

## Site of Care Review Process for Certain Designated Hospital Outpatient Procedures Effective October 1, 2025

Procedure Code	Description
11770	Excision of pilonidal cyst or sinus; simple
11772	Excision of pilonidal cyst or sinus; complicated
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); 5 cm or greater
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
23430	Tenodesis of long tendon of biceps
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
25000	Incision, extensor tendon sheath, wrist (e.g., De Quervains disease)
25111	Excision of ganglion, wrist (dorsal or volar); primary
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
26055	Tendon sheath incision (e.g., for trigger finger)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26160	Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of slap lesion
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29893	Endoscopic plantar fasciotomy
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

29916	Arthroscopy, hip, surgical; with labral repair
30140	Submucous resection inferior turbinate, partial or complete, any method
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
31535	Laryngoscopy, direct, operative, with biopsy
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, 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, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiologic supervision and interpretation necessary to perform the angioplasty
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
38500	Biopsy or excision of lymph node(s); open, superficial
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
42440	Excision of submandibular (submaxillary) gland
42826	Tonsillectomy, primary or secondary; age 12 or over
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46200	Fissurectomy, including sphincterotomy, when performed
46255	Hemorrhoidectomy, internal and external, single column/group
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49650	Laparoscopy, surgical; repair initial inguinal hernia
50590	Lithotripsy, extracorporeal shock wave
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52000	Cystourethroscopy (separate procedure)
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52204	Cystourethroscopy, with biopsy(s)
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54360	Plastic operation on penis to correct angulation
54530	Orchiectomy, radical, for tumor; inguinal approach
54640	Orchiopexy, inguinal or scrotal approach
55040	Excision of hydrocele; unilateral
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
56620	Vulvectomy simple; partial
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
65426	Excision or transposition of pterygium; with graft
65756	Keratoplasty (corneal transplant); endothelial
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
67036	Vitrectomy, mechanical, pars plana approach
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.

67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67113	Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including,
	when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association. HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Florida Blue offers health insurance. These companies are independent licensees of the Blue Cross and Blue Shield Association.