTIC VALVE PERQ	7		
33362	REPLACE AORTIC VALVE OPEN	7		
33363	REPLACE AORTIC VALVE OPEN	7		
33364	REPLACE AORTIC VALVE OPEN	7		
33365	REPLACE AORTIC VALVE OPEN	1		
33366	TRCATH REPLACE AORTIC VALVE	1		
33367	REPLACE AORTIC VALVE W/BYP	1		
33368	REPLACE AORTIC VALVE W/BYP	1		
33369	REPLACE AORTIC VALVE W/BYP	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33418	REPAIR TCAT MITRAL VALVE	1		
33419	REPAIR TCAT MITRAL VALVE	1		
33477	IMPLANT TCAT PULM VLV PERQ	7		
33508	Endoscopic vein harvest	0		
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	7	1/1/2021	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	7	1/1/2021	New Code
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	7	1/1/2021	New Code
33820	Repair patent ductus arteriosus	8		
33822	Repair patent ductus arteriosus	7		
33824	Repair patent ductus arteriosus	8		
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	n/a		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	n/a		
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	n/a		
33882	Repair largest artery (aorta)	7	1/1/2026	New Code
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	3	1/1/2023	New Code
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	4	1/1/2023	New Code
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	5	1/1/2023	New Code
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	6	1/1/2023	New Code
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	0	1/1/2023	New Code
33946	ECMO/ECLS INITIATION VENOUS	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33947	ECMO/ECLS INITIATION ARTERY	1		
33948	ECMO/ECLS DAILY MGMT- VENOUS	1		
33949	ECMO/ECLS DAILY MGMT ARTERY	1		
33951	ECMO/ECLS INSJ PRPH CANNULA	1		
33952	ECMO/ECLS INSJ PRPH CANNULA	1		
33953	ECMO/ECLS INSJ PRPH CANNULA	1		
33954	ECMO/ECLS INSJ PRPH CANNULA	1		
33955	ECMO/ECLS INSJ CTR CANNULA	1		
33956	ECMO/ECLS INSJ CTR CANNULA	1		
33957	ECMO/ECLS REPOS PERPH CNULA	1		
33958	ECMO/ECLS REPOS PERPH CNULA	1		
33959	ECMO/ECLS REPOS PERPH CNULA	1		
33962	ECMO/ECLS REPOS PERPH CNULA	1		
33963	ECMO/ECLS REPOS PERPH CNULA	1		
33964	ECMO/ECLS REPOS PERPH CNULA	1		
33965	ECMO/ECLS RMVL PERPH CANNULA	1		
33966	ECMO/ECLS RMVL PRPH CANNULA	1		
33967	Insert ia percut device	9		
33968	REMOVE AORTIC ASSIST DEVICE	9		



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Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
33969	ECMO/ECLS RMVL PERPH CANNULA	1		
33984	ECMO/ECLS RMVL PRPH CANNULA	1		
33985	ECMO/ECLS RMVL CTR CANNULA	1		
33986	ECMO/ECLS RMVL CTR CANNULA	1		
33987	ARTERY EXPOS/GRAFT ARTERY	1		
33988	INSERTION OF LEFT HEART VENT	1		
33989	REMOVAL OF LEFT HEART VENT	1		
33990	INSERT VAD ARTERY ACCESS	1		
33991	INSERT VAD ART&VEIN ACCESS	1		
33992	REMOVE VAD DIFFERENT SESSION	1		
33993	REPOSITION VAD DIFF SESSION	1		
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	1	1/1/2021	New Code
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	1	1/1/2021	New Code
33999	Cardiac surgery procedure NEC	UL		
34101	Removal of artery clot, arm	5		
34111	Removal of artery clot, arm	5		
34201	Removal of artery clot, leg	5		
34203	Removal of artery clot, leg	5		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
34421	Removal of vein clot, leg	5		
34471	Removal of vein clot, neck	5		
34490	Removal of vein clot, arm	5		
34501	Revise femoral vein valve	5		
34510	Transposition of vein valve	5		
34520	Cross-over vein graft	5		
34530	Fusion of leg veins	5		
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	n/a		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	n/a		
34839	PLNNING PT SPEC FENEST GRAFT	1		
34841	ENDOVASC VISC AORTA 1 GRAFT	1		
34842	ENDOVASC VISC AORTA 2 GRAFT	1		
34843	ENDOVASC VISC AORTA 3 GRAFT	1		
34844	ENDOVASC VISC AORTA 4 GRAFT	1		
34845	VISC & INFRAREN ABD 1 PROSTH	1		
34846	VISC & INFRAREN ABD 2 PROSTH	1		
34847	VISC & INFRAREN ABD 3 PROSTH	1		
34848	VISC & INFRAREN ABD 4+ PROST	1		
35011	Repair artery defect, arm	6		
35045	Repair arm artery defect	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
35180	Repair congen blood vessel lesion	4		
35184	Repair congen blood vessel lesion	4		
35188	Repair acquired blood vessel lesion	5		
35190	Repair acquired blood vessel lesion	4		
35201	Repair blood vessel, neck	4		
35206	Repair blood vessel, upper extrem	4		
35207	Repair blood vessel, hand/finger	5		
35226	Repair blood vessel, lower extrem	4		
35231	Repair/graft blood vessel, neck	4		
35236	Repair/graft blood vessel, upp extr	4		
35256	Repair/graft blood vessel, low extr	4		
35261	Repair/graft blood vessel, neck	6		
35266	Repair/graft blood vessel, upp extr	6		
35286	Repair/graft blood vessel, low extr	6		
35321	Rechannell artery, axillary-brachial	4		
35458	Repair artery blockage, open	6		
35460	Repair vein blockage, open	6		
35471	Repair artery blockage, thru skin	6		
35472	Repair artery blockage, thru skin	6		
35475	Repair artery blockage, thru skin	6		
35476	Repair venous blockage, thru skin	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
35500	HARVEST VEIN FOR BYPASS	0		
35572	Harvest femoropopliteal vein	0		
35602	Bypass graft, with other than vein; carotid-contralateral carotid	7	1/1/2026	New Code
35685	Bypass graft patency/patch	0		
35686	Bypass graft/av fist patency	0		
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	4		
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	4		
35761	Exploration of blood vessels	4	2020	Deleted
35860	Explore extremity vessels, post-op	4		
35875	Remove clot in graft	5		
35876	Remove clot in graft w/revision	5		
35879	REVISE GRAFT W/VEIN	5		
35881	REVISE GRAFT W/VEIN	5		
35883	REVISE GRAFT W/NONAUTO-GRAFT Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)	5		Code Description updated effective 1/1/2023
35884	REVISE GRAFT W/VEIN	5		
35903	Excise infected graft, extremity	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36000	Place needle/catheter in vein	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36002	Pseudoaneurysm injection trt	0		
36005	Injection for venography	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36010	Place catheter in vena cava	0		
36011	Place catheter in vein	0		
36012	Place catheter in vein	0		
36013	Place catheter in artery	0		
36014	Place catheter in artery	0		
36015	Place catheter in artery	0		
36100	Place needle/catheter in artery	0		
36120	Place needle/catheter in artery	0		
36140	Place needle/catheter in artery	0		
36147	Access av dial grft for eval	2		
36148	Access av dial grft for proc	0		
36160	Place needle/catheter in aorta	0		
36200	Place needle/catheter in aorta	0		
36215	Place catheter in arteries	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36216	Place catheter in arteries	0		
36217	Place catheter in arteries	0		
36218	Place catheter in arteries	0		
36221	PLACE CATH THORACIC AORTA	1		
36222	PLACE CATH CAROTID/INOM ART	1		
36223	PLACE CATH CAROTID/INOM ART	1		
36224	PLACE CATH CAROTD ART	1		
36225	PLACE CATH SUBCLAVIAN ART	1		
36226	PLACE CATH VERTEBRAL ART	1		
36227	PLACE CATH XTRNL CAROTID	1		
36228	PLACE CATH INTRACRANIAL ART	1		
36245	Place catheter in arteries	0		
36246	Place catheter in arteries	0		
36247	Place catheter in arteries	0		
36248	Place catheter in arteries	0		
36251	Ins cath ren art 1st unilat	1		
36252	Ins cath ren art 1st bilat	1		
36253	Ins cath ren art 2nd+ unilat	1		
36254	Ins cath ren art 2nd+ bilat	1		
36260	Insertion of artery infusion pump	4		
36261	Revision of artery infusion pump	3		
36262	Removal of artery infusion pump	3		
36299	Vessel injection procedure NEC	UL		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36420	Drawing blood, cutdown, under age 1	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36425	Drawing blood, cutdown, age 1+	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36430	Blood transfusion service	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36440	Blood transfusion service, push	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36450	Exchange transfusion serv, newborn	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36455	Exchange transfusion service	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36456	PRTL EXCHANGE TRANSFUSE NB	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36460	Transfusion service, fetal	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36465	Njx noncmpnd sclrsnt 1 vein	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36466	Njx noncmpnd sclrsnt mlt vn	3		
36468	Inject spider veins, limb/trunk	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36470	Injection therapy of vein	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36471	Injection therapy of veins	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	3		
36474	ENDOVENOUS MCHNCHEM ADD-ON	0		
36475	Endovenous rf, 1st vein	4		
36476	Endovenous rf, vein add-on	0		
36478	Endovenous laser, 1st vein	3		
36479	Endovenous laser vein addon	0		
36481	Insertion of catheter, portal vein	0		
36482	Endoven ther chem adhes 1st	3		
36483	Endoven ther chem adhes sbsq	3		
36500	Insertion of catheter, vein	0		
36510	Insert catheter, umbilical vein	0		
36511	Apheresis wbc	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36512	Apheresis rbc	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36513	Apheresis platelets	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36514	Apheresis plasma	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36515	Apheresis, adsorp/reinfuse	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36516	Apheresis, selective	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36522	Photopheresis	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36555	Insert non-tunnel cv cath	2		
36556	Insert non-tunnel cv cath	2		
36557	Insert tunneled cv cath	3		
36558	Insert tunneled cv cath	3		
36560	Insert tunneled cv cath	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36561	Insert tunneled cv cath	4		
36563	Insert tunneled cv cath	4		
36565	Insert tunneled cv cath	4		
36566	Insert tunneled cv cath	4		
36568	Insert tunneled cv cath	2		
36569	Insert tunneled cv cath	2		
36570	Insert tunneled cv cath	3		
36571	Insert tunneled cv cath	3		
36572	Insj picc rs&i <5 yr	3		
36573	Insj picc rs&i 5 yr+	3		
36575	Repair tunneled cv cath	1		
36576	Repair tunneled cv cath	2		
36578	Replace tunneled cv cath	3		
36580	Replace tunneled cv cath	2		
36581	Replace tunneled cv cath	3		
36582	Replace tunneled cv cath	4		
36583	Replace tunneled cv cath	4		
36584	Replace tunneled cv cath	2		
36585	Replace tunneled cv cath	3		
36589	Removal tunneled cv cath	1		
36590	Removal tunneled cv cath	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36591	DRAW BLOOD OFF VENOUS DEVICE	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36592	COLLECT BLOOD FROM PICC	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36593	DECLOT VASCULAR DEVICE	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36595	Mech remov tunneled cv cath	2		
36596	Mech remov tunneled cv cath	2		
36597	Reposition venous catheter	2		
36598	Inj w/fluor, eval cv device	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36600	Withdraw arterial blood, diagnostic	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
36620	Insert artery catheter thru skin	0		
36625	Insert artery catheter, cutdown	0		
36640	Insert artery catheter, cutdown	4		
36680	Insert needle into bone cavity	0		
36800	Insert cannula, vein-vein	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36810	Insert cannula, artery-vein, extern	4		
36815	Insert cannula, artery-vein, extern	4		
36818	Av fuse, uppr arm, cephalic	5		
36819	AV FUSION BY BASILIC VEIN	5		
36820	AV FUSION/FOREARM VEIN	5		
36821	Artery-vein fusion, direct (Cimino)	5		
36823	INSERTION CANNULA(S)	3		
36825	Artery-vein graft, autogenous	5		
36830	Artery-vein graft, nonautogenous	5		
36831	AV FISTULA EXCISION	5		
36832	Revise artery-vein fistula	5		
36833	AV FISTULA REVISION	5		
36835	Insert of Thomas shunt	4		
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	6	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	6	1/1/2023	New Code
36838	Dist revas ligation, hemo	5		
36860	Cannula declotting, w/o balloon	2		
36861	Cannula declotting w/balloon cath	4		
36870	Av fistula revision, open	5		
36901	INTRO CATH DIALYSIS CIRCUIT	1		
36902	INTRO CATH DIALYSIS CIRCUIT	6		
36903	INTRO CATH DIALYSIS CIRCUIT	7		
36904	THRMBC/NFS DIALYSIS CIRCUIT	6		
36905	THRMBC/NFS DIALYSIS CIRCUIT	7		
36906	THRMBC/NFS DIALYSIS CIRCUIT	9		
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	0		
36908	STENT PLMT CTR DIALYSIS SEG	0		
36909	DIALYSIS CIRCUIT EMBOLJ	0		
37183	Remove hepatic shunt (tips)	7		
37184	Prim art mech thrombectomy	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37185	Prim art m-thrombect add-on	0		
37186	Sec art m-thrombect add-on	0		
37187	Venous mech thrombectomy	5		
37188	Venous m-thrombectomy add-on	3		
37191	Ins endovas vena cava filtr	7		
37192	Redo endovas vena cava filtr	7		
37193	Rem endovas vena cava filter	7		
37195	Thrombolysis, cerebral, IV infusion	0		
37197	REMOVE INTRVAS FOREIGN BODY	3		
37200	Transcatheter biopsy	3		
37211	THROMBOLYTIC ART THERAPY	1		
37212	THROMBOLYTIC VENOUS THERAPY	1		
37213	THROMBLYTIC ART/VEN THERAPY	1		
37214	CESSJ THERAPY CATH REMOVAL	1		
37217	STENT PLACEMT RETRO CAROTID	3		
37218	STENT PLACEMT ANTE CAROTID	3		
37220	ILIAC REVASC	6	1/1/2026	Deleted
37221	ILIAC REVASC W/STENT	7	1/1/2026	Deleted
37222	ILIAC REVASC ADD-ON	1	1/1/2026	Deleted



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37223	ILIAC REVASC W/STENT ADD-ON	1	1/1/2026	Deleted
37224	FEM/POPL REVAS W/TLA	6	1/1/2026	Deleted
37225	FEM/POPL REVAS W/ATHER	7	1/1/2026	Deleted
37226	FEM/POPL REVASC W/STENT	7	1/1/2026	Deleted
37227	FEM/POPL REVASC STNT & ATHER	9	1/1/2026	Deleted
37228	TIB/PER REVASC W/TLA	6	1/1/2026	Deleted
37229	TIB/PER REVASC W/ATHER	7	1/1/2026	Deleted
37230	TIB/PER REVASC W/STENT	7	1/1/2026	Deleted
37231	TIB/PER REVASC STENT & ATHER	9	1/1/2026	Deleted
37232	TIB/PER REVASC ADD-ON	1	1/1/2026	Deleted
37233	TIBPER REVASC W/ATHER ADD-ON	1	1/1/2026	Deleted
37234	REVSC OPN/PRQ TIB/PERO STENT	6	1/1/2026	Deleted
37235	TIB/PER REVASC STNT & ATHER	6	1/1/2026	Deleted
37236	OPEN/PERQ PLACE STENT 1ST	7		
37237	OPEN/PERQ PLACE STENT EA ADD	6		
37238	OPEN/PERQ PLACE STENT SAME	7		
37239	OPEN/PERQ PLACE STENT EA ADD	6		
37241	VASC EMBOLIZE/OCCLUDE VENOUS	7		
37242	VASC EMBOLIZE/OCCLUDE ARTERY	7		
37243	VASC EMBOLIZE/OCCLUDE ORGAN	7		



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37244	VASC EMBOLIZE/OCCLUDE BLEED	7		
37246	TRLUML BALO ANGIOP 1ST ART	6		
37247	TRLUML BALO ANGIOP ADDL ART	1		
37248	TRLUML BALO ANGIOP 1ST VEIN	6		
37249	TRLUML BALO ANGIOP ADDL VEIN	1		
37252	INTRVASC US NONCORONARY 1ST	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
37253	INTRVASC US NONCORONARY ADDL	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
37254	Surgery on leg/pelvic arteries	6	1/1/2026	New Code
37255	Surgery on leg/pelvic arteries	0	1/1/2026	New Code
37256	Surgery on leg/pelvic arteries	6	1/1/2026	New Code
37257	Surgery on leg/pelvic arteries	0	1/1/2026	New Code
37258	Surgery on leg/pelvic arteries	6	1/1/2026	New Code
37259	Surgery on leg/pelvic arteries	0	1/1/2026	New Code
37260	Surgery on leg/pelvic arteries	6	1/1/2026	New Code
37261	Surgery on leg/pelvic arteries	0	1/1/2026	New Code
37262	Surgery on a pelvic artery	0	1/1/2026	New Code
37263	Surgery on arteries in a leg	6	1/1/2026	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37264	Surgery on arteries in a leg	0	1/1/2026	New Code
37265	Surgery on arteries in a leg	6	1/1/2026	New Code
37266	Surgery on arteries in a leg	0	1/1/2026	New Code
37267	Stent surgery on a leg artery	6	1/1/2026	New Code
37268	Stent surgery on a leg artery	0	1/1/2026	New Code
37269	Stent surgery on a leg artery	6	1/1/2026	New Code
37270	Stent surgery on a leg artery	0	1/1/2026	New Code
37271	Surgery for leg artery plaque	6	1/1/2026	New Code
37272	Surgery for leg artery plaque	0	1/1/2026	New Code
37273	Surgery for leg artery plaque	6	1/1/2026	New Code
37274	Surgery for leg artery plaque	0	1/1/2026	New Code
37275	Stent surgery on a leg artery	6	1/1/2026	New Code
37276	Stent surgery on a leg artery	0	1/1/2026	New Code
37277	Stent surgery on a leg artery	6	1/1/2026	New Code
37278	Stent surgery on a leg artery	0	1/1/2026	New Code
37279	Surgery on artery in the leg	0	1/1/2026	New Code
37280	Surgery on lower leg arteries	7	1/1/2026	New Code
37281	Surgery on lower leg arteries	0	1/1/2026	New Code
37282	Surgery on lower leg arteries	7	1/1/2026	New Code
37283	Surgery on lower leg arteries	0	1/1/2026	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37284	Surgery on lower leg arteries	7	1/1/2026	New Code
37285	Surgery on lower leg arteries	0	1/1/2026	New Code
37286	Surgery on lower leg arteries	7	1/1/2026	New Code
37287	Surgery on lower leg arteries	0	1/1/2026	New Code
37288	Surgery on lower leg arteries	7	1/1/2026	New Code
37289	Surgery on lower leg arteries	0	1/1/2026	New Code
37290	Surgery on lower leg arteries	7	1/1/2026	New Code
37291	Surgery on lower leg arteries	0	1/1/2026	New Code
37292	Surgery on lower leg arteries	7	1/1/2026	New Code
37293	Surgery on lower leg arteries	0	1/1/2026	New Code
37294	Surgery on lower leg arteries	7	1/1/2026	New Code
37295	Surgery on lower leg arteries	0	1/1/2026	New Code
37296	Surgery on arteries in a foot	7	1/1/2026	New Code
37297	Surgery on arteries in a foot	0	1/1/2026	New Code
37298	Surgery on arteries in a foot	7	1/1/2026	New Code
37299	Surgery on arteries in a foot	0	1/1/2026	New Code
37500	Endoscopy ligate perf veins	5	1/1/2026	Deleted
37501	Vascular endoscopy procedure	3		
37565	Ligation of internal jugular vein	4		
37600	Ligation of external carotid artery	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
37605	Ligation of internal carotid artery	5		
37606	Ligation of internal carotid artery	3		
37607	Ligation of angioaccess fistula	3		
37609	Ligation/biopsy of temporal artery	2		
37615	Ligation of neck artery	3		
37619	Ligation of inf vena cava	5		
37650	Ligation of femoral vein	3		
37700	Revision of leg vein	3		
37718	Ligate/strip short leg vein	3		
37722	Ligate/strip long leg vein	5		
37735	Removal of leg veins/ulcer	5		
37760	Revision of leg veins	3		
37761	Ligate leg veins open	4		
37765	Phleb veins - extrem - to 20	3		
37766	Phleb veins - extrem 20+	3		
37780	Revision of leg vein	3		
37785	Followup surgery, varicose veins	3		
37790	Penile venous occlusive procedure	4		
37799	Vascular surgery procedure NEC	UL		
38120	LAPAROSCOPY, SPLENECTOMY	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
38129	LAPAROSCOPE PROC, SPLEEN	4		
38200	Injection for spleen x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
38205	Harvest allogenic stem cells	1		
38206	Harvest auto stem cells	1		
38207	Cryopreserve stem cells	1		
38208	Thaw preserved stem cells	1		
38209	Wash harvest stem cells	1		
38210	T-cell depletion of harvest	1		
38211	Tumor cell deplete of harvst	1		
38212	Rbc depletion of harvest	1		
38213	Platelet deplete of harvest	1		
38214	Volume deplete of harvest	1		
38215	Harvest stem cell concentrte	1		
38220	Bone marrow aspiration	1		
38221	Bone marrow biopsy	1		
38222	Dx bone marrow bx & aspir	1		
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	0	1/1/2025	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	0	1/1/2025	New Code
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	0	1/1/2025	New Code
38228	CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	0	1/1/2025	New Code
38230	Bone marrow collection	5		
38232	Bone marrow harvest autolog	5		
38240	Bone marrow/stem cell xplant, allog	5		
38241	Bone marrow/stemcell xplnt, autolog	5		
38242	Lymphocyte infuse transplant	2		
38243	TRANSPLJ HEMATOPOIETIC BOOST	2		
38300	Drain lymph node lesion, simple	2		
38305	Drain lymph node lesion, extensive	3		
38308	Lymph channel surgery	3		
38500	Biopsy/remove lymph node(s)	3		
38505	Needle biopsy/remove lymph node(s)	1		
38510	Biopsy/remove lymph node(s), neck	3		
38520	Biopsy/remove lymph node(s), neck	3		
38525	Biopsy/remove lymph node(s), armpit	3		
38530	Biopsy/remove lymph node(s),mammary	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
38531	Open bx/exc inguinofem nodes	3		
38542	Explore deep node(s), neck	6		
38550	Remove neck/armpit lesion, simple	3		
38555	Remove neck/armpit lesion, complex	3		
38570	LAPAROSCOPY, LYMPH NODE BIOPSY	6		
38571	LAPAROSCOPY, LYMPHADENECTOMY	6		
38572	LAPAROSCOPY, LYMPHADENECTOMY	6		
38573	Laps pelvic lymphadec	6		
38589	LAPAROSCOPE PROC LYMPHATIC	1		
38700	Removal of neck lymph nodes	2		
38720	Removal of neck lymph nodes	3		
38724	Removal of neck lymph nodes	3		
38740	Remove armpit lymph nodes, superfic	6		
38745	Remove armpit lymph nodes, complete	6		
38760	Removal of groin lymph nodes	3		
38790	Injection for lymphatic x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
38792	IDENTIFY SENTINEL NODE	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
38794	Access thoracic lymph duct, cannula	1		
38900	IO MAP OF SENT LYMPH NODE	0		
38999	Blood/lymph system procedure NEC	UL		
39401	MEDIASTINOSCPY W/MEDSTNL BX	4		
39402	MEDIASTINOSCPY W/LMPH NOD BX	4		
40490	Biopsy of lip	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
40500	Lip shave, vermilion	2		
40510	Partial excision of lip, wedge	3		
40520	Partial excision of lip, V-excision	2		
40525	Reconstruct lip w/local flap	3		
40527	Reconstruct lip w/cross lip flap	3		
40530	Partial removal of lip	3		
40650	Repair lip vermilion	1		
40652	Repair lip, up to 1/2	1		
40654	Repair lip, over 1/2 or complex	1		
40700	Repair cleft lip/nasal deformity	5		
40701	Repair cleft lip/nasal deformity	5		
40702	Repair cleft lip/nasal deformity	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
40720	Repair cleft lip/nasal deformity	5		
40761	Repair cleft lip/nasal deformity	5		
40799	Lip surgery procedure NEC	UL		
40800	Drainage of mouth lesion, simple	1		
40801	Drain mouth lesion, complicated	1		
40804	Remove foreign body, mouth, simple	1		
40805	Remove foreign body, mouth, compl	1		
40806	Incision of lip fold	1		
40808	Biopsy of mouth	1		
40810	Excision of mouth lesion	2		
40812	Excise/repair mouth lesion, simple	1		
40814	Excise/repair mouth lesion, complx	2		
40816	Excise/repair mouth lesion, complx	3		
40818	Excise oral mucosa for graft, donor	1		
40819	Excise lip or cheek fold	1		
40820	Treatment of mouth lesion/scar	1		
40830	Repair mouth laceration	1		
40831	Repair mouth laceration	1		
40840	Reconstruction of anterior mouth	3		
40842	Reconstruction of posterior mouth	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
40843	Reconstruction of posterior mouth	3		
40844	Reconstruction of mouth	5		
40845	Reconstruction of mouth, complex	5		
40899	Mouth surgery procedure NEC	UL		
41000	Drain mouth lesion, lingual	1		
41005	Drain mouth lesion,subling,superfic	1		
41006	Drain mouth lesion, subling, deep	3		
41007	Drain mouth lesion, submental space	2		
41008	Drain mouth lesion, submandib space	2		
41009	Drain mouth lesion,masticator space	1		
41010	Incision of tongue fold	1		
41015	Drain mouth lesion, sublingual	1		
41016	Drain mouth lesion, submental	1		
41017	Drain mouth lesion, submandibular	1		
41018	Drain mouth lesion,masticator space	1		
41019	PLACE NEEDLES H & N FOR RT	3		
41100	Biopsy of anterior tongue	1		
41105	Biopsy of posterior tongue	2		
41108	Biopsy of floor of mouth	1		
41110	Excision of tongue lesion	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
41112	Excision of tongue lesion w/closure	2		
41113	Excision of tongue lesion w/closure	2		
41114	Excision of tongue lesion w/closure	3		
41115	Excision of tongue fold	1		
41116	Excision of mouth floor lesion	2		
41120	Partial removal of tongue	3		
41135	Partial removal of tongue,neck surg	3		
41250	Repair tongue/mouth laceration	2		
41251	Repair tongue/mouth laceration	2		
41252	Repair tongue/mouth laceration	1		
41500	Fixation of tongue, mechanical	3		
41510	Suture tongue to lip	2		
41512	TONGUE SUSPENSION	1		
41520	Reconstruct tongue fold	1		
41530	TONGUE BASE VOL REDUCTION	3		
41599	Tongue and mouth surgery NEC	UL		
41800	Drainage of gum lesion	1		
41805	Remove foreign body from gum	1		
41806	Remove foreign body from jawbone	1		
41820	Excision, gum, each quadrant	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
41821	Excision of gum flap	1		
41822	Remove fibrous lesions from gum	2		
41823	Remove bony lesions from gum	3		
41825	Removal of gum lesion, no repair	2		
41826	Remove gum lesion, simple repair	3		
41827	Remove gum lesion, complex repair	3		
41828	Excise hyperplastic alveolar mucosa	2		
41830	Removal of gum tissue	2		
41850	Treatment of gum lesion	2		
41870	Periodontal mucosal grafting	3		
41872	Gingivoplasty, each quadrant	2		
41874	Alveoplasty, each quadrant	3		
41899	Dental surgery procedure NEC	UL		
42000	Drainage of mouth roof lesion	2		
42100	Biopsy of roof of mouth	1		
42104	Remove mouth roof lesion,no closure	2		
42106	Remove mouth roof lesion w/closure	2		
42107	Remove mouth roof lesion,flap close	3		
42120	Remove lesion/part removal palate	5		
42140	Removal of uvula	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
42145	Revision of palate, pharynx/uvula	3		
42160	Treat mouth roof lesion	1		
42180	Repair mouth roof laceration	1		
42182	Repair mouth roof laceration	5		
42200	Reconstruct cleft palate	5		
42205	Reconstruct cleft palate	5		
42210	Reconstruct/graft cleft palate	5		
42215	Reconstruct cleft palate	5		
42220	Reconstruct cleft palate w/lengthen	5		
42225	Reconstruct cleft palate w/flap	5		
42226	Lengthening of palate, pharyng flap	5		
42227	Lengthening of palate, island flap	5		
42235	Repair anterior palate, vomer flap	2		
42260	Repair nose to lip fistula	3		
42280	Preparation of palate mold	0		
42281	Insertion of palate prosthesis	2		
42299	Palate/uvula surgery NEC	UL		
42300	Drainage of salivary gland abscess	2		
42305	Drainage of salivary gland abscess	2		
42310	Drainage of salivary gland abscess	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
42320	Drainage of salivary gland abscess	1		
42330	Removal of salivary stone, simple	1		
42335	Removal of salivary stone, complic	2		
42340	Removal of salivary stone, complic	2		
42400	Needle biopsy of salivary gland	1		
42405	Biopsy of salivary gland	3		
42408	Removal of salivary cyst	2		
42409	Drainage of salivary cyst	2		
42410	Removal of parotid gland/tumor	5		
42415	Removal of parotid gland/tumor	5		
42420	Removal of parotid gland/tumor	5		
42425	Removal of parotid gland/tumor	5		
42426	Removal of parotid gland/tumor	3		
42440	Removal of submaxillary gland	5		
42450	Removal of sublingual gland	3		
42500	Repair salivary duct, simple	3		
42505	Repair salivary duct, complicated	5		
42507	Parotid duct diversion (Wilke)	5		
42509	Divert parotid duct, remove glands	5		
42510	Parotid duct diversion, w/ligation	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
42550	Injection for salivary gland x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
42600	Closure of salivary fistula	2		
42650	Dilate salivary duct	1		
42660	Dilate/catheterize salivary duct	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
42665	Ligation of salivary duct	3		
42699	Salivary surgery procedure NEC	UL		
42700	Drainage of tonsil abscess	1		
42720	Drainage of throat abscess	2		
42725	Drainage of throat abscess	5		
42800	Biopsy of throat, oropharynx	1		
42804	Biopsy of upper nose/throat	2		
42806	Biopsy of upper nose/throat	3		
42808	Removal of pharynx lesion	3		
42809	Remove pharynx foreign body	1		
42810	Excision of neck cyst, superficial	3		
42815	Excision of neck cyst, deep	5		
42820	Remove tonsils & adenoids, under 12	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
42821	Remove tonsils & adenoids, age 12+	3		
42825	Removal of tonsils, under age 12	3		
42826	Removal of tonsils, age 12+	3		
42830	Removal of adenoids, under age 12	3		
42831	Removal of adenoids, age 12+	3		
42835	Removal of adenoids, under age 12	3		
42836	Removal of adenoids, age 12+	3		
42842	Extensive surgery of throat/tonsils	3		
42844	Extensive surgery of throat/tonsils	5		
42860	Removal of tonsil tags	3		
42870	Removal of lingual tonsil	3		
42890	Partial removal of pharynx	5		
42892	Revise pharyngeal walls,direct clos	5		
42900	Repair pharynx wound	1		
42950	Reconstruction of throat	3		
42955	Surgical opening of pharynx	3		
42960	Control throat bleeding, simple	1		
42962	Control throat bleeding, added surg	5		
42970	Control nose/throat bleeding,simple	1		
42972	Control nose/throat bleeding	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	0	1/1/2022	New Code
42999	Throat surgery procedure NEC	UL		
43020	Incise esophagus, remove object	1		
43030	Throat muscle surgery	2		
43130	Removal of esophagus pouch,cervical	5		
43180	ESOPHAGOSCOPY RIGID TRNSO	3		
43191	ESOPHAGOSCOPY RIGID TRNSO DX	1		
43192	ESOPHAGOSCP RIG TRNSO INJECT	2		
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	2		
43194	ESOPHAGOSCP RIG TRNSO REM FB	2		
43195	ESOPHAGOSCOPY RIGID BALLOON	2		
43196	ESOPHAGOSCP GUIDE WIRE DILAT	2		
43197	ESOPHAGOSCOPY FLEX DX BRUSH	1		
43198	ESOPHAGOSC FLEX TRNSN BIOPY	1		
43200	Esophagus endoscopy, diagnostic	2		
43201	Esoph scope w/submucous inj	2		
43202	Esophagus endoscopy w/biopsy	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43204	Esophagus endoscopy/inject varices	2		
43205	Esophagus endoscopy w/ligation	2		
43206	ESOPH OPTICAL ENDOMICROSCOPY	1		
43210	EGD ESOPHAGOGASTRIC FNDOPLASTY	1		
43211	ESOPHAGOSCOP MUCOSAL RESECT	1		
43212	ESOPHAGOSCOP STENT PLACEMENT	4		
43213	ESOPHAGOSCOPY RETRO BALLOON	2		
43214	ESOPHAGOSC DILATE BALLOON 30	2		
43215	Esophagus endoscopy/remove object	2		
43216	Esophagus endoscopy/remove lesion	2		
43217	Esophagus endoscopy/remove lesion	2		
43220	Esophagus endoscopy/dilation	2		
43226	Esophagus endoscopy/insert wire	2		
43227	Esophagus endoscopy, bleed control	2		
43229	ESOPHAGOSCOPY LESION ABLATE	2		
43231	Esoph endoscopy w/us exam	2		
43232	Esoph endoscopy w/us fn bx	2		
43233	EGD BALLOON DIL ESOPH30 MM/>	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43235	Upper GI endoscopy/diagnostic	2		
43236	Uppr gi scope w/submuc inj	2		
43237	Endoscopic us exam, esoph	2		
43238	Uppr gi endoscopy w/us fn bx	2		
43239	Upper GI endoscopy, w/biopsy	2		
43240	Esoph endoscope w/drain cyst	2		
43241	Upper GI endoscopy,place tube/cath	2		
43242	Uppr gi endoscopy w/us fn bx	2		
43243	Upper GI endoscopy/inject varices	2		
43244	Upper GI endoscopy w/ligation	2		
43245	Upper GI endoscopy, w/dilation	2		
43246	Upper GI endoscopy, w/gastric tube	2		
43247	Upper GI endoscopy, remove object	2		
43248	Upper GI endoscopy w/guide wire	2		
43249	Upper GI endoscopy w/esophag dilate	2		
43250	Upper GI endoscopy w/lesion removal	2		
43251	Upper GI endoscopy w/lesion removal	2		
43252	UPPR GI OPTICL ENDOMICRSCOPY	1		
43253	EGD US TRANSMURAL INJXN/MARK	2		



Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43254	EGD ENDO MUCOSAL RESECTION	1		
43255	Upper GI endoscopy, bleed control	2		
43257	Uppr gi scope w/thrml txmnt	3		
43259	Upper GI endoscopy w/ultrasound	2		
43260	Endoscopy, ERCP, diagnostic	3		
43261	Endoscopy, ERCP, w/biopsy	3		
43262	Endoscopy, ERCP, repair sphincter	3		
43263	Endoscopy, ERCP, sphincter of Oddi	3		
43264	Endoscopy, ERCP, w/stone removal	3		
43265	Endoscopy, ERCP, stone lithotripsy	3		
43266	EGD ENDOSCOPIC STENT PLACE	4		
43270	EGD LESION ABLATION	2		
43273	ENDOSCOPIC PANCREATOSCOPY	3		
43274	ERCP DUCT STENT PLACEMENT	3		
43275	ERCP REMOVE FORGN BODY DUCT	3		
43276	ERCP STENT EXCHANGE W/DILATE	3		
43277	ERCP EA DUCT/AMPULLA DILATE	3		
43278	ERCP LESION ABLATE W/DILATE	3		
43279	LAP MYOTOMY, HELLER	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43280	LAPAROSCOPY, FUNDOPLASTY	6		
43281	Lap paraesophag hern repair	6		
43282	Lap paraesoph her rpr w/mesh	6		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	5		
43285	RMVL ESOPHGL SPHNCTR DEV	4		
43286	Esphg tot w/laps mobilj	5		
43287	Esphg dstl 2/3 w/laps mobilj	5		
43288	Esphg thrsc mobilj	5		
43289	LAPAROSCOPE PROC ESOPH	4		
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	2	1/1/2023	New Code
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	2	1/1/2023	New Code
43400	Ligation of esophagus veins	6		
43420	Repair esophagus opening, cervical	3		
43450	Dilate esophagus, unguided	1		
43453	Dilate esophagus, guidewire	1		
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	3	1/1/2022	New Code
43499	Esophagus surgery procedure NEC	UL		
43510	Gastrotomy w/esophageal dilation	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43605	Biopsy of stomach, by laparotomy	3		
43644	Lap gastric bypass/roux-en-y	6		
43645	Lap gastr bypass incl smll i	6		
43647	LAP IMPL ELECTRODE, ANTRUM	6		
43648	LAP REVISE/REMOVE ELECTRODE ANTRUM	4		
43651	LAPAROSCOPY ,VAGUS NERVE	6		
43652	LAPAROSCOPY, VAGUS NERVE	6		
43653	LAPAROSCOPY, GASTROSTOMY	6		
43659	LAPAROSCOPE PROC,STOMACH	1		
43752	Nasal/orogastric w/stent	1		
43753	TX GASTRO INTUB W/ASP	0		
43754	DX GASTR INTUB W/ASP SPEC	0		
43755	DX GASTR INTUB W/ASP SPECS	0		
43756	DX DUOD INTUB W/ASP SPEC	0		
43757	DX DUOD INTUB W/ASP SPECS	2		
43760	Change gastrostomy tube	0		
43761	Reposition gastrostomy tube	0		
43762	Rplc gtube no revj trc	0		
43763	Rplc gtube revj gstrst trc	0		
43770	Lap, place gastr adjust band	8		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
43771	Lap, revise adjust gast band	4		
43772	Lap, remove adjust gast band	4		
43773	Lap, change adjust gast band	5		
43774	Lap remov adj gast band/port	6		
43775	Lap sleeve gastrectomy	6		
43830	Place temporary gastrostomy tube	3		
43831	Place gastrostomy tube, newborn	2		
43843	Gastric revision for obesity	5		
43870	Repair stomach opening	2		
43886	Revise gastric port, open	3		
43887	Remove gastric port, open	1		
43888	Change gastric port, open	3		
43889	Surgery to reduce stomach	6	1/1/2026	New Code
43999	Stomach surgery procedure NEC	UL		
44100	Biopsy of bowel	2		
44180	Lap, enterolysis	6		
44186	Lap, jejunostomy	6		
44202	LAPAROSCOPY, RESECT INTESTINE	5		
44203	Lap resect s/intestine, addl	5		
44204	Laparo partial colectomy	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
44206	Lap part colectomy w/stoma	6		
44207	L colectomy/coloproctostomy	6		
44208	L colectomy/coloproctostomy	6		
44213	Lap, mobil splenic fl add-on	4		
44238	Laparoscope proc, intestine	4		
44312	Revision of ileostomy, simple	3		
44340	Revision of colostomy, simple	3		
44345	Revision of colostomy, complicated	4		
44346	Revision of colostomy/hernia repair	4		
44360	Small bowel endoscopy/diagnostic	2		
44361	Small bowel endoscopy/biopsy	2		
44363	Small bowel endoscopy/remove object	2		
44364	Small bowel endoscopy/remove lesion	2		
44365	Small bowel endoscopy/remove lesion	2		
44366	Small bowel endoscopy for bleeding	2		
44369	Small bowel endoscopy/remove lesion	2		
44370	Small bowel endoscopy/stent	3		
44372	Small bowel endoscopy/place tube	2		
44373	Small bowel endoscopy/replace tube	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
44376	Small bowel endoscopy/diagnostic	2		
44377	Small bowel endoscopy/biopsy	2		
44378	Small bowel endoscopy/bleed control	2		
44379	S bowel endoscope w/stent	3		
44380	Small bowel endoscopy, thru stoma	2		
44381	SMALL BOWEL ENDOSCOPY BR/WA	2		
44382	Small bowel endoscopy, thru stoma	2		
44384	SMALL BOWEL ENDOSCOPY	2		
44385	Endoscopy of bowel pouch/diagnostic	2		
44386	Endoscopy of bowel pouch/biopsy	2		
44388	Colonoscopy, diagnostic	2		
44389	Colonoscopy, w/biopsy	2		
44390	Colonoscopy, w/foreign body removal	2		
44391	Colonoscopy, w/bleeding control	2		
44392	Colonoscopy, remove lesion, cautery	2		
44394	Colonoscopy, remove lesion, w/snare	2		
44401	COLONOSCOPY WITH ABLATION	2		
44402	COLONOSCOPY W/STENT PLCMT	2		
44403	COLONOSCOPY W/RESECTION	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
44404	COLONOSCOPY W/INJECTION	2		
44405	COLONOSCOPY W/DILATION	2		
44406	COLONOSCOPY W/ULTRASOUND	2		
44407	COLONOSCOPY W/NDL ASPIR/BX	2		
44408	COLONOSCOPY W/DECOMPRESSION	2		
44500	Introduce GI tube (Miller-Abbott)	1		
44701	Intraop colon lavage add-on	0		
44705	PREPARE FECAL MICROBIOTA	1		
44799	Intestinal surgery procedure NEC	UL		
44950	Removal of appendix	3		
44955	Appendectomy w/other procedure	0		
44970	LAPAROSCOPY, APPENDECTOMY	6		
44979	LAPARPSCOPE PROC, APP	4		
45000	Drainage of pelvic abscess	2		
45005	Drainage of rectal abscess	2		
45020	Drainage of rectal abscess, deep	2		
45100	Biopsy of rectum	3		
45108	Removal of anorectal lesion	3		
45123	Partial removal of rectum	6		
45150	Removal of rectal stricture	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
45160	Removal of rectal tumor	3		
45171	Exc rect tum transanal part	2		
45172	Exc rect tum transanal full	3		
45190	Destroy rectal tumor, any method	3		
45300	Proctosigmoidoscopy/diagnostic	1		
45303	Proctosigmoidoscopy/dilation	2		
45305	Proctosigmoidoscopy/biopsy	2		
45307	Proctosigmoidoscopy/remove object	3		
45308	Proctosigmoidoscopy/remove lesion	2		
45309	Proctosigmoidoscopy/remove lesion	2		
45315	Proctosigmoidoscopy/remove lesions	2		
45317	Proctosigmoidoscopy/bleeding contrl	2		
45320	Proctosigmoidoscopy/remove tumor	3		
45321	Proctosigmoidoscopy/decompression	3		
45327	Proctosigmoidoscopy w/stent	3		
45330	Sigmoidoscopy/diagnostic	1		
45331	Sigmoidoscopy/biopsy	1		
45332	Sigmoidoscopy/remove foreign body	1		
45333	Sigmoidoscopy/remove lesion	2		
45334	Sigmoidoscopy w/bleeding control	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
45335	Sigmoidoscope w/submuc inj	1		
45337	Sigmoidoscopy/decompression	1		
45338	Sigmoidoscopy/remove lesion w/snare	2		
45340	Sig w/balloon dilation	2		
45341	Sigmoidoscopy w/ultrasound	2		
45342	Sigmoidoscopy w/us guide bx	2		
45346	SIGMOIDOSCOPY W/ABLATION	2		
45347	SIGMOIDOSCOPY W/PLCMT STENT	2		
45349	SIGMOIDOSCOPY W/RESECTION	2		
45350	SGMDSC W/BAND LIGATION	2		
45378	Colonoscopy, diagnostic	2		
45379	Colonoscopy/remove foreign body	2		
45380	Colonoscopy/biopsy	2		
45381	Colonoscope, submucous inj	2		
45382	Colonoscopy, w/bleeding control	2		
45384	Colonoscopy/remove lesion w/cautery	2		
45385	Colonoscopy/remove lesion w/snare	2		
45386	with dilation by balloon, 1 or more strictures	2		
45388	COLONOSCOPY W/ABLATION	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
45389	COLONOSCOPY W/STENT PLCMT	2		
45390	COLONOSCOPY W/RESECTION	2		
45391	Colonoscopy w/endoscope us	2		
45392	Colonoscopy w/endoscopic fnb	2		
45393	COLONOSCOPY W/DECOMPRESSION	2		
45398	COLONOSCOPY W/BAND LIGATION	2		
45399	UNLISTED PROCEDURE COLON	UL		
45499	Laparoscope proc, rectum	4		
45500	Repair rectal/anal stricture	3		
45505	Repair rectal membrane prolapse	4		
45520	Treatment of rectal prolapse	1		
45541	Correct rectal prolapse	4		
45560	Repair rectocele	4		
45900	Reduction of rectal prolapse	1		
45905	Dilation of anal sphincter	3		
45910	Dilation of rectal narrowing	3		
45915	Remove rectal obstruction	2		
45990	Surg dx exam, anorectal	3		
45999	Rectum surgery procedure NEC	UL		
46020	Placement of seton	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
46030	Removal of rectal marker	1		
46040	Drainage of rectal abscess	3		
46045	Drainage of rectal abscess	3		
46050	Drainage of anal abscess	2		
46060	Drainage of rectal abscess	3		
46070	Incision of anal septum, infant	2		
46080	Incision of anal sphincter	3		
46083	Incision of external hemorrhoid	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
46200	Removal of anal fissure	3		
46220	Removal of anal tag	2		
46221	Ligation of hemorrhoid(s)	1		
46230	Removal of anal tags	3		
46250	Removal of external hemorrhoids	3		
46255	Removal of hemorrhoids, simple	3		
46257	Removal of hemorrhoids & fissure	3		
46258	Removal of hemorrhoids & fistula	3		
46260	Removal of hemorrhoids, complex	3		
46261	Removal of hemorrhoids & fissure	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
46262	Removal of hemorrhoids & fistula	3		
46270	Remove anal fistula, subcutaneous	3		
46275	Remove anal fistula, submuscular	3		
46280	Remove anal fistula, complex/mult	3		
46285	Remove anal fistula, second stage	3		
46288	Close anal fissure w/rectal advance	3		
46320	Remove hemorrhoid clot	3		
46500	Inject hemorrhoids w/sclerosing	2		
46505	Chemodenervation anal musc	3		
46600	Anoscopy, diagnostic	0		
46601	DIAGNOSTIC ANOSCOPY	0		
46604	Anoscopy, w/dilation	2		
46606	Anoscopy, w/biopsy	1		
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	2		
46608	Anoscopy, w/foreign body removal	2		
46610	Anoscopy, remove lesion	3		
46611	Anoscopy, remove lesion, w/snare	2		
46612	Anoscopy, remove lesions	3		
46614	Anoscopy, w/bleeding control	1		
46615	Anoscopy, remove lesion	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
46700	Repair of anal stricture, adult	3		
46706	Repr of anal fistula w/glue	4		
46707	Repair anorectal fist w/plug	4		
46750	Repair of anal sphincter, adult	4		
46753	Reconstruct anus w/graft	3		
46754	Removal of suture from anus	3		
46760	Revision of anal sphincter, adult	4		
46761	Revision of anal sphincter, adult	4		
46762	Revision of anal sphincter, adult	4		
46900	Chem destruction of anal lesion(s)	0		
46910	Electr destruction, anal lesion(s)	2		
46916	Cryosurg removal of anal lesion(s)	0		
46917	Laser destruction of anal lesion(s)	3		
46922	Surgical removal of anal lesion(s)	3		
46924	Destruction of anal lesion(s)	3		
46930	DESTROY INTERNAL HEMORRHOIDS	1		
46940	Treatment of anal fissure	3		
46942	Retreatment of anal fissure	1		
46945	Ligation of internal hemorrhoids	2		
46946	Ligation of internal hemorrhoids	2		
46947	Hemorrhoidopexy by stapling	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	3		
46999	Anal surgery procedure NEC	UL		
47000	Needle biopsy of liver	2		
47001	Needle biopsy of liver w/other proc	0		
47015	Inject/aspirate liver cyst/abscess	2		
47370	Laparo ablate liver tumor rf	7		
47371	Laparo ablate liver cryosug	7		
47379	Laparoscope procedure, liver	4		
47382	Percut ablate liver rf	6		
47383	PERQ ABLTJ LVR CRYOABLATION	6		
47384	Electrical treatment on tumor	6	1/1/2026	New Code
47399	Liver surgery procedure NEC	UL		
47490	Incision of gallbladder	4		
47531	INJECTION FOR CHOLANGIOGRAM	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
47532	INJECTION FOR CHOLANGIOGRAM	1		
47533	PLMT BILIARY DRAINAGE CATH	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
47534	PLMT BILIARY DRAINAGE CATH	4		
47535	CONVERSION EXT BIL DRG CATH	2		
47536	EXCHANGE BILIARY DRG CATH	2		
47537	REMOVAL BILIARY DRG CATH	2		
47538	PERQ PLMT BILE DUCT STENT	4		
47539	PERQ PLMT BILE DUCT STENT	4		
47540	PERQ PLMT BILE DUCT STENT	4		
47541	PLMT ACCESS BIL TREE SM BWL	4		
47542	DILATE BILIARY DUCT/AMPULLA	3		
47543	ENDOLUMINAL BX BILIARY TREE	4		
47544	REMOVAL DUCT GLBLDR CALCULI	3		
47550	Bile duct endoscopy	1		
47552	Biliary endoscopy thru skin, diag	4		
47553	Biliary endoscopy thru skin, biopsy	4		
47554	Biliary endoscopy thru skin, stone	4		
47555	Biliary endoscopy thru skin, dilate	4		
47556	Biliary endoscopy thru skin, dilate	4		
47562	LAPAROSCOPIC CHOLECYSTECTOMY	6		
47563	LAPAROSCOPIC CHOLECYSTECTOMY GRAPH	6		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
47564	LAPAROSCOPIC CHOLECYSTECTOMY / EXPLORATION	6		
47579	LAPAROSCOPE PROC, BILIARY	4		
47999	Bile tract surgery procedure NEC	UL		
48102	Biopsy of pancreas, needle	2		
48999	Pancreas surgery procedure NEC	UL		
49000	Exploration of abdomen	4		
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	n/a		
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	n/a		
49082	Abd paracentesis	1		
49083	Abd paracentesis w/imaging	1		
49084	Peritoneal lavage	1		
49180	Needle biopsy of abdominal mass	2		
49185	SCLEROTX FLUID COLLECTION	4		
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	3	1/1/2025	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	3	1/1/2025	New Code
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	6	1/1/2025	New Code
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	6	1/1/2025	New Code
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	7	1/1/2025	New Code
49203	EXC ABD TUM 5 CM OR LESS	3	1/1/2025	Deleted
49204	EXC ABD TUM OVER 5 CM	6	1/1/2025	Deleted
49205	EXC ABD TUM OVER 10 CM	6	1/1/2025	Deleted
49250	Removal of umbilicus	3		
49320	DIAG LAPAROSCOPIC SEPERATE PROC	4		
49321	LAPAROSCOPY, BIOPSY	4		
49322	LAPAROSCOPY, ASPIRATION	4		
49323	LAPARO DRAIN LYMPHOCELE	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49324	LAP INSERT PERM IP CATH	4		
49325	LAP REVISION PERM IP CATH	4		
49326	LAP W/OMENTOPEXY ADD-ON	0		
49327	LAP INS DEVICE FOR RT	0		
49329	LAPAROSCOPIC PROC, ABDOM/PER/OMENT	4		
49400	Inject air/contrast into abdomen	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
49402	REMOVE FOREIGN BODY ABDOMEN	3		
49405	IMAGE CATH FLUID COLXN VISC	2		
49406	IMAGE CATH FLUID PERI/RETRO	2		
49407	IMAGE CATH FLUID TRNS/VGNL	2		
49411	Ins mark abd/pel for rt perq	1		
49418	INSERT TUN IP CATH PERC	2		
49419	Insrt abdom cath for chemotx	4		
49421	Insert permanent abdominal drain	4		
49422	Remove permanent abdominal drain	3		
49423	Exchange prev drainage catheter	2		
49424	Contrast inject via prev catheter	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49425	Insert peritoneal-venous shunt	2		
49426	Revise peritoneal-venous shunt	3		
49427	Injection for abdominal shunt	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
49428	Ligation of peritoneal-venous shunt	2		
49429	Removal of peritoneal-venous shunt	3		
49435	INSERT SUBQ EXTEN TO IP CATH	2		
49436	EMBEDDED IP CATH EXIT-SITE	2		
49440	PLACE GASTROSTOMY TUBE PERC	2		
49441	PLACE DUOD/JEJ TUBE PERC	2		
49442	PLACE CECOSTOMY TUBE PERC	2		
49446	CHANGE G-TUBE TO G-J PERC	2		
49450	REPLACE G/C TUBE PERC	1		
49451	REPLACE DUOD/JEJ TUBE PERC	1		
49452	REPLACE G-J TUBE PERC	1		
49460	FIX G/COLON TUBE W/DEVICE	1		
49465	FLUORO EXAM G/COLON TUBE	1		
49491	Repairing hern premie reduc	4		
49492	Rpr ing hern premie, blocked	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49495	Repair inguinal hernia, under 6 mo	4		
49496	Repair inguinal hernia, under 6 mo	4		
49500	Repair inguinal hernia, under age 5	4		
49501	Repair inguinal hernia, under age 5	4		
49505	Repair inguinal hernia, age 5+	4		
49507	Repair inguinal hernia, age 5+	4		
49520	Repair recurrent inguinal hernia	4		
49521	Repair recurrent inguinal hernia	4		
49525	Repair sliding hernia	4		
49540	Repair lumbar hernia	4		
49550	Repair initial femoral hernia	4		
49553	Repair initial femoral hernia	4		
49555	Repair recurrent femoral hernia	4		
49557	Repair recurrent femoral hernia	4		
49560	Rep initial incision/ventral hernia	4	1/1/2023	Deleted
49561	Rep initl incision/ventral hernia	4	1/1/2023	Deleted
49565	Rep recurrent incision/vent hernia	4	1/1/2023	Deleted
49566	Rep recurrent incision/vent hernia	4	1/1/2023	Deleted
49568	Rep incision/ventral hernia w/mesh	0	1/1/2023	Deleted
49570	Repair epigastric hernia	4	1/1/2023	Deleted

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49572	Repair epigastric hernia	4	1/1/2023	Deleted
49580	Repair umbilical hernia, under 5 yr	4	1/1/2023	Deleted
49582	Repair umbilical hernia, under 5 yr	4	1/1/2023	Deleted
49585	Repair umbilical hernia, age 5+ yr	4	1/1/2023	Deleted
49587	Repair umbilical hernia, age 5+ yr	4	1/1/2023	Deleted
49590	Repair spigelian hernia	4	1/01/2023	Deleted
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	4	1/1/2023	New Code
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	4	1/1/2023	New Code
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	4	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	4	1/1/2023	New Code
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	4	1/1/2023	New Code
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	4	1/1/2023	New Code
49600	Repair umbilical lesion, small	4		
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	4	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	4	1/1/2023	New Code
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	4	1/1/2023	New Code
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	4	1/1/2023	New Code
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	4	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	4	1/1/2023	New Code
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	4	1/1/2023	New Code
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	4	1/1/2023	New Code
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	4	1/1/2023	New Code
49650	LAPAROSCOPIC HERNIA REPAIR INTIAL	6		
49651	LAPAROSCOPIC HERNIA REAPIR RECURRENT	6		
49652	LAP VENT/ABD HERNIA REPAIR	6	1/1/2023	Deleted
49653	LAP VENT/ABD HERNIA PROC COMP	6	1/1/2023	Deleted
49654	LAP INC HERNIA REPAIR	6	1/1/2023	Deleted
49655	LAP INC HERNIA REPAIR COMP	6	1/1/2023	Deleted

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
49656	LAP INC HERNIA REPAIR RECUR	6	1/1/2023	Deleted
49657	LAP INC HERNIA RECUR COMP	6	1/1/2023	Deleted
49659	LAPAROSCOPIC PROCEDURE , HERNIA REPAIR	4		
49999	Abdomen surgery procedure NEC	UL		
50020	Drainage of kidney abscess, open	3		
50040	Drainage of kidney	3		
50080	Removal of kidney stone, up to 2cm	6		
50081	Removal of kidney stone, over 2cm Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy) over 2 cm	6		Code Description updated effective 1/1/2023
50200	Needle biopsy of kidney	2		
50382	Change ureter stent, percut	3		
50384	Remove ureter stent, percut	2		
50385	CHANGE STENT VIA TRANSURETH	3		
50386	REMOVE STENT VIA TRANSURETH	1		
50387	Change ext/int ureter stent	2		
50389	Remove renal tube w/fluoro	1		
50390	Needle drainage of kidney lesion	2		
50391	Instill rx agnt into renal tub	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
50395	Create passage to kidney thru skin	3		
50396	Measure kidney pressure thru tube	1		
50430	NJX PX NFROSGRM &/URTRGRM	1		
50431	NJX PX NFROSGRM &/URTRGRM	1		
50432	PLMT NEPHROSTOMY CATHETER	1		
50433	PLMT NEPHROURETERAL CATHETER	1		
50434	CONVERT NEPHROSTOMY CATHETER	1		
50435	EXCHANGE NEPHROSTOMY CATH	2		
50436	Dilat xst trc ndurlgc px	2		
50437	Dilat xst trc new access rcs	3		
50520	Repair of kidney-skin fistula	1		
50541	LAPAROSCOPIC ABLATE RENAL CYST	4		
50542	Laparo ablate renal mass	7		
50543	Laparo partial nephrectomy	6		
50544	LAPAROSCOPY,PYELOPLASTY	4		
50549	LAPAROSCOPE PROC , RENAL	4		
50551	Kidney endoscopy	1		
50553	Kidney endoscopy/catheterization	3		
50555	Kidney endoscopy/biopsy	1		
50557	Kidney endoscopy/treatment	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
50561	Kidney endoscopy/remove object	3		
50562	Renal scope w/tumor resect	1		
50570	Kidney endoscopy	1		
50572	Kidney endoscopy/catheterization	1		
50574	Kidney endoscopy/biopsy	1		
50575	Kidney endoscopy/endopyelotomy	4		
50576	Kidney endoscopy/treatment	2		
50580	Kidney endoscopy/remove object	2		
50590	Fragment kidney stone by shock wave	5		
50592	Perc rf ablate renal tumor	6		
50593	PERCUT CRYO ABLATE RENAL TUM	6		
50606	ENDOLUMINAL BX URTR RNL PLVS	0		
50684	Injection for ureter x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
50686	Measure ureter pressure	0		
50688	Change of ureter tube	2		
50690	Injection for ureter x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
50693	PLMT URETERAL STENT PRQ	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
50694	PLMT URETERAL STENT PRQ	3		
50695	PLMT URETERAL STENT PRQ	3		
50705	URETERAL EMBOLIZATION/OCCL	1		
50706	BALLOON DILATE URTRL STRIX	1		
50727	Revision of ureter-skin fusion	3		
50945	LAPAROSCOPY URETEROLITHOTOMY	6		
50947	Laparo new ureter/bladder	6		
50948	Laparo new ureter/bladder	6		
50949	Laparoscope proc, ureter	4		
50951	Ureter endoscopy	1		
50953	Ureter endoscopy/catheterization	1		
50955	Ureter endoscopy/biopsy	3		
50957	Ureter endoscopy/treatment	3		
50961	Ureter endoscopy/remove object	3		
50970	Ureter endoscopy	1		
50972	Ureter endoscopy/catheterization	1		
50974	Ureter endoscopy/biopsy	2		
50976	Ureter endoscopy/treatment	2		
50980	Ureter endoscopy/remove object	3		
51020	Cystotomy or cystostomy, with fulguration and/or insertion of radioactive material	3		
51030	Bladder surgery, w/cryosurgery	3	1/1/2025	Deleted
51040	Surgical drainage of bladder	3		
51045	Insert bladder drain	1		
51050	Removal of bladder stone	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
51060	Removal of ureter stone	4		
51065	Removal of ureter stone	3		
51080	Drainage of bladder abscess	3		
51100	DRAIN BLADDER BY NEEDLE	1		
51101	DRAIN BLADDER BY TROCAR/CATH	1		
51102	DRAIN BL W/CATH INSERT	3		
51500	Removal of bladder cyst	4		
51520	Removal of bladder lesion	3		
51525	Removal of bladder diverticulum	4		
51530	Removal of bladder tumor	4		
51535	Repair/remove ureterocele	3		
51600	Injection for bladder x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51605	Preparation for bladder x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51610	Injection for bladder x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
51700	Irrigation of bladder, simple	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51701	Insert bladder catheter	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51702	Insert temp bladder cath	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51703	Insert bladder cath, complex	0		
51705	Change of bladder tube, simple	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51710	Change of bladder tube, complicated	1		
51715	Endoscopic inject, implant material	4		
51720	Treatment of bladder lesion	0		
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	6	1/1/2025	New Code
51725	Simple cystometrogram	0		
51726	Complex cystometrogram	1		
51727	Cystometrogram w/up	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
51728	Cystometrogram w/vp	1		
51729	Cystometrogram w/ vp&up	1		
51736	Urine flow measurement, simple	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51741	Urine flow measurement, complex	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51784	EMG study, anal/urethral sphincter	0		
51785	Anal/urinary muscle study, needle	0		
51792	Urinary reflex study	0		
51797	Intra-abdom voiding pressure test	0		
51798	Us urine capacity measure	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
51840	Attach bladder/urethra, simple	3		
51841	Attach bladder/urethra, complicated	3		
51845	Repair of bladder neck	5		
51860	Repair of bladder wound, simple	3		
51865	Repair of bladder wound, complicated	4		
51880	Repair of bladder opening	3		
51900	Repair of bladder-vagina fistula	4		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
51920	Repair of bladder-uterus fistula	3		
51980	Construct bladder opening to skin	3		
51990	LAPAROSCOPIC URETHRAL SUSPENSION	6		
51992	LAPAROSCOPIC SLING OPERATION	6		
51999	Laparoscope proc, bladder	4		
52000	Cystoscopy	1		
52001	Cystoscopy, removal of clots	2		
52005	Cystoscopy/ureteral catheter	3		
52007	Cystoscopy/biopsy	3		
52010	Cystoscopy/ejaculat duct catheter	1		
52204	Cystoscopy/biopsy	3		
52214	Cystoscopy/treatment	3		
52224	Cystoscopy/treat minor lesion(s)	3		
52234	Cystoscopy/treat sml bladder tumor	3		
52235	Cystoscopy/treat med bladder tumor	3		
52240	Cystoscopy/treat lge bladder tumor	3		
52250	Cystoscopy/radiotracer	3		
52260	Cystoscopy/dilate bladder	2		
52265	Cystoscopy/dilate bladder	1		
52270	Cystoscopy/revise female urethra	2		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
52275	Cystoscopy/revise male urethra	3		
52276	Cystoscopy/urethra surgery	3		
52277	Cystoscopy/sphincter surgery	3		
52281	Cystoscopy/treatment of stricture	2		
52282	Cystoscopy w/insertion of stent	4		
52283	Cystoscopy/steroid injection	3		
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	3	1/1/2024	New Code
52285	Cystoscopy/treatment	2		
52287	CYSTOSCOPY CHEMODENERVATION	3		
52290	Cystoscopy/ureteral meatotomy	3		
52300	Cystoscopy, orthotopic ureterocele	3		
52301	Cystoscopy, ectopic ureterocele	3		
52305	Cystoscopy/treat bladder lesion	3		
52310	Cystoscopy/remove object, simple	2		
52315	Cystoscopy/remove object, complic	3		
52317	Remove small bladder stone, simple	3		
52318	Remove large bladder stone, complic	3		
52320	Cystoscopy/stone removal	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
52325	Cystoscopy/stone fragmentation	3		
52327	Cystoscopy w/material injection	4		
52330	Cystoscopy/manipulation	3		
52332	Cystoscopy/insertion of stent	3		
52334	Creation of passage to kidney	3		
52341	Cysto w/ureter stricture tx	3		
52342	Cysto w/up stricture tx	3		
52343	Cysto w/renal stricture tx	3		
52344	Cysto/uretero, stone remove	3		
52345	Cysto/uretero w/up stricture	3		
52346	Cystouretero w/renal strict	3		
52351	Cystouretro & or pyeloscope	3		
52352	Cystouretro w/stone remove	3		
52353	Cystouretero w/lithotripsy	4		
52354	Cystouretero w/biopsy	3		
52355	Cystouretero w/excise tumor	3		
52356	CYSTO/URETERO W/LITHOTRIPSY	5		
52400	Cystouretero w/congen repr	3		
52402	Cystourethro cut ejacul duct	3		
52441	CYSTOURETHRO W/IMPLANT	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
52442	CYSTOURETHRO W/ADDL IMPLANT	1		
52443	Treat an enlarged prostate	3	1/1/2026	New Code
52450	Incision of prostate	3		
52500	Revision of bladder neck	3		
52597	Robotic surgery on prostate	3	1/1/2026	New Code
52601	Removal of prostate (TURP)	4		
52630	Remove prostate tissue regrowth	4		
52640	Relieve bladder neck contracture	3		
52647	Prostate laser surgery, non-contact	6	1/1/2026	Deleted
52648	Prostate laser surgery, contact	6		
52649	2 PROSTATE LASER ENUCLEATION	6		
52700	Drainage of prostate abscess	3		
53000	Incision of pendulous urethra	3		
53010	Incision of perineal urethra	3		
53020	Incision of urinary meatus	3		
53025	Incision of urinary meatus, infant	3		
53040	Drainage of deep urethra abscess	3		
53060	Drainage of urethra abscess/cyst	3		
53080	Drainage of urinary leakage, uncompl	3		
53085	Drainage of urinary leakage, compl	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
53200	Biopsy of urethra	3		
53210	Removal of female urethra	4		
53215	Removal of male urethra	3		
53220	Destruction of urethra lesion	4		
53230	Removal of urethra lesion, female	4		
53235	Removal of urethra lesion, male	3		
53240	Surgery for urethra pouch	4		
53250	Removal of urethral gland	3		
53260	Destruction of urethral polyp(s)	3		
53265	Destruction of urethral caruncle	3		
53270	Removal of urethral glands	3		
53275	Repair of urethra prolapse	3		
53400	Revision of urethra, 1st stage	4		
53405	Revision of urethra, 2nd stage	4		
53410	Reconstruction of urethra	4		
53415	Reconstruction of urethra	5		
53420	Reconstruction of urethra, stage 1	4		
53425	Reconstruction of urethra, stage 2	4		
53430	Reconstruction of female urethra	4		
53431	Reconstruct urethra/bladder	4		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
53440	Correct bladder function, male	7		
53442	Removal of perineal prosthesis	4		
53444	Insert tandem cuff	7		
53445	Correct urine flow control	8		
53446	Remove uro sphincter	4		
53447	Remove/revise artificial sphincter	8		
53448	Remov/replc ur sphinctr comp	1		
53449	Correct artificial sphincter	4		
53450	Revision of urinary meatus	4		
53460	Revision of urinary meatus	3		
53500	Urethrllys, transvag w/ scope	4		
53502	Repair of female urethra injury	3		
53505	Repair of male urethra injury	4		
53510	Repair of male urethra injury	3		
53515	Repair of male urethra injury	4		
53520	Repair of male urethra defect	4		
53600	Dilate male urethra stricture	0		
53601	Re-dilate male urethra stricture	0		
53605	Dilate male urethra stricture	2		
53620	Dilate male urethra stricture	1		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
53621	Dilate male urethra stricture	0		
53660	Dilation of female urethra	0		
53661	Re-dilate female urethra	0		
53665	Dilation of female urethra	3		
53850	Destroy prostate tissue, microwave	6		
53852	Destroy prostate tissue, radiofreq	6		
53854	Trurl dstrj prst8 tiss rf wv	3		
53855	Insert prost urethral stent	1		
53860	TRANSURETHRAL RF TREATMENT	2		
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	3	1/1/2025	New Code
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	0	1/1/2025	New Code
53899	Urology surgery procedure NEC	UL		
54000	Slitting of prepuce, newborn	3		
54001	Slitting of prepuce	3		
54015	Drainage of deep penis lesion	3		
54050	Chemical destruction, penis lesion	0		
54055	Electro-destruction, penis lesion	2		
54056	Cryosurgery, penis lesion(s)	0		
54057	Laser surgery, penis lesion(s)	3		
54060	Removal of penis lesion(s)	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
54065	Destruction, penis lesion,extensive	3		
54100	Biopsy of penis, skin	2		
54105	Biopsy of penis, deep	3		
54110	Remove penis lesion	4		
54111	Remove penis lesion, w/graft to 5cm	4		
54112	Remove penis lesion, w/graft 5cm+	4		
54115	Remove object from penis tissue	3		
54120	Partial removal of penis	4		
54125	Removal of penis	2		
54150	Circumcision, newborn	3		
54160	Circumcision, surgical, newborn	3		
54161	Circumcision, surgical, not newborn	3		
54162	Lysis penil circumcisis lesion	3		
54163	Repair of circumcision	3		
54164	Frenulotomy of penis	3		
54200	Injection treatment of penis lesion	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
54205	Injection treatment of penis lesion	4		
54220	Irrigation treatment, penis lesion	0		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
54230	Injection for penis x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
54231	Dynamic cavernosometry	3		
54235	Injection of penis	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
54240	Penis pressure study	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
54250	Test penile erection/rigidity	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
54300	Correction of chordee	4		
54304	Revise penis for chordee/hypospadias	4		
54308	Revise urethra, repair hypospadias	4		
54312	Revise urethra, repair hypospadias	4		
54316	Revise urethra, repair hypospadias	4		
54318	Revise urethra, repair hypospadias	4		
54322	Hypospadias repair w/meatus advance	4		
54324	Hypospadias repair w/skin flaps	4		
54326	Hypospadias repair w/skin flaps	4		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
54328	Revision of penis and urethra	4		
54332	Revision of penis and urethra	4		
54336	Revision of penis and urethra	4		
54340	Followup hypospadias surgery	4		
54344	Followup hypospadias surgery	4		
54348	Followup hypospadias surgery	4		
54352	Reconstruction of penis and urethra	4		
54360	Correction of penis angulation	4		
54380	Repair epispadias, penis	4		
54385	Repair epispadias, penis	4		
54390	Repair epispadias, penis & bladder	5		
54400	Insert semi-rigid prosthesis, penis	7		
54401	Insert self-contd prosthesis, penis	8		
54405	Insert multi-comp prosthesis, penis	8		
54406	Remove multi-comp penis pros	4		
54408	Repair multi-comp penis pros	4		
54410	Remove/replace penis prosth	8		
54411	Remv/replc penis pros, comp	1		
54415	Remove self-contd penis pros	4		
54416	Remv/repl penis contain pros	8		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
54417	Remv/replc penis pros, compl	1		
54420	Revision of penis w/vein shunt	4		
54435	Create penis fistula	4		
54437	REPAIR CORPOREAL TEAR	4		
54438	REPLANTATION OF PENIS	4	1/1/2025	Deleted
54440	Repair of penis injury	4		
54450	Foreskin manipulation/stretching	0		Procedure Not Eligible for Separate Surgical Reimbursement
54500	Needle biopsy of testis	2		
54505	Biopsy of testis	3		
54512	Excise lesion testis	3		
54520	Removal of testis, simple	3		
54522	Orchiectomy, partial	3		
54530	Radical removal of testis/tumor	4		
54535	Radical removal of testis/tumor	4		
54550	Exploration for undescended testis	4		
54560	Exploration for undescended testis	3		
54600	Reduction of testis torsion	3		
54620	Fixation of contralateral testis	3		
54640	Orchiopexy, inguinal approach	4		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
54650	Orchiopexy (Fowler-Stephens)	4		
54660	Insertion of testis prosthesis	3		
54670	Repair of testis injury	3		
54680	Relocation of testis(es) to thigh	3		
54690	LAPAROSCOPY, ORCHIECTOMY	6		
54692	LAPAROSCOPY ORCHIOPEXY	6		
54699	LAPAROSCOPE PROC TESTIS	4		
54700	Drainage of scrotum	3		
54800	Needle biopsy of epididymis	1		
54830	Removal of epididymis lesion	3		
54840	Removal of spermatocele	3		
54860	Removal of epididymis, unilateral	3		
54861	Removal of epididymis, bilateral	3		
54865	EXPLORE EPIDIDYMIS	3		
54900	Fusion of spermatic ducts, unilat	3		
54901	Fusion of spermatic ducts, bilat	3		
55000	Puncture drainage of hydrocele	1		
55040	Removal of hydrocele, unilateral	4		
55041	Removal of hydrocele, bilateral	4		
55060	Repair of hydrocele	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
55100	Drainage of scrotum abscess	2		
55110	Exploration of scrotum	3		
55120	Removal of scrotum foreign body	3		
55150	Removal of scrotum	3		
55175	Revision of scrotum, simple	3		
55180	Revision of scrotum, complicated	3		
55200	Incision of sperm duct	3		
55250	Vasectomy	3		
55300	Incision of sperm duct for x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
55400	Repair of sperm duct	3		
55450	Ligation of sperm duct	3		
55500	Removal of hydrocele	3		
55520	Removal of sperm cord lesion	3		
55530	Revision of spermatic cord veins	3		
55535	Revision of spermatic cord veins	4		
55540	Repair sperm cord veins & hernia	4		
55550	LAPAROSCOPIC LIGATE SPERMATIC VEIN	6		
55559	LAPAROSCOPE PROC, SPERMATIC CORD	4		
55600	Incision of sperm duct pouch	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
55605	Incision of sperm duct pouch, compl	1		
55650	Removal of sperm duct pouch	1		
55680	Removal of sperm pouch cyst	3		
55700	Needle/punch biopsy of prostate	2	1/1/2025	Deleted
55705	Biopsy of prostate	2		
55706	PROSTATE SATURATION SAMPLING	2		
55707	Prostate gland biopsy	3	1/1/2026	New Code
55708	Prostate gland biopsy	3	1/1/2026	New Code
55709	Prostate gland biopsy	3	1/1/2026	New Code
55710	Prostate gland biopsy	3	1/1/2026	New Code
55711	Prostate gland biopsy	3	1/1/2026	New Code
55712	Prostate gland biopsy	3	1/1/2026	New Code
55713	Prostate gland biopsy	3	1/1/2026	New Code
55714	Prostate gland biopsy	3	1/1/2026	New Code
55715	Prostate gland biopsy	0	1/1/2026	New Code
55720	Drainage of prostate abscess, simple	3		
55725	Drainage of prostate abscess, compl	3		
55860	Expose prostate for radioactive sub	3		
55866	Laparo radical prostatectomy	9		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	9	1/1/2023	New Code
55868	Surgery to remove prostate	5	1/1/2026	New Code
55869	Surgery to remove prostate	5	1/1/2026	New Code
55870	Electroejaculation	1		
55873	Cryoablate prostate	7		
55874	Tprnl plmt biodegrdabl matrl	4		
55875	TRANSPERI NEEDLE PLACE, PROS	4		
55876	PLACE RT DEVICE/MARKER, PROS	2		
55877	Electrical treatment on tumor	5	1/1/2026	New Code
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	3	1/1/2021	New Code
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	6	1/1/2025	New Code
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	6	1/1/2025	New Code

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
55899	Genital surgery procedure NEC	UL		
55920	PLACE NEEDLES PELVIC FOR RT	3		
56405	Drainage of vulva/perineum abscess	0		
56420	Drainage of vulva gland abscess	0		
56440	Repair of vulva lesion	3		
56441	Lysis of labial lesions	3		
56442	HYMENOTOMY	3		
56501	Destruction, vulva lesion(s),simple	3		
56515	Destruction, vulva lesion(s),extens	3		
56605	Biopsy of vulva/perineum	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
56606	Biopsy of vulva/perineum	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
56620	Removal of vulva, partial	3		
56625	Removal of vulva, complete	3		
56631	Radical removal of vulva, partial	7		
56632	Radical removal of vulva, partial	7		
56633	Radical removal of vulva, complete	7		
56634	Radical removal of vulva, complete	7		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
56637	Radical removal of vulva, complete	7		
56700	Partial removal/revision of hymen	3		
56740	Remove vulva gland/lesion	3		
56800	Repair of vagina	3		
56805	Revision of clitoris	3		
56810	Repair/revision of perineum	3		
56820	Exam of vulva w/scope	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
56821	Exam/biopsy of vulva w/scope	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
57000	Exploration of vagina	3		
57010	Drainage of pelvic abscess	3		
57020	Drainage of pelvic fluid	1		
57022	I & d vaginal hematoma, ob	2		
57023	I & d vag hematoma, trauma	3		
57061	Destruction of vagina lesion(s)	3		
57065	Destruction of vagina lesion(s)	3		
57100	Biopsy of vagina, simple	1		
57105	Biopsy of vagina, extensive	3		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
57106	REMOVE VAGINA WALL, PARTIAL	3		
57107	REMOVE VAGINA TISSUE/PARTIAL	4		
57109	VAGINECTOMY PARTIAL W/NODES	4		
57111	REMOVE VAGINA TISSUE/COMPLETE	4		
57120	Closure of vagina	4		
57130	Removal of vaginal septum	3		
57135	Removal of vaginal lesion	3		
57150	Treatment of vaginal infection	0		
57155	Insert uteri tandems/ovoids	1		
57156	INS VAG BRACHYTX DEVICE	0		
57160	Fit/insrt pessary/oth support dev	0		
57170	Fitting of diaphragm/cervical cap	0		
57180	Treatment of vaginal bleeding	0		
57200	Repair of vagina injury	3		
57210	Repair vagina/perineum injury	3		
57220	Revision of urethral sphincter	5		
57230	Repair of urethrocele	4		
57240	Repair bladder & vagina, cystocele	4		
57250	Repair rectum & vagina, rectocele	4		
57260	Repair of vagina	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
57265	Extensive repair of vagina	5		
57267	Insert mesh/pelvic flr addon	0		
57268	Repair of bowel bulge	4		
57270	Repair of bowel pouch	3		
57280	Suspension of vagina	3		
57282	Repair of vaginal prolapse	5		
57283	Colpopexy, intraperitoneal	5		
57284	Repair paravaginal defect	5		
57285	REPAIR PARAVAG DEFECT, VAG	5		
57287	Revise/remove sling repair	4		
57288	Repair bladder defect	5		
57289	Repair bladder and vagina	4		
57291	Construction of vagina	4		
57292	Construction of vagina with graft	4		
57295	Change vaginal graft	3		
57300	Repair rectum-vagina fistula	4		
57308	Repair rectovagin fistula, transper	3		
57310	Repair urethra-vagina fistula	5		
57311	Repair urethra-vagina fistula	4		
57320	Repair bladder-vagina fistula	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
57330	Repair bladder-vagina fistula	4		
57335	Revise vagina for intersex state	4		
57400	Dilation of vagina, w/anesthesia	3		
57410	Pelvic examination w/anesthesia	3		
57415	Remove object from vagina, w/anesth	3		
57420	Exam of vagina w/scope	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
57421	Exam/biopsy of vag w/scope	1		
57423	REPAIR PARAVAG DEFECT, LAP	5		
57425	Laparoscopy, surg, colpopexy	4		
57426	Revise prosth vag graft lap	4		
57452	Vaginoscopy	0		
57454	Vaginoscopy w/cervical biopsy	0		
57455	Biopsy of cervix w/scope	0		
57456	Endocerv curettage w/scope	0		
57460	Vaginoscopy with LEEP	3		
57461	Conz of cervix w/scope, leep	3		
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	0	1/1/2021	New Code

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
57500	Biopsy/removal of cervix lesion	1		
57505	Scraping of cervical canal lining	1		
57510	Electro-/thermocautery of cervix	3		
57511	Cryocautery of cervix	0		
57513	Laser surgery of cervix	3		
57520	Removal of cervix cone	3		
57522	Remove cervix cone w/loop electrode	3		
57530	Removal of cervix	4		
57550	Removal of cervix stump	4		
57555	Remove cervix stump, repair vagina	4		
57556	Remove cervix stump, repair bowel	5		
57558	D & C CERVICAL STUMP	3		
57700	Revision of cervix	3		
57720	Revision of cervix	3		
57800	Dilation of cervix canal	1		
58100	Biopsy of uterus lining	0		
58110	Bx done w/colposcopy add-on	0		
58120	Dilation and curettage (D&C)	3		
58140	Removal of fibroid uterus tumor	4		
58145	Removal of fibroid uterus tumor	4		
58146	Myomectomy abdom complex	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
58260	Vaginal hysterectomy	4		
58262	Vaginal hysterectomy, w/tube/ovary	4		
58263	Vaginal hysterectomy, w/tube/ovary	4		
58267	Vaginal hysterectomy, w/suspension	4		
58270	Vaginal hysterectomy, hernia repair	4		
58275	Vaginal hysterectomy, revise vagina	4		
58280	Vaginal hysterectomy, revise vagina	4		
58290	Vag hyst complex	5		
58291	Vag hyst incl t/o, complex	5		
58292	Vag hyst t/o & repair, compl	5		
58293	Vag hyst w/uro repair, compl	4	1/1/2021	Deleted
58294	Vag hyst w/enterocele, compl	5		
58300	Insert intrauterine device (IUD)	0		
58301	Remove intrauterine device (IUD)	0		
58321	Artificial insemination	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
58322	Artificial insemination	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
58323	Sperm washing for artificial insemination	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
58340	Cath/intro for uterus/oviduct x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
58345	Reopen oviduct w/catheter	3		
58346	Insert Heyman uterine capsule	3		
58350	Chromotubation of oviduct	4		
58353	Endometrial ablation, thermal	4		
58356	Endometrial cryoablation	5		
58541	LSH, UTERUS 250 G OR LESS	6		
58542	LSH W/T/O UT 250 G OR LESS	6		
58543	LSH UTERUS ABOVE 250 G	6		
58544	LSH W/T/O UTERUS ABOVE 250 G	6		
58545	Laparoscopic myomectomy	4		
58546	Laparo-myomectomy, complex	6		
58548	LAP RADICAL HYST	5		
58550	LAPAROSCOPIC-ASST VAGINAL HYSTERECTOMY	6		
58552	Laparo-vag hyst incl t/o	6		
58553	Laparo-vag hyst, complex	6		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
58554	Laparo-vag hyst w/t/o, compl	6		
58555	HYSTEROSCOPY , DX SEP PROC	3		
58558	HYSTEROSCOPY, BIOPSY	3		
58559	HYSTEROSCOPY,LYSIS	3		
58560	HYSTEROSCOPY, RESECT SEPTUM	4		
58561	HYSTEROSCOPY, REMOVE MYOMA	4		
58562	HYSTEROCOPY, REMOVE FB	3		
58563	HYSTEROSCOPY,ABLATION	4		
58565	Hysteroscopy, sterilization	5		
58570	TLH, UTERUS 250 G OR LESS	6		
58571	TLH W/T/O 250 G OR LESS	6		
58572	TLH, UTERUS OVER 250 G	6		
58573	TLH W/T/O UTERUS OVER 250 G	6		
58575	Laps tot hyst resj mal	6		
58578	LAPAROSCOPE PROC, UTERUS	UL		
58579	HYSTEROSCOPE PROCEDURE	UL		
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	5	1/1/2024	New Code
58600	Ligate/cut oviduct(s)	4		
58605	Ligate/cut oviduct(s), postpartum	2		
58615	Occlude oviduct(s)	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
58660	LAPAROSCOPY, LYSIS	6		
58661	LAPAROSCOPY, REMOVE ADNEXA	6		
58662	LAPAROSCOPY, EXCISE LESIONS	6		
58670	LAPAROSCOPY, TUBAL CAUTERY	6		
58671	LAPAROSCOPY, TUBAL BLOCK	6		
58672	Laparscopy fimbrioplasty	6		
58673	LAPAROSCOPY, SALPINGGOSTOMY	6		
58674	LAPS ABLTJ UTERINE FIBROIDS	5		
58679	LAPAROSCOPE PROC, OVIDUCT-OVARY	4		
58700	Removal of oviduct	4		
58720	Removal of ovary/oviduct(s)	5		
58740	Lysis of ovary/oviduct adhesions	3		
58750	Fusion of oviduct(s)	4		
58752	Implant oviduct(s) in uterus	4		
58760	Remove tubal obstruction	4		
58770	Create new tubal opening	4		
58800	Drainage of ovarian cyst(s)	3		
58805	Drainage of ovarian cyst(s)	4		
58820	Drain ovarian abscess, vag app, opn	4		
58822	Drain ovarian abscess, abdom appro	4		
58825	Transposition of ovary(s)	4		
58900	Biopsy of ovary(s)	3		
58920	Partial removal of ovary(s)	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
58925	Removal of ovarian cyst(s)	4		
58940	Removal of ovary(s)	4		
58943	Removal of ovary(s) for tumor	4		
58950	Removal of ovarian tumor	4		
58960	Explore abdomen for ovarian tumor	6		
58970	Puncture retrieval of oocyte	1		
58974	Transfer of embryo	1		
58976	Transfer of gamete/zygote	1		
58999	Genital surgery procedure NEC	UL		
59000	Amniocentesis	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59001	Amniocentesis, therapeutic	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59012	Fetal cord puncture	0		
59015	Chorion sampling	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59020	Fetal contraction stress test	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
59025	Fetal non-stress test	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59030	Fetal scalp blood sampling	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59050	Fetal monitor, supervise/report	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59070	Transabdom amnioinfus w/ us	0		
59072	Umbilical cord occlud w/ us	0		
59074	Fetal fluid drainage w/ us	0		
59076	Fetal shunt placement, w/ us	0		
59100	Removal of uterus lesion	4		
59120	Treat ectopic pregnancy, tube/ovary	4		
59121	Treat ectopic pregnancy, tube/ovary	4		
59150	Treat ectopic pregnancy/laparoscopy	6		
59151	Treat ectopic pregnancy/laparoscopy	6		
59160	D&C after delivery	3		
59200	Insert cervical dilator	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
59300	Episiotomy/vaginal repair by other	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
59320	Revision of cervix during pregnancy	3		
59409	Vaginal delivery only	3		
59412	Antepartum manipulation	3		
59414	Delivery of placenta	3		
59612	VBAC, vaginal delivery only	3		
59812	Treatment of incomplete abortion	3		
59820	Treat missed abortion, 1st trimester	3		
59821	Treat missed abortion, 2nd trimester	3		
59840	Abortion, induced by D&C	3		
59841	Abortion, induced by D&E	3		
59866	Multifetal pregnancy reduction	1		
59870	Evacuate mole of uterus	3		
59871	Remove cerclage suture w/anesthesia	3		
59897	Fetal invas px w/ us	1		
59898	LAPAROSCOPE PROC, OB CARE/DELIVER	1		
59899	Maternity care procedure NEC	UL		
60000	Drain infected thyroid/tongue cyst	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
60100	Needle biopsy of thyroid gland	1		
60200	Removal of thyroid lesion	6		
60210	Partial removal of thyroid lobe	6		
60212	Partial removal of thyroid lobe	6		
60220	Removal of thyroid lobe, total	6		
60225	Removal of thyroid lobe, total	6		
60240	Removal of thyroid gland	6		
60252	Removal of thyroid for tumor	5		
60254	Radical thyroid surgery for tumor	3		
60260	Followup thyroid surgery	5		
60270	Removal of thyroid gland	2		
60271	Removal of thyroid gland	5		
60280	Remove thyroid duct lesion	6		
60281	Re-remove thyroid duct lesion	6		
60300	ASPIR/INJ THYROID CYST	1		
60500	Explore parathyroid glands	5		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
60502	Re-explore parathyroids	5		
60512	Parathyroid autotransplantation	0		
60520	Removal of thymus gland	5		
60650	LAPAROSCOPY ADRENALECTOMY	5		
60659	LAPAROSCOPE PROC,ENDORINE	1		
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	2	1/1/2025	New Code
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency	0	1/1/2025	New Code
60699	Endocrine surgery procedure NEC	UL		
61000	Remove brain cavity fluid, infant	1		
61001	Remove brain cavity fluid, infant	1		
61020	Removal of brain cavity fluid	1		
61026	Injection into brain cavity	1		
61050	Removal of brain canal fluid	1		
61055	Injection into brain canal	1		
61070	Brain canal shunt for drain/inject	1		
61215	Insert brain-fluid device	5		
61330	Decompression of eye socket	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
61500	Removal of skull lesion	6		
61531	Implant brain electrodes thru holes	2		
61623	Endovasc tempory vessel occl	7		
61626	Catheter occlusion/embolization	7		
61645	PERQ ART M-THROMBECT &/NFS	5		
61650	EVASC PRLNG ADMN RX AGNT 1ST	3		
61651	EVASC PRLNG ADMN RX AGNT ADD	3		
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	7	1/1/2025	New Code
61720	Stereotaxic surgery	4		
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	UL	1/1/2022	New Code
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	UL	1/1/2022	New Code
61760	Implant electrodes by stereotaxis	2		
61770	Insert catheter by stereotaxis	4		
61781	SCAN PROC CRANIAL INTRA	0		
61782	SCAN PROC CRANIAL EXTRA	0		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
61783	SCAN PROC SPINAL	0		
61790	Treat trigeminal nerve/stereotaxis	3		
61791	Treat trigeminal tract/stereotaxis	2		
61796	SRS, CRANIAL LESION SIMPLE	6		
61797	SRS, CRANIAL LES SIMPLE, ADDED	2		
61798	SRS, CRANIAL LESION COMPLEX	6		
61799	SRS, CRANIAL LES COMPLEX, ADDED	2		
61800	APPLY SRS HEAD FRAME, ADD-ON	0		
61880	Revise/remove neuroelectrodes	3		
61885	Implant neuroreceiver	2		
61886	IMPLANT NEUROSIM ARRAYS	3		
61888	Revise/remove neuroreceiver	3		
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	4	1/1/2024	New Code
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	6	1/1/2024	New Code
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	4	1/1/2024	New Code
62000	Repair of closed skull fracture	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
62160	Neuroendoscopy add-on	0		
62194	Replace/irrigate intracran catheter	1		
62225	Replace/irrigate ventricle catheter	2		
62230	Replace/revise CSF shunt/valve/cath	5		
62252	CSF SHUNT REPROGRAM	0		
62256	Removal of CSF shunt system	2		
62263	LYSIS EPIDURAL ADHESIONS	1		
62264	Epidural lysis on single day	2		
62267	INTERDISCAL PERCUT ASPIR, DIAG	1		
62268	Drainage of spinal cord lesion	1		
62269	Needle biopsy of spinal cord	2		
62270	Diagnostic spinal fluid tap, lumbar	1		
62272	Spinal fluid tap for drainage	1		
62273	Inject/treat lumbar spine lesion	1		
62280	Inject/treat spinal cord lesion	1		
62281	Inject/treat spinal cord lesion	1		
62282	Inject/treat spinal canal lesion	1		
62284	Injection for myelogram/CAT scan	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
62287	Percutaneous discectomy, lumbar	4		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
62290	Inject for spine disk x-ray, lumbar	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
62291	Inject for spine disk x-ray, neck	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
62292	Injection into disk lesion, lumbar	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
62294	Injection into spinal artery	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
62302	MYELOGRAPHY LUMBAR INJECTION	1		
62303	MYELOGRAPHY LUMBAR INJECTION	1		
62304	MYELOGRAPHY LUMBAR INJECTION	1		
62305	MYELOGRAPHY LUMBAR INJECTION	1		
62310	INJECT SPINE C/T	1	2020	Deleted
62311	INJECT SPINE L/S (CD)	1		
62318	INJECT SPINE W/CATH, C/T	1		
62319	INJECT SPINE W/CATH L/S (CD)	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
62320	NJX INTERLAMINAR CRV/THRC	1		
62321	NJX INTERLAMINAR CRV/THRC	1		
62322	NJX INTERLAMINAR LMBR/SAC	1		
62323	NJX INTERLAMINAR LMBR/SAC	1		
62324	NJX INTERLAMINAR CRV/THRC	1		
62325	NJX INTERLAMINAR CRV/THRC	1		
62326	NJX INTERLAMINAR LMBR/SAC	1		
62327	NJX INTERLAMINAR LMBR/SAC	1		
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	1		
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	1		
62330	Relieve pressure, lumbar spine	6	1/1/2026	New Code
62331	Relieve pressure, lumbar spine	0	1/1/2026	New Code
62350	Implant spinal canal catheter	5		
62351	Implant spinal canal cath w/laminec	6		
62355	Remove spinal canal catheter	2		
62360	Implant spinal infusion pump	5		
62361	Implant/replace spine infusion pump	9		
62362	Implant/replace spine infusion pump	9		

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
62365	Remove spinal infusion pump	4		
62367	Analyze spinal infusion pump prgm	1		
62368	Analyze/program spine infusion pump	1		
62369	Anal sp inf pmp w/reprg&fill	1		
62370	Anl sp inf pmp w/mdreprg&fil	1		
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	5		
63001	Remove neck spine lamina, 1-2 segs	6		
63003	Remove thoracic spine lamina, 1-2	6		
63005	Remove lumbar spine lamina, 1-2	6		
63011	Remove sacral spine lamina, 1-2	6		
63012	Removal of spine lamina (Gill type)	6		
63015	Remove neck spine lamina, 3+ segs	6		
63016	Remove thoracic spine lamina, 3+	6		
63017	Remove lumbar spine lamina, 3+ segs	6		
63020	Neck spine disk surgery/decompress	6		
63030	Low back disk surgery/decompress	6		
63032	Surgery to repair lumbar spine	4	1/1/2026	New Code
63035	Added spine disk surgery/decompress	3		
63040	Neck spine disk surgery, re-explore	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
63042	Low back disk surgery, re-explore	6		
63043	laminotomy, addl cervical	4		
63044	Laminotomy, addl lumbar	4		
63045	Remove neck spine lamina, 1 seg	6		
63046	Remove thoracic spine lamina, 1 seg	6		
63047	Remove lumbar spine lamina, 1 seg	6		
63048	Remove added spine lamina, 1 seg	3		
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	0	1/1/2022	New Code
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	0	1/1/2022	New Code
63055	Decompress thoracic spinal cord seg	6		
63056	Decompress lumbar spinal cord seg	6		
63057	Decompress added spinal cord segmnt	3		
63064	Decompress thoracic spinal cord seg	6		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
63066	Decompress added spinal cord segmnt	3		
63075	Remove neck spine disk, single	6		
63076	Remove added neck spine disk	3		
63185	Incise spinal column/nerve root(s)	7		
63190	Incise spinal column/nerve roots	7		
63191	Incise spinal column/nerve	7		
63200	Release lumbar spinal cord	7		
63252	Revise spinal cord vessels,low back	7		
63267	Remove intraspinal lesion, lumbar	3		
63272	Remove intraspinal lesion, trunk	7		
63277	Biopsy/remove spinal tumor, lumbar	7		
63282	Biopsy/remove spinal tumor, lumbar	7		
63287	Biopsy/remove spinal tumor, trunk	7		
63290	Biopsy/remove spinal tumor,combined	7		
63600	Create spinal cord lesion/stereotax	3		
63610	Stimulate spinal cord/stereotaxis	3		
63615	Biopsy/remove spinal cord lesion	3		
63620	SRS, SPINAL LESION	6		
63621	SRS, SPINAL LESION, ADDED	2		
63650	Implant epidural neuroelectrodes	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
63655	Implant epidural neuroelectrodes	6		
63661	Remove spine eltrd perq aray	1		
63662	Remove spine eltrd plate	4		
63663	Revise spine eltrd perq aray	1		
63664	Revise spine eltrd plate	6		
63685	Implant spinal neuroreceiver	9		
63688	Revise/remove spinal neuroreceiver	3		
63741	Create spinal shunt thru skin	5		
63744	Revise/replace spinal shunt	5		
63746	Removal of spinal shunt system	2		
64400	Inject nerve block, trigeminal	0		
64402	Inject nerve block, facial	0		
64405	Inject nerve block, grtr occipital	1		
64408	Inject nerve block, vagus	0		
64410	Inject nerve block, phrenic	1		
64413	Inject nerve block, cervical plexus	1		
64415	Inject nerve block, brachial plexus Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	1		Code Description updated effective 1/1/2023

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64416	N block cont infuse, b plex Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	1		Code Description updated effective 1/1/2023
64417	Inject nerve block, axillary Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	1		Code Description updated effective 1/1/2023
64418	Inject nerve block, suprascapular	1		
64420	Inject nerve block, intercostal	1		
64421	Inject nerve block, intercostals	1		
64425	Inject nerve block, ilioinguinal	1		
64430	Inject nerve block, pudendal	1		
64435	Inject nerve block, uterine	1		
64445	Inject nerve block, sciatic Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed	1		Code Description updated effective 1/1/2023
64446	N blk inj, sciatic, cont inf Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	1		Code Description updated effective 1/1/2023
64447	N block inj fem, single Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	1		Code Description updated effective 1/1/2023

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64448	N block inj fem, cont inf Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	1		Code Description updated effective 1/1/2023
64449	N block inj, lumbar plexus	1		
64450	Inject nerve block, peripheral	1		
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1		
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	1		
64455	NERVE BLOCK INJ, PLANTAR DIGIT	0		
64461	PVB THORACIC SINGLE INJ SITE	1		
64462	PVB THORACIC 2ND+ INJ SITE	0		
64463	PVB THORACIC CONT INFUSION	1		
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	0	1/1/2025	New Code
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	0	1/1/2025	New Code
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	0	1/1/2025	New Code

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	0	1/1/2025	New Code
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	0	1/1/2025	New Code
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	0	1/1/2025	New Code
64479	INJECT FORAMEN EPIDURAL C/T	1		
64480	INJECT FORAMEN SPIDURAL ADD-ON	0		
64483	INJECT FORAMEN EPIDURAL L/S	1		
64484	INJECT FORAMEN EPIDURAL ADD-ON	0		
64486	TAP BLOCK UNIL BY INJECTION	1		
64487	TAP BLOCK UNI BY INFUSION	1		
64488	TAP BLOCK BI INJECTION	1		
64489	TAP BLOCK BI BY INFUSION	1		
64490	Inj paravert f jnt c/t 1 lev	1		
64491	Inj paravert f jnt c/t 2 lev	0		
64492	Inj paravert f jnt c/t 3 lev	0		
64493	Inj paravert f jnt l/s 1 lev	1		
64494	Inj paravert f jnt l/s 2 lev	0		
64495	Inj paravert f jnt l/s 3 lev	0		
64505	Inject nerve block, sphen ganglion	1		
64508	Inject nerve block, carotid sinus	1		
64510	Inject nerve block, cerv sympathetic	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64517	N block inj, hypogas plxs	1		
64520	Inject nerve block,vert sympathetic	1		
64530	Inject nerve block, celiac plexus	1		
64550	Apply surface neuroelectrode	0		
64553	Implant neuroelectrodes, cranial	6		
64555	Implant neuroelectrodes, peripheral	6		
64561	Implant neuroelectrodes	6		
64565	Implant neuroelectrodes, neuromusc	6		
64566	NEUROELTRD STIM POST TIBIAL	0		
64567	Brain nerve stimulation	7	1/1/2026	New Code
64568	INC FOR VAGUS N ELECT IMPL	6		
64569	REVISE/REPL VAGUS N ELTRD	6		
64570	REMOVE VAGUS N ELTRD	5		
64575	Implant neuroelectrodes, peripheral	6		
64580	Implant neuroelectrodes, neuromusc	6		
64581	Implant neuroelectrodes	6		
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	9	1/1/2022	New Code
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	7	1/1/2022	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	6	1/1/2022	New Code
64585	Revise/remove periph neuroelectrode	3		
64590	Implant peripheral neuroreceiver	9		
64595	Revise/remove periph neuroreceiver	3		
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	7	1/1/2024	New Code
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	0	1/1/2024	New Code
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	4	1/1/2024	New Code
64600	Destruction of trigeminal nerve	2		
64605	Destruction of trigeminal nerve	3		
64610	Destruction of trigeminal nerve	3		
64611	CHEMODENERV SALIV GLANDS	0		
64612	Destruction of face muscle nerve	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64615	CHEMODENERV MUSC MIGRAINE	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
64616	CHEMODENERV MUSC NECK DYSTON	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
64617	CHEMODENER MUSCLE LARYNX EMG	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
64620	Destruction of intercostal nerve	1		
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	1		
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1		
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	6	1/1/2022	New Code
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	0	1/1/2022	New Code
64630	Destruction of pudendal nerve	1		
64632	NERVE BLOCK INJ, COMMON DIGIT	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVES	1		
64634	CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT	0		
64635	LUMBAR OR SACRAL, SINGLE FACET JOINT	2		
64636	LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT	0		
64640	Destroy peripheral nerve or branch	1		
64642	CHEMODENERV 1 EXTREMITY 1-4	1		
64643	CHEMODENERV 1 EXTREM 1-4 EA	0		
64644	CHEMODENERV 1 EXTREM 5/> MUS	1		
64645	CHEMODENERV 1 EXTREM 5/> EA	0		
64646	CHEMODENERV TRUNK MUSC 1-5	1		
64647	CHEMODENERV TRUNK MUSC 6/>	1		
64650	Chemodenerv eccrine glands	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
64653	Chemodenerv eccrine glands	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
64654	Implant blood pressure device	9	1/1/2026	New Code
64655	Revise a blood pressure device	4	1/1/2026	New Code
64656	Revise a blood pressure device	8	1/1/2026	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64657	Remove a blood pressure device	4	1/1/2026	New Code
64658	Remove a blood pressure device	4	1/1/2026	New Code
64659	Remove a blood pressure device	4	1/1/2026	New Code
64680	Destruction of celiac plexus	1		
64681	Injection treatment of nerve	2		
64702	Revision of digital nerve(s)	3		
64704	Revision of hand/foot nerve	3		
64708	Revision of arm/leg nerve	3		
64712	Revision of sciatic nerve	3		
64713	Revision of arm nerve(s)	3		
64714	Revision of low back nerve(s)	3		
64716	Revision of cranial nerve	3		
64718	Revision of ulnar nerve at elbow	3		
64719	Revision of ulnar nerve at wrist	3		
64721	Carpal tunnel surgery	3		
64722	Relieve pressure on nerve(s)	3		
64726	Relieve pressure on foot/toe nerve	3		
64727	Revision of internal nerve(s)	0		
64728	Surgery on nerve in the wrist	3	1/1/2026	New Code
64732	Sever supraorbital nerve	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64734	Sever infraorbital nerve	3		
64736	Sever mental nerve	3		
64738	Sever inferior alveolar nerve	3		
64740	Sever lingual nerve	3		
64742	Sever facial nerve	3		
64744	Sever greater occipital nerve	3		
64746	Sever phrenic nerve	3		
64763	Sever extrapelvic obturator nerve	3		
64766	Sever intrapelvic obturator nerve	4		
64771	Sever extradural cranial nerve	3		
64772	Sever extradural spinal nerve	3		
64774	Removal of skin nerve lesion	3		
64776	Removal of nerve lesion, same digit	3		
64778	Removal of nerve lesion, added digit	1		
64782	Removal of hand/foot nerve lesion	3		
64783	Remove add'l hand/foot nerve lesion	1		
64784	Remove major periph nerve lesion	3		
64786	Removal of sciatic nerve lesion	4		
64787	Implant nerve end into bone/muscle	1		
64788	Removal of skin nerve lesion	3		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64790	Remove major periph nerve lesion	3		
64792	Removal of extensive nerve lesion	4		
64795	Biopsy of nerve	3		
64802	Remove sympathetic nerves, neck	3		
64804	Remove sympathetic nerves, back	3		
64820	Remove sympathetic nerves, ea digit	3		
64821	Remove sympathetic nerves	3		
64822	Remove sympathetic nerves	3		
64823	Remove sympathetic nerves	3		
64831	Repair of digit nerve	4		
64832	Repair of added digit nerve	2		
64834	Repair hand/foot nerve, com sensory	4		
64835	Repair hand/foot nerve, med motor	4		
64836	Repair hand/foot nerve, ulnar motor	4		
64837	Repair of added nerve, hand/foot	2		
64840	Repair of posterior tibial nerve	4		
64856	Repair/transpose major periph nerve	4		
64857	Repair of major peripheral nerve	4		
64858	Repair of sciatic nerve	4		
64859	Repair added major peripheral nerve	2		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64861	Repair of brachial plexus	4		
64862	Repair of lumbar plexus	4		
64864	Repair of extracranial facial nerve	4		
64865	Repair of intracranial facial nerve	4		
64872	Followup repair of nerve	2		
64874	Repair & revise nerve, extensive	2		
64876	Repair nerve, shorten arm/leg bone	2		
64885	Nerve graft, head/neck, single	4		
64886	Nerve graft, head/neck, single,4cm+	4		
64890	Nerve graft, hand/foot, single	4		
64891	Nerve graft, hand/foot, single,4cm+	4		
64892	Nerve graft, arm/leg, single	4		
64893	Nerve graft, arm/leg, single, 4cm+	4		
64895	Nerve graft, hand/foot, cable	4		
64896	Nerve graft, hand/foot, cable, 4cm+	4		
64897	Nerve graft, arm/leg, cable	4		
64898	Nerve graft, arm/leg, cable, 4cm+	4		
64901	Additional nerve graft, single	2		
64902	Additional nerve graft, cable	2		
64905	Nerve pedicle transfer, 1st stage	4		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
64907	Nerve pedicle transfer, 2nd stage	4		
64910	NERVE REPAIR W/ALLOGRAFT	4		
64911	NEURORRAPHY W/VEIN AUTOGRAFT	4		
64912	Nrv rpr w/nrv algrft 1st	3		
64913	Nrv rpr w/nrv algrft ea addl	3		
64999	Nervous system surgery NEC	UL		
65091	Remove/revise eye contents	5		
65093	Removal of eye contents, w/implant	5		
65101	Removal of eye	5		
65103	Remove eye, insert implant	5		
65105	Remove eye, attach implant	5		
65110	Removal of eye	5		
65112	Remove eye, revise socket bone	5		
65114	Remove eye, revise socket	5		
65125	Revision of ocular implant	3		
65130	Followup insertion, ocular implant	3		
65135	Followup insertion, ocular implant	3		
65140	Followup attachmnt, ocular implant	5		
65150	Reinsert ocular implant	3		
65155	Reinsert/reinforce ocular implant	5		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
65175	Removal of ocular implant	3		
65205	Remove object from external eye	1		
65210	Remove object from external eye	1		
65220	Remove object from external eye	1		
65222	Remove object from external eye	1		
65235	Remove object from internal eye	2		
65260	Remove object from internal eye	1		
65265	Remove object from internal eye	3		
65270	Repair of eye wound, conjunctiva	3		
65272	Repair of eye wound, conjunctiva	3		
65275	Repair of eye wound, cornea	3		
65280	Repair of eye wound, cornea/sclera	3		
65285	Repair of eye wound, cornea/sclera	5		
65286	Repair eye wound, apply tissue glue	1		
65290	Repair of eye socket wound	3		
65400	Removal of cornea lesion	2		
65410	Biopsy of cornea	2		
65420	Remove/transfer pterygium	2		
65426	Remove/transfer pterygium, w/graft	3		
65430	Scrape cornea for smear	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
65435	Curette/treat cornea	1		
65436	Curette cornea, apply chelat agent	2		
65450	Destruction of corneal lesion	1		
65600	Multiple punctures, anterior cornea	3		
65710	Corneal transplant, lamellar	4		
65730	Corneal transplant, penetrating	4		
65750	Corneal transplant, aphakia	4		
65755	Corneal transplant, pseudophakia	4		
65756	CORNEAL TRANSPLANT, ENDOTHELIAL	4		
65757	PREP CORNEAL ENDO ALLOGRAFT	0		
65760	Revision of cornea	3		
65765	Revision of cornea	3		
65767	Corneal tissue transplant	3		
65770	Revision of cornea w/implant	7		
65771	Radial keratotomy	3		
65772	Correct astigmatism due to surgery	2		
65775	Correct astigmatism due to surgery	2		
65778	COVER EYE W/MEMBRANE	1		
65779	COVER EYE W/MEMBRANE STENT	1		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
65780	Ocular reconst, transplant	4		
65781	Ocular reconst, transplant	4		
65782	Ocular reconst, transplant	4		
65785	IMPLTJ NTRSTRML CRNL RNG SEG	5		
65800	Drainage of eye fluid	0		
65810	Drainage of eye fluid	3		
65815	Drainage of eye fluid/blood	3		
65820	Relieve inner eye pressure	1		
65850	Incision of eye	3		
65855	Laser surgery of eye	1		
65860	Sever inner eye adhesions, laser	1		
65865	Sever inner eye adhesions,iris-corn	2		
65870	Sever inner eye adhesions, anterior	3		
65875	Sever inner eye adhesions,posterior	3		
65880	Sever inner eye adhesions,corn-vitr	2		
65900	Removal of eye lesion	2		
65920	Remove implant from anterior eye	3		
65930	Remove blood clot from anterior eye	3		
66020	Inject/treat eye w/ air/liquid	2		
66030	Inject/treat eye w/medication	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
66130	Removal of scleral lesion	3		
66150	Incision of eye for glaucoma	3		
66155	Incision of eye for glaucoma	3		
66160	Incision of eye for glaucoma	3		
66170	Incision of eye for glaucoma	3		
66172	Incision of eye for glaucoma	3		
66174	TRANSLUM DIL EYE CANAL Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	5		Code Description updated effective 1/1/2023
66175	TRANSLUM DIL EYE CANAL W/STENT Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	5		Code Description updated effective 1/1/2023
66179	AQUEOUS SHUNT EYE W/O GRAFT	5		
66180	Implant eye fluid shunt	5		
66183	INSERT ANT DRAINAGE DEVICE	5		
66184	REVISION OF AQUEOUS SHUNT	5		
66185	Revise eye fluid shunt	3		
66220	Repair of scleral lesion	5		
66225	Repair/graft scleral lesion	5		
66250	Followup surgery of anterior eye	2		
66500	Incision of iris	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
66505	Incision of iris w/transfixion	1		
66600	Removal of iris, lesion	3		
66605	Removal of iris, ciliary body	3		
66625	Removal of periph iris for glaucoma	2		
66630	Removal of iris sector for glaucoma	3		
66635	Removal of iris, 'optical'	3		
66680	Repair iris & ciliary body,	3		
66682	Repair iris & ciliary body	3		
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	5	1/1/2025	New Code
66700	Destroy ciliary body, diathermy	2		
66710	Destroy ciliary body, coagulation	2		
66711	Ciliary endoscopic ablation	2		
66720	Destroy ciliary body, cryosurgery	2		
66740	Destroy ciliary body, cyclodialysis	3		
66761	Laser revision of iris	1		
66762	Revise iris by photocoagulation	1		
66770	Removal of inner eye lesion	1		
66820	Rupturing of secondary cataract	1		
66821	Lasering of secondary cataract	1		
66825	Reposition intraocular lens implant	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
66830	Removal of secondary cataract	1		
66840	Lens extraction by aspiration	2		
66850	Lens extraction, phacofragmentation	4		
66852	Lens extraction, pars plana	4		
66920	Intracapsular lens extraction	4		
66930	Intracapsular lens extraction	4		
66940	Extracapsular lens extraction	2		
66982	Cataract surgery, complex	3		
66983	Remove cataract, insert lens prosth	3		
66984	Remove cataract, insert lens prosth	3		
66985	Insertion of lens prosthesis	3		
66986	Exchange lens prosthesis	3		
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	3		
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	6	1/1/2022	New Code
66990	Ophthalmic endoscope add-on	0		
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	6	1/1/2022	New Code
66999	Anterior eye surgery procedure NEC	UL		

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67005	Partial removal of eye fluid	3		
67010	Partial removal of eye fluid	5		
67015	Drainage of eye fluid, pars plana	5		
67025	Inject eye fluid replacement	3		
67027	Implant/replace eye drug delv syst	5		
67028	Injection of eye drug	1		
67030	Incision of inner eye strands	3		
67031	Laser surgery of inner eye strands	1		
67036	Removal of inner eye fluid	5		
67039	Vitrectomy/laser coagulation	5		
67040	Vitrectomy/laser coagulation	5		
67041	VIT FOR MACULAR PUCKER	5		
67042	VIT FOR MACULAR HOLE	5		
67043	VIT FOR MEMBRANE DISSECT	5		
67101	Repair detached retina, heat/cold	3		
67105	Repair detached retina, coagulation	1		
67107	Repair detached retina,scler buckle	5		
67108	Repair detached retina, vitrectomy	5		
67110	Repair detached retina, injection	3		
67113	REPAIR RETINAL DETACH, CPLX	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67115	Release encircling material	3		
67120	Remove extraoc eye implant material	3		
67121	Remove intraoc eye implant material	3		
67141	Retina treatment, heat/cold	1		
67145	Retina treatment, photocoagulation	1		
67208	Treat localized retina lesion	1		
67210	Treat localized retina lesion	1		
67218	Treat localized retina lesion	3		
67220	TREAT CHOROID LESION	1		
67221	Ocular photodynamic ther	1		
67225	Eye photodynamic ther add-on	0		
67227	Treat extensive retina lesion	3		
67228	Treat extensive retina lesion	1		
67229	TR RETINAL LES PRETERM INF	1		
67250	Reinforce eye wall	3		
67255	Reinforce/graft eye wall	3		
67299	Posterior eye surgery procedure NEC	UL		
67311	Revise horizontal eye muscle	3		
67312	Revise two horizontal eye muscles	3		
67314	Revise vertical eye muscle	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67316	Revise two vertical eye muscles	3		
67318	Revise oblique eye muscle(s)	3		
67320	Extraocular eye muscle transfer	1		
67331	Eye muscle surgery followup	1		
67332	Eye muscle surgery for scarring	1		
67334	Revise eye muscle w/suture	1		
67335	Eye suture(s) during surgery	1		
67340	Explore/repair detached eye muscle	1		
67343	Release eye scar tissue	3		
67345	Destruction of eye muscle nerve	1		
67346	BIOPSY EYE MUSCLE	2		
67399	Eye muscle surgery procedure NEC	UL		
67400	Explore/biopsy eye socket	3		
67405	Explore/drain eye socket	3		
67412	Explore eye socket, remove lesion	3		
67413	Explore eye socket, remove object	3		
67414	Explore/decompress eyesocket	5		
67415	Needle biopsy of eye	3		
67420	Remove eye socket lesion	5		
67430	Remove object from eye socket	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67440	Drain eye socket	5		
67445	Decompress eye socket	5		
67450	Explore/biopsy eye socket	5		
67500	Inject medication in eye socket	0		
67505	Inject alcohol in eye socket	0		
67515	Injection into tenon's capsule	0		
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	0	1/1/2024	New Code
67550	Insert eye socket implant	5		
67560	Revise/remove eye socket implant	3		
67570	Decompress optic nerve	5		
67599	Orbit surgery procedure NEC	UL		
67700	Drainage of eyelid abscess	0		
67710	Sever eyelid seams	1		
67715	Incise eyelid fold	3		
67800	Removal of chalazion	0		
67801	Removal of chalazions, same lid	1		
67805	Removal of chalazions, differ lids	0		
67808	Remove chalazion, hosp/anesthesia	3		
67810	Biopsy of eyelid	0		
67820	Correct inversion of eyelashes	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67825	Correct inversion of eyelashes	0		
67830	Correct inversion of eyelashes	1		
67835	Correct inversion of eyelashes	3		
67840	Removal of eyelid lesion	1		
67850	Destroy eyelid margin lesion	1		
67875	Close eyelid by suture	1		
67880	Revision of eyelid	2		
67882	Revise eyelid,transfer tarsal plate	3		
67900	Repair drooping eyebrow	3		
67901	Repair drooping eyelid	3		
67902	Repair drooping eyelid	3		
67903	Repair drooping eyelid	3		
67904	Repair drooping eyelid	3		
67906	Repair drooping eyelid	3		
67908	Repair drooping eyelid	3		
67909	Re-repair eyelid defect	3		
67911	Revise retracted eyelid	3		
67912	Correction eyelid w/ implant	3		
67914	Suture repair of ectropion	3		
67915	Cauterization of ectropion	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
67916	Eyelid surgery for ectropion	3		
67917	Eyelid surgery for ectropion	3		
67921	Suture repair of entropion	3		
67922	Cauterization of entropion	3		
67923	Eyelid surgery for entropion	3		
67924	Eyelid surgery for entropion	3		
67930	Repair eyelid wound, partial	3		
67935	Repair eyelid wound, full thickness	3		
67938	Remove embedded object from eyelid	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
67950	Revision of eyelid canthus	3		
67961	Revision of up to 1/4 of eyelid	3		
67966	Revision of more than 1/4 of eyelid	3		
67971	Reconstruct eyelid, transfer flap	3		
67973	Reconstruct eyelid, transfer flap	3		
67974	Reconstruct eyelid, transfer flap	3		
67975	Reconstruct eyelid, transfer flap	3		
67999	Eyelid surgery procedure NEC	UL		
68020	Incise/drain eyelid lining cyst	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
68040	Treatment of eyelid lining lesion	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
68100	Biopsy of eyelid lining	1		
68110	Remove eyelid lining lesion	2		
68115	Remove eyelid lining lesion	3		
68130	Remove eyelid lining lesion, sclera	2		
68135	Destroy eyelid lining lesion	1		
68200	Treat eyelid lining by injection	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
68320	Revision/graft of eyelid lining	3		
68325	Revision/graft of eyelid lining	3		
68326	Revision/graft of eyelid lining	3		
68328	Revision/graft of eyelid lining	3		
68330	Revise eyelid lining	3		
68335	Revise/graft eyelid lining	3		
68340	Separate eyelid adhesions	3		
68360	Partial revision of eyelid lining	3		
68362	Revision of eyelid lining, w/flap	3		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
68371	Harvest eye tissue, allograft	2		
68399	Eyelid lining surgery NEC	UL		
68400	Incision/drainage of tear gland	1		
68420	Incision/drainage of tear sac	3		
68440	Incision of tear duct opening	0		
68500	Removal of tear gland	3		
68505	Partial removal of tear gland	3		
68510	Biopsy of tear gland	3		
68520	Removal of tear sac	3		
68525	Biopsy of tear sac	3		
68530	Removal of object from tear duct(s)	0		
68540	Removal of tear gland tumor	3		
68550	Removal of tear gland tumor	3		
68700	Revision of tear ducts	3		
68705	Revision of tear duct opening	0		
68720	Creation of tear sac drain	3		
68745	Creation of tear duct drain	3		
68750	Create tear duct drain, w/tube	3		
68760	Close tear duct opening	0		
68761	Plug tear duct opening	0		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
68770	Close tear system fistula	3		
68801	Dilation of lacrimal punctum	0		
68810	Probe nasolacrimal duct	0		
68811	Probe nasolacrimal duct w/anesth	3		
68815	Probe nasolacrimal duct w/tube	3		
68816	PROBE NL DUCT W/BALLOON	3		
68840	Exploration of tear ducts	0		
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	0	1/1/2022	New Code
68850	Injection for tear sac x-ray	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
68899	Tear duct system surgery NEC	UL		
69000	Drain external ear lesion, simple	0		
69005	Drain external ear lesion, complic	1		
69020	Drain outer ear canal lesion	0		
69100	Biopsy of external ear	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
69105	Biopsy of external ear canal	2		
69110	Partial removal external ear	2		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69120	Removal of external ear	3		
69140	Remove bony ear canal lesion(s)	3		
69145	Remove ear canal lesion(s)	2		
69150	Extensive ear canal surgery	1		
69200	Remove object from outer ear canal	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
69205	Remove object from outer ear canal	3		
69209	REMOVE IMPACTED EAR WAX UNI	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
69210	Remove impacted ear wax	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
69220	Surgical cleansing, mastoid cavity	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement
69222	Surgical cleansing, mastoid cavity	1		
69300	Revise protruding external ear	3		
69310	Rebuild outer ear canal	5		
69320	Reconstruct absent outer ear canal	5		
69399	Outer ear surgery procedure NEC	UL		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69420	Incision of eardrum	0		
69421	Incision of eardrum, gen'l anesth	2		
69424	Remove ventilating tube, other phys	1		
69433	Create eardrum opening,local anesth	0		
69436	Create eardrum opening,gen'l anesth	2		
69440	Exploration of middle ear	3		
69450	Revision of eardrum	5		
69501	Remove mastoid structures, simple	5		
69502	Remove mastoid structures, complete	3		
69505	Modified radical surgery, mastoid	5		
69511	Radical mastoid surgery	5		
69530	Radical removal,mastoid/petrous apx	5		
69540	Removal of ear polyp	2		
69550	Removal of ear lesion, transcanal	5		
69552	Removal of ear lesion, transmastoid	5		
69601	Mastoid surgery revision, complete	5		
69602	Mastoid surg revision, mod radical	5		
69603	Mastoid surgery revision, radical	5		
69604	Mastoid surg revision,tympanoplasty	5		
69605	Mastoid surgery revision/apicectomy	5	1/1/2021	Deleted

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69610	Repair of eardrum	3		
69620	Revision of eardrum	3		
69631	Revise eardrum structures	5		
69632	Rebuild eardrum structures	5		
69633	Rebuild eardrum structures w/prosth	5		
69635	Revise eardrum structures	5		
69636	Rebuild eardrum structures	5		
69637	Rebuild eardrum structures w/prosth	5		
69641	Revise middle ear & mastoid	5		
69642	Reconstruct middle ear & mastoid	5		
69643	Reconstruct middle ear & mastoid	5		
69644	Reconstruct middle ear & mastoid	5		
69645	Radical middle ear & mastoid surg	5		
69646	Radical middle ear & mastoid surg	5		
69650	Release of middle ear bone	3		
69660	Revision of middle ear bone	5		
69661	Revision of middle ear bone	5		
69662	Revision of middle ear bone surgery	5		
69666	Repair middle ear fistula	5		
69667	Repair middle ear fistula	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69670	Remove mastoid air cells	5		
69676	Remove middle ear nerve	5		
69700	Close mastoid fistula	5		
69710	Implant/replace hearing aid	5		
69711	Remove/repair hearing aid	5		
69714	Implant temple bone w/stimul	7		
69715	Temple bone implant w/stimulat	7	1/1/2022	Deleted
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	6	1/1/2022	Code Description updated effective 1/1/2023 New Code
69717	Temple bone implant revision Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	7		Code Description updated effective 1/1/2023
69718	Revise temple bone implant	7	1/1/2022	Deleted

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	6	1/1/2022	Code Description updated effective 1/1/2023 New Code
69720	Decompress facial nerve	5		
69725	Decompress facial nerve	5		
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	4	1/1/2022	Code Description updated effective 1/1/2023 New Code
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	4	1/1/2022	Code Description updated effective 1/1/2023 New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	5	1/1/2023	New Code
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	5	1/1/2023	New Code
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	5	1/1/2023	New Code
69740	Repair facial nerve	5		
69745	Repair facial nerve	5		
69799	Middle ear surgery procedure NEC	UL		
69801	Transcanal incision of inner ear	3		
69805	Inner ear fluid sac surgery	5		
69806	Inner ear fluid sac surgery w/shunt	5		
69820	Establish inner ear window	5		
69840	Revise inner ear window	5		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
69905	Remove inner ear	5		
69910	Remove inner ear, mastoid	5		
69915	Sever inner ear nerve	5		
69930	Implant cochlear device	7		
69949	Inner ear surgery procedure NEC	UL		
69955	Repair/decompress facial nerve	5		
69960	Decompress inner ear canal	5		
69970	Remove temporal bone tumor	5		
69979	Temporal bone surgery procedure NEC	UL		
69990	MICROSURGERY ADD-ON	0		
92945	Surgery to open blocked artery	6	1/1/2026	New Code
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	5	7/1/2023	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	5	7/1/2023	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	5	7/1/2023	

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	5	7/1/2023	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5	7/1/2023	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	5	7/1/2023	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	5	7/1/2023	

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
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	5	7/1/2023	
93459	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, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	5	7/1/2023	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5	7/1/2023	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	5	7/1/2023	

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	0	7/1/2023	
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	0	7/1/2023	
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	0	7/1/2023	
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	1	7/1/2023	
93505	Endomyocardial biopsy	4	7/1/2023	
97610	LOW FREQUENCY NON-THERMAL US	1		
0054T	BONE SURGERY USING COMPUTER	0	1/1/2024	
0055T	BONE SURGERY USING COMPUTER	0	1/1/2024	
0100T	PROSTH RETINA RECEIVE&GEN	9	1/1/2024	
0184T	EXC RECTAL TUMOR ENDOSCOPIC	4	1/1/2024	



Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
0302T	ICAR ISCHM MNTRNG SYS COMPL	1		
0303T	ICAR ISCHM MNTRNG SYS ELTRD	1		
0304T	ICAR ISCHM MNTRNG SYS DEVICE	1		
0307T	RMVL ICAR ISCHM MNTRNG DVCE	1		
0308T	INSJ OCULAR TELESCOPE PROSTH	9		
0309T	PRESCRL FUSE W/ INSTR L4/L5	1		
0335T	EXTRAOSSEOUS JOINT STBLZTION	1		
0338T	TRNSCTH RENAL SYMP DENRV UNL	1		
0339T	TRNSCTH RENAL SYMP DENRV BIL	1		
0340T	ABLATE PULM TUMORS + EXTNSN	1		
0342T	THXP APHERESIS W/ HDL DELIP	1		
0345T	TRANSCATH MTRAL VLVE REPAIR	1		
0356T	INSRT DRUG DEVICE FOR IOP	1	1/1/2022	Deleted
0357T	Cryopreservation; immature oocyte(s)	1		
0375T	TOTAL DISC ARTHRP ANT APPR	1		
0376T	INSERT ANT SEGMENT DRAIN INT	1	1/1/2022	Deleted
0377T	ANOSCPY INJ AGENT FOR INCONT	1		
0396T	INTRAOP KINETIC BALNCE SENSR	1	1/1/2021	Deleted

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
0397T	ERCP W/OPTICAL ENDOMICROSCPY	1		
0402T	COLLAGEN CROSSLINKING CORNEA	1		
0404T	TRNSCRV UTERIN FIBROID ABLTJ	1	1/1/2024	Deleted
0406T	SIN NDSC PLMT DRG ELUT MPLNT	1		
0407T	SIN NDSC PLMT DRG ELUT MPLNT	1		
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	5	1/1/2026	Deleted
0446T	INSJ IMPLTBL GLUCOSE SENSOR	1		
0447T	RMVL IMPLTBL GLUCOSE SENSOR	1		
0448T	REMLV INSJ IMPLTBL GLUC SENS	1		
0652T	EGD FLEXIBLE TRANSNASAL DX W/COLLJ SPEC BR/WA	2	7/1/2021	
0653T	EGD FLEXIBLE TRANSNASAL W/BIOPSY SINGLE/MULTIPLE	2	7/1/2021	
0654T	EGD FLEXIBLE TRANSNASAL W/INSJ INTRAL TUBE/CATH	2	7/1/2021	
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	3	1/1/2022	New Code
0699T	Injection, posterior chamber of eye, medication	3	1/1/2022	New Code
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	n/a	1/1/2021	Procedure Not Eligible for Separate Surgical Reimbursement

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C5271	LOW COST SKIN SUBSTITUTE APP	1		
C5272	LOW COST SKIN SUBSTITUTE APP	1		
C5273	LOW COST SKIN SUBSTITUTE APP	1		
C5274	LOW COST SKIN SUBSTITUTE APP	1		
C5275	LOW COST SKIN SUBSTITUTE APP	1		
C5276	LOW COST SKIN SUBSTITUTE APP	1		
C5277	LOW COST SKIN SUBSTITUTE APP	1		
C5278	LOW COST SKIN SUBSTITUTE APP	1		
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)	1	1/1/2023	New Code
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	2	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	2	1/1/2023	New Code
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed	3	1/1/2023	New Code
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	4	1/1/2023	New Code
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	4	1/1/2023	New Code
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	3	1/1/2023	New Code
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	6	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	6	1/1/2023	New Code
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	2	1/1/2023	New Code
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	2	1/1/2023	New Code
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	2	1/1/2023	New Code
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	2	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	6	1/1/2023	New Code
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	7	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	6	1/1/2023	New Code
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report	6	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	6	1/1/2023	New Code
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	7	1/1/2023	New Code
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	6	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	7	1/1/2023	New Code
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	8	1/1/2023	New Code
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	8	1/1/2023	New Code
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	8	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	8	1/1/2023	New Code
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ercp), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	3	1/1/2023	New Code
C7542	Endoscopic retrograde cholangiopancreatography (ercp) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	3	1/1/2023	New Code
C7543	Endoscopic retrograde cholangiopancreatography (ercp) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	3	1/1/2023	New Code
C7544	Endoscopic retrograde cholangiopancreatography (ercp) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	3	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7545	Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	3	1/1/2023	New Code
C7546	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	2	1/1/2023	New Code
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	2	1/1/2023	New Code
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	2	1/1/2023	New Code
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	3	1/1/2023	New Code
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	3	1/1/2023	New Code
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	UL	7/1/2023	
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	1	1/1/2023	New Code
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	6	1/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	3	1/1/2024	New Code
C7557	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 and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	7	1/1/2024	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	7	1/1/2025 1/1/2024	Deleted Code New Code
C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	3	1/1/2024	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7562	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	3	1/1/2025	New Code
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries.	3	1/1/2025	New Code
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation.	3	1/1/2025	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C7565	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair	3	1/1/2025	New Code
C7568	Catheter for heart study	7	1/1/2026	New Code
C7569	Procedure to open heart vessel	7	1/1/2026	New Code
C7570	Catheter for heart study	7	1/1/2026	New Code
C7571	Procedure to open heart vessel	7	1/1/2026	New Code
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	6	1/1/2025	New Code
C9742	LARYNGOSCOPY WITH INJECTION	2		
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	0		
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	8		
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra, if applicable Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)	3		Code Description updated effective 1/1/2023
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	6		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	7		
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	7		
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	7		
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	3	1/1/2025	Deleted
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	4	1/1/2021 1/1/2024	New Code Deleted Code
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	6	1/1/2021	New Code
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	6	1/1/2021	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	6	1/1/2021	New Code
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	6	1/1/2021	New Code
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)	2	7/1/2021	New Code
C9779	Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed	2	10/1/2021	New Code
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	7	10/1/2021	New Code
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	6	4/1/2022	New Code

Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	7	4/1/2022	New Code
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	7	4/1/2022	New Code
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	6	7/1/2023	New Code
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	6	7/1/2023	New Code

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	1	10/1/2023	New Code
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])	3	1/1/2024	New Code
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	7	1/1/2024	New Code
G0104	Colorectal cancer screening; flexible sigmoidoscopy	1		
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	1		
G0121	Colorectal cancer screening; colonoscopy on individual not mtg criteria for high risk	1		
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	1		
G0168	DRONABINOL, 5 MG, ORA, FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A	1		
G0186	DSTRY EYE LESN, FDR VSSL TECH	1		
G0259	Inject for sacroiliac joint	1		
G0268	Removal of impacted wax md	1		
G0269	Occlusive device in vein art	1		

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
G0289	Arthro, loose body + chondro	1		
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	1	1/01/2023 7/1/2022	Deleted New Code
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	1	1/01/2023 7/1/2022	Deleted Code New Code
G0339	Robot lin-radsurg com, first	6		
G0340	Robt lin-radsurg fractx 2-5	4		
G0364	Bone marrow aspirate & biopsy	1		
G0413	PELVIC RING FX UNILAT/BILAT	4		
G0455	FECAL MICROBIOTA PREP INSTIL	1		
G0571	Intraoperative nerve(s) cryoablation for post-surgical pain relief (list separately in addition to code for primary service)	1	1/1/2026	New Code
G6018	ILEOSCOPY W/STENT	2		
G6019	COLONOSCOPY LESION REMOVAL	2		
G6020	COLONOSCOPY W/STENT	2		
G6021	UNLISTED PX SMALL INTESTINE	3		
G6022	SIGMOIDOSCOPY W/ABLATE TUMR	2		
G6023	SIGMOIDOSCOPY W/STENT	2		
G6024	LESION REMOVAL COLONOSCOPY	2		



Reimbursement Policy: ASC Grouper 2026

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CPT Code or HCPCS Code:	Description:	Grouper Assignment	Year Effective	Status
G6025	COLONOSCOPY W/STENT	2		
G6027	ANOSCOPY HRA W/SPEC COLLECT	1		
G6028	ANOSCOPY HRA W/BIOPSY	2		
L8605	Inj bulking agent anal canal	n/a	2018	Procedure Not Eligible for Separate Surgical Reimbursement

Revision History

Company	DATE	REVISION
ConnectiCare	6/25/2026	Reviewed; no updates with the CMS Code List updates effective 7/1/2026
ConnectiCare	4/10/2026	- Updated groupers for the following codes effective 4/1/2026: 37255, 37257, 37259, 37261, 37262, 37264, 37266, 37268, 37270, 37272, 37274, 37276, 37278, 37279, 37281, 37283, 37285, 37287, 37289, 37291, 37293, 37295, 37297, 37299, 43889, 47384, 55715, 55868, 55869, 55877, 62331, 64654, 64656

Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

Company	DATE	REVISION
ConnectiCare	12/31/2025	- Updates with effective date 1/1/2026: - Added new codes: 27713, 33882, 35602, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37279, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 37296, 37297, 37298, 37299, 43889, 47384, 52443, 52597, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 55868, 55869, 55877, 62330, 62331, 63032, 64567, 64654, 64655, 64656, 64657, 64658, 64659, 64728, 92945, C7568, C7569, C7570, C7571, G0571 - Updated to indicate <i>deleted</i> codes effective 1/01/2026: 27445, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37500, 52647, 55700, 0421T
ConnectiCare	10/13/2025	Reviewed; no updates with the AMA/CMS Quarterly Code List updates effective 10/1/2025.
ConnectiCare	10/13/2025	Policy criteria are <u>not applicable</u> to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.
ConnectiCare	7/25/2025	Reviewed; no updates with the CMS Code List updates effective 7/1/2025
ConnectiCare	4/8/2025	Updated groupers for the following codes effective 4/01/2025: 15011, 15013, 25448, 53865, 53866, 60660, 64466, 64467, 64468, 64469, 64473, 64474, C8003
ConnectiCare	4/8/2025	Transferred policy content to individual company-branded template. No changes to policy title or policy number.



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

Company	DATE	REVISION
ConnectiCare	1/2025	• Updates with effective date 1/1/2025: ○ Added new codes: 15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018, 25448, 38225, 38226, 38227, 38228, 49186, 49187, 49188, 49189, 49190, 51721, 53865, 53866, 55881, 55882, 60660, 60661, 61715, 64466, 64467, 64468, 64469, 64473, 64474, 66683, C7562, C7563, C7564, C7565, C8003 ○ Updated to indicate <i>deleted codes</i> effective 1/01/2025: 15819, 49203, 49204, 49205, 51030, 54438, C7558, C9769
ConnectiCare	10/1/2024	• Reviewed; no updates with the CMS Code List updates effective 10/1/2024
ConnectiCare	7/1/2024	• Updated groupers for the following codes effective 7/01/2024: 31242, 31243, 33276, 33278, 33279, 33280, 33281, 33287, 33288, 58580, 61891, 64596, 64597, 64598
ConnectiCare	3/25/2024	• Updated to include new codes effective 1/1/2024: C9796 and C9797 ○ Per CMS update, effective date of 4/1/2024 was retroactively changed to 1/1/2024
ConnectiCare	1/2024	• Updates with effective date 1/1/2024: • Updated grouper assignment for CPT code 43774 from '7' to '6' in the ASC Grouper table • Added new codes: 22836, 22837, 22838, 27278, 31242, 31243, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 52284, 58580, 61889, 61891, 61892, 64596, 64597, 64598, 67516, C7556 and C7557 • Updated to include the following codes: 27090, 27091, 27120, 27125, and 27488 • Updated to include "T" codes: 0054T, 0055T, 0100T, & 0184T • Updated to indicate deleted codes: 0404T & C9770



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

Company	DATE	REVISION
ConnectiCare	12/2023	Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number
ConnectiCare	9/21/2023	Updated to include new code effective 10/1/2023: C9789
ConnectiCare	6/20/2023	- Updated to include new codes effective 7/01/2023: C9784 and C9785 - Updated to include Cardiac Cath codes effective 7/01/2023: 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93503, 93505 and C7553



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

Company	DATE	REVISION
ConnectiCare	12/27/2022	- Updated to include new codes effective 1/01/2023: 15778, 15853, 15854, 22860, 30469, 33900, 33901, 33902, 33903, 33904, 36836, 36837, 43290, 43291, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 55867, 69728, 69729, 69730, C7500, C7501, C7502, C7503, C7504, C7505, C7506, C7507, C7508, C7509, C7510, C7511, C7512, C7513, C7514, C7515, C7530, C7531, C7532, C7534, C7535, C7537, C7538, C7539, C7540, C7541, C7542, C7543, C7544, C7545, C7546, C7547, C7548, C7549, C7550, C7551, C7554 and C7555 19 Codes updated with new Code Description effective 1/01/2023 27 codes updated – Deleted Effective 1/01/2023: 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 15850, 49560, 49561, 49565, 49566, 49568, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, G0308 and G0309
ConnectiCare	6/28/2022	- Updated to include new codes effective 7/01/2022: G0308, G0309 - Updated groupers for following codes effective 7/01/2022: C9780 and C9781
ConnectiCare	3/25/2022	- Updated to include new codes effective 4/01/2022: C9782 and C9783 - Updated groupers for following Jan 2022 codes effective 4/01/2022: 0671T, 0699T, 42975, 43497, 61736, 61737, 64582, 64583, 64584, 64628, 66989, 66991, 68841, 69716, 69719, 69726 and 69727



Reimbursement Policy: ASC Grouper 2026

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

Company	DATE	REVISION
ConnectiCare	12/20/2021	- Updated to include new codes effective 1/01/2022: 0671T, 0699T, 42975, 43497, 61736, 61737, 63052, 63053, 64582, 64583, 64584, 64628, 64629, 66989, 66991, 68841, 69716, 69719, 69726 & 69727 - Updated to indicate deleted codes effective 1/01/2022: 0356T, 0376T, 21310, 69715 & 69718
ConnectiCare	9/30/2021	Updated to include new codes effective 10/01/2021: C9779 & C9780
ConnectiCare	9/2021	Updated to include new codes effective 7/01/2021: 0652T, 0653T & 0654T
ConnectiCare	7/2021	Updated to include new code effective 7/01/2021: C9778
ConnectiCare	4/2021	Reviewed; no updates with the CMS Code List updates effective 4/01/2021
ConnectiCare	1/2021	- Updated to include new codes effective 1/01/2021: 32408, 33741, 33745, 33746, 33995, 33997, 55880, 57465, C1062, C9770, C9772, C9773, C9774 & C9775. - Updated to indicate Deleted Codes Effective 1/01/2021: 19324, 19366, 32405, 58293, 69605 & 0396T
ConnectiCare	10/2020	Updated to include new codes effective 10/1/2020: C9761 & C9769
ConnectiCare	9/2020	Updated to include new codes effective 7/1/2020: C9759, C9760, C9764, C9765, C9766 & C9767
ConnectiCare	12/2019	Updated to include 2020 Groupers
ConnectiCare	3/2019	- Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number - Revised Effective 1/1/2019; updated to include 2019Groupers
ConnectiCare	4/2018	Original Policy Effective Date