

The following CPT codes correspond to cosmetic procedures.

Please use the proper codes when requesting an authorization from the Plan prior to performing a cosmetic procedure.

Cosmetic

PROCEDURE_CODE	SHORT_DESCRIPTION	FULL_DESCRIPTION
11920	CORRECT SKIN COLOR DEFECTS	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6
11921	CORRECT SKIN COLOR DEFECTS	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6
11922	CORRECT SKIN COLOR DEFECTS	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; E
11950	THERAPY FOR CONTOUR DEFECTS	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS
11952	THERAPY FOR CONTOUR DEFECTS	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC
11954	THERAPY FOR CONTOUR DEFECTS	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 CC
11960	INSERT TISSUE EXPANDER(S)	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
11970	REPLACE TISSUE EXPANDER	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS
11971	REMOVE TISSUE EXPANDER(S)	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS
15780	ABRASION TREATMENT OF SKIN	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)
15781	ABRASION TREATMENT OF SKIN	DERMABRASION; SEGMENTAL, FACE
15782	ABRASION TREATMENT OF SKIN	DERMABRASION; REGIONAL, OTHER THAN FACE

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15783	ABRASION TREATMENT OF SKIN	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)
15786	ABRASION, LESION, SINGLE	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
15787	ABRASION, LESIONS, ADD-ON	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15788	CHEMICAL PEEL, FACE, EPIDERM	CHEMICAL PEEL, FACIAL; EPIDERMAL
15789	CHEMICAL PEEL, FACE, DERMAL	CHEMICAL PEEL, FACIAL; DERMAL
15792	CHEMICAL PEEL, NONFACIAL	CHEMICAL PEEL, NONFACIAL; EPIDERMAL
15793	CHEMICAL PEEL, NONFACIAL	CHEMICAL PEEL, NONFACIAL; DERMAL
15810	SALABRASION	SALABRASION; 20 SQ CM OR LESS
15811	SALABRASION	SALABRASION; OVER 20 SQ CM
15820	REVISION OF LOWER EYELID	BLEPHAROPLASTY, LOWER EYELID;
15821	REVISION OF LOWER EYELID	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
15822	REVISION OF UPPER EYELID	BLEPHAROPLASTY, UPPER EYELID;
15823	REVISION OF UPPER EYELID	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID

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15824	REMOVAL OF FOREHEAD WRINKLES	RHYTIDECTOMY; FOREHEAD
15825	REMOVAL OF NECK WRINKLES	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)
15826	REMOVAL OF BROW WRINKLES	RHYTIDECTOMY; GLABELLAR FROWN LINES
15828	REMOVAL OF FACE WRINKLES	RHYTIDECTOMY; CHEEK, CHIN, AND NECK
15829	REMOVAL OF SKIN WRINKLES	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
15831	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN (ABDOMINOPLASTY)
15832	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH
15833	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG
15834	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP
15835	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK
15836	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM
15837	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND
15838	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD

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15839	EXCISE EXCESSIVE SKIN TISSUE	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA
15876	SUCTION ASSISTED LIPECTOMY	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
15877	SUCTION ASSISTED LIPECTOMY	SUCTION ASSISTED LIPECTOMY; TRUNK
15878	SUCTION ASSISTED LIPECTOMY	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
17360	SKIN PEEL THERAPY	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)
17380	HAIR REMOVAL BY ELECTROLYSIS	ELECTROLYSIS EPILATION, EACH 1/2 HOUR
19140	REMOVAL OF BREAST TISSUE	MASTECTOMY FOR GYNECOMASTIA
19316	SUSPENSION OF BREAST	MASTOPEXY
19318	REDUCTION OF LARGE BREAST	REDUCTION MAMMAPLASTY
19324	ENLARGE BREAST	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT
19325	ENLARGE BREAST WITH IMPLANT	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT
19328	REMOVAL OF BREAST IMPLANT	REMOVAL OF INTACT MAMMARY IMPLANT

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19330	REMOVAL OF IMPLANT MATERIAL	REMOVAL OF MAMMARY IMPLANT MATERIAL
19355	CORRECT INVERTED NIPPLE(S)	CORRECTION OF INVERTED NIPPLES
19370	SURGERY OF BREAST CAPSULE	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST
19371	REMOVAL OF BREAST CAPSULE	PERIPROSTHETIC CAPSULECTOMY, BREAST
19380	REVISE BREAST RECONSTRUCTION	REVISION OF RECONSTRUCTED BREAST
19396	DESIGN CUSTOM BREAST IMPLANT	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT
21235	EAR CARTILAGE GRAFT	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21740	RECONSTRUCTION OF STERNUM	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN
21742	REPAIR STERN/NUSS W/O SCOPE	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY
21743	REPAIR STERNUM/NUSS W/SCOPE	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY
30400	RECONSTRUCTION OF NOSE	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
30410	RECONSTRUCTION OF NOSE	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP
30420	RECONSTRUCTION OF NOSE	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR

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30430	REVISION OF NOSE	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
30435	REVISION OF NOSE	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
30450	REVISION OF NOSE	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
30460	REVISION OF NOSE	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY
30462	REVISION OF NOSE	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, O
36468	INJECTION(S), SPIDER VEINS	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK
36469	INJECTION(S), SPIDER VEINS	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE
36470	INJECTION THERAPY OF VEIN	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN
36471	INJECTION THERAPY OF VEINS	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG
36475	ENDOVENUS ABLAT TX VEIN EXT	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOF
36476	ENDOVEN ABLAT TX EXT RF;2&>V	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOF
36478	ENDOVEN ABLAT TX VN EXT LASR	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER;
36479	ENDOVEN ABLAT VN EXT LASR; 2	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER;

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37500	ENDOSCOPY LIGATE PERF VEINS	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)
37501	VASCULAR ENDOSCOPY PROCEDURE	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
37700	REVISE LEG VEIN	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
37718	LIGATE/STRIP SHORT LEG VEIN	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN □
37720	REMOVAL OF LEG VEIN	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS
37722	LIGATE/STRIP LONG LEG VEIN	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW □
37730	REMOVAL OF LEG VEINS	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS
37735	REMOVAL OF LEG VEINS/LESION	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/O
37760	LIGATION, LEG VEINS, OPEN	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN
37765	STAB PHLEBECTOMY OF VARICOSE	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS
37766	STAB PHLEBECTOMY OF VARICOSE	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS

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37780	REVISION OF LEG VEIN	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)
37785	REVISE SECONDARY VARICOSITY	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG
67900	REPAIR BROW DEFECT	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)
69300	REVISE EXTERNAL EAR	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION

The following CPT codes correspond to obesity surgery procedures.

Please use the proper codes when requesting an authorization from the Plan prior to performing an obesity surgery procedure.

Obesity Surgery

PROCEDURE_CODE	SHORT_DESCRIPTION	FULL_DESCRIPTION
43644	LAP GASTR RSTRC;GASTR BYPS&R	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LES
43770	LAP, PLACE GASTR ADJUST BAND	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND (GASTRIC BAND AND SUBCUTANEOUS PORT CO
43771	LAP, REVISE ADJUST GAST BAND	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY□
43772	LAP, REMOVE ADJUST GAST BAND	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY□
43773	LAP, CHANGE ADJUST GAST BAND	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY□
43774	LAP REMOV ADJ GAST BAND/PORT	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS□
43843	GASTROPLASTY FOR OBESITY	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY
43846	GASTRIC BYPASS FOR OBESITY	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (LESS THAN 100 CM) ROUX-EN-Y GASTROENTEROS
43848	REVISION GASTROPLASTY	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE)
S2083	ADJUSTMENT GASTRIC BAND	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATIN OF SALINE

The following CPT codes correspond to orthognathic surgery procedures.

Please use the proper codes when requesting an authorization from the Plan prior to performing an orthognathic surgery procedure.

Orthognathic Surgery

PROCEDURE_CO	SHORT_DESCRIPTION	FULL_DESCRIPTION
21120	RECONSTRUCTION OF CHIN	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
21121	RECONSTRUCTION OF CHIN	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE
21123	RECONSTRUCTION OF CHIN	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21125	AUGMENTATION, LOWER JAW BONE	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL
21127	AUGMENTATION, LOWER JAW BONE	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)
21137	REDUCTION OF FOREHEAD	REDUCTION FOREHEAD; CONTOURING ONLY
21141	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAF
21142	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT
21143	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT
21145	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTO

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21146	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGR
21147	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAIN
21150	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)
21151	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21154	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFOR
21155	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I
21159	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INC
21160	RECONSTRUCT MIDFACE, LEFORT	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INC
21193	RECONSTR LWR JAW W/O GRAFT	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE GRAFT
21198	RECONSTR LWR JAW SEGMENT	OSTEOTOMY, MANDIBLE, SEGMENTAL;
21199	RECONSTR LWR JAW W/ADVANCE	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT

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21206	RECONSTRUCT UPPER JAW BONE	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)
21208	AUGMENTATION OF FACIAL BONES	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)
21209	REDUCTION OF FACIAL BONES	OSTEOPLASTY, FACIAL BONES; REDUCTION
21210	FACE BONE GRAFT	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)
21230	RIB CARTILAGE GRAFT	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21235	EAR CARTILAGE GRAFT	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)

The following CPT codes correspond to sleep apnea surgery procedures.

Please use the proper codes when requesting an authorization from the Plan prior to performing a sleep apnea surgery procedure.

Sleep Apnea Surgery

PROCEDURE_CODE	SHORT_DESCRIPTION	FULL_DESCRIPTION
21685	HYOID MYOTOMY AND SUSPENSION	HYOID MYOTOMY AND SUSPENSION
42120	REMOVE PALATE/LESION	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION
42140	EXCISION OF UVULA	UVULECTOMY, EXCISION OF UVULA
42145	REPAIR PALATE, PHARYNX/UVULA	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)
42160	TREATMENT MOUTH ROOF LESION	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)
42299	PALATE/UVULA SURGERY	UNLISTED PROCEDURE, PALATE, UVULA