

## Πλαστική Χειρουργική

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

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
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

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Πλαστική θλαστικού τραύματος προσώπου	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
	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	4.65
Πλαστική θλαστικού τραύματος σώματος	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
Αφαίρεση ξένου σώματος	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
	28190	Removal of foreign body, foot; subcutaneous	7.47
Παροχέτευση αποστήματος	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
Παροχέτευση υγρώματος	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	3.71
Παροχέτευση αιματώματος	10180	Incision and drainage, complex, postoperative wound infection	7.06
	26010	Drainage of finger abscess; simple	7.58
	10140	Incision and drainage of hematoma, seroma or fluid collection	4.69
	11740	Evacuation of subungual hematoma	1.43

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Επείγουσα πρώτη περίθαλψη εγκαύματος  Τοπική περίθαλψη εγκαύματος στο ιατρείο  Χειρουργικός καθαρισμός εγκαύματος	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
Λήψη Ιστού για Βιοψία	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

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	1.88
	17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	0.15
	17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	4.11
	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	3.18
	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	3.76
	17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	2.72
	17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	4.11
	17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	5.00
	17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	5.45
	17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	5.85
	17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	6.61
	17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	4.31
	17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	4.66
	17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	5.32
	17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	5.91
	17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	6.99
	17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	8.09

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	4.03
	17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	5.08
Θεραπεία Δερματικής Βλάβης με Διαθερμοπηξία	17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	5.82
Θεραπεία Δερματικής Βλάβης με Κρυοπηξία	17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	6.97
Θεραπεία Δερματικής Βλάβης με Laser	17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	7.98
Επιφανειακή Εκτομή Δερματικής Βλάβης	17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	10.18
Θεραπεία Χηλοειδών-Υπερτροφικών Ουλών με Εκχυση Κορτικοειδών/Treatment of KELOIDS AND HYPERTROPHIC SCARS through corticosteroids	46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	7.40
Θεραπεία Χηλοειδών-Υπερτροφικών Ουλών με Διαθερμοπηξία/Electrocautery of KELOIDS AND HYPERTROPHIC SCARS	46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	15.00
	54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	3.44
Θεραπεία Χηλοειδών-Υπερτροφικών Ουλών με Κρυοπηξία/Cryotherapy of KELOIDS AND HYPERTROPHIC SCARS	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	6.30
	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	3.75
Μερική Εκτομή Δερματικής Βλάβης	56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	6.45
Εκτομή Επιχειλίου Όγκου Βλεφάρου	46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	6.62
Αφαίρεση Βλάβης Ερυθρού Κρασπέδου Απλή	54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	4.09
	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	9.81

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	12.52
	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	18.42
	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	12.94
	54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	4.00
	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	4.67
	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	5.12
	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	6.97
	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	1.37
	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	1.67
	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	1.89
	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	2.79
	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	3.42
	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	4.03
	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	4.45
	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	2.82
	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	3.48
	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	4.13
	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	4.31
	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	3.25
	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	3.18
	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	4.58

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	5.31
	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	0.58
	11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	2.55
	11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	0.55
	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
	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	8.99
	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
	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	9.56
	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

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Ολική Εκτομή Δερματικής Βλάβης	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
Ευρεία Εκτομή Δερματικής Βλάβης	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
Αφαίρεση Δερμοειδούς Κύστεως/Removal of dermoid cyst	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	11.14
Αφαίρεση άλλης βλάβης υποδορίου/Removal of subcutaneous lesions	11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	10.98
	11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	13.90
	11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	10.72
Αφαίρεση Σμηγματογόνου Κύστης/Removal of sebaceous cyst	11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	14.05
	11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	11.82
Αφαίρεση Λιπώματος/Removal of lipomas	11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	14.62
Σειριακή Εκτομή Δερματικής Βλάβης	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	5.52
	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	6.53
	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	7.08
	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	8.11
	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	8.99
	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	12.86
	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	5.56
	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	6.56
	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	7.32
	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	8.59

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	9.68
	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	11.63
	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	5.73
	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	6.78
	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	7.74
	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	9.12
	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	11.26
	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	14.66

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	6.78
	12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	8.61
	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	8.92
	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	10.85
	12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	12.06
	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	13.72
	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	6.77
	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	8.24
	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	10.26
	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	11.40
	12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	13.70
	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	15.09
	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	7.36
Διόρθωση Ουλής Απλή/Scar fix	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	8.39
Αποκατάσταση Ελλείμματος Βλεφάρου	12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	9.85
Αποκατάσταση Ελλείμματος Χείλους	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	10.27
	12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	13.27
	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	15.86

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	16.83
	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	9.54
	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	11.27
	13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	3.47
	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	9.98
	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	12.16
	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	3.79
	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	10.98
	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	13.56
	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	5.08
	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	12.01
	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	14.42
	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	5.51
	14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	17.73
Διόρθωση Ουλής με Z-πλαστική/Scar fix (WITH GRAFTS OR FLAPS)	14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	22.90
	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	19.83
Διόρθωση Ουλής με Κρημνό	14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	24.81
Αποκατάσταση Ελλείματος με Τοπικό Κρημνό	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	21.70
Αποκατάσταση Ελλείματος Άκρας Χείρας με Τοπικό Κρημνό	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	26.88
	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	22.14
Αποκατάσταση Ελλείματος Ωτός	14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	28.92
Αφαίρεση Βλάβης Ερυθρού Κρασπέδου και Μεταθετός Κρημνός Βλεννογόνου	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	30.69
	14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	6.38

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Διόρθωση Ουλής με Μεταμόσχευση Τριχών/ scars transplant surgery hair	15775	Punch graft for hair transplant; 1 to 15 punch grafts	8.64
Αποκατάσταση Ελλείμματος με Μεταμόσχευση Τριχών	15776	Punch graft for hair transplant; more than 15 punch grafts	13.80
Αποκατάσταση Ελλείμματος με Άμεση Συρραφή	12021	Treatment of superficial wound dehiscence; with packing	4.67
Αποκατάσταση Ελλείμματος με Μερική Συρραφή	12020	Treatment of superficial wound dehiscence; simple closure	8.00
Αποκατάσταση Ελλείμματος με Δερματικό Μόσχευμα	15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	23.74
	15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	4.21
	15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	21.98
	15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	3.88
	15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	26.60
	15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	5.24
	15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	28.88
	15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	6.11
Χειρουργικός Καθαρισμός Χρόνιου Έλκους	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	3.35
Χειρουργικός Καθαρισμός	11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.18

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Τοποθέτηση Συστήματος Αρνητικής Πίεσης	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	1.25
Μερικός Ακρωτηριασμός Δακτύλου Άκρου Ποδός	28825	Amputation, toe; interphalangeal joint	15.57
Πλήρης Ακρωτηριασμός Δακτύλου Άκρου Ποδός	28820	Amputation, toe; metatarsophalangeal joint	16.28
Απλή Ανάταξη Κατάγματος Ρινός Τοποθέτηση Νάρθηκα	21320	Closed treatment of nasal bone fracture; with stabilization	7.20
Επιπωματισμός Ρινικής Κοιλότητας	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	3.87
Κανθοπλαστική	67950	Canthoplasty (reconstruction of canthus)	16.33
Επιδιόρθωση Εντροπίου	67921	Repair of entropion; suture	13.14
	67922	Repair of entropion; thermocauterization	8.29
	67923	Repair of entropion; excision tarsal wedge	16.87
	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	18.00
Επιδιόρθωση Εκτροπίου	67914	Repair of ectropion; suture	13.39
	67915	Repair of ectropion; thermocauterization	8.37
	67916	Repair of ectropion; excision tarsal wedge	16.88
	67917	Repair of ectropion; extensive (eg, tarsal strip operations)	17.20
Αποκατάσταση Βλεφαροχάλασης (Βλεφαροπλαστική)	15820	Blepharoplasty, lower eyelid;	15.93
	15822	Blepharoplasty, upper eyelid;	12.74
Αποκατάσταση Αφεστώτος Ωτός (Ωτοπλαστική)	69300	Otoplasty, protruding ear, with or without size reduction	17.82
Διατομή Χαλινού Γλώσσας	41010	Incision of lingual frenum (frenotomy)	5.77
Αφαίρεση Ογκιδίου Βλεννογόνου Στοματικής Κοιλότητας	40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	5.93
Αποκατάσταση Θηλής με Τοπικό Κρημνό	19350	Nipple/areola reconstruction	23.57
Πλαστική Εισολκής Θηλής	19355	Correction of inverted nipples	21.55

## Πλαστική Χειρουργική

Agreed Description	CPT Code	CPT Description	CPT Weight
Μερική Αφαίρεση Όνυχος Πλήρης Αφαίρεση Όνυχος	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	4.37
Αποκατάσταση Θλαστικού Τραύματος Μήτρας Νυχιού	11760	Repair of nail bed	5.35
Ανάταξη Κατάγματος Δακτύλου	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	9.63
Διάνοιξη Καρπιαίου Σωλήνος	64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	12.34
Διάνοιξη A Pulley Εκτειναστούμενου Αντίχειρα Διάνοιξη A Pulley Εκτειναστούμενου Δακτύλου	26055	Tendon sheath incision (eg, for trigger finger)	15.97
Διόρθωση Πολυδακτυλίας	28344	Reconstruction, toe(s); polydactyly	13.05
Αποκατάσταση Ελλείμματος με Λήψη, επεξεργασία και επανατοποθέτηση ως μόσχευμα λιπώδους ιστού (Lipomodelling, Lipofilling)	19366	Breast reconstruction with other technique	N/A*
	19380	Revision of reconstructed breast	N/A*
	20926	Tissue grafts, other (eg, paratenon, fat, dermis)	N/A*
Κανθοπηξία	21280	Medial canthopexy (separate procedure)	N/A*
	21282	Lateral canthopexy	N/A*
Οστεοσύνδεση Κατάγματος Δακτύλου	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	N/A*
	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	N/A*
Συρραφή Καμπτήρα Τένοντα	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	N/A*
Συρραφή Εκτεινοντος Τένοντα	26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	N/A*
Συρραφή Δακτυλικού Νεύρου	64831	Suture of digital nerve, hand or foot; 1 nerve	N/A*
Αποσυμπίεση Ολενίου Νεύρου	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	N/A*
	64722	Decompression; unspecified nerve(s) (specify)	N/A*
Διάνοιξη Καναλιού Guyon	64719	Neuroplasty and/or transposition; ulnar nerve at wrist	N/A*

<b>Πλαστική Χειρουργική</b>			
<b>Agreed Description</b>	<b>CPT Code</b>	<b>CPT Description</b>	<b>CPT Weight</b>
Διόρθωση Συνδακτυλίας	26560	Repair of syndactyly (web finger) each web space; with skin flaps	N/A*
Αφαίρεση Γαγγλίου	25111	Excision of ganglion, wrist (dorsal or volar); primary	N/A*
Μερικός Ακρωτηριασμός Δακτύλου Άκρας Χείρας Πλήρης Ακρωτηριασμός Δακτύλου Άκρας Χείρας	26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	N/A*

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

Σημείωση: Οι υπηρεσίες φροντίδας υγείας από ειδικούς ιατρούς αφορούν ιατρικά αναγκαίες υπηρεσίες φροντίδας υγείας και δεν περιλαμβάνουν ιατρικές πράξεις ή δραστηριότητες, που παρέχονται για αισθητικούς λόγους.