CPT Code	Body system and description	CPT Code	Pay- ment Group	Body system and descrip- tion	CPT Code	Pay- ment Group	Body system and descrip- tion
	RESPIRATORY SYSTEM		MUSCOL	OSKELETAL SYSTEM	27503	3	Closed treatment of
31719	Transtracheal (percutaneous) intro- duction of indwelling tube for ther- apy (eg, tickle tube, catheter for ox- ygen administration)	23616	4	Open treatment of proximal humeral (surgical or ana- tomical neck) fracture, with or without internal or			supracondylar or transcondylar femoral fracture with or without intercondylar extension;
	FEMALE GENITAL SYSTEM			external fixation, with or			with manipulation, with or without skin or skeletal
56000	Incision and drainage of perineal ab- scess (nonobstetrical)			without repair of tuberosity(-ies); with	27507	4	traction Open treatment of femoral
56100	Biopsy of perineum (separate proce- dure)			proximal humeral pros- thetic replacement	2.00.		shaft fracture with plate/ screws, with or without
56200	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	24516	4	Open treatment of humeral shaft fracture, with inser-	27509	3	cerclage Percutaneous skeletal fixa-
57451	Culdoscopy, diagnostic; with biopsy and/or lysis of adhesions or tubal sterilization			tion of intramedullary im- plant, with or without cerclage and/or locking screws			tion of supracondylar or transcondylar femoral fracture, with or without
58980	Laparoscopy, diagnostic (separate procedure)	24546	5	Open treatment of humeral	27511	4	intercondylar extension Open treatment of femoral
58984	Laparoscopy, surgical; with fulgura- tion or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method			supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension			supracondylar fracture without intercondylar ex- tension, with or without in- ternal or external fixation
58985	Laparoscopy, surgical; with lysis of adhesions	25520	1	Closed treatment of radial shaft fracture, with dis-	27513	5	Open treatment of femoral supracondylar or
58986	Laparoscopy, surgical; with biopsy (single or multiple)			location of distal radioulnar joint (Galeazzi			transcondylar fracture with intercondylar exten-
58987	Laparoscopy, surgical; with aspiration (single or multiple)	25525	4	fracture/dislocation) Open treatment of radial			sion, with or without inter- nal or external fixation
58988 58990	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or sal- pingectomy) Hysteroscopy; diagnostic	20020	·	shaft fracture, with inter- nal and/or external fixa- tion and closed treatment of dislocation of distal radioulnar joint (Galeazzi	27535	3	Open treatment of tibial fracture, proximal (pla- teau); unicondylar, with or without internal or exter- nal fixation
58992	Hysteroscopy; with lysis of intra- uterine adhesions or resection of intrauterine septum (any method)			fracture/dislocation), with or without percutaneous skeletal fixation	27759	4	Open treatment of tibial shaft fracture (with or without fibular fracture) by intermedullary implant,
58994	Hysteroscopy; with removal of submucous leiomyomata (any method)	25526	5	Open treatment of radial shaft fracture, with inter- nal and/or external fixa- tion and open treatment			with or without interlock- ing screws and/or cerclage
4. Additions to the List of Covered Procedures for Ambulatory Surgical Centers, Added to the 1993 CPT (Added to the Medicare Carriers Manual January 1, 1993)				tion and open treatment, with or without internal or external fixation of distal radioulnar (Galeazzi fracture/ dislocation), in- cludes repair of triangular cartilage	27824	1	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthe- sia; without manipulation
The CPT is updated annually, and some additions and deletions affect the ASC list. The following part 4 of this addendum is the list of procedures that were added to the ASC list because of additions to the 1993 CPT. These procedures were added to the ASC list by the Medicare Carriers Manual and were effective January 1, 1993. In the first column is the CPT code for the procedure; in the second column, the payment group for the procedure; and in the third column, the body system and description of the procedure.		25574	3	Open treatment of radial and ulnar shaft fractures, with internal or external fixation; of radius or ulna	27825	2	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond),
		27193 1	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation			with or without anesthe- sia; with skeletal traction and/or requiring manipula- tion	
		27194	2	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requir- ing more than local anes- thesia	27826	3	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula
		27501	2	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	27827	3	only Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only

only