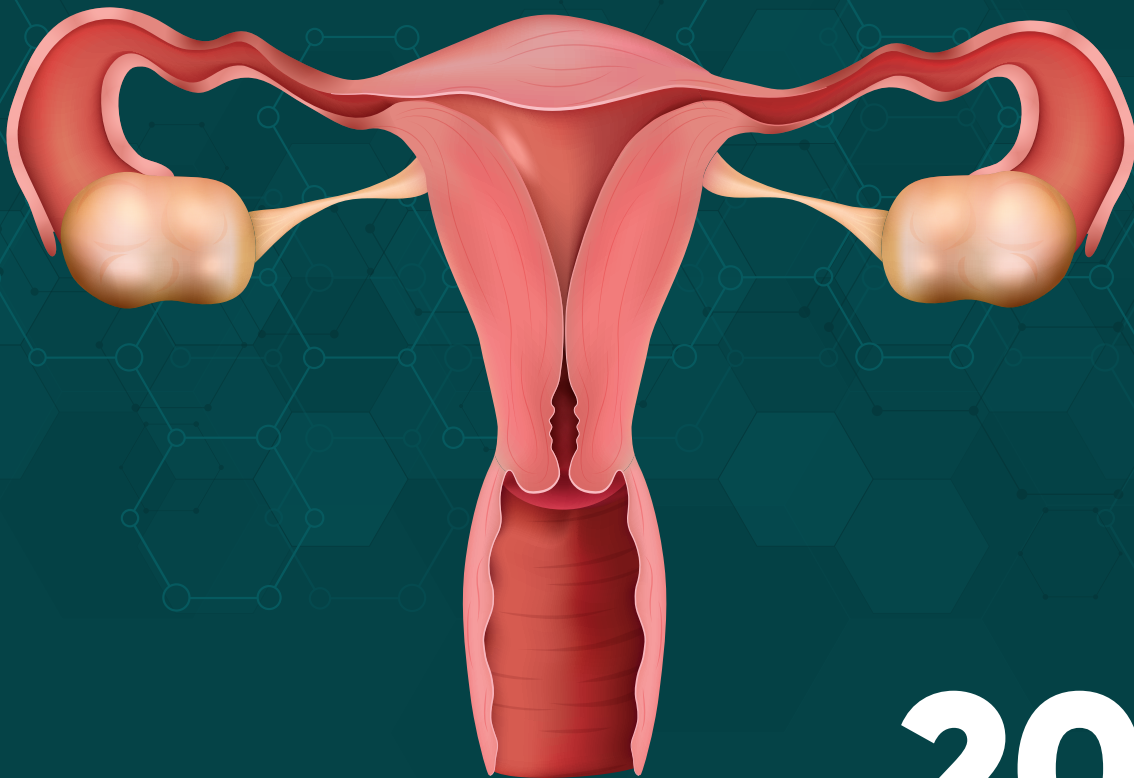




Your essential illustrated coding guide for obstetrics and gynecology, including CPT®, HCPCS Level II, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

CODERS' SPECIALTY GUIDE

Obstetrics & Gynecology



2023

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+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, OPPI Facility: \$27.91, OPPI 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)

0213T¹, 0216T¹, 10012¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

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.

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)

0213T¹, 0216T¹, 10004¹, 10005¹, 10006¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

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

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)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 19281¹, 19282¹, 19283¹, 19284¹, 19285¹, 19286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 36680¹, 43752¹, 49412¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77011¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹,

96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0463¹, G0471¹, J0670¹, J2001¹

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

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 Allowances 22, 47, 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)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 19281¹, 19282¹, 19283¹, 19284¹, 19286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 36680¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64463⁰, 64479⁰, 64483⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64493⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77011¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0463¹, G0471¹, J0670¹, J2001¹

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

12007

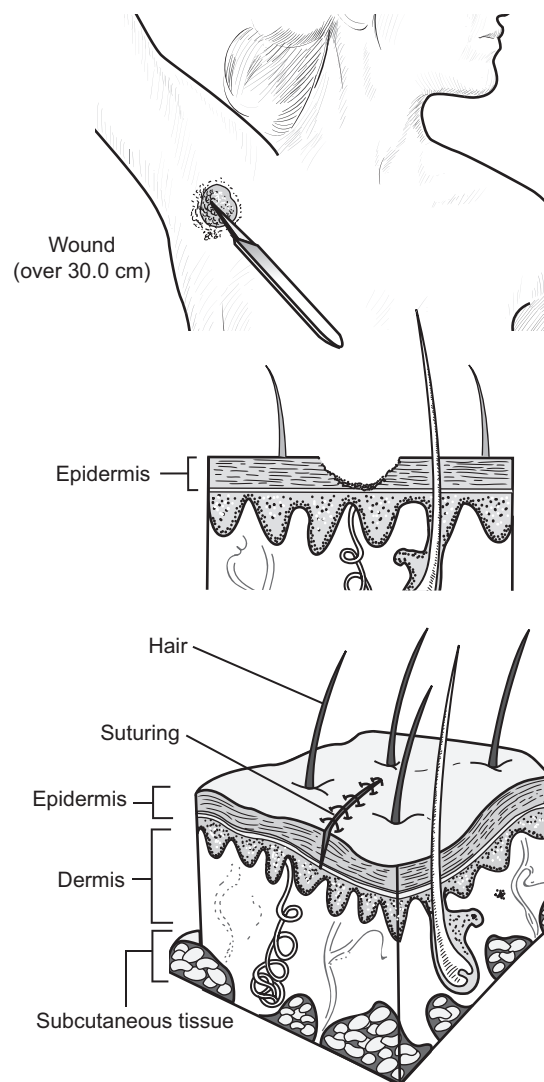
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

Clinical Responsibility

This code is used for the simplest type of superficial repair of a wound that is over 30.0 cm in length or more.

The physician closes a superficial wound of the scalp, neck, axillae, external genitalia, trunk, and/or extremities (hands and feet), involving the epidermis, dermis, or subcutaneous tissue. The wound does not invade into the deeper subcutaneous tissues. The physician performs simple single-layer closure using tissue adhesives, staples, or suture materials.

Illustration



12007

56405

Incision and drainage of vulva or perineal abscess

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider locates the exact site of the abscess and makes an incision over it. He uses a scalpel, a cutting instrument, to incise the abscess and drain pus. The provider then irrigates the area, checks for bleeding, and packs the wound with gauze to allow drainage while it heals.

Coding Tips

If the provider performs incision and drainage of a Bartholin's gland, report 56420, Incision and drainage of the Bartholin's gland.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$128.06, Non Facility: \$145.85, OPPS Facility: \$51.99, OPPS Non Facility: \$51.99

RVU Facility Work RVU: 1.49, PE RVU: 1.93, Malpractice RVU: 0.25, Total RVU: 3.67

RVU Non-Facility Work RVU: 1.49, PE RVU: 2.44, Malpractice RVU: 0.25, Total RVU: 4.18

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: 2

Modifier Allowances 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

00940⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 56440¹, 56605⁰, 56810⁰, 56820⁰, 57100¹, 57180¹, 57500¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹,

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ICD-10 CrossRef

D28.0, K61.31, L02.215, L03.319, L03.329, L03.90, L03.91, L08.89, L98.9, N75.0, N75.1, N75.9, N76.0-N76.5, N76.3, N76.4, N76.5, N76.89, N90.61, N90.69, N90.7, N90.89, R22.9, Z01.411, Z01.419

56420

Incision and drainage of Bartholin's gland abscess

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider locates the exact site of abscess in one of the Bartholin's glands and makes an incision over it. She uses a scalpel, a cutting instrument, to incise the abscess and drain pus. The provider then irrigates the area, checks for bleeding, and packs the wound with gauze to allow drainage while it heals.

Coding Tips

If the provider performs incision and drainage in the vulva or perineum, use 56405, Incision and drainage of the vulva or perineal abscess.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$112.01, Non Facility: \$181.44, OPPS Facility: \$50.25, OPPS Non Facility: \$50.25

RVU Facility Work RVU: 1.44, PE RVU: 1.52, Malpractice RVU: 0.25, Total RVU: 3.21

RVU Non-Facility Work RVU: 1.44, PE RVU: 3.51, Malpractice RVU: 0.25, Total RVU: 5.20

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: 1

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

CCI Alerts (version 27.3)

00940⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 56405¹, 56440¹, 56605⁰, 56820⁰, 57100¹, 57180¹, 57500¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰,

Modifier Allowances 22, 47, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

00940⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 56605⁰, 56820⁰, 57100¹, 57180¹, 57410⁰, 57500¹, 57800¹, 58100⁰, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

F52.6, N89.6, N94.10-N94.19, Q51.0, Q51.5, Q51.821, Q51.828, Q52.10, Q52.2-Q52.6, Q52.70-Q52.79, Q52.8, T81.41XA-T81.41XS, T81.42XA-T81.42XS, T81.43XA-T81.43XS, T81.49XA-T81.49XS

56501

Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider identifies the lesions on the vulva. She applies an appropriate treatment to each lesion to destroy it, such as laser ablation, electrocauterization, or the application of liquid nitrogen or another chemical.

Coding Tips

Select a code for the treatment of female genital lesions based on the type of treatment, i.e., destruction, incision, or excision, and

the location of the lesion and its complexity. Refer to the sections grouped under the code range 56405 through 56740, Surgical Procedures on the Vulva, Perineum, and Introitus.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$133.29, Non Facility: \$188.42, OPPS Facility: \$55.13, OPPS Non Facility: \$55.13

RVU Facility Work RVU: 1.58, PE RVU: 2.01, Malpractice RVU: 0.23, Total RVU: 3.82

RVU Non-Facility Work RVU: 1.58, PE RVU: 3.59, Malpractice RVU: 0.23, Total RVU: 5.40

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: 1

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

CCI Alerts (version 27.3)

00940⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 55815¹, 56441¹, 56810⁰, 56820⁰, 57100¹, 57180¹, 57410⁰, 57500¹, 57800¹, 58100⁰, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

A60.04, A63.0, B07.8, B07.9, C51.9, C79.82, D07.1, D07.2, D07.30, D07.39, D18.01, D28.0, D39.8, D39.9, D49.59, I86.3, L90.0, L92.9, L94.0, L94.3, L98.9, N75.9, N76.5, N76.6, N76.81, N76.89, N84.3, N89.8, N90.0, N90.1, N90.3, N90.4, N90.61, N90.69, N90.7, N90.89, N90.9, Q52.79, Q52.8

90460

Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

Clinical Responsibility

The provider administers a single live attenuated vaccine through a parenteral, oral, intranasal, intramuscular, or intravenous to a patient up to 18 years of age. When the patient is prepped, the provider administers a single vaccine or mix of vaccines or toxoids. He counsels the patient, providing instructions and precautions before immunization.

Coding Tips

If the provider administers more than one vaccine, use +90461, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered, for each additional vaccine or toxoid component.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$17.10, Non Facility: \$17.10, OPPS Facility: \$5.93, OPPS Non Facility: \$5.93
RVU Facility Work RVU: 0.17, PE RVU: 0.31, Malpractice RVU: 0.01, Total RVU: 0.49

RVU Non-Facility Work RVU: 0.17, PE RVU: 0.31, Malpractice RVU: 0.01, Total RVU: 0.49

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: 9

Modifier Allowances 22, 33, 52, 59, 79, 80, 81, 82, AS, GA, KX, PD, Q6, XE, XP, XS, XU

CCI Alerts (version 27.3)

0591T¹, 0592T¹, 0593T¹, 36591⁰, 36592⁰, 90471⁰, 90473⁰, 96160¹, 96161¹, 96372¹, 96377¹, 96523⁰, 99202¹, 99203¹, 99204¹, 99205¹, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99281¹, 99282¹, 99283¹, 99284¹, 99285¹, 99381¹, 99382¹, 99383¹, 99384¹, 99385¹, 99386¹, 99387¹, 99391¹, 99392¹, 99393¹, 99394¹, 99395¹, 99396¹, 99397¹, 99401¹, 99402¹, 99403¹, 99404¹, 99406¹, 99407¹, 99408¹, 99409¹, 99411¹, 99412¹, 99483¹, 99497¹, G0008¹, G0009¹, G0010¹, G0442¹, G0443¹, G0444¹, G0445¹, G0463¹

ICD-10 CrossRef

A15.0-A15.9, A17.0, A17.1, A17.81-A17.89, A17.9, A36.0-A36.3, A36.81-A36.89, A36.9, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A49.2, A80.0-A80.2, A80.30, A80.39, A80.4, A80.9, A81.00-A81.09, A81.1, A81.2, A81.81-A81.89, A81.9, B01.0-B01.2, B01.11, B01.12, B01.81, B01.89, B01.9, B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.09, B06.81-B06.89, B06.9, B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B96.3, G00.1,

Modifier: 0 = not allowed, 1 = allowed

G14, J09.X1-J09.X9, J10.00-J10.08, J10.1, J10.2, J10.81-J10.89, J11.00, J11.08, J11.1, J11.2, J11.81-J11.89, J12.2, J14, J20.1, J20.4, M00.10-M00.19, M00.111-M00.119, M00.121-M00.129, M00.131-M00.139, M00.141-M00.149, M00.151-M00.159, M00.161-M00.169, M00.171-M00.179, T50.A16A-T50.A16S, T50.B16A-T50.B16S, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z20.821, Z23, Z28.83, Z71.84, Z71.85

+90461

Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)

Clinical Responsibility

The provider administers an additional live attenuated vaccine either via a parenteral, oral, intranasal, intramuscular, or intravenous to a patient up to 18 years of age after the administration of the first vaccine. After injection of a single or initial vaccine, the provider during the same session, preps the patient for an additional live attenuated vaccine. The provider administers a mix of vaccines or toxoids during immunization. She counsels the patient, providing instructions and precautions before immunization.

Coding Tips

Because +90461 is an add-on code, payers will not reimburse you if you report it without the appropriate primary vaccine administration code 90460.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$12.91, Non Facility: \$12.91, OPPS Facility: \$5.23, OPPS Non Facility: \$5.23
RVU Facility Work RVU: 0.15, PE RVU: 0.21, Malpractice RVU: 0.01, Total RVU: 0.37

RVU Non-Facility Work RVU: 0.15, PE RVU: 0.21, Malpractice RVU: 0.01, Total RVU: 0.37

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: 8

Modifier Allowances 22, 33, 52, 59, 79, 80, 81, 82, AS, GA, KX, PD, Q6, Q7, XE, XP, XS, XU

CCI Alerts (version 27.3)

0591T¹, 0592T¹, 0593T¹, 36591⁰, 36592⁰, 96160¹, 96161¹, 96523⁰, 99202¹, 99203¹, 99204¹, 99205¹, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99281¹, 99282¹, 99283¹, 99284¹, 99285¹, 99381¹, 99382¹, 99383¹, 99384¹, 99385¹, 99386¹, 99387¹, 99391¹, 99392¹, 99393¹, 99394¹, 99395¹, 99396¹, 99397¹, 99401¹, 99402¹, 99403¹, 99404¹, 99406¹, 99407¹, 99408¹, 99409¹, 99411¹, 99412¹, 99483¹, 99497¹, G0442¹, G0443¹, G0444¹, G0445¹, G0463¹

90653

Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use

Clinical Responsibility

When the patient is appropriately prepped, the provider injects an inactive, subunit, adjuvanted influenza vaccine into the muscle belly of the upper arm to protect the patient against influenza. He counsels the patient along with providing instructions and precautions before administration of the vaccine.

Coding Tips

When coding for immunizations, report separate codes for vaccine administration, the actual vaccine, and an office visit. Include sufficient documentation from your provider explaining the product administered, administration route, and purpose.

Select from other forms of this vaccine in the section 90653 to 90668, Vaccines, toxoids.

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, 33, 52, 53, 59, 79, 99, AR, FB, GA, GC, GR, GY, GZ, KX, Q5, Q6, XE, XP, XS, XU

CCI Alerts (version 27.3)

36591⁰, 36592⁰, 90689⁰, 90694⁰, 96523⁰, Q2035⁰, Q2036⁰, Q2037⁰, Q2038⁰, Q2039⁰

ICD-10 CrossRef

Z23, Z71.84

90656

Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use

Clinical Responsibility

The provider presents the parent, guardian, or patient with the options for immunization first. He reviews the risks and benefits along with the potential side effects and provides instructions and precautions before administration of the vaccine.

When the patient is appropriately prepped, the provider injects 0.5 mL of a trivalent, split virus, preservative-free influenza vaccine into a muscle to protect the patient against three different flu viruses.

Coding Tips

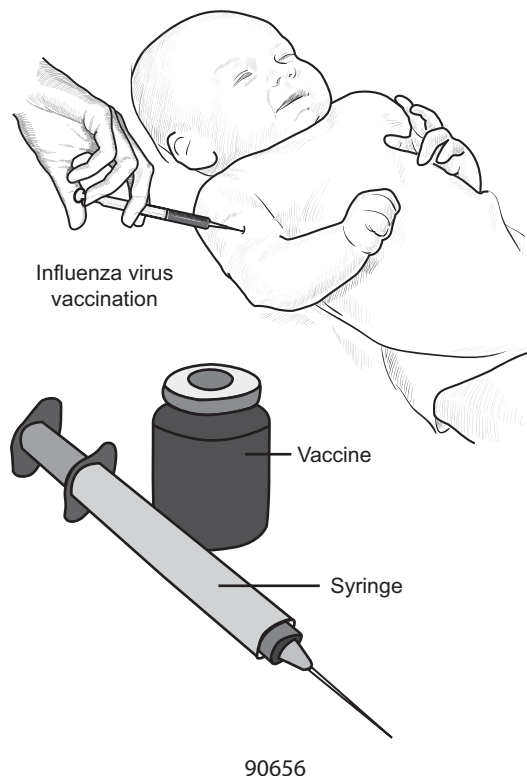
For an 0.25 mL dosage of this vaccine, see 90655.

For administration of this vaccine that is not preservative free, report 90657 for an 0.25 mL dosage and 90658 for an 0.5 mL dosage.

You may also need to select from other forms of this vaccine in the section, Vaccines, toxoids (90476 to 90756).

When coding for immunizations, report separate codes for vaccine administration, the actual vaccine, and an office visit. Include sufficient documentation from your provider explaining the product administered, administration route, and purpose.

Illustration



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:

ICD-10 CrossRef Details

A02.1	Salmonella sepsis	A41.51	Sepsis due to Escherichia coli [E. coli]
A06.1	Chronic intestinal amebiasis	A41.52	Sepsis due to Pseudomonas
A06.4	Amebic liver abscess	A41.53	Sepsis due to Serratia
A15.0	Tuberculosis of lung	A41.59	Other Gram-negative sepsis
A15.4	Tuberculosis of intrathoracic lymph nodes	A41.81	Sepsis due to Enterococcus
A15.5	Tuberculosis of larynx, trachea and bronchus	A41.89	Other specified sepsis
A15.6	Tuberculous pleurisy	A41.9	Sepsis, unspecified organism
A15.7	Primary respiratory tuberculosis	A42.0	Pulmonary actinomycosis
A15.8	Other respiratory tuberculosis	A42.7	Actinomycotic sepsis
A15.9	Respiratory tuberculosis unspecified	A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A17.0	Tuberculous meningitis	A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A17.1	Meningeal tuberculoma	A49.2	Hemophilus influenzae infection, unspecified site
A17.81	Tuberculoma of brain and spinal cord	A50.09	Other early congenital syphilis, symptomatic
A17.82	Tuberculous meningoencephalitis	A50.1	Early congenital syphilis, latent
A17.83	Tuberculous neuritis	A50.2	Early congenital syphilis, unspecified
A17.89	Other tuberculosis of nervous system	A50.31	Late congenital syphilitic interstitial keratitis
A17.9	Tuberculosis of nervous system, unspecified	A50.40	Late congenital neurosyphilis, unspecified
A18.16	Tuberculosis of cervix	A50.41	Late congenital syphilitic meningitis
A18.17	Tuberculous female pelvic inflammatory disease	A50.42	Late congenital syphilitic encephalitis
A18.18	Tuberculosis of other female genital organs	A50.45	Juvenile general paresis
A18.39	Retroperitoneal tuberculosis	A50.49	Other late congenital neurosyphilis
A22.7	Anthrax sepsis	A50.52	Hutchinson's teeth
A24.2	Subacute and chronic melioidosis	A50.57	Syphilitic saddle nose
A26.7	Erysipelothrix sepsis	A50.59	Other late congenital syphilis, symptomatic
A31.0	Pulmonary mycobacterial infection	A50.6	Late congenital syphilis, latent
A32.7	Listerial sepsis	A50.7	Late congenital syphilis, unspecified
A34	Obstetrical tetanus	A50.9	Congenital syphilis, unspecified
A36.0	Pharyngeal diphtheria	A51.0	Primary genital syphilis
A36.1	Nasopharyngeal diphtheria	A51.1	Primary anal syphilis
A36.2	Laryngeal diphtheria	A51.2	Primary syphilis of other sites
A36.3	Cutaneous diphtheria	A51.31	Condyloma latum
A36.81	Diphtheritic cardiomyopathy	A51.32	Syphilitic alopecia
A36.82	Diphtheritic radiculomyelitis	A51.39	Other secondary syphilis of skin
A36.83	Diphtheritic polyneuritis	A51.41	Secondary syphilitic meningitis
A36.84	Diphtheritic tubulo-interstitial nephropathy	A51.42	Secondary syphilitic female pelvic disease
A36.85	Diphtheritic cystitis	A51.43	Secondary syphilitic oculopathy
A36.86	Diphtheritic conjunctivitis	A51.45	Secondary syphilitic hepatitis
A36.89	Other diphtheritic complications	A51.46	Secondary syphilitic osteopathy
A36.9	Diphtheria, unspecified	A51.49	Other secondary syphilitic conditions
A37.00	Whooping cough due to Bordetella pertussis without pneumonia	A51.5	Early syphilis, latent
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	A52.00	Cardiovascular syphilis, unspecified
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia	A52.01	Syphilitic aneurysm of aorta
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	A52.02	Syphilitic aortitis
A37.80	Whooping cough due to other Bordetella species without pneumonia	A52.03	Syphilitic endocarditis
A37.81	Whooping cough due to other Bordetella species with pneumonia	A52.06	Other syphilitic heart involvement
A37.90	Whooping cough, unspecified species without pneumonia	A52.09	Other cardiovascular syphilis
A37.91	Whooping cough, unspecified species with pneumonia	A52.11	Tabes dorsalis
A39.3	Chronic meningococcemia	A52.13	Late syphilitic meningitis
A40.0	Sepsis due to streptococcus, group A	A52.14	Late syphilitic encephalitis
A40.1	Sepsis due to streptococcus, group B	A52.15	Late syphilitic neuropathy
A40.3	Sepsis due to Streptococcus pneumoniae	A52.17	General paresis
A40.8	Other streptococcal sepsis	A52.19	Other symptomatic neurosyphilis
A40.9	Streptococcal sepsis, unspecified	A52.2	Asymptomatic neurosyphilis
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	A52.3	Neurosyphilis, unspecified
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus	A52.71	Late syphilitic oculopathy
A41.1	Sepsis due to other specified staphylococcus	A52.72	Syphilis of lung and bronchus
A41.2	Sepsis due to unspecified staphylococcus	A52.73	Symptomatic late syphilis of other respiratory organs
A41.3	Sepsis due to Hemophilus influenzae	A52.74	Syphilis of liver and other viscera
A41.4	Sepsis due to anaerobes	A52.75	Syphilis of kidney and ureter
A41.50	Gram-negative sepsis, unspecified	A52.76	Other genitourinary symptomatic late syphilis
		A52.77	Syphilis of bone and joint
		A52.78	Syphilis of other musculoskeletal tissue
		A52.79	Other symptomatic late syphilis
		A52.8	Late syphilis, latent

C16.1	Malignant neoplasm of fundus of stomach	C32.9	Malignant neoplasm of larynx, unspecified
C16.2	Malignant neoplasm of body of stomach	C33	Malignant neoplasm of trachea
C16.3	Malignant neoplasm of pyloric antrum	C34.00	Malignant neoplasm of unspecified main bronchus
C16.4	Malignant neoplasm of pylorus	C34.01	Malignant neoplasm of right main bronchus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	C34.02	Malignant neoplasm of left main bronchus
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C16.8	Malignant neoplasm of overlapping sites of stomach	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C16.9	Malignant neoplasm of stomach, unspecified	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C17.0	Malignant neoplasm of duodenum	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C17.1	Malignant neoplasm of jejunum	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C17.2	Malignant neoplasm of ileum	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C17.3	Meckel's diverticulum, malignant	C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C17.8	Malignant neoplasm of overlapping sites of small intestine	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C17.9	Malignant neoplasm of small intestine, unspecified	C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C18.0	Malignant neoplasm of cecum	C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C18.1	Malignant neoplasm of appendix	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C18.2	Malignant neoplasm of ascending colon	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C18.3	Malignant neoplasm of hepatic flexure	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C18.4	Malignant neoplasm of transverse colon	C37	Malignant neoplasm of thymus
C18.5	Malignant neoplasm of splenic flexure	C38.0	Malignant neoplasm of heart
C18.6	Malignant neoplasm of descending colon	C38.1	Malignant neoplasm of anterior mediastinum
C18.7	Malignant neoplasm of sigmoid colon	C38.2	Malignant neoplasm of posterior mediastinum
C18.8	Malignant neoplasm of overlapping sites of colon	C38.3	Malignant neoplasm of mediastinum, part unspecified
C18.9	Malignant neoplasm of colon, unspecified	C38.4	Malignant neoplasm of pleura
C19	Malignant neoplasm of rectosigmoid junction	C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C20	Malignant neoplasm of rectum	C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C21.0	Malignant neoplasm of anus, unspecified	C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C21.1	Malignant neoplasm of anal canal	C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C21.2	Malignant neoplasm of cloacogenic zone	C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C22.0	Liver cell carcinoma	C40.10	Malignant neoplasm of short bones of unspecified upper limb
C22.1	Intrahepatic bile duct carcinoma	C40.11	Malignant neoplasm of short bones of right upper limb
C22.2	Hepatoblastoma	C40.12	Malignant neoplasm of short bones of left upper limb
C22.3	Angiosarcoma of liver	C40.20	Malignant neoplasm of long bones of unspecified lower limb
C22.4	Other sarcomas of liver	C40.21	Malignant neoplasm of long bones of right lower limb
C22.7	Other specified carcinomas of liver	C40.22	Malignant neoplasm of long bones of left lower limb
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	C40.30	Malignant neoplasm of short bones of unspecified lower limb
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	C40.31	Malignant neoplasm of short bones of right lower limb
C23	Malignant neoplasm of gallbladder	C40.32	Malignant neoplasm of short bones of left lower limb
C24.0	Malignant neoplasm of extrahepatic bile duct	C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C24.1	Malignant neoplasm of ampulla of Vater	C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C24.8	Malignant neoplasm of overlapping sites of biliary tract	C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C24.9	Malignant neoplasm of biliary tract, unspecified	C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C25.0	Malignant neoplasm of head of pancreas	C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C25.1	Malignant neoplasm of body of pancreas	C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C25.2	Malignant neoplasm of tail of pancreas	C41.0	Malignant neoplasm of bones of skull and face
C25.3	Malignant neoplasm of pancreatic duct	C41.1	Malignant neoplasm of mandible
C25.4	Malignant neoplasm of endocrine pancreas	C41.2	Malignant neoplasm of vertebral column
C25.7	Malignant neoplasm of other parts of pancreas	C41.3	Malignant neoplasm of ribs, sternum and clavicle
C25.8	Malignant neoplasm of overlapping sites of pancreas	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C25.9	Malignant neoplasm of pancreas, unspecified		
C26.0	Malignant neoplasm of intestinal tract, part unspecified		
C26.1	Malignant neoplasm of spleen		
C26.9	Malignant neoplasm of ill-defined sites within the digestive system		
C30.0	Malignant neoplasm of nasal cavity		
C30.1	Malignant neoplasm of middle ear		
C31.0	Malignant neoplasm of maxillary sinus		
C31.1	Malignant neoplasm of ethmoidal sinus		
C31.2	Malignant neoplasm of frontal sinus		
C31.3	Malignant neoplasm of sphenoid sinus		
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses		
C31.9	Malignant neoplasm of accessory sinus, unspecified		
C32.0	Malignant neoplasm of glottis		
C32.1	Malignant neoplasm of supraglottis		
C32.2	Malignant neoplasm of subglottis		
C32.3	Malignant neoplasm of laryngeal cartilage		
C32.8	Malignant neoplasm of overlapping sites of larynx		

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 dietitian
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
Abdominal pregnancy	When the fetus begins to grow within the peritoneal cavity; it can be located anywhere including the omentum, the abdominal wall, or the outside of the body of the uterus; a primary abdominal pregnancy means that the fertilization of the ovum takes place outside the entrance to the fallopian tube and the fertilized egg then travels to a close source of tissue, which it attaches to; a secondary abdominal pregnancy means that the fertilized ruptures from the tube and then implants in the abdominal cavity.
Abdominoperineal resection	The surgical removal of the anus, rectum, and part of the sigmoid colon, along with regional lymph nodes, through incisions made in the abdomen and perineum.
Ablation	A surgical technique that removes tissue or a body part or destroys its function.
Abortion	The clinical term for the termination of a pregnancy before the age of viability, usually before twenty completed weeks of gestation; the provider removes the uterine contents surgically or by inducing labor, or the pregnancy may be expelled spontaneously; when it ends spontaneously, it is referred to as a miscarriage.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adhesions	Fibrous bands of internal scar tissue that connect tissues that do not normally connect, often as a result of injury during surgery; when they develop in the uterus, they are referred to as uterine synechiae.
Adjuvant	A substance added to the vaccine to boost body's immune response to the vaccine.
Adnexal structures	Organs that adjoin the uterus such as the ovaries and the fallopian tubes.
Adolescent	Teenager.
Algorithm	A specific set of step by step calculations using defined inputs at each step to produce a useful output; specifically for MAAs, the output involves some sort of diagnostic or prognostic information about treatment options or disease outcomes.
Amniocentesis	A procedure in which a small sample of amniotic fluid is drawn out of the uterus through a needle inserted in the abdomen.
Amnioinfusion	The instillation of warm fluid into the amniotic cavity.
Amnion	Inner membrane of the sac that covers the fetus.
Amnioscope	A type of endoscope that allows the provider to see the amniotic sac and fetus.
Amniotic fluid	A clear, slightly yellowish liquid that surrounds the fetus during pregnancy and helps to protect it from mechanical injury.
Amniotic sac	A bag of fluid inside the uterus where the fetus develops and grows; it is sometimes called the membranes because the sac is made of two membranes called the amnion and the chorion.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Anastomosis	Surgical connection or joining of vessels or organs.
Anatomy	Branch of science that deals with the study of the structure of an organism.
Angiography	A medical imaging technique in which the provider injects a dye into blood vessels and uses plain X-rays, computed tomography (CT), or magnetic resonance imaging (MRI) to visualize the inside (lumen) of the vessels; more specific terms include arteriography when performed on the arteries or venography when performed on the veins; angiography can also be used to study blood supply to organs such as the heart, kidneys, and liver.
Anhydramnios	The absence of any amniotic fluid around the fetus.
Anomaly	Not normal structurally or functionally, out of place; typically describes a congenital deformity, one present at birth.
Antenatal testing	Tests a provider offers a mother to check on the health of the baby and mother.
Antepartum period	Period from confirmation of pregnancy to delivery of the baby.

Terminology	Explanation
Chromotubation	An injection of dye into the fallopian tube to diagnose tubal problems, or to check that the tubes are open after lysis or fimbrioplasty.
Chronic	A condition that is long lasting, typically to slow develop, and with symptoms of less severity than an acute condition.
Chronic renal failure	Long lasting or slow to develop, complete or nearly complete, irreversible loss of kidney function.
Circumferentially	In a circular manner.
Clitoris	Small and delicate female sex organ that is present at the opening of the vagina.
Clitoroplasty	Surgical formation of clitoris.
Clue cell	These vaginal epithelial cells densely covered with bacteria are a clue that the patient has bacterial vaginosis.
Cold knife	A long handled scalpel that makes circular cuts into tissue.
Color doppler	An imaging technique using ultrasound and color processing to add color to the image to help a provider visualize blood flow.
Colostomy	A surgical procedure that involves cutting the end of the large intestine (colon) and inserting this end through an incision in the anterior abdominal wall where it is sutured in place.
Colpocleisis	Surgical closing of the vaginal canal, partial closure or complete.
Colpoperineorrhaphy	Also called vaginoperineorrhaphy, surgical repair of a laceration or wound of the vaginal wall and perineum.
Colpopexy	Also called vaginopexy, suspending a relaxed and prolapsed vagina by fixation to the abdominal wall, attachment to the sacrum, fascial strips, or by use of sturdy ligaments and muscles.
Colporrhaphy	Surgical repair of a defect or laceration in the wall of the vagina.
Colposcope	A lighted, binocular, magnifying instrument that the ob gyn uses to examine the tissues of the vulva, vagina, and/or the cervix.
Colposcopy	Colpo is a prefix that means vagina, and scopy is a suffix that means to view, so colposcopy means to view the vagina using an endoscope.
Colpotomizer	Cup shaped device that attaches over the uterine manipulator and is placed around the entire cervix and is tightly held against the top of the vaginal canal where the cervix and vagina meet; it stretches the uterine vessels away from the ureters to reduce the chance of injury to the ureters when the uterine arteries are cut; it also serves as the guide for the provider to make the circular cut to separate the cervix from the vaginal wall and prevents the CO ₂ gas from escaping from the abdominal cavity once the incision is made.
Colpotomy	Surgical incision into the posterior wall of the vagina, which is also called a vaginotomy.
Comorbidity	Existence of one or more additional diseases.
Complete radical vulvectomy	Vulvectomy where 80% or more of the vulva is removed.
Computed tomography, or CT	Computed tomography is when the provider rotates an X-ray tube and X-ray detectors around a patient, which produces a tomogram, a computer generated cross sectional image; providers use CT to diagnose, manage, and treat diseases.
Concomitant debulking	Removal of a major part of a lesion at the same time as another procedure.
Concurrent supervision	The active participation and monitoring of post processing of the images to make a useful data.
Congestive heart failure (CHF)	A condition in which excessive fluid collects in the tissues of the lungs, trunk, or extremities due to heart disease; it results in difficulty breathing and increased blood pressure; too much salt intake contributes to this condition.
Conization	Removal of all of the exocervix, all of the transformation zone, which is the area on the cervix where the cells change from squamous to columnar and where cancer is likely to start, and all or part of the endocervix.
Contraception	An artificial method that acts to prevent pregnancy.
Contraceptive	Measures related to birth control.
Contraction	A shortening of a muscle especially, the uterine muscles, which happen at intervals before and during childbirth.
Contralateral	Occurring on, affecting, or acting in conjunction with a part on the opposite side of the body.

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