

## Χειρουργική Παιδών

Agreed Description	CPT Code	CPT Description	CPT Weight
Πρώτη επίσκεψη (Consultation)	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	1.26
	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	2.12
	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	3.05
	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	4.65
	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	5.85

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Επιπρόσθετη επίσκεψη (Follow-up consultation)	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	0.61
	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	1.24
	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	2.06
	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	3.04
	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	4.10

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<b>Agreed Description</b>	<b>CPT Code</b>	<b>CPT Description</b>	<b>CPT Weight</b>
Wound Sutured	12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	2.59
	12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	3.15
	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	3.68
Wound glued	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	3.16
	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	3.31
	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	3.86

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<b>Agreed Description</b>	<b>CPT Code</b>	<b>CPT Description</b>	<b>CPT Weight</b>
Removal of dermoid cyst	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	3.58
	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	4.27
	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	4.76
	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	5.50
	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	6.23
	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	3.50
	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	4.48
	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	5.04
	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	5.74
	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	6.67
Removal of skin nodule	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	3.87
	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	4.80
	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	5.37
	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	6.38
	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	8.02
	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	2.55
	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	0.55
Removal of foreign body of sulcutaneous tissue	10120	Incision and removal of foreign body, subcutaneous tissues; simple	4.38
	10121	Incision and removal of foreign body, subcutaneous tissues; complicated	7.83
	20520	Removal of foreign body in muscle or tendon sheath; simple	5.85
	24200	Removal of foreign body, upper arm or elbow area; subcutaneous	5.94
	27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	8.51
Removal of hair twisted around a toe	28190	Removal of foreign body, foot; subcutaneous	7.47

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Agreed Description	CPT Code	CPT Description	CPT Weight
Radical nail extraction (partial/whole)  Nail extraction	11730	Avulsion of nail plate, partial or complete, simple; single	3.01
	11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	0.90
	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	4.37
	11719	Trimming of nondystrophic nails, any number	0.41
	11720	Debridement of nail(s) by any method(s); 1 to 5	0.94
	11721	Debridement of nail(s) by any method(s); 6 or more	1.29
	11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	3.75
Incision and drainage of abscess	10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	3.38
	10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	5.87
	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	3.71
	19020	Mastotomy with exploration or drainage of abscess, deep	13.56
	20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	8.99
	21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	12.94
	23030	Incision and drainage, shoulder area; deep abscess or hematoma	12.80
	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	10.27
	26010	Drainage of finger abscess; simple	7.58
	26011	Drainage of finger abscess; complicated (eg, felon)	11.18
	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	19.34
	27603	Incision and drainage, leg or ankle; deep abscess or hematoma	15.16
	38300	Drainage of lymph node abscess or lymphadenitis; simple	9.04
	42300	Drainage of abscess; parotid, simple	5.95
	45005	Incision and drainage of submucosal abscess, rectum	7.93
	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	15.45
	46050	Incision and drainage, perianal abscess, superficial	5.83
	55100	Drainage of scrotal wall abscess	6.23
	56405	Incision and drainage of vulva or perineal abscess	3.10
	56420	Incision and drainage of Bartholin's gland abscess	3.47

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Skin burn dressing	16000	Initial treatment, first degree burn, when no more than local treatment is required	1.96
	16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	2.35
	16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	4.22
	16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	5.34
Skin and muscle biopsy	11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	3.00
	11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	0.93
	20200	Biopsy, muscle; superficial	5.89
	20205	Biopsy, muscle; deep	8.27
	20206	Biopsy, muscle, percutaneous needle	6.70
Division of tongue frenulum	41010	Incision of lingual frenum (frenotomy)	5.77
Division of the adhesions between the glans and the foreskin Reduction of paraphimosis	54162	Lysis or excision of penile post-circumcision adhesions	7.44
	54450	Foreskin manipulation including lysis of preputial adhesions and stretching	2.04
Division of adhesions between labia minora	56441	Lysis of labial adhesions	4.12
Urine collection with puncture of urinary bladder	51102	Aspiration of bladder; with insertion of suprapubic catheter	6.51
Urinary bladder catheteration	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	1.35
	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	1.83
	51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	3.62
Lymph node biopsy	38500	Biopsy or excision of lymph node(s); open, superficial	9.51
	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	3.58
	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	14.79
Ανάταξη επώδυνου πρηγνισμού κερκίδας	24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	2.84

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Αφαίρεση ξένου σώματος από έξω ακουστικό πόρο ή ρώθωνα	69200	Removal foreign body from external auditory canal; without general anesthesia	2.33
	69210	Removal impacted cerumen (separate procedure), 1 or both ears	1.38
	30300	Removal foreign body, intranasal; office type procedure	5.02
Cauterization of umbilical granuloma tissue	17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	2.29
Cautirisation of skin granuloma			
Neonatal circumcision	54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	6.34
Division of the penile frenulum	54164	Frenulotomy of penis	N/A*
Dilatation of aenal fissure	45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	N/A*

\* According to AMA this service/procedure is NOT performed in physician offices and other non hospital based services