CODERS' SPECIALTY GUIDE

General Surgery

Volume I & II

2027

AAPC

Your essential illustrated coding guide for general surgery, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross References, NCCI edits, and RVU information

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Volume II

General Surgical Procedures

+10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10006, +10008, +10010 and +10012 for each additional lesion respectively.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $36.92, Non Facility Fee: $53.37; Non-QP Conversion Factor $33.4009, Facility Fee: $36.74, Non Facility Fee: $53.11
RVU (Facility): Work 0.78, PE 0.19, Mal 0.13, Total 1.10
RVU (Non-Facility): Work 0.78, PE 0.68, Mal 0.13, Total 1.59
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10012[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.9A, C84.A0, C84.A1, C84.A5, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X3, H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

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If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $62.77, Non Facility Fee: $132.93; Non-QP Conversion Factor $33.4009, Facility Fee: $62.46, Non Facility Fee: $132.27
RVU (Facility): Work 1.42, PE 0.28, Mal 0.17, Total 1.87
RVU (Non-Facility): Work 1.42, PE 2.37, Mal 0.17, Total 3.96
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10004[1], 10008[1], 10010[1], 10011[1], 10012[1], 10021[1], 10035[1], 11102[1], 11103[1], 11104[1], 11105[1], 11106[1], 11107[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64473[1], 64474[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

+10006

Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $43.30, Non Facility Fee: $60.42; Non-QP Conversion Factor $33.4009, Facility Fee: $43.09, Non Facility Fee: $60.12
RVU (Facility): Work 0.98, PE 0.2, Mal 0.11, Total 1.29
RVU (Non-Facility): Work 0.98, PE 0.71, Mal 0.11, Total 1.80
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10004[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under fluoroscopic imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

Report +10008 for each additional lesion in addition to the primary code 10007.

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +10010 and +10012 for each additional lesion respectively.

If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $80.56, Non Facility Fee: $346.08; Non-QP Conversion Factor $33.4009, Facility Fee: $80.16, Non Facility Fee: $344.36
RVU (Facility): Work 1.76, PE 0.37, Mal 0.27, Total 2.40
RVU (Non-Facility): Work 1.76, PE 8.28, Mal 0.27, Total 10.31

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Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $595.49, Non Facility Fee: $595.49; Non-QP Conversion Factor $33.4009, Facility Fee: $592.53, Non Facility Fee: $592.53
RVU (Facility): Work 8.78, PE 7.27, Mal 1.69, Total 17.74
RVU (Non-Facility): Work 8.78, PE 7.27, Mal 1.69, Total 17.74
MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 71.00%, Postop 19.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 50, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11970[1], 11971[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 19081[1], 19083[1], 19085[1], 19120[1], 19300[1], 19301[1], 19316[1], 19318[1], 19357[1], 19364[1], 19367[1], 19368[1], 19369[1], 19370[1], 19371[1], 19380[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[0], 64469[0], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10-CM Cross References

C50.A0-C50.A2, L92.8, L98.0, N64.4, N64.89, T81.89XA, T85.41XD, T85.41XS, T85.42XD, T85.42XS, T85.43XD, T85.43XS, T85.44XD, T85.44XS, T85.49XA, T85.79XA, T85.818A, T85.828A, T85.838A, T85.848A, T85.858A, T85.868A, T85.898A, T88.9XXS, Z41.1, Z42.8, Z85.3, Z90.10-Z90.13

19340

Insertion of breast implant on same day of mastectomy (ie, immediate)

Clinical Responsibility

On the same day a patient undergoes a mastectomy procedure, the provider creates a pocket (space in the tissue) and inserts a breast implant for that same patient. Following insertion, the provider closes the pocket over the implant and completes the procedure.

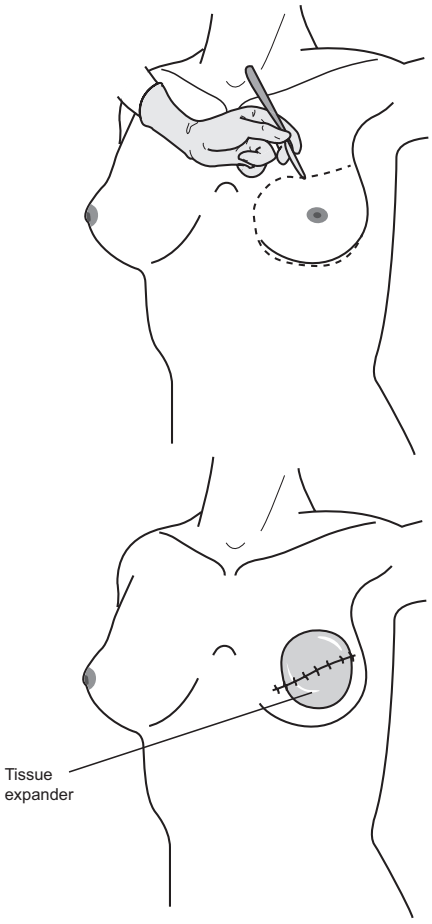
Coding Tips

This code represents a unilateral service, meaning performed on one breast. Follow payer reporting guidelines for a bilateral service.

For insertion or replacement of breast implant on separate day from mastectomy, see 19342.

Many health insurance policies cover reconstructive surgery following mastectomy, although coverage may vary. Check with the payer to determine their requirements for reimbursement.

Illustration



19340

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $704.58, Non Facility Fee: $704.58; Non-QP Conversion Factor $33.4009, Facility Fee: $701.08, Non Facility Fee: $701.08
RVU (Facility): Work 10.22, PE 8.76, Mal 2.01, Total 20.99
RVU (Non-Facility): Work 10.22, PE 8.76, Mal 2.01, Total 20.99
MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 71.00%, Postop 19.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 50, 51, 52, 53, 54, 55, 56, 58, 62, 73, 74, 76, 77, 78, 79, 99, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT

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NCCI Alerts (version 32.0)

00400[0], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 15734[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64451[0], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[0], 64469[0], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1]

ICD-10-CM Cross References

C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919, C50.A0-C50.A2, C84.7A, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D48.60-D48.62, N60.11-N60.19, N62, N64.2, N64.81-N64.89, N65.0, N65.1, Q83.0-Q83.9, T85.41XD, T85.41XS, T85.42XD, T85.42XS, T85.43XD, T85.43XS, T85.44XD, T85.44XS, Z15.01, Z40.01, Z41.1, Z42.1, Z42.8, Z48.3, Z80.3, Z85.3, Z90.10-Z90.13, Z92.23

19342

Insertion or replacement of breast implant on separate day from mastectomy

Clinical Responsibility

With the patient appropriately prepped and anesthetized, the provider makes an incision over the previous incision site from a prior mastectomy. He creates a pocket (space in the tissues) and rearranges the tissues and skin. He places an implant in the pocket. Alternatively, he may remove an existing implant and replace it with a new implant. He closes the incision with sutures.

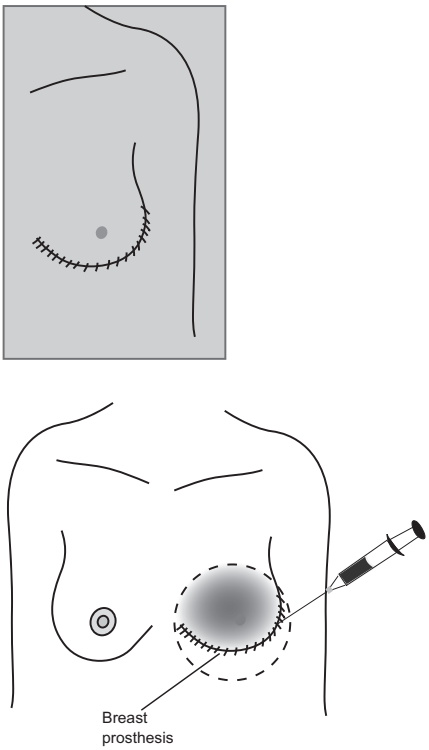
Coding Tips

This code represents a unilateral service, meaning performed on one breast. Follow payer reporting guidelines for a bilateral service.

For immediate insertion of breast implant following mastectomy, see 19340.

Many health insurance policies cover reconstructive surgery following mastectomy, although coverage may vary. Check with the payer to determine their requirements for reimbursement.

Illustration



19342

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $697.87, Non Facility Fee: $697.87; Non-QP Conversion Factor $33.4009, Facility Fee: $694.40, Non Facility Fee: $694.40
RVU (Facility): Work 10.22, PE 8.66, Mal 1.91, Total 20.79
RVU (Non-Facility): Work 10.22, PE 8.66, Mal 1.91, Total 20.79
MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 71.00%, Postop 19.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11970[1],

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Musculoskeletal System

20100

Exploration of penetrating wound (separate procedure); neck

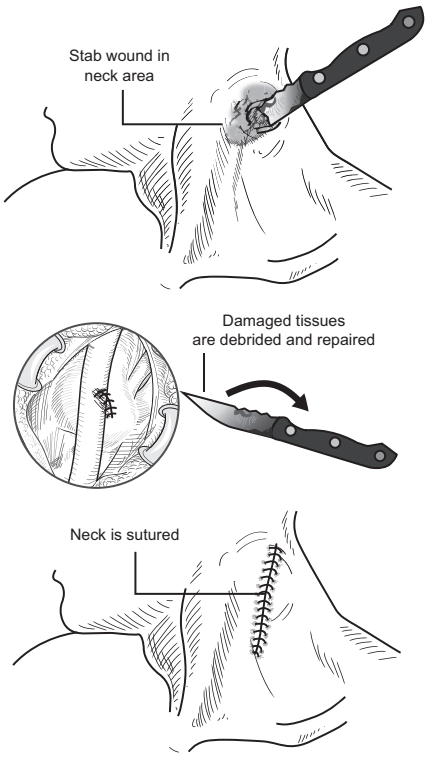
Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider assesses the extent of damage to internal organs or tissues from the penetrating wound. He cleanses the wound and debrides, or removes, damaged tissues. He looks for and removes any foreign material, such as fragments of glass, metal, or cloth. He ties off or repairs small blood vessels. The provider then irrigates the area, checks for bleeding, removes any instruments, and closes the wound.

Coding Tips

Code 20100 is limited to the exploration of a penetrating wound in the neck. Repair of major vessels of anatomical sites, such as the neck, abdomen, chest, extremities, etc., are reported separately.

Illustration



20100

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $548.16, Non Facility Fee: $548.16; Non-QP Conversion Factor $33.4009, Facility Fee: $545.44, Non Facility Fee: $545.44
RVU (Facility): Work 10.12, PE 3.99, Mal 2.22, Total 16.33
RVU (Non-Facility): Work 10.12, PE 3.99, Mal 2.22, Total 16.33
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 11000^{1}, 11011^{1}, 11012^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 13160^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 37615^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{0}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{1}, 64474^{1}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}, 97605^{1}, 97606^{1}, 97607^{1}, 97608^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0168^{1}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

S11.011A, S11.011S, S11.012A, S11.012S, S11.013A, S11.013S, S11.014A, S11.014S, S11.015A, S11.015S, S11.019A, S11.019S, S11.021A, S11.021S, S11.022A, S11.022S, S11.023A, S11.023S, S11.024A, S11.024S, S11.025A, S11.025S, S11.029A, S11.029S, S11.031A, S11.031S, S11.032A, S11.032S, S11.033A, S11.033S, S11.034A, S11.034S, S11.035A, S11.035S, S11.039A, S11.039S, S11.10XA, S11.10XS, S11.11XA, S11.11XS, S11.12XA, S11.12XS, S11.13XA, S11.13XS, S11.14XA, S11.14XS, S11.15XA, S11.15XS, S11.20XA, S11.20XS, S11.21XA, S11.21XS, S11.22XA, S11.22XS, S11.23XA, S11.23XS, S11.24XA, S11.24XS, S11.25XA, S11.25XS, S11.80XA, S11.80XS, S11.81XA, S11.81XS, S11.82XA, S11.82XS, S11.83XA, S11.83XS, S11.84XA, S11.84XS, S11.85XA, S11.85XS, S11.89XA, S11.89XS, S11.90XA, S11.90XS, S11.91XA, S11.91XS, S11.92XA, S11.92XS, S11.93XA, S11.93XS, S11.94XA, S11.94XS, S11.95XA, S11.95XS, S16.2XXA, S16.2XXS, S16.8XXS, S16.9XXS, S19.80XS, S19.81XS, S19.82XS, S19.83XS, S19.84XS, S19.85XS, S19.89XD, S19.89XS, S19.9XXD, S19.9XXS

20101

Exploration of penetrating wound (separate procedure); chest

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider assesses the extent of damage to internal organs or tissues of the chest by thoroughly exploring the penetrating wound.

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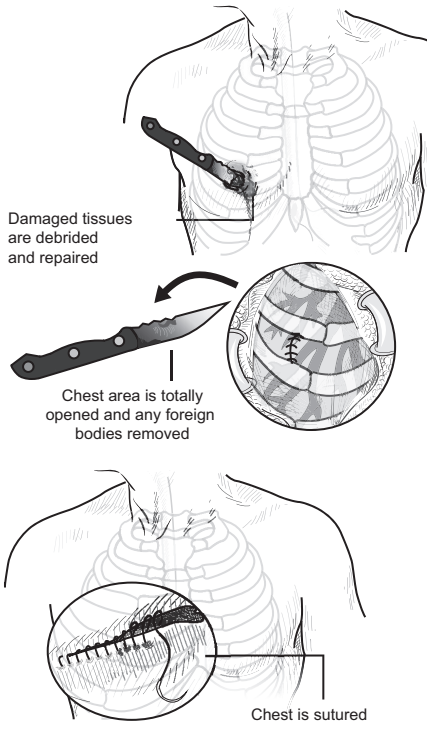
Treatment may follow to include cleansing, debridement, removal and repair of damaged tissue, removal of foreign bodies, if any, ligation and repair of small blood vessels in subcutaneous tissues and fascia, and finally, closure of the wound.

Coding Tips

Exploration of a penetrating wound can range from a simple laceration repair to a major exploratory surgery, such as a laparotomy or thoracotomy. The provider should document the exploration, as indicated by his assessment of the damage, including damage to vessels and nonmajor structures.

Removing a foreign body from a penetrating wound falls under this code, as would cleaning up interior wound edges and inspecting for foreign body fragments in a wound that has both an entry and exit point, also called a through and through wound.

Illustration



20101

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $202.75, Non Facility Fee: $629.73; Non-QP Conversion Factor $33.4009, Facility Fee: $201.74, Non Facility Fee: $626.60

RVU (Facility): Work 3.15, PE 2.05, Mal 0.84, Total 6.04

RVU (Non-Facility): Work 3.15, PE 14.77, Mal 0.84, Total 18.76

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 11000^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13160^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{0}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{0}, 64467^{0}, 64468^{0}, 64469^{0}, 64473^{1}, 64474^{1}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}, 97605^{1}, 97606^{1}, 97607^{1}, 97608^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0168^{1}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

S21.001A, S21.001S, S21.002A, S21.002S, S21.009A, S21.009S, S21.011A, S21.011S, S21.012A, S21.012S, S21.019A, S21.019S, S21.021A, S21.021S, S21.022A, S21.022S, S21.029A, S21.029S, S21.031A, S21.031S, S21.032A, S21.032S, S21.039A, S21.039S, S21.041A, S21.041S, S21.042A, S21.042S, S21.049A, S21.049S, S21.051A, S21.051S, S21.052A, S21.052S, S21.059A, S21.059S, S21.101A, S21.101S, S21.102A, S21.102S, S21.109A, S21.109S, S21.111A, S21.111S, S21.112A, S21.112S, S21.119A, S21.119S, S21.121A, S21.121S, S21.122A, S21.122S, S21.129A, S21.129S, S21.131A, S21.131S, S21.132A, S21.132S, S21.139A, S21.139S, S21.141A, S21.141S, S21.142A, S21.142S, S21.149A, S21.149S, S21.151A, S21.151S, S21.152A, S21.152S, S21.159A, S21.159S, S21.201A, S21.201S, S21.202A, S21.202S, S21.209A, S21.209S, S21.211A, S21.211S, S21.212A, S21.212S, S21.219A, S21.219S, S21.221A, S21.221S, S21.222A, S21.222S, S21.229A, S21.229S, S21.231A, S21.231S, S21.232A, S21.232S, S21.239A, S21.239S, S21.241A, S21.241S, S21.242A, S21.242S, S21.249A, S21.249S, S21.251A, S21.251S, S21.252A, S21.252S, S21.259A, S21.259S, S21.301A, S21.301S, S21.302A, S21.302S, S21.309A, S21.309S, S21.311A, S21.311S, S21.312A, S21.312S, S21.319A, S21.319S, S21.321A, S21.321S, S21.322A, S21.322S, S21.329A, S21.329S, S21.331A, S21.331S, S21.332A, S21.332S, S21.339A, S21.339S, S21.341A, S21.341S, S21.342A, S21.342S, S21.349A, S21.349S, S21.351A, S21.351S, S21.352A, S21.352S, S21.359A, S21.359S, S21.401A, S21.401S, S21.402A, S21.402S, S21.409A, S21.409S, S21.411A, S21.411S, S21.412A, S21.412S, S21.419A, S21.419S, S21.421A, S21.421S, S21.422A, S21.422S, S21.429A, S21.429S, S21.431A, S21.431S, S21.432A, S21.432S, S21.439A, S21.439S, S21.441A, S21.441S, S21.442A, S21.442S, S21.449A, S21.449S, S21.451A, S21.451S, S21.452A, S21.452S, S21.459A, S21.459S, S21.90XA, S21.90XS, S21.91XA, S21.91XS, S21.92XA, S21.92XS, S21.93XA, S21.93XS, S21.94XA, S21.94XS, S21.95XA, S21.95XS, S29.001S, S29.002S, S29.009S, S29.021A, S29.021S, S29.022A, S29.022S, S29.029A, S29.029S, S29.091S, S29.092S, S29.099S, S29.8XXS, S29.9XXD, S29.9XXS, T81.40XS

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Digestive System

43020

Esophagotomy, cervical approach, with removal of foreign body

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a careful incision in the side of the neck and dissects the underlying tissues with care to preserve the critical blood vessels, nerves, trachea, and other structures in the area. He enters the cervical esophagus, the portion in the neck, with a scalpel and removes the foreign body by using forceps. He then repairs the esophagus and then closes the tissues in layers with sutures.

Coding Tips

Use 43045 when the service involves esophagotomy with removal of foreign body by thoracic approach.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $554.87, Non Facility Fee: $554.87; Non-QP Conversion Factor $33.4009, Facility Fee: $552.12, Non Facility Fee: $552.12
RVU (Facility): Work 8.02, PE 6.37, Mal 2.14, Total 16.53
RVU (Non-Facility): Work 8.02, PE 6.37, Mal 2.14, Total 16.53
MPFS Payment Policy Indicators: Global Period 90, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, Q5, Q6, QJ

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 39000^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{1}, 64474^{1}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

K22.2, K22.89, K23, S21.309A, S27.813A, T18.100A, T18.108A, T18.110A, T18.118A, T18.120A, T18.128A, T18.190A, T18.198A, T81.523D, T81.524D, T81.534D, Z18.09, Z18.10, Z18.11, Z18.2

43030

Cricopharyngeal myotomy

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs a lateral incision through the skin and soft tissues of the neck near the pharynx. He exposes the upper esophageal sphincter, or UES. He makes a second lateral incision in the muscle, which limits the muscle's ability to contract. He then sutures the soft tissue and closes the skin incision.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $469.27, Non Facility Fee: $469.27; Non-QP Conversion Factor $33.4009, Facility Fee: $466.94, Non Facility Fee: $466.94
RVU (Facility): Work 7.79, PE 4.97, Mal 1.22, Total 13.98
RVU (Non-Facility): Work 7.79, PE 4.97, Mal 1.22, Total 13.98
MPFS Payment Policy Indicators: Global Period 90, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43191^{1}, 43197^{1}, 43200^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0},

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64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 92502[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10-CM Cross References

C11.1, C79.89, D10.9, E03.9, G70.9, G72.41, J04.11, J05.0, J39.2, K22.0, M33.20-M33.29, M62.40, M62.838, R13.0, R13.10-R13.14, R13.19, Z51.0

43045

Esophagotomy, thoracic approach, with removal of foreign body

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs a thoracotomy to reach the part of the esophagus in the chest. He uses a scalpel and enters the esophagus. He uses forceps to remove the foreign body. He then repairs the esophagus and closes the tissues in layers with sutures.

Coding Tips

Use 43020 when the service involves esophagotomy with removal of a foreign body by cervical approach.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $1,264.82, Non Facility Fee: $1,264.82; Non-QP Conversion Factor $33.4009, Facility Fee: $1,258.55, Non Facility Fee: $1,258.55
RVU (Facility): Work 21.33, PE 10.98, Mal 5.37, Total 37.68
RVU (Non-Facility): Work 21.33, PE 10.98, Mal 5.37, Total 37.68
MPFS Payment Policy Indicators: Global Period 90, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, Q5, Q6, QJ

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 32100[1], 32551[1], 32556[1], 32557[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 39010[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64466[0], 64467[0], 64468[0], 64469[0], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10-CM Cross References

K22.2, K22.89, K23, S21.309A, S27.813A, T18.100A, T18.108A, T18.110A, T18.118A, T18.120A, T18.128A, T18.190A, T18.198A, T81.523D, T81.524D, T81.534D, Z03.821, Z18.09, Z18.10, Z18.11, Z18.2

43100

Excision of lesion, esophagus, with primary repair; cervical approach

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs a lateral or oblique incision into the neck and dissects the tissues carefully to reach the esophagus. He then identifies the lesion and inspects the esophagus and other tissues in the area. He uses a scalpel to excise the lesion. He uses sutures to repair the esophagus in layers. He sutures together the remaining esophageal borders and closes the skin incision.

Coding Tips

Use 43101 when the service involves excision of a lesion from the esophagus through a thoracic or abdominal approach.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $560.91, Non Facility Fee: $560.91; Non-QP Conversion Factor $33.4009, Facility Fee: $558.13, Non Facility Fee: $558.13
RVU (Facility): Work 9.42, PE 5.93, Mal 1.36, Total 16.71
RVU (Non-Facility): Work 9.42, PE 5.93, Mal 1.36, Total 16.71
MPFS Payment Policy Indicators: Global Period 90, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

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Operating Microscope

+69990

Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Clinical Responsibility

The provider employs very small instruments and microsurgical techniques to carry out a surgical procedure while viewing the surgical field through an operating microscope.

Coding Tips

Knowing payer guidelines is the key to operating microscope reimbursement. Report this code separately in addition to reporting only one primary procedure per operative session, which means that no matter how many times you use the operating microscope while in the OR, you can report 69990 only once, as the code is eligible for reimbursement once per operative session and not per procedure code. Because 69990 is an add-on code, you do not need to append modifier 51, Multiple procedures, with this procedure code.

This rule applies even if the provider uses the operating microscope for several procedures during the same session. Therefore, if the provider bills three surgical codes on one date, you can still only bill 69990 once, not three times.

If your provider documents in the op note that he used the operating microscope for microsurgery, you must determine whether your payer follows CPT® or CMS guidelines and cross-check the payer's guidelines to see whether it allows you to report the service with 69990. Some payers will provide you with a list of which codes they'll allow with 69990. Key documentation you may find in the op report can include terms such as Weck® scope, Zeiss® scope or Leica®. Do not report 69990 when the provider uses loupes or vision correction. Some procedures include the use of the operating microscope; check the Official Descriptor and do not use this code with those codes.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $199.06, Non Facility Fee: $199.06; Non-QP Conversion Factor $33.4009, Facility Fee: $198.07, Non Facility Fee: $198.07
RVU (Facility): Work 3.37, PE 1.17, Mal 1.39, Total 5.93
RVU (Non-Facility): Work 3.37, PE 1.17, Mal 1.39, Total 5.93
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: R, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

52, 53, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0543T^0, 0544T^0, 0569T^0, 0570T^0, 0571T^0, 0572T^0, 0573T^0, 0574T^0, 0580T^0, 0581T^0, 0582T^0, 0583T^0, 0655T^0, 15772^0, 15774^0, 20560^0, 20561^0, 20700^0, 20701^0, 36591^0, 36592^0, 51721^0, 62329^0, 64451^0, 64625^0, 66987^0, 66988^0, 96523^0

ICD-10-CM Cross References

H65.90-H65.93, H66.90-H66.93, H71.90-H71.93, H72.90-H72.93, H90.71, H90.72, M71.30

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Radiology

71045

Radiologic examination, chest; single view

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of 2 views of chest, report code 71046; for 3 views, report 71047; and for 4 or more views, report 71048.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $25.51, Non Facility Fee: $25.51; Non-QP Conversion Factor $33.4009, Facility Fee: $25.38, Non Facility Fee: $25.38
RVU (Facility): Work 0.18, PE 0.56, Mal 0.02, Total 0.76
RVU (Non-Facility): Work 0.18, PE 0.56, Mal 0.02, Total 0.76
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 4

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0175T[1], 36591[0], 36592[0], 96523[0]

ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

71046

Radiologic examination, chest; 2 views

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of a single view chest, report code 71045; for 3 views, report 71047; and for 4 or more views, report 71048.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $33.23, Non Facility Fee: $33.23; Non-QP Conversion Factor $33.4009, Facility Fee: $33.07, Non Facility Fee: $33.07
RVU (Facility): Work 0.21, PE 0.76, Mal 0.02, Total 0.99
RVU (Non-Facility): Work 0.21, PE 0.76, Mal 0.02, Total 0.99
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ,

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HCPCS Level II Codes

Outpatient PPS

C7500

Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider cleanses the wound. The provider uses a scalpel, scissors, or other appropriate instruments to remove damaged, diseased, or unhealthy material from the bone. The provider also may debride the epidermis and dermis skin layers, subcutaneous tissue, muscle, and/or fascia, if needed. Use this code for debridement of up to the first 20 cm^2. The provider also manually prepares and inserts one or more devices to deliver drugs to the area. Insertion is deep, such as in the subfascial layer.

BETOS

P5A: Ambulatory procedures - skin

C7501

Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)

Clinical Responsibility

When the patient is appropriately prepped, the provider uses stereotactic guidance, which is technology that combines imaging from different angles, to determine the exact location of the breast lesion. After administering anesthetic, the provider makes a small incision to access the lesion and uses a minimally invasive percutaneous approach to remove the target breast tissue for biopsy. This code applies to all lesions whether in one breast or both. The provider also may place one or more localization devices to assist with finding the site during a future procedure, and the provider may image the specimen. The provider closes incision sites and completes the procedure.

BETOS

P1A: Major procedure - breast

C7502

Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)

Clinical Responsibility

When the patient is appropriately prepped, the provider uses magnetic resonance (MR) guidance to determine the exact location of the breast lesion. The patient may be face-down on a special exam table with the breast compressed between two plates for MR imaging so the provider can calculate the position and depth of the needle placement for biopsy. The provider makes a small incision to access the lesion and uses a minimally invasive percutaneous approach to remove the target breast tissue for biopsy. This code applies to all lesions whether in one breast or both. The provider also may place one or more localization devices to assist with finding the site during a future procedure, and the provider may image the specimen. The provider closes incision sites and completes the procedure.

BETOS

P1A: Major procedure - breast

C7503

Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the skin of the neck and dissects the tissue overlying the target node or nodes, taking care to preserve critical nerves and other structures in the area. The provider then excises or takes biopsy specimens from the lymph node or nodes. The provider may use a method of identifying lymph nodes for excision by injecting a nonradioactive dye into a known area of disease and allowing the dye to drain into the lymphatic system. The node that picks up the most dye is the first (sentinel) node to filter fluids from the diseased area. If the results show no disease, then the provider excises no further lymph nodes. If, however, the lymph node shows the presence of disease, the provider may remove additional nodes as necessary. The provider then completes the procedure, including closing surgical wounds as appropriate.

BETOS

P5E: Ambulatory procedures - other

C7530

Dialysis circuit, introduction of needle(s) and/or catheter(s), 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, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation

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necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the peripheral dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. This code includes all angioplasty in the central dialysis segment. The provider also uses a catheter to place one or more stents in the central dialysis segment to keep the vessel open. The provider withdraws the instruments after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

BETOS

P6C: Minor procedures - other (Medicare fee schedule)

C7531

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision or inserts a specialized needle through the skin to access the vascular system. The provider introduces a guidewire through the opening. The provider advances a catheter fitted with an ultrasound probe to visualize the target area. Intravascular ultrasound (IVUS) involves a special catheter that takes computerized ultrasound images from within the blood vessels. The provider navigates a balloon catheter to the occluded (blocked) area of the femoral or popliteal artery. The femoral artery is the main artery in the groin and thigh that provides oxygenated blood to the tissues of the leg. The popliteal artery is a continuation of the femoral artery and supplies the knee area and lower leg. The provider confirms the catheter's position and then inflates the balloon at the site of the occlusion, increasing the diameter of the inside of the vessel. The provider may treat a femoral artery, popliteal artery, or both, on the same side. Finally, the provider withdraws the instruments and completes the procedure. This code includes radiological supervision and interpretation.

BETOS

P2F: Major procedure, cardiovascular-Other

C7532

Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision for an open approach or accesses the vascular system with a small incision or specialized needle for a percutaneous approach. The provider places a guide wire and advances a catheter fitted with an ultrasound probe to visualize the target area. Intravascular ultrasound (IVUS) involves a special catheter that takes computerized ultrasound images from within the blood vessels. The provider also may inject a contrast dye into the vessel and observe the blood flow on a monitor to determine the areas that need to be angioplastied. The target vessel is not a lower extremity artery being treated for occlusive disease and is not intracranial, coronary, pulmonary, or part of the dialysis circuit. The provider advances a catheter with a balloon at its tip to the area of blockage and inflates the balloon to open the lumen (interior) of the vessel. The provider deflates the balloon. After confirming successful treatment, the provider removes the instruments and completes the procedure.

BETOS

P1G: Major procedure - other

C7534

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision or inserts a specialized needle through the skin to access the vascular system. The provider introduces a guidewire through the opening. The provider advances a catheter fitted with an ultrasound probe to visualize the target area. Intravascular ultrasound (IVUS) involves a special catheter that takes computerized ultrasound images from within the blood vessels. The provider may work on a femoral artery, popliteal artery, or both, on the same side. The femoral artery is the main artery in the groin and

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ICD-10-CM Cross Reference Details

A01.09 Typhoid fever with other complications
A02.1 Salmonella sepsis
A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxigenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.89 Other amebic infections
A07.0 Balantidiasis
A07.1 Giardiasis [lambliasis]
A07.2 Cryptosporidiosis
A07.3 Isosporiasis
A07.4 Cyclosporiasis
A07.8 Other specified protozoal intestinal diseases
A07.9 Protozoal intestinal disease, unspecified
A08.0 Rotaviral enteritis
A08.11 Acute gastroenteropathy due to Norwalk agent
A08.19 Acute gastroenteropathy due to other small round viruses
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A08.4 Viral intestinal infection, unspecified
A08.8 Other specified intestinal infections
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.8 Other respiratory tuberculosis
A18.01 Tuberculosis of spine
A18.03 Tuberculosis of other bones
A18.11 Tuberculosis of kidney and ureter
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.84 Tuberculosis of heart
A18.89 Tuberculosis of other sites
A22.7 Anthrax sepsis
A26.7 Erysipelothrix sepsis
A28.1 Cat-scratch disease
A31.0 Pulmonary mycobacterial infection
A32.7 Listerial sepsis
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.89 Other diphtheritic complications
A38.8 Scarlet fever with other complications
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.54 Sepsis due to Acinetobacter baumannii
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.7 Actinomycotic sepsis
A46 Erysipelas
A48.1 Legionnaires' disease
A48.3 Toxic shock syndrome
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A50.44 Late congenital syphilitic optic nerve atrophy
A52.01 Syphilitic aneurysm of aorta
A52.72 Syphilis of lung and bronchus
A52.74 Syphilis of liver and other viscera
A52.75 Syphilis of kidney and ureter
A54.00 Gonococcal infection of lower genitourinary tract, unspecified
A54.21 Gonococcal infection of kidney and ureter
A54.29 Other gonococcal genitourinary infections
A54.83 Gonococcal heart infection
A54.86 Gonococcal sepsis
A56.01 Chlamydial cystitis and urethritis
A56.11 Chlamydial female pelvic inflammatory disease
A60.00 Herpesviral infection of urogenital system, unspecified
A60.9 Anogenital herpesviral infection, unspecified
A63.0 Anogenital (venereal) warts
A66.0 Initial lesions of yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
A79.82 Anaplasmosis [A. phagocytophilum]
A91 Dengue hemorrhagic fever
A92.39 West Nile virus infection with other complications
B00.1 Herpesviral vesicular dermatitis
B00.9 Herpesviral infection, unspecified
B01.89 Other varicella complications
B01.9 Varicella without complication
B02.0 Zoster encephalitis
B02.1 Zoster meningitis
B02.21 Postherpetic geniculate ganglionitis
B02.22 Postherpetic trigeminal neuralgia
B02.23 Postherpetic polyneuropathy
B02.24 Postherpetic myelitis
B02.29 Other postherpetic nervous system involvement
B02.7 Disseminated zoster
B02.8 Zoster with other complications
B02.9 Zoster without complications
B03 Smallpox
B04 Monkeypox
B05.4 Measles with intestinal complications
B05.89 Other measles complications
B05.9 Measles without complication
B06.00 Rubella with neurological complication, unspecified
B06.09 Other neurological complications of rubella
B06.89 Other rubella complications
B06.9 Rubella without complication
B07.0 Plantar wart
B07.8 Other viral warts
B07.9 Viral wart, unspecified
B08.09 Other orthopoxvirus infections

B08.1 Molluscum contagiosum
B08.21 Exanthema subitum [sixth disease] due to human herpesvirus 6
B08.22 Exanthema subitum [sixth disease] due to human herpesvirus 7
B08.8 Other specified viral infections characterized by skin and mucous membrane lesions
B09 Unspecified viral infection characterized by skin and mucous membrane lesions
B15.0 Hepatitis A with hepatic coma
B15.9 Hepatitis A without hepatic coma
B16.0 Acute hepatitis B with delta-agent with hepatic coma
B16.1 Acute hepatitis B with delta-agent without hepatic coma
B16.2 Acute hepatitis B without delta-agent with hepatic coma
B16.9 Acute hepatitis B without delta-agent and without hepatic coma
B17.0 Acute delta-(super) infection of hepatitis B carrier
B17.10 Acute hepatitis C without hepatic coma
B17.11 Acute hepatitis C with hepatic coma
B17.2 Acute hepatitis E
B17.8 Other specified acute viral hepatitis
B17.9 Acute viral hepatitis, unspecified
B18.0 Chronic viral hepatitis B with delta-agent
B18.1 Chronic viral hepatitis B without delta-agent
B18.2 Chronic viral hepatitis C
B18.8 Other chronic viral hepatitis
B18.9 Chronic viral hepatitis, unspecified
B19.0 Unspecified viral hepatitis with hepatic coma
B19.10 Unspecified viral hepatitis B without hepatic coma
B19.11 Unspecified viral hepatitis B with hepatic coma
B19.20 Unspecified viral hepatitis C without hepatic coma
B19.21 Unspecified viral hepatitis C with hepatic coma
B19.9 Unspecified viral hepatitis without hepatic coma
B20 Human immunodeficiency virus [HIV] disease
B25.1 Cytomegaloviral hepatitis
B25.2 Cytomegaloviral pancreatitis
B26.3 Mumps pancreatitis
B26.89 Other mumps complications
B26.9 Mumps without complication
B27.00 Gammaherpesviral mononucleosis without complication
B27.09 Gammaherpesviral mononucleosis with other complications
B27.10 Cytomegaloviral mononucleosis without complications
B27.19 Cytomegaloviral mononucleosis with other complication
B27.80 Other infectious mononucleosis without complication
B27.89 Other infectious mononucleosis with other complication
B27.90 Infectious mononucleosis, unspecified without complication
B27.99 Infectious mononucleosis, unspecified with other complication
B35.0 Tinea barbae and tinea capitis
B35.1 Tinea unguium
B35.3 Tinea pedis
B35.8 Other dermatophytoses
B35.9 Dermatophytosis, unspecified
B37.2 Candidiasis of skin and nail
B37.49 Other urogenital candidiasis
B37.7 Candidal sepsis
B37.81 Candidal esophagitis
B37.9 Candidiasis, unspecified
B38.3 Cutaneous coccidioidomycosis
B40.3 Cutaneous blastomycosis
B42.1 Lymphocutaneous sporotrichosis
B43.0 Cutaneous chromomycosis
B43.2 Subcutaneous pheomycotic abscess and cyst
B45.2 Cutaneous cryptococcosis
B46.3 Cutaneous mucormycosis
B50.0 Plasmodium falciparum malaria with cerebral complications
B51.8 Plasmodium vivax malaria with other complications
B51.9 Plasmodium vivax malaria without complication
B52.0 Plasmodium malariae malaria with nephropathy
B52.8 Plasmodium malariae malaria with other complications
B52.9 Plasmodium malariae malaria without complication
B55.1 Cutaneous leishmaniasis
B55.2 Mucocutaneous leishmaniasis
B57.31 Megaesophagus in Chagas' disease
B57.32 Megacolon in Chagas' disease
B58.82 Toxoplasma myositis
B65.3 Cercarial dermatitis
B67.0 Echinococcus granulosus infection of liver
B67.1 Echinococcus granulosus infection of lung
B67.31 Echinococcus granulosus infection, thyroid gland
B67.32 Echinococcus granulosus infection, multiple sites
B67.39 Echinococcus granulosus infection, other sites
B67.4 Echinococcus granulosus infection, unspecified
B67.5 Echinococcus multilocularis infection of liver
B67.8 Echinococcosis, unspecified, of liver
B76.9 Hookworm disease, unspecified
B77.0 Ascariasis with intestinal complications
B77.89 Ascariasis with other complications
B78.0 Intestinal strongyloidiasis
B78.1 Cutaneous strongyloidiasis
B79 Trichuriasis
B80 Enterobiasis
B81.3 Intestinal angiostrongyliasis
B81.4 Mixed intestinal helminthiases
B81.8 Other specified intestinal helminthiases
B85.0 Pediculosis due to Pediculus humanus capitis
B86 Scabies
B87.0 Cutaneous myiasis
B87.81 Genitourinary myiasis
B88.01 Infestation by Demodex mites
B88.09 Other acariasis
B90.1 Sequelae of genitourinary tuberculosis
B91 Sequelae of poliomyelitis
B95.0 Streptococcus, group A, as the cause of diseases classified elsewhere
B95.2 Enterococcus as the cause of diseases classified elsewhere
B95.3 Streptococcus pneumoniae as the cause of diseases classified elsewhere
B95.4 Other streptococcus as the cause of diseases classified elsewhere
B95.61 Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere
B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere
B95.7 Other staphylococcus as the cause of diseases classified elsewhere
B96.1 Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere
B96.22 Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
B96.4 Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere
B96.5 Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
B96.6 Bacteroides fragilis [B. fragilis] as the cause of diseases classified elsewhere
B96.83 Acinetobacter baumannii as the cause of diseases classified elsewhere
B96.89 Other specified bacterial agents as the cause of diseases classified elsewhere
B97.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B99.8 Other infectious disease
B99.9 Unspecified infectious disease
C00.0 Malignant neoplasm of external upper lip
C00.1 Malignant neoplasm of external lower lip
C00.2 Malignant neoplasm of external lip, unspecified
C00.3 Malignant neoplasm of upper lip, inner aspect
C00.4 Malignant neoplasm of lower lip, inner aspect
C00.5 Malignant neoplasm of lip, unspecified, inner aspect
C00.6 Malignant neoplasm of commissure of lip, unspecified
C00.8 Malignant neoplasm of overlapping sites of lip
C00.9 Malignant neoplasm of lip, unspecified
C01 Malignant neoplasm of base of tongue

Modifier Descriptors

Modifier	Description
CPT® Modifiers	
22	Increased Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Services
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4 kg
66	Surgical Team
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional

Modifier	Description
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
CPT® Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist

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Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

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Terminology

Terminology	Explanation
Abdominal aorta	Largest artery supplying the abdominal cavity, part of aorta and continuation of the descending aorta from the thorax; it divides further into iliac arteries.
Abdominal approach	The provider makes an incision in the abdomen to perform various operations in the abdomen.
Abdominal paracentesis	Surgical puncture of the abdominal cavity for the removal of fluid for diagnosis or treatment.
Abdominal ultrasound	This is a noninvasive technique which uses sound waves to take images of the intra-abdominal structures (i.e. liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Abdominoperineal approach	A surgical procedure that requires two approaches, one through the abdomen and a second through the perineum which requires excising the anal sphincter.
Ablation	Removal of a body part or organ, or destruction of its function; in laser ablation a provider uses heat produced by adjustable focused light energy to destroy lesions or abnormal tissue, while in a radiofrequency ablation the provider uses heat produced by focused electromagnetic waves to destroy lesions or abnormal tissue.
ABO incompatibility	An abnormal reaction between blood cells of incompatible blood groups; this results in destruction of blood cells and the formation of clumps.
Abscess	Sac or pocket that results from the accumulation of purulent material, or pus, in the soft tissue.
Absorption	Taking in of substances by tissues.
Achilles tendon	Tendon associating muscles of calf and foot.
Acid analysis, or gastric acid secretion test	A laboratory test to determine the presence and amount of gastrin, a hormone that regulates acid production in the stomach, and the pH, the acidity or alkalinity, in stomach fluid; acidity is normal, but too much acidity causes ulcers.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Acute injury	Refers to the first 24 to 48 hours after an injury due to a traumatic episode.
Acute necrotizing pancreatitis	Life threatening and painful condition that is short term, rather than chronic, and often associated with severe inflammation and necrosis, or tissue death, of the pancreas.
Acute pancreatitis	Life threatening and painful condition that is short term, rather than chronic, and associated with severe inflammation of the pancreas.
Adenoma	Benign tumor of a glandular structure.
Adhesiolysis	Separation of adhesions.
Adhesions	Fibrous bands, which typically result from inflammation or injury during surgery, that form between tissues and organs; they may be thought of as internal scar tissue.
Adjustable gastric restrictive device	A band placed around the stomach to restrict the size of the stomach; it encloses a balloon which can be adjusted by adding or removing saline via a reservoir and port attached just below the skin of the abdomen, effectively reducing or enlarging the outlet to regulate the amount of food that can pass through.
Adrenal glands	A small endocrine gland found on top of the kidney that secretes hormones into the blood.
Adrenal veins	Veins branching off of the left or right adrenal gland.
Advance directive	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
Afferent loop culture	A sample of secretions from the proximal loop of the duodenum and jejunum for bacterial analysis.
Age-related macular degeneration, or AMD	Weakening of the central area of the retina called the macula; AMD leads to vision loss in people age 50 or older.
Agglutination	Abnormal clumping of particles of any substances, most commonly in case of abnormal clumping of blood cells due to contact between incompatible blood groups.
Agranulocytes	A type of white blood cell, which has a single nucleus and helps in providing immunity.

Terminology	Explanation
Alligator forceps	Strong toothed pincers or tongs used for grasping.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called an allogeneic graft or homograft.
Allotransplantation	An organ or tissue transfer between genetically different individuals of the same species.
Amenable	Manageable or responsive to treatment.
Amniotic cavity	Sac filled with amniotic fluid where the fetus develops.
Amoeba	A tiny single cell organism which lives in fresh water.
Ampulla of Vater	Also known as the hepatopancreatic ampulla, formed by the union of the pancreatic duct and the common bile duct.
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.
Anal fissure	A crack or tear in the skin of the anal canal that may cause spasms in the anal sphincter.
Anal fistula	An anal fistula is an abnormal connection between the epithelialized surface of the anal canal and usually the perianal skin.
Anal incontinence	Lack of control over the muscles involved in defecation, leading to involuntary loss of bowel contents; also known as fecal or rectal incontinence.
Anal papilla	Well defined projections of epithelium at the junction of skin and mucous of anus.
Anal sphincter	The anal sphincter consists of the internal anal sphincter and the external anal sphincter; the internal anal sphincter is formed from smooth muscle of the anal canal; the external anal sphincter, which is larger and of importance in fecal continence, is made up of striated muscle.
Anal tag	Lump or shapeless protrusions of skin, near the anal opening.
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
Anemia	Decrease in amount of red blood cells, which results in lack of oxygen in blood.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
Anesthetic	Substance that reduces sensitivity to pain.
Aneurysm	Weakness in the wall of a blood vessel, such as the aorta, or the wall of heart chamber, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Aneurysm needle	A needle with a handle, which the provider commonly uses to tie blood vessels.
Angioaccess	A group of procedures in which a vascular provider places a catheter, shunt, or graft in the patient's arm or neck for easy access the blood vessels to perform procedures such as hemodialysis.
Angiography	A medical imaging technique in which the provider injects a dye into blood vessels and uses plain X-rays, computed tomography, or magnetic resonance imaging to visualize the inside, or lumen, of the vessels; more specific terms include arteriography when performed on the arteries or venography when performed on the veins; angiography can also be used to study blood supply to organs such as the heart, kidneys, and liver.
Angioplasty	Surgical removal of plaque from a vessel, e.g., with a laser, or widening of the vessel lumen, the open area of a vessel, such as when a provider expands a balloon inside the vessel to compress the plaque against the vessel walls; the provider may place a stent to keep the vessel open.
Angioscope	A catheter with a camera mounted on its one end that a provider uses to examine the interior of a blood vessel.
Anomaly	Not normal structurally or functionally, out of place; typically describes a congenital deformity, one present at birth.
Anoperineal fistula	A fistula relating to the anus and surrounding perineum.
Anoplasty	Surgical procedure to reconstruct the anus.
Anorectal	Pertaining to the anus, or the distal opening of the intestine, and the rectum.
Anorectal myomectomy	The removal of a myoma, or tumor of the muscle, from the anal or rectal region.
Anorectal ring	A muscular structure between the anus and the rectum.

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