

Carelon Surgical Program CPT® and HCPCS® Codes

Surgical Services

Surgical Site of Care

Effective February 1, 2026

*In New York, April 1, 2026

Authorization only required for
Outpatient Hospital settings

*Indicates Authorization is required
at all outpatient facilities

Included CPT® Codes

Integumentary System

| | |
|-------|--------|
| 11755 | *14040 |
| 17311 | *14060 |
| 17313 | *17106 |
| 19112 | *17107 |
| | *17108 |

Respiratory System

| | |
|--------|--------|
| 30115 | 31200 |
| 30130 | 31525 |
| 30140 | *31574 |
| *30520 | 31591 |
| 30580 | 32408 |
| 30801 | 32555 |
| 30802 | 32557 |
| 31032 | |

Cardiovascular System

| | |
|-------|-------|
| 33215 | 36901 |
| 33216 | 36902 |
| 36556 | 37248 |
| 36571 | 37607 |
| 36581 | 37609 |
| 36582 | 37761 |
| 36589 | 37765 |
| 36590 | 37766 |
| 36821 | 37785 |

Hemic and Lymphatic Systems

| | |
|-------|-------|
| 38221 | 38510 |
| 38222 | 38525 |
| 38500 | 38740 |
| 38505 | 38760 |

Digestive System

| | |
|-------|-------|
| 42145 | 46505 |
|-------|-------|

Urinary System

| | |
|--------|--------|
| *51715 | 52300 |
| 52001 | 52450 |
| 52235 | *53445 |
| 52287 | |

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Male Genital System

| | |
|-------|-------|
| 54065 | 54360 |
| 54150 | 54450 |
| 54161 | 54840 |
| 54162 | 55040 |
| 54163 | 55041 |
| 54164 | 55100 |
| 54300 | 55700 |

Female Genital System

| | |
|-------|-------|
| 56810 | 57295 |
| 57283 | |

Eye and Ocular Adnexa

| | |
|--------|-------|
| 65756 | 66987 |
| *65779 | 66988 |
| *65780 | 67010 |
| 65855 | 67028 |
| 66761 | 67218 |
| 66840 | 67345 |
| 66850 | 67973 |
| 66852 | 68320 |
| 66985 | 68700 |

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