AAPC

CODERS' SPECIALTY GUIDE

Podiatry

2024

Contents

+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

Medicare Fees National Conversion Factor: 34.8931, Facility: $43.62, Non Facility: $52.34, OPPS Facility: $27.91, OPPS Non Facility: $27.91
RVU Facility Work RVU: 0.80, PE RVU: 0.34, Malpractice RVU: 0.11, Total RVU: 1.25
RVU Non-Facility Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3
Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

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], J2001[1]

ICD-10 CrossRef

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.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95, C85.99, C86.0, C86.4, C88.8, 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-H93.8X9, 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, Q89.8, 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, Y84.4, 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.

Modifier: 0 = not allowed, 1 = allowed

RVU Facility Work RVU: 1.81, PE RVU: 0.67, Malpractice RVU: 0.19, Total RVU: 2.67
RVU Non-Facility Work RVU: 1.81, PE RVU: 7.06, Malpractice RVU: 0.19, Total RVU: 9.06
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[1], 0216T[1], 10004[1], 10005[1], 10006[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], 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], J2001[1]

ICD-10 CrossRef

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, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.76, C84.77, C84.78, C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, 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, D48.1, 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-H93.8X9, 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, M71.30, M79.4, 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, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+10008

Fine needle aspiration biopsy, including fluoroscopic 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 fluoroscopic 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 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +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

Medicare Fees National Conversion Factor: 34.8931, Facility: $59.32, Non Facility: $167.84, OPPS Facility: $41.17, OPPS Non Facility: $41.17
RVU Facility Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.11, Total RVU: 1.70
RVU Non-Facility Work RVU: 1.18, PE RVU: 3.52, Malpractice RVU: 0.11, Total RVU: 4.81
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

Modifier: 0 = not allowed, 1 = allowed

10035

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place the localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

Coding Tips

This code is for the initial placement of a localization device for the first lesion; for each additional device placed, use +10036 in addition to code for primary procedure.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $85.84, Non Facility: $438.61, OPPS Facility: $59.32, OPPS Non Facility: $59.32
RVU Facility Work RVU: 1.70, PE RVU: 0.61, Malpractice RVU: 0.15, Total RVU: 2.46
RVU Non-Facility Work RVU: 1.70, PE RVU: 10.72, Malpractice RVU: 0.15, Total RVU: 12.57
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[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], 19281[1], 19282[1], 19283[1], 19284[1], 19285[1], 19286[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], 36680[1], 43752[1], 49412[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], 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], 76000[1], 76380[1], 76942[1], 76998[1], 77002[1], 77011[1], 77012[1], 77021[1], 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], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[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], 99334[1], 99335[1], 99336[1], 99337[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], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

C43.52, C44.501, C44.511, C44.521, C44.591, C44.90, C49.0-C49.6, C49.10-C49.12, C49.20-C49.22, C49.8, C49.9, C4A.52, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C77.0-C77.4, C77.8, C77.9, C79.2, C79.81, C79.89, D03.52, D04.9, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D09.20-D09.22, D21.0-D21.3, D21.10-D21.12, D21.20-D21.22, D21.5, D21.6, D21.9, D23.9, D24.1-D24.9, D31.60-D31.62, D36.0, D48.1-D48.5, D48.60-D48.62, D48.7, D49.2, D49.3, D49.6, D49.89, M79.5

+10036

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

After placement of the first localization device and at the same session, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place an additional localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

Coding Tips

Because +10036 is an add-on code, payers will not reimburse you if you report it without the appropriate primary code, 10035 for the first lesion.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $43.62, Non Facility: $375.80, OPPS Facility: $29.66, OPPS Non Facility: $29.66
RVU Facility Work RVU: 0.85, PE RVU: 0.30, Malpractice RVU: 0.10, Total RVU: 1.25
RVU Non-Facility Work RVU: 0.85, PE RVU: 9.82, Malpractice RVU: 0.10, Total RVU: 10.77

99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0127[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

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

10120

Incision and removal of foreign body, subcutaneous tissues; simple

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses appropriate instrumentation to remove the foreign body. As this is a simple incision, it is not complicated; therefore, this type of foreign body removal requires no dissection. The provider incises the skin around the foreign body to better expose it and then removes it with forceps. The provider closes the incision and cleans and dresses the wound.

Coding Tips

For a complicated I&D of a foreign body, report 10121. Be sure the documentation supports a complicated procedure. A complicated I&D may require more extended exploration, imaging guidance, and/or layered closure of the wound.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $106.08, Non Facility: $157.02, OPPS Facility: $42.57, OPPS Non Facility: $42.57
RVU Facility Work RVU: 1.22, PE RVU: 1.68, Malpractice RVU: 0.14, Total RVU: 3.04
RVU Non-Facility Work RVU: 1.22, PE RVU: 3.14, Malpractice RVU: 0.14, Total RVU: 4.50
Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3
Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 99, AG, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11055[1], 11056[1], 11057[1], 11719[1], 11720[1], 11721[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], 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], 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], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[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], 99334[1], 99335[1], 99336[1], 99337[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], G0127[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

L08.89, L92.3, M60.20, M60.211-M60.219, M60.221-M60.229, M60.231-M60.239, M60.241-M60.249, M60.251-M60.259, M60.261-M60.269, M60.271-M60.279, M60.28, S00.05XA, S00.35XA, S00.459A, S00.551A, S00.552A, S00.85XD, S00.95XA, S00.95XD, S01.00XA, S01.90XA, S09.90XA, S10.15XA-S10.15XS, S10.95XA, S20.151D, S20.151S, S20.152D, S20.152S, S20.159A-S20.159S, S20.161D, S20.161S, S20.162D, S20.162S, S20.169A-S20.169S, S20.171D, S20.171S, S20.172D, S20.172S, S20.179D, S20.179S, S20.351D, S20.351S, S20.352D, S20.352S, S20.353A-S20.353S, S20.354A-S20.354S, S20.359D, S20.359S, S20.361D, S20.361S, S20.362D, S20.362S, S20.363A-S20.363S, S20.364A-S20.364S, S20.369D, S20.369S, S20.373A-S20.373S, S20.374A-S20.374S, S20.451D, S20.451S, S20.452D, S20.452S, S20.459D, S20.459S, S20.461D, S20.461S, S20.462D, S20.462S, S20.469D, S20.469S, S20.95XA-S20.95XS, S21.129A, S30.850A-S30.850S, S30.851A-S30.851S, S30.854S, S30.855A, S30.856A-S30.856S, S30.857A-S30.857S, S31.000A, S31.020A, S31.809A, S38.002D, S40.251D, S40.251S, S40.252D, S40.252S, S40.259A-S40.259S, S40.261D, S40.261S, S40.262D, S40.262S, S40.269A-S40.269S, S40.271D, S40.271S, S40.272D, S40.272S, S40.279A-S40.279S, S40.851D, S40.851S, S40.852D, S40.852S, S40.859A-S40.859S, S40.861D, S40.861S, S40.862D, S40.862S, S40.869A-S40.869S, S40.871D, S40.871S, S40.872D, S40.872S, S40.879A-S40.879S, S41.009A, S41.021D, S41.021S, S41.022D, S41.022S, S41.029A-S41.029S, S41.121D, S41.121S, S41.122D, S41.122S, S41.129D, S41.129S, S50.359A, S50.369A, S50.859A, S50.869A, S60.359A, S60.369A, S60.459A, S60.559A, S60.859A, S60.869A, S60.939A, S60.949A, S61.209A, S61.229A, S61.409A, S61.429A, S70.259A, S70.359A, S80.259A, S80.851D, S80.852D, S80.859A, S80.859D, S81.009A, S81.021D, S81.022D, S81.029A, S81.029D, S81.051D, S81.052D, S81.059D, S81.809A, S81.821D, S81.821S, S81.822D, S81.822S, S81.829A-S81.829S, S90.451D, S90.452D, S90.453A, S90.453D, S90.454D, S90.455D, S90.456A, S90.456D, S90.551D, S90.552D, S90.559A, S90.559D, S90.851D, S90.852D, S90.859A, S90.859D, S91.009A, S91.029A, S91.109A, S91.309A, S91.329A, T81.509A, V00.841A-V00.841S, V00.842A-V00.842S, V00.848A-V00.848S, V01.031A-V01.031S, V01.038A-V01.038S, V01.131A-V01.131S, V01.138A-V01.138S, V01.931A-V01.931S, X00.2XXA-X00.2XXS, X00.4XXA-X00.4XXS, X00.5XXA, X00.5XXS, X00.8XXA-X00.8XXS,

Modifier: 0 = not allowed, 1 = allowed

29750

Wedging of clubfoot cast

Clinical Responsibility

The provider uses a cast saw to open the cast in the area of the deformity. She repositions the foot and inserts a small block of wood or sheet wadding as a wedge to maintain the position of the foot. She takes an X-ray to confirm positioning and then repairs the cast with plaster or fiberglass.

Coding Tips

Code 29750 describes a unilateral procedure. If the provider performs it bilaterally then you will either report this code with two units, twice with modifier 50, Bilateral procedure, appended to the second code, or once with modifier 50 appended. Check with your payer for their preference. Use the appropriate modifier to indicate the side, if applicable, RT, Right side, and LT, Left side.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $79.21, Non Facility: $109.22, OPPS Facility: $43.97, OPPS Non Facility: $43.97
RVU Facility Work RVU: 1.26, PE RVU: 0.76, Malpractice RVU: 0.25, Total RVU: 2.27
RVU Non-Facility Work RVU: 1.26, PE RVU: 1.62, Malpractice RVU: 0.25, Total RVU: 3.13
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 50, 51, 52, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[0], 0216T[0], 0596T[1], 0597T[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], 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[1], 64461[0], 64462[0], 64463[0], 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], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[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[1], 99496[1], G0463[1], G0471[1]

ICD-10 CrossRef

Q66.00-Q66.02, Q66.10-Q66.12, Q66.30-Q66.32, Q66.40-Q66.42, Q66.6, Q66.89, Q66.90-Q66.92, Q74.2, S86.001D, S86.001S, S86.002D, S86.002S, S86.009D, S86.009S, S86.021D, S86.021S, S86.022D, S86.022S, S86.029D, S86.029S, S86.091D, S86.091S, S86.092D, S86.092S, S86.099D, S86.099S, X00.2XXA-X00.2XXS, X00.4XXA-X00.4XXS, X00.5XXD, X00.5XXS, X00.8XXA-X00.8XXS, X01.4XXA-X01.4XXS, X01.8XXA-X01.8XXS, X02.2XXA-X02.2XXS, X02.4XXA-X02.4XXS, X02.5XXA-X02.5XXS, X02.8XXA-X02.8XXS, X03.4XXA-X03.4XXS, X03.8XXA-X03.8XXS, Y36.231A-Y36.231S, Y36.240A-Y36.240S, Y36.241A-Y36.241S, Y36.250A-Y36.250S, Y36.251A-Y36.251S, Y36.260A-Y36.260S, Y36.261A-Y36.261S, Y36.290A-Y36.290S, Y36.291A-Y36.291S, Y36.300A-Y36.300S, Y36.301A-Y36.301S, Y36.310A-Y36.310S, Y36.311A-Y36.311S, Y36.320A-Y36.320S, Y36.321A-Y36.321S, Y36.330A-Y36.330S, Y36.331A-Y36.331S, Y36.390A-Y36.390S, Y36.391A-Y36.391S, Y36.420A-Y36.420S, Y36.421A-Y36.421S, Y36.430A-Y36.430S, Y36.431A-Y36.431S, Y36.490A-Y36.490S, Y36.491A-Y36.491S, Y36.810A-Y36.810S, Y36.811A-Y36.811S, Y36.820A-Y36.820S, Y36.821A-Y36.821S, Y36.880A-Y36.880S, Y36.881A-Y36.881S, Y36.890A-Y36.890S, Y36.891A-Y36.891S, Y36.90XA-Y36.90XS, Y36.92XA-Y36.92XS, Y37.010A-Y37.010S, Y37.011A-Y37.011S, Y37.020A-Y37.020S, Y37.021A-Y37.021S, Y37.030A-Y37.030S, Y37.031A-Y37.031S, Y37.040A-Y37.040S, Y37.041A-Y37.041S, Y37.100A-Y37.100S, Y37.101A-Y37.101S, Y37.110A-Y37.110S, Y37.111A-Y37.111S, Y37.120A-Y37.120S, Y37.121A-Y37.121S, Y37.130A-Y37.130S, Y37.131A-Y37.131S, Y37.140A-Y37.140S, Y37.141A-Y37.141S, Y37.190A-Y37.190S, Y37.191A-Y37.191S, Y37.200A-Y37.200S, Y37.201A-Y37.201S

29799

Unlisted procedure, casting or strapping

Clinical Responsibility

The provider performs a casting or strapping procedure that is not represented by any of the standard and active CPT® codes available.

Coding Tips

CPT® guidelines instruct that you should not choose a code that merely approximates the service provided. You should report the service using only the appropriate unlisted procedure code if no such specific procedure or service code exists.

You must report a Category III code when available in place of an unlisted procedure code.

29894

Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
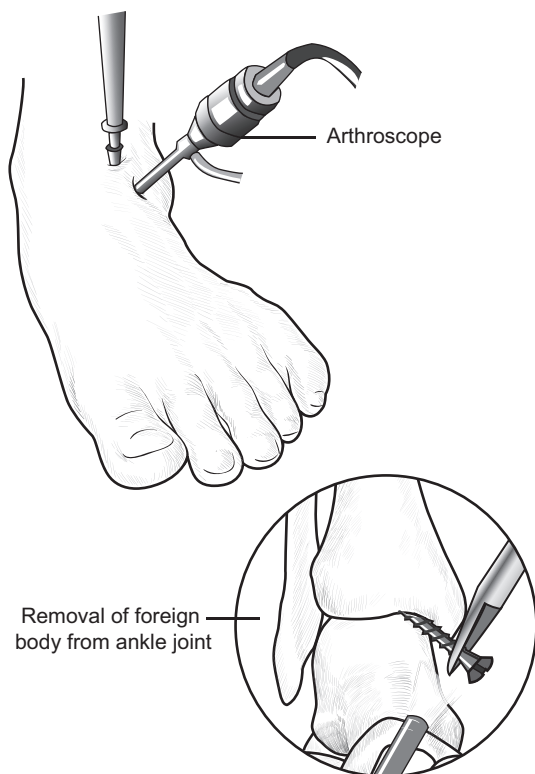
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes small incisions in the ankle area. She inserts the arthroscope through one of the incisions and instills saline solution to expand the viewing area. She inspects the tibiotalar and fibulotalar joints. She inserts instruments to secure and remove any loose or foreign bodies. The provider then irrigates the area, checks for bleeding, removes any instruments, and closes the incisions.

Coding Tips

Surgical endoscopy and arthroscopy always include a diagnostic endoscopy or arthroscopy code. Never use a diagnostic code with a surgical code.

If the provider performs a diagnostic arthroscopy and discovers she must perform an open repair of a previously unknown condition, you can report both the open repair and the diagnostic arthroscopy by appending the 59 modifier, Distinct procedural service, to the diagnostic arthroscopy code.

Illustration

Arthroscope

Removal of foreign body from ankle joint

29894

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $511.88, Non Facility: $511.88, OPPS Facility: $256.46, OPPS Non Facility: $256.46
RVU Facility Work RVU: 7.35, PE RVU: 6.19, Malpractice RVU: 1.13, Total RVU: 14.67
RVU Non-Facility Work RVU: 7.35, PE RVU: 6.19, Malpractice RVU: 1.13, Total RVU: 14.67
Indicators Preoperative: 10.00, Intraoperative: 69.00, Postoperative: 21.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[0], 0216T[0], 0566T[1], 0596T[1], 0597T[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], 20103[1], 20600[1], 20604[1], 20605[1], 20606[1], 20610[1], 20611[1], 20704[1], 27860[1], 29897[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], 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], 76000[1], 77001[1], 77002[1], 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], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[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], 99334[1], 99335[1], 99336[1], 99337[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 CrossRef

E20.1, E83.50, E83.59, E83.81, M12.271-M12.279, M12.571-M12.579, M19.071-M19.079, M19.90, M24.071-M24.076, M24.871-M24.876, M24.9, M25.271-M25.279, M25.371-M25.376, M97.21XA, M97.22XA, S80.851D, S80.852D, S80.859D, S81.821D, S81.822D, S81.829D, S91.021D, S91.022D, S91.029D, S91.051D, S91.052D, S91.059D, S97.00XD, S97.01XD, S97.02XD, T81.40XA-T81.40XS, Z18.09, Z18.10, Z18.11, Z18.2

Modifier: 0 = not allowed, 1 = allowed

81490

Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score

Clinical Responsibility

The lab analyst performs the lab tests for 12 serum biomarker immunoassays such as epithelial growth factor, leptin, and C reactive protein (CRP). The lab analyst also inputs the test results along with specific patient RA activity indicators such as tender and swollen joint count into a computer program to analyze the data using a specific algorithm. The result is a patient disease activity score that the clinician can use to predict outcomes and customize care.

Each multianalyte assay with algorithmic analysis, or MAAA test, including 81490, involves any analytical services to produce test results that become the raw data for the algorithmic analysis. These technical lab services may include chemical or biochemical assays; florescence in situ hybridization (FISH); and molecular pathology tests including steps such as cell lysis (using an agent or substance to break down cells into their components), extraction, amplification (making more copies of the gene), and hybridization/detection. The MAAA code also includes gathering relevant patient data, carrying out the algorithmic analysis, and reporting the results.

Although not limited to testing for a specific condition, clinicians may order this blood test for patients with rheumatoid arthritis to guide management of their disease.

Coding Tips

Use this code for the proprietary Vectra® DA lab test by Crescendo Bioscience, Inc.

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

Don't separately report the technical lab tests, such as 86140, C-reactive protein, in addition to 81490, because MAAA codes always include the underlying lab tests. Medicare and some other payers don't accept MAAA codes and ask that you bill only the underlying test codes.

In addition to Category I codes for MAAA tests, CPT® lists additional MAAA "administrative codes" in appendix O for tests that have not been assigned a Category I code. Use the unlisted MAAA code, 81599, only when the there is no Category I or administrative code for a given MAAA test.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, GA, GX, GY, GZ, KX, Q0, Q5, Q6, QP, XE, XP, XS, XU

CCI Alerts (version 27.3)

86140[0], 88291[1], 96523[0], G0452[1]

ICD-10 CrossRef

M05.011, M05.012, M05.021, M05.022, M05.031, M05.032, M05.041, M05.042, M05.051, M05.052, M05.061, M05.062, M05.071, M05.072, M05.09, M05.111, M05.112, M05.121, M05.122, M05.131, M05.132, M05.141, M05.142, M05.151, M05.152, M05.161, M05.162, M05.171, M05.172, M05.19, M05.211, M05.212, M05.221, M05.222, M05.231, M05.232, M05.241, M05.242, M05.251, M05.252, M05.261, M05.262, M05.271, M05.272, M05.29, M05.311, M05.312, M05.321, M05.322, M05.331, M05.332, M05.341, M05.342, M05.351, M05.352, M05.361, M05.362, M05.371, M05.372, M05.39, M05.411, M05.412, M05.421, M05.422, M05.431, M05.432, M05.441, M05.442, M05.451, M05.452, M05.461, M05.462, M05.471, M05.472, M05.49, M05.511, M05.512, M05.521, M05.522, M05.531, M05.532, M05.541, M05.542, M05.551, M05.552, M05.561, M05.562, M05.571, M05.572, M05.59, M05.611, M05.612, M05.621, M05.622, M05.631, M05.632, M05.641, M05.642, M05.651, M05.652, M05.661, M05.662, M05.671, M05.672, M05.69, M05.711, M05.712, M05.721, M05.722, M05.731, M05.732, M05.741, M05.742, M05.751, M05.752, M05.761, M05.762, M05.771, M05.772, M05.79, M05.7A, M05.811, M05.812, M05.821, M05.822, M05.831, M05.832, M05.841, M05.842, M05.851, M05.852, M05.861, M05.862, M05.871, M05.872, M05.89, M05.8A, M06.00-M06.09, M06.011, M06.012, M06.021, M06.022, M06.031, M06.032, M06.041, M06.042, M06.051, M06.052, M06.061, M06.062, M06.071, M06.072, M06.0A, M06.1, M06.211, M06.212, M06.221, M06.222, M06.231, M06.232, M06.241, M06.242, M06.251, M06.252, M06.261, M06.262, M06.271, M06.272, M06.28, M06.29, M06.311, M06.312, M06.321, M06.322, M06.331, M06.332, M06.341, M06.342, M06.351, M06.352, M06.361, M06.362, M06.371, M06.372, M06.38, M06.39, M06.811, M06.812, M06.821, M06.822, M06.831, M06.832, M06.841, M06.842, M06.851, M06.852, M06.861, M06.862, M06.871, M06.872, M06.88, M06.89, M06.8A, M06.9, M08.00, M08.0A, M08.2A, M08.4A, M45.A0-M45.AB

S85.992A-S85.992S, S85.999A-S85.999S, S95.001A-S95.001S,
S95.002A-S95.002S, S95.009A-S95.009S, S95.011A-S95.011S,
S95.012A-S95.012S, S95.019A-S95.019S, S95.091A-S95.091S,
S95.092A-S95.092S, S95.099A-S95.099S, S95.101A-S95.101S,
S95.102A-S95.102S, S95.109A-S95.109S, S95.111A-S95.111S,
S95.112A-S95.112S, S95.119A-S95.119S, S95.191A-S95.191S,
S95.192A-S95.192S, S95.199A-S95.199S, S95.801A-S95.801S,
S95.802A-S95.802S, S95.809A-S95.809S, S95.811A-S95.811S,
S95.812A-S95.812S, S95.819A-S95.819S, S95.891A-S95.891S,
S95.892A-S95.892S, S95.899A-S95.899S, S95.901A-S95.901S,
S95.902A-S95.902S, S95.909A-S95.909S, S95.911A-S95.911S,
S95.912A-S95.912S, S95.919A-S95.919S, S95.991A-S95.991S,
S95.992A-S95.992S, S95.999A-S95.999S, S97.00XD, S97.01XD,
S97.02XD, S97.101D, S97.101S, S97.102D, S97.102S, S97.109D,
S97.109S, S97.111D, S97.111S, S97.112D, S97.112S, S97.119D,
S97.119S, S97.121D, S97.121S, S97.122D, S97.122S, S97.129D,
S97.129S, S97.80XD, S97.81XD, S97.81XS, S97.82XD, S97.82XS,
S98.011D, S98.011S, S98.012D, S98.012S, S98.019D, S98.019S,
S98.021D, S98.021S, S98.022D, S98.022S, S98.029D, S98.029S,
S98.111D, S98.111S, S98.112D, S98.112S, S98.119D, S98.119S,
S98.121D, S98.121S, S98.122D, S98.122S, S98.129D, S98.129S,
S98.131D, S98.131S, S98.132D, S98.132S, S98.139D, S98.139S,
S98.141D, S98.141S, S98.142D, S98.142S, S98.149D, S98.149S,
S98.211D, S98.211S, S98.212D, S98.212S, S98.219D, S98.219S,
S98.221D, S98.221S, S98.222D, S98.222S, S98.229D, S98.229S,
S98.311D, S98.311S, S98.312D, S98.312S, S98.319D, S98.319S

93926

Duplex scan of lower extremity arteries or arterial bypass grafts;
unilateral or limited study

Clinical Responsibility

With the patient lying on an exam table, the provider applies a
gel to the area of the leg being studied. The gel improves contact
between the transducer and the skin and helps the sound waves
penetrate the skin better. The provider then presses the transducer
firmly against the skin and sweeps it back and forth over the area
to be examined. A duplex scan adds visualization and an imaging
component to the Doppler waveform study. The test usually takes
about 30 minutes.

Coding Tips

For a complex duplex scan of both lower extremities, report 93925.

CPT® includes a range of codes for arterial Doppler studies on
the extremities. Coding will vary depending on if the diagnostic
test was a limited or complete study, if the study followed a
treadmill stress test, and or if the study included the criteria for a
Duplex scan. For some providers, coding may also depend on the
diagnosis code. Check your provider's documentation and review
the options in code family 93922 to 93931, Noninvasive extremity
arterial studies, including digits, to ensure you choose correctly.

When your provider performs spectral and color Doppler
evaluation of the extremities, you should use one of the following
appropriate codes:

Code 93925 or 93926, Duplex scan of lower extremity arteries
or arterial bypass grafts; bilateral or unilateral/limited study
respectively;

Code 93930, Duplex scan of upper extremity arteries or arterial
bypass grafts; complete bilateral study, or 93931, Duplex scan
of upper extremity arteries or arterial bypass grafts; unilateral or
limited study;

Or code 93970, Duplex scan of extremity veins including responses
to compression and other maneuvers; complete bilateral study,
or 93971, Duplex scan of extremity veins including responses to
compression and other maneuvers; unilateral or limited study,

Do not report 93926 for a unilateral noninvasive physiological
study. Instead, look to 93922, Noninvasive physiologic studies
of upper or lower extremity arteries, single level, bilateral, e.g.,
ankle brachial indices, Doppler waveform analysis, volume
plethysmography, transcutaneous oxygen tension measurement,
or 93923, Noninvasive physiologic studies of upper or lower
extremity arteries, multiple levels or with provocative functional
maneuvers, complete bilateral study, e.g., segmental blood
pressure measurements, segmental Doppler waveform analysis,
segmental volume plethysmography, segmental transcutaneous
oxygen tension measurements, measurements with postural
provocative tests, measurements with reactive hyperemia.
Important: Codes 93922 and 93923 describe bilateral services, so if
for some reason the provider performs and documents a unilateral
study, you should append modifier 52, Reduced services, to the
code to indicate that the provider did not perform the full service
the code describes.

Common pitfall: Reporting 93926 for a unilateral noninvasive
study is tempting because you'll see the term unilateral when you
quickly scan the codes. But you should report 93926 only if your
provider performs the duplex scan. Code 93926 does not apply
to the noninvasive physiologic studies that 93922 and 93923
describe.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $153.18,
Non Facility: $153.18, OPPS Facility: $132.94, OPPS Non Facility:
$132.94
RVU Facility Work RVU: 0.50, PE RVU: 3.82, Malpractice RVU: 0.07,
Total RVU: 4.39
RVU Non-Facility Work RVU: 0.50, PE RVU: 3.82, Malpractice RVU:
0.07, Total RVU: 4.39
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative:
0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test:
99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code:
None, MUE: 1
Modifier Allowances 22, 26, 51, 52, 59, 76, 77, 79, 80, 81, 82, 99, AQ,
AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, TC, XE, XP,
XS, XU

CCI Alerts (version 27.3)

36591^0, 36592^0, 76881^1, 76882^1, 76998^1, 96523^0

Modifier: 0 = not allowed, 1 = allowed

ICD-10 CrossRef Details

A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.8	Other respiratory tuberculosis
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A31.0	Pulmonary mycobacterial infection
A41.3	Sepsis due to Hemophilus influenzae
A42.0	Pulmonary actinomycosis
A52.11	Tabes dorsalis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.78	Syphilis of other musculoskeletal tissue
A54.49	Gonococcal infection of other musculoskeletal tissue
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]
B00.1	Herpesviral vesicular dermatitis
B00.9	Herpesviral infection, unspecified
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
B05.89	Other measles complications
B05.9	Measles without complication
B06.00	Rubella with neurological complication, unspecified
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
B20	Human immunodeficiency virus [HIV] disease
B26.89	Other mumps complications
B26.9	Mumps without complication
B27.00	Gammaherpesviral mononucleosis without complication
B27.09	Gammaherpesviral mononucleosis with other complications
B27.80	Other infectious mononucleosis without complication
B34.2	Coronavirus infection, unspecified
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
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.2	Pulmonary coccidioidomycosis, unspecified
B38.3	Cutaneous coccidioidomycosis
B40.0	Acute pulmonary blastomycosis
B40.1	Chronic pulmonary blastomycosis
B40.2	Pulmonary blastomycosis, unspecified
B40.3	Cutaneous blastomycosis
B40.7	Disseminated blastomycosis
B40.81	Blastomycotic meningoencephalitis
B40.89	Other forms of blastomycosis
B40.9	Blastomycosis, unspecified
B41.0	Pulmonary paracoccidioidomycosis
B41.7	Disseminated paracoccidioidomycosis
B41.8	Other forms of paracoccidioidomycosis
B41.9	Paracoccidioidomycosis, unspecified
B42.0	Pulmonary sporotrichosis
B42.1	Lymphocutaneous sporotrichosis
B42.7	Disseminated sporotrichosis
B42.81	Cerebral sporotrichosis
B42.82	Sporotrichosis arthritis
B42.89	Other forms of sporotrichosis
B42.9	Sporotrichosis, unspecified
B43.0	Cutaneous chromomycosis
B43.1	Pheomycotic brain abscess
B43.2	Subcutaneous pheomycotic abscess and cyst
B43.8	Other forms of chromomycosis
B43.9	Chromomycosis, unspecified
B44.0	Invasive pulmonary aspergillosis
B44.1	Other pulmonary aspergillosis
B44.2	Tonsillar aspergillosis
B44.7	Disseminated aspergillosis
B44.81	Allergic bronchopulmonary aspergillosis
B44.89	Other forms of aspergillosis
B44.9	Aspergillosis, unspecified
B45.0	Pulmonary cryptococcosis
B45.1	Cerebral cryptococcosis
B45.2	Cutaneous cryptococcosis
B45.3	Osseous cryptococcosis
B45.7	Disseminated cryptococcosis
B45.8	Other forms of cryptococcosis
B45.9	Cryptococcosis, unspecified
B46.3	Cutaneous mucormycosis
B55.1	Cutaneous leishmaniasis
B55.2	Mucocutaneous leishmaniasis
B65.3	Cercarial dermatitis
B67.32	Echinococcus granulosus infection, multiple sites
B67.39	Echinococcus granulosus infection, other sites
B67.4	Echinococcus granulosus infection, unspecified
B78.1	Cutaneous strongyloidiasis
B85.0	Pediculosis due to Pediculus humanus capitis
B86	Scabies
B87.0	Cutaneous myiasis
B87.81	Genitourinary myiasis
B90.1	Sequelae of genitourinary tuberculosis
B91	Sequelae of poliomyelitis
B95.2	Enterococcus 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
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29	Other coronavirus as the cause of diseases classified elsewhere

C49.5 — C62.90

ICD-10 CROSSREF DETAILS

Code	Description
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.52	Merkel cell carcinoma of skin of breast
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended

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
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

Modifier	Description
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
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
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
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

Modifier	Description
GM	Multiple patients on one ambulance trip
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GQ	Via asynchronous telecommunications system
GR	This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy
GS	Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level
GT	Via interactive audio and video telecommunication systems
GU	Waiver of liability statement issued as required by payer policy, routine notice
GV	Attending physician not employed or paid under arrangement by the patient's hospice provider
GW	Service not related to the hospice patient's terminal condition
GX	Notice of liability issued, voluntary under payer policy
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit
GZ	Item or service expected to be denied as not reasonable and necessary
H9	Court-ordered
HA	Child/adolescent program
HB	Adult program, non-geriatric
HC	Adult program, geriatric
HD	Pregnant/parenting women's program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction treatment program
HH	Integrated mental health/substance abuse program
HI	Integrated mental health and intellectual disability/developmental disabilities program
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HL	Intern
HM	Less than bachelor degree level
HN	Bachelor's degree level
HO	Master's degree level
HP	Doctoral level

Modifier	Description
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
J1	Competitive acquisition program no-pay submission for a prescription number
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge
J5	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
JA	Administered intravenously
JB	Administered subcutaneously
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JE	Administered via dialysate
JG	Drug or biological acquired with 340b drug pricing program discount
JW	Drug amount discarded/not administered to any patient
K0	Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
K1	Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator
K2	Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator

Terminology

Terminology	Explanation
Abductor hallucis muscle	Muscle of the great toe which draws it away from the body.
Abscess	Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissue.
Accessory navicular bone	An extra bone on the inner side of the foot that can cause irritation and require removal.
Achilles	Tendon at the heel, or calcaneal tendon.
Achilles tendon	Tendon that attaches the gastrocnemius and soleus muscles, muscles on the back of the lower leg, to the ankle bone.
Acromioclavicular, or AC, joint	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Adhesiolysis	Freeing up adhesions by cutting and dividing, typically with a combination of sharp and blunt dissection.
Adhesion	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.
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.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft.
Ambulatory	The ability to walk or suitability for walking.
Amputate	Removal of a limb or digit.
Amputation	Surgical removal of a complete or partial appendage of the body.
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.
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 agent	Substance that reduces sensitivity to pain.
Ankle joint	Joint composed by the tibia, the fibula, and the talus.
Anterior	Closer to the front part of the body.
Anterior tibial extensors	Muscle of anterior part of leg.
Anteroposterior, or AP, view	The X-ray projection travels from front to back.
Antibiotic	A substance that inhibits infection.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antiinflammatory	Substance that reduces pain, swelling, and inflammation.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Arthrocentesis	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
Arthrodesis	Surgical procedure involving fusion of the bones adjacent to a joint to immobilize the joint.
Arthrography	Radiography of a joint after injecting one or more contrast dyes into the joint; it is a diagnostic injection that visualizes an injury by means of a contrast dye and X-ray.

Terminology	Explanation
Contrast	A special dye used in radiology imaging to improve the visibility of internal structures or organs of the body, which providers administer to patients through various routes, including oral and intravenously; also called contrast material, contrast medium, contrast media, contrast agent, or contrast dye.
Coring reamer system	System to collect cylindrical bone, thereby creating a tunnel in the bone.
Corn	A nodule caused by skin friction; mainly appears on top or side of toes as a small thickened area with a dense central area.
Corticosteroid	Substance that reduces inflammation.
Craterization	Surgical removal of bone that creates a craterlike depression in the bone.
Cryosurgery	Treatment of damaged tissue by lowering the temperature of that targeted tissue.
Cuboid bone	One of the seven tarsal bones present on outer side of the foot.
Cuneiform bones	Three small tarsal bones in the foot that connect to the metatarsals of the midfoot toward the hind foot.
Curettage	Use of a curet, a spoon shaped surgical instrument used for scraping, to remove tissue by scraping or scooping.
Curette	Spoon shaped surgical instrument used for scraping; also spelled curet.
Curettement	Scraping away the lesion with the help of curette which is an instrument with a scoop or ring at the end.
Curly toes	A deformity in which the toes are bent downward or sideways toward the sole of the foot.
Cutaneous nerve	A mixed peripheral nerve that supplies a region of the skin.
Cutaneous vascular proliferative lesion	Birthmarks, such as port wine stains, commonly found among children.
Cyst	Sac usually containing fluid; the term cyst can refer to an abnormal growth or to any saclike structure, such as the urinary bladder or gallbladder.
Debride	To surgically remove damaged, diseased, or unhealthy tissue from wounds to allow healthy tissue to grow.
Debridement	The removal of an organ's dead, damaged, or infected tissue to facilitate natural healing of the remaining healthy tissue.
Decorticate	Surgical excision of the cortex, the outer membrane of the bone.
Deformity	Defect in the body part.
Deposition	The giving of sworn testimony under oath.
Dermatome	A surgical instrument, used especially for grafting, that can cut very thin skin slices.
Dermis	Layer of skin that contains connective tissues, situated immediately below the epidermis, the outermost layer.
Devitalized bone	Dead bone; bone that cannot produce living cells due to trauma or loss of blood supply.
Diabetes mellitus	Disease in which the body's production or utilization of insulin, the primary hormone involved in glucose metabolism, is insufficient, leading to high levels of blood glucose and subsequent complications, including significant damage to nerves, vessels, and multiple organs.
Diabetic neuropathy	Nerve damage caused by diabetes mellitus; the most common type affects the nerves of the lower limbs, causing loss of sensation.
Diabetic ulcer	Skin breakdown and or open sores that occur with great frequency on the feet and lower legs of diabetics due to the complications of vascular and nerve damage associated with diabetes mellitus.
Diaphysectomy	Surgical removal of the middle portion of a long bone.
Diaphysis	Middle portion of a long bone.
Digital nerve	Branches of nerves supplying the toes or the fingers and thumb.
Dislocation	Body structure out of its normal place, especially parts of a broken bone or two structures that normally connect to form a joint.
Dissection	Separation of tissue by layers; blunt dissection separates tissue layers using the fingers; sharp dissection separates tissue layers with a blade.
Distal	Located away from the center of the body or away from a structure's point of attachment.
Donor site	Location from where tissue is harvested for use in a grafting procedure, such as a bone graft or skin graft.
Dorsal	Upper surface of an organ.

Code Index

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