CODERS' SPECIALTY GUIDE

Dermatology & Plastics

2027

AAPC

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

Contents

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.

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.

Integumentary System

10030

Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

Clinical Responsibility

The provider inserts a catheter through the skin using imaging to view the fluid. He then drains the fluid from the soft tissue in cases such as abscess, hematoma, seroma, lymphocele, or cyst. Imaging guidance for needle and catheter placement can be by ultrasound, fluoroscopy, or computed tomography. This procedure can be done by using a catheter that is mounted on a sharp trocar, which is placed through a small skin incision made next to a guiding needle, or by inserting a hollow needle into the cavity and passing a guidewire through the needle to create a path for the drainage catheter. The area is drained, and the catheter, which is left in place, ensures continued drainage.

Coding Tips

For the same procedure on an organ, such as kidney, liver, spleen, or lung or mediastinum, see 49405.

For the same procedure on a fluid collection in the peritoneal or retroperitoneal space, see 49406.

For a fluid collection procedure on the peritoneal or retroperitoneal space but through a vaginal or rectal access route, see 49407.

For incision and drainage of a hematoma, seroma or fluid collection, see 10140.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $118.83, Non Facility Fee: $624.69; Non-QP Conversion Factor $33.4009, Facility Fee: $118.24, Non Facility Fee: $621.59
RVU (Facility): Work 2.68, PE 0.51, Mal 0.35, Total 3.54
RVU (Non-Facility): Work 2.68, PE 15.58, Mal 0.35, Total 18.61
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

22, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AQ, AR, AS, GA, GC, GZ, KX, PD, 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}, 10060^{1}, 10061^{1}, 10080^{1}, 10081^{1}, 10140^{1}, 10160^{1}, 11055^{1}, 11056^{1}, 11057^{1}, 11401^{1}, 11402^{1}, 11403^{1}, 11404^{1}, 11406^{1}, 11421^{1}, 11422^{1}, 11423^{1}, 11424^{1}, 11426^{1}, 11441^{1}, 11442^{1}, 11443^{1}, 11444^{1}, 11446^{1}, 11450^{1}, 11451^{1}, 11462^{1}, 11463^{1}, 11470^{1}, 11471^{1}, 11600^{1}, 11601^{1}, 11602^{1}, 11603^{1}, 11604^{1}, 11606^{1}, 11620^{1}, 11621^{1}, 11622^{1}, 11623^{1}, 11624^{1}, 11626^{1}, 11640^{1}, 11641^{1}, 11642^{1}, 11643^{1}, 11644^{1}, 11646^{1}, 11719^{1}, 11720^{1}, 11721^{1}, 11765^{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}, 20500^{1}, 29580^{1}, 29581^{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}, 61650^{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^{0}, 64474^{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}, 75989^{1}, 76000^{1}, 76380^{1}, 76942^{1}, 76998^{1}, 77002^{1}, 77003^{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}, 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}, G0127^{1}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

D78.01, D78.02, D78.21, D78.22, E36.01, E36.02, E89.820, E89.821, G97.31, G97.32, G97.51, G97.52, H59.111-H59.119, H59.121-H59.129, H59.311-H59.319, H59.321-H59.329, H95.21, H95.22, H95.41, H95.42, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.620, I97.621, I97.630-I97.638, J95.61, J95.62, J95.830, J95.831, K68.11, K91.61, K91.62, K91.840, K91.841, K91.870, K91.871, L02.811, L02.818, L02.91, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L72.0-L72.3, L72.8, L72.9, L76.01, L76.02, L76.21, L76.22, L76.31, L76.32, L98.3, L98.7, M72.8, M79.81, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, O91.011-O91.019, O91.02, O91.03, O91.111-O91.119, O91.12, O91.13, T79.2XXA, T87.89

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 Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $71.50, Non Facility Fee: $347.42; Non-QP Conversion Factor $33.4009, Facility Fee: $71.14, Non Facility Fee: $345.70
RVU (Facility): Work 1.66, PE 0.3, Mal 0.17, Total 2.13
RVU (Non-Facility): Work 1.66, PE 8.52, Mal 0.17, Total 10.35
MPFS Payment Policy Indicators: Global Period 0, 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

22, 47, 50, 51, 52, 58, 59, 73, 74, 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

NCCI Alerts (version 32.0)

00400^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{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}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{0}, 64474^{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}, 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}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

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, D48.5, 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 Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $36.92, Non Facility Fee: $292.04; Non-QP Conversion Factor $33.4009, Facility Fee: $36.74, Non Facility Fee: $290.59
RVU (Facility): Work 0.83, PE 0.16, Mal 0.11, Total 1.10
RVU (Non-Facility): Work 0.83, PE 7.76, Mal 0.11, Total 8.70
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: 2

Modifier Allowances

47, 52, 58, 59, 73, 74, 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

NCCI Alerts (version 32.0)

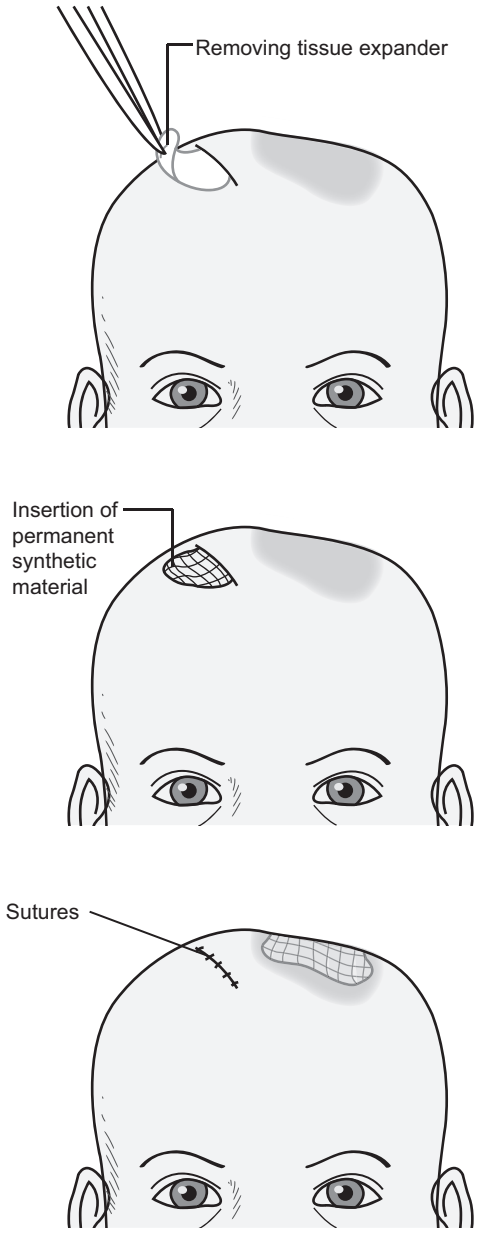
00400^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 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},

Coding Tips

For removal of a tissue expander without placement of an implant, see 11971.

For insertion of a tissue expander, other than for the breast, see 11960.

Illustration



11970

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $519.96, Non Facility Fee: $519.96; Non-QP Conversion Factor $33.4009, Facility Fee: $517.38, Non Facility Fee: $517.38
RVU (Facility): Work 7.3, PE 6.84, Mal 1.35, Total 15.49
RVU (Non-Facility): Work 7.3, PE 6.84, Mal 1.35, Total 15.49
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: 2

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)

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}, 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}, 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

C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, S01.90XS, S11.90XS, S21.90XS, S31.000S, S31.109S, T20.30XA, T20.319A, T20.32XA, T20.35XA, T20.37XA, T20.39XA, T20.70XA, T20.719A, T20.72XA, T20.75XA, T20.77XA, T20.79XA, T21.30XA, T21.31XA, T21.32XA, T21.33XA, T21.39XA, T21.70XA, T21.71XA, T21.72XA, T21.73XA, T21.79XA, T22.00XS, T22.30XA, T22.319A, T22.329A, T22.339A, T22.399A, T22.40XS, T22.70XA, T22.719A, T22.729A, T22.739A, T22.799A, T23.009S, T23.079S, T23.409S, T23.479S, T24.009S, T24.309A, T24.319A, T24.329A, T24.339A, T24.399A, T24.409S, T24.709A, T24.719A, T24.729A, T24.739A, T24.799A, T25.319A, T25.329A, T25.399A, T25.719A, T25.729A, T25.799A, T30.0, T30.4, T83.719A, T83.729A, T83.79XA, T85.848A, T85.858A, T85.868A, T85.898A, T87.50-T87.54, T87.81, T87.89, Z41.1, Z42.8, Z85.3, Z85.820, Z85.828, Z90.10-Z90.13

11971

Removal of tissue expander without insertion of implant

Clinical Responsibility

After adequate growth of cell and tissues, the provider removes the previously placed tissue expander by making an incision over it, extracting it, and closing the wound. There is no insertion of any permanent implant (artificial tissue) afterward.

A tissue expander, a balloon-like device filled with a substance like hydrogel, can be sequentially expanded over time to desired dimensions. The expander forces the skin or tissue to stretch and expand to the size needed as a graft to cover a defect when the existing skin or tissue is insufficient to cover the defect. Once the tissue or skin needed for the graft is sufficient in size, the graft placement can be completed. Thus, there is no need for an implant. Tissue expanders are commonly used in situations like extensive burns where there is not enough skin left to cover the burn area.

Coding Tips

For replacement of a tissue expander with a permanent implant, see 11970.

For insertion of a tissue expander, other than for the breast, see 11960.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $518.28, Non Facility Fee: $518.28; Non-QP Conversion Factor $33.4009, Facility Fee: $515.71, Non Facility Fee: $515.71
RVU (Facility): Work 6.84, PE 7.32, Mal 1.28, Total 15.44
RVU (Non-Facility): Work 6.84, PE 7.32, Mal 1.28, Total 15.44
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: 2

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 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)

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}, 11960^{1}, 11970^{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}, 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}, J0670^{1}

ICD-10-CM Cross References

C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, S01.00XA, S01.02XA, S01.80XA, S01.82XA, S01.90XS, S11.90XS, S21.90XS, S31.000S, S31.109S, T20.30XA, T20.319A, T20.32XA, T20.35XA, T20.37XA, T20.39XA, T20.70XA, T20.719A, T20.72XA, T20.75XA, T20.77XA, T20.79XA, T21.30XA, T21.31XA, T21.32XA, T21.33XA, T21.39XA, T21.70XA, T21.71XA, T21.72XA, T21.73XA, T21.79XA, T22.00XS, T22.30XA, T22.319A, T22.329A, T22.339A, T22.399A, T22.40XS, T22.70XA, T22.719A, T22.729A, T22.739A, T22.799A, T23.009S, T23.079S, T23.409S, T23.479S, T24.009S, T24.309A, T24.319A, T24.329A, T24.339A, T24.399A, T24.409S, T24.709A, T24.719A, T24.729A, T24.739A, T24.799A, T25.319A, T25.329A, T25.399A, T25.719A, T25.729A, T25.799A, T30.0, T30.4, T81.321A, T81.328A, T81.329A, T83.719A, T83.729A, T83.79XA, T85.79XA, T87.50-T87.54, T87.81, T87.89, Z41.1, Z42.8, Z85.3, Z85.820, Z85.828, Z90.10-Z90.13

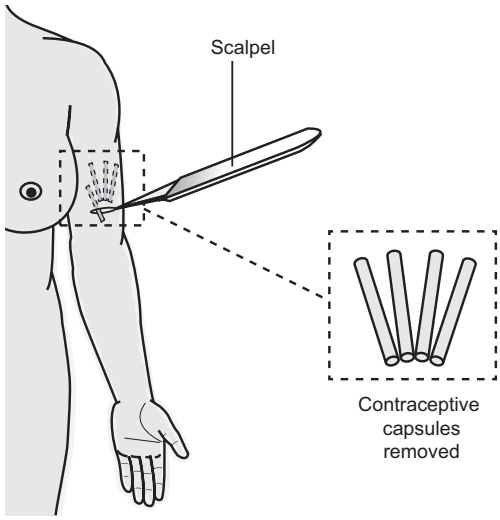
11976

Removal, implantable contraceptive capsules

Clinical Responsibility

After administration of local anesthesia, the physician makes a transverse incision at the implant site and removes the capsules, one by one, with forceps. The incision is then closed and covered with a bandage for healing.

Illustration



11976

HCPCS Level II Codes

Outpatient PPS

C8002

Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)

Clinical Responsibility

The provider uses epidermal (outermost skin layer providing a barrier) and dermal (the deeper skin layer containing connective tissue) skin previously harvested from the patient to prepare a skin cell suspension autograft (SCSA). The service involves enzymatic processing using enzymes to break down the bonds between skin cells, making it easier to separate them. The provider also performs filtration of the final suspension to ensure that any large pieces of tissue or debris are removed, leaving only the desired skin cells in a liquid form that can be applied to the wound site to promote healing.

BETOS

P1G: Major procedure - other

Procedures / Professional Services

G0168

Wound closure utilizing tissue adhesive(s) only

Clinical Responsibility

The provider uses a tissue adhesive such as cyanoacrylate, instead of staples or sutures, for incisional or laceration repair. Tissue adhesives also replace subcutaneous sutures for larger wounds. The provider applies cyanoacrylate tissue adhesive to form a bond across the edges of the wound. This protects the skin and wound site, inhibits the growth of bacteria, and helps prevent infection. The adhesive closes the wound and permits normal healing with minimal discomfort to the patient. Use this code for Medicare patients who have wound closure through tissue adhesive for both inpatient and outpatient services.

Coding Tips

G codes identify professional healthcare procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

Medicare uses this code if tissue adhesive is used by itself on a simple injury, without sutures, staples, or other closure materials. Often private payers use the CPT® simple repair codes, specifically 12001 through 12018. Check with your payer regarding their preferences prior to submitting the claim.

BETOS

P6C: Minor procedures - other (Medicare fee schedule)

G0219

PET imaging whole body; melanoma for non-covered indications

Clinical Responsibility

In this procedure, the provider injects a radioactive tracer or radionuclide into the patient's bloodstream. This radionuclide reaches the tumor site through the bloodstream, breaks into tiny positively charged particles called positrons, and emits gamma rays. The provider uses a PET scanner to detect the gamma rays and identify cancer that develops from melanocytes, or pigment cells present in the skin. The scanner provides images of the entire body to illustrate a detailed picture of the tissues for the purpose of detecting melanoma in regional lymph nodes, a noncovered indication for PET scanning.

Coding Tips

Use G codes to represent temporary procedures and professional services. Medicare covers G codes for the services that replace CPT® codes.

To report PET imaging of the whole body for other indications, use CPT® code 78813, Positron emission tomography, or PET, imaging; whole body.

BETOS

I4B: Imaging/procedure - other

G0378

Hospital observation service, per hour

Clinical Responsibility

A provider assigns an observation status to a patient who comes to the hospital. The provider monitors the patient to decide whether the patient requires admission to the hospital or can be treated and discharged. This service provides an alternative to inpatient service to the patient, whose clinical status is unstable or at risk of short-term deterioration. This service is reported for each hour of hospital observation service.

Coding Tips

Use one unit of this code for each hour of hospital observation service

Check with the individual payer for their reporting requirements. For instance, the payer may require hospitals to use this code in place of CPT® observation codes.

BETOS

M2A: Hospital visit - initial

G0379

Direct admission of patient for hospital observation care

Clinical Responsibility

This code represents the observation service for a direct patient admission into observation care, such as for a patient who is directly referred to the hospital by a provider in the community. This service provides an alternative to inpatient admission of the patient whose clinical status is unstable or at risk of short-term deterioration. The provider monitors the patient to decide whether the patient requires admission to the hospital or can be discharged.

Coding Tips

Check with the individual payer for their reporting requirements. For instance, the payer may require hospitals to use this code in place of CPT® observation codes.

BETOS

M2A: Hospital visit - initial

ICD-10-CM Cross Reference Details

A01.09 Typhoid fever with other complications
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.1 Chronic intestinal amebiasis
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.9 Amebiasis, unspecified
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
A18.03 Tuberculosis of other bones
A18.4 Tuberculosis of skin and subcutaneous tissue
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A34 Obstetrical tetanus
A36.89 Other diphtheritic complications
A38.8 Scarlet fever with other complications
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A46 Erysipelas
A48.8 Other specified bacterial diseases
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.44 Late congenital syphilitic optic nerve atrophy
A51.0 Primary genital syphilis
A51.39 Other secondary syphilis of skin
A52.73 Symptomatic late syphilis of other respiratory organs
A52.76 Other genitourinary symptomatic late syphilis
A52.79 Other symptomatic late syphilis
A56.00 Chlamydial infection of lower genitourinary tract, unspecified
A56.02 Chlamydial vulvovaginitis
A57 Chancroid
A59.01 Trichomonal vulvovaginitis
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.02 Herpesviral infection of other male genital organs
A60.03 Herpesviral cervicitis
A60.04 Herpesviral vulvovaginitis
A60.09 Herpesviral infection of other urogenital tract
A60.1 Herpesviral infection of perianal skin and rectum
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]
A92.39 West Nile virus infection with other complications
B00.0 Eczema herpeticum
B00.1 Herpesviral vesicular dermatitis
B00.2 Herpesviral gingivostomatitis and pharyngotonsillitis
B00.3 Herpesviral meningitis
B00.4 Herpesviral encephalitis
B00.50 Herpesviral ocular disease, unspecified
B00.51 Herpesviral iridocyclitis
B00.52 Herpesviral keratitis
B00.53 Herpesviral conjunctivitis
B00.59 Other herpesviral disease of eye
B00.7 Disseminated herpesviral disease
B00.81 Herpesviral hepatitis
B00.89 Other herpesviral infection
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
B02.30 Zoster ocular disease, unspecified
B02.31 Zoster conjunctivitis
B02.32 Zoster iridocyclitis
B02.33 Zoster keratitis
B02.34 Zoster scleritis
B02.39 Other herpes zoster eye disease
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
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
B27.10 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
B33.8 Other specified viral diseases
B34.1 Enterovirus infection, unspecified
B34.2 Coronavirus infection, unspecified
B34.4 Papovavirus infection, unspecified

B34.8 Other viral infections of unspecified site
B35.0 Tinea barbae and tinea capitis
B35.1 Tinea unguium
B35.2 Tinea manuum
B35.3 Tinea pedis
B35.4 Tinea corporis
B35.5 Tinea imbricata
B35.6 Tinea cruris
B35.8 Other dermatophytoses
B35.9 Dermatophytosis, unspecified
B36.0 Pityriasis versicolor
B36.1 Tinea nigra
B36.2 White piedra
B36.3 Black piedra
B36.8 Other specified superficial mycoses
B36.9 Superficial mycosis, unspecified
B37.0 Candidal stomatitis
B37.1 Pulmonary candidiasis
B37.2 Candidiasis of skin and nail
B37.31 Acute candidiasis of vulva and vagina
B37.32 Chronic candidiasis of vulva and vagina
B37.41 Candidal cystitis and urethritis
B37.42 Candidal balanitis
B37.49 Other urogenital candidiasis
B37.5 Candidal meningitis
B37.6 Candidal endocarditis
B37.7 Candidal sepsis
B37.81 Candidal esophagitis
B37.82 Candidal enteritis
B37.83 Candidal cheilitis
B37.84 Candidal otitis externa
B37.89 Other sites of candidiasis
B37.9 Candidiasis, unspecified
B38.0 Acute pulmonary coccidioidomycosis
B38.1 Chronic pulmonary coccidioidomycosis
B38.2 Pulmonary coccidioidomycosis, unspecified
B38.3 Cutaneous coccidioidomycosis
B38.4 Coccidioidomycosis meningitis
B38.7 Disseminated coccidioidomycosis
B38.81 Prostatic coccidioidomycosis
B38.89 Other forms of coccidioidomycosis
B38.9 Coccidioidomycosis, unspecified
B39.0 Acute pulmonary histoplasmosis capsulati
B39.1 Chronic pulmonary histoplasmosis capsulati
B39.2 Pulmonary histoplasmosis capsulati, unspecified
B39.3 Disseminated histoplasmosis capsulati
B39.4 Histoplasmosis capsulati, unspecified
B39.5 Histoplasmosis duboisii
B39.9 Histoplasmosis, unspecified
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
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
B43.2 Subcutaneous pheomycotic abscess and cyst
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
B46.0 Pulmonary mucormycosis
B46.1 Rhinocerebral mucormycosis
B46.2 Gastrointestinal mucormycosis
B46.3 Cutaneous mucormycosis
B46.4 Disseminated mucormycosis
B46.5 Mucormycosis, unspecified
B46.8 Other zygomycoses
B46.9 Zygomycosis, unspecified
B47.0 Eumycetoma
B48.1 Rhinosporidiosis
B48.2 Allescheriasis
B48.3 Geotrichosis
B48.4 Penicillosis
B48.8 Other specified mycoses
B49 Unspecified mycosis
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
B60.00 Babesiosis, unspecified
B60.01 Babesiosis due to Babesia microti
B60.02 Babesiosis due to Babesia duncani
B60.03 Babesiosis due to Babesia divergens
B60.09 Other babesiosis
B65.3 Cercarial dermatitis
B66.5 Fasciolopsiasis
B66.8 Other specified fluke infections
B66.9 Fluke infection, unspecified
B67.32 Echinococcus granulosus infection, multiple sites
B67.39 Echinococcus granulosus infection, other sites
B67.4 Echinococcus granulosus infection, unspecified
B68.0 Taenia solium taeniasis
B68.1 Taenia saginata taeniasis
B68.9 Taeniasis, unspecified
B69.89 Cysticercosis of other sites
B69.9 Cysticercosis, unspecified
B71.0 Hymenolepiasis
B71.1 Dipylidiasis
B71.8 Other specified cestode infections
B71.9 Cestode infection, unspecified
B76.0 Ancylostomiasis
B76.1 Necatoriasis
B76.8 Other hookworm diseases
B76.9 Hookworm disease, unspecified
B77.0 Ascariasis with intestinal complications
B77.81 Ascariasis pneumonia
B77.89 Ascariasis with other complications
B77.9 Ascariasis, unspecified
B78.0 Intestinal strongyloidiasis
B78.1 Cutaneous strongyloidiasis
B78.9 Strongyloidiasis, unspecified
B79 Trichuriasis
B80 Enterobiasis
B81.1 Intestinal capillariasis
B81.2 Trichostrongyliasis
B81.3 Intestinal angiostrongyliasis
B81.4 Mixed intestinal helminthiases
B81.8 Other specified intestinal helminthiases
B82.0 Intestinal helminthiasis, unspecified
B82.9 Intestinal parasitism, unspecified

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

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

Terminology

Terminology	Explanation
Abbe Estlander operation	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Ablate	To remove tissue, a body part, or an organ or destroy its function.
Ablation	Surgical destruction of abnormal tissue or organ growth.
Abrasion	Removal of superficial layers of skin.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
Achilles tendon	Large tendon at the back the heel that connects the muscles of the calf to the calcaneal bone, or heel; also called tendo calcaneus.
Acne	Eruptions of small oil secreting glands below the skin surface due to infection or inflammation; also known as pimples.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Actinotherapy	Therapeutic use of ultraviolet light rays to treat various skin diseases.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Allergenic extract	A protein containing an extract purified from a substance to which a patient may be allergic.
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.
Alopecia	Hair loss.
Alveolar cleft	Congenital defect in which a cleft, or gap, occurs in the alveolar arch, the tooth bearing portion of the jaw bone.
Alveolar ridge	A ridge like border on the upper and lower jaw containing tooth sockets.
Ambulatory care	Medical care rendered in an outpatient setting, i.e., not requiring an overnight stay in a hospital.
Anagen	The active phase of the hair growth cycle; in this phase, the hair grows about 1 cm every 28 days.
Anaphylactic / Anaphylaxis	The body's severe allergic reaction towards a specific substance which acts as an allergen.
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 or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Anterior	Closer to the front part of the body.
Anterior intrusion	Abnormal projection of a structure in a frontward direction.
Anteroposterior or AP view	The X-ray beam travels from front to back.
Antibiotic	Substance that inhibits infection.
Antiretroviral therapy	Drug treatment for patients with HIV, which can prolong their life.
Antrotomy	An incision through the wall of the antrum, or the pyramid shaped maxillary sinus.
Anus	External opening of the rectum where gastrointestinal tract ends.
Apert syndrome	Rare congenital disorder resulting in significant facial deformity, or craniofacial dysostosis, and webbing deformities of the hands and feet.
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.
Articular disk	An oval of flexible cartilage separating two bones that form a joint.
Aseptic	Conditions characterized by freedom from contamination by any microorganism.
Aspirate	Small amount of cells or fluid from a cyst or mass.

Aspiration	Withdrawal of fluids or tissue from the body.
Atretic plate	A plate at the end of the nasal septum that is continuous with the choanal opening, an opening between the nasal cavity and the nasopharynx.
Autogenous tissue graft	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
Autograft	Donor tissue or organ obtained from one part or area of the body and placed on a different body part or area of the same individual.
Autologous	Surgical placement of any tissue from one part of the body to another location in the same patient, also applies to reinfusion of blood or its components to the same patient from which the blood was removed.
Axial pattern flap	A flap the provider creates from healthy skin and underlying tissue, including a named vascular supply along the center axis of the flap; the provider takes the flap along with its blood vessels from one area of the human body and rotates or otherwise places the flap at a nearby recipient site; an axial pattern flap retains its own direct blood supply from identified vessels when the provider transfers the flap to the affected or recipient site.
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Bacteria	Single celled microorganisms, i.e., visible only with a microscope, some of which cause infection.
Benign	Condition or growth that is not cancerous in nature.
Benign lesion	Area of damaged or diseased tissue that is noncancerous.
Bichloracetic acid, dichloroacetic acid, caustic agents	Chemical agents which burn or corrode the tissue by a chemical reaction.
Bicoronal incision	An incision across the scalp on the crown, or corona, of the head from one side to the other; used synonymously with coronal and bitemporal incision.
Bifrontal craniotomy	Surgical incision of the skull, or cranium, across the frontal bone from one side to the other.
Bilateral	On two sides; opposite of unilateral.
Biopsy	Tissue sample that the provider excises from the patient to ascertain the presence of disease.
Bladder	A muscular organ that receives, stores, and transmits fluids; the urinary bladder stores urine; the gallbladder stores bile.
Blepharoplasty	The surgical removal of excess of fat, muscle, and loose skin around the eyelids.
Blunt dissection	Separation of tissue layers using the fingers; sharp dissection separates tissue layers using a blade.
Bone grafting	Surgical procedure that replaces missing bones with material from the patient's own body, or from an artificial, synthetic, or natural substitute.
Bone marrow	Substance within the internal cavity of a bone; a source of stem cells, which ultimately develop into red blood cells, white blood cells, and platelets.
Bone paste	Substance that acts as a bone substitute to fill in bony defects; also called bone cement.
Bone plate	Flat or contoured metal plating attached with screws to a bone to provide stabilization or repair a fracture.
Bone shaver	Surgical instrument used to remove a very thin slice of bone.
Bovine	Originating from cattle.
Brachycephaly	Disorder in which the head is shorter and wider than normal, usually due to a congenital defect, as seen in Down syndrome; brachycephaly is sometimes used to refer to a form of plagiocephaly, or flat head syndrome, that occurs when an infant sleeps only on its back.
Brachytherapy	Insertion of radioactive implants directly into the cancer tissues.
Breast biopsy	A procedure to remove small sample from the breast to diagnose any abnormality, such as cancer, present in the breast.
Breast cancer	A type of cancer that develops from the breast cells and capable of spreading, commonly affecting women; the major signs include a lump in the breast, change in the shape of the breast, fluid from the nipples.
Breast expander	A type of implant mainly designed to stretch the breast tissue and prepare it for future implant.
Breast localization device	Small devices used to mark the location of a breast abnormality to make it easier for the provider to find the target area during biopsy.

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