



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

**CODERS' SPECIALTY GUIDE**

# **Neurology & Neurosurgery**



# **2023**

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**01937**

Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic

**Advice**

CPT® adds 01937-01942 to replace deleted codes 01935 (diagnostic) and 01936 (therapeutic) for anesthesia for percutaneous image-guided procedures on the spine and spinal cord. The descriptors for the new codes vary based on anatomic area and procedure type. Code 01937 is specific to percutaneous image-guided injection, drainage, or aspiration procedures on the cervical or thoracic spine or spinal cord.

Effective date of this code: January 1, 2022.

**Clinical Responsibility**

The anesthesia provider performs a pre-operative evaluation of the patient. The anesthesia provider induces the patient and monitors the patient during the percutaneous image-guided injection, drainage, or aspiration procedures on the cervical or thoracic spine or spinal cord that a different provider performs. The anesthesia provider notes any types and amounts of medications administered, all forms of monitoring used, patient responses, and the start and stop times of anesthesia care. Following the procedure, the anesthesia provider oversees the patient's transfer to post-anesthesia care.

The services represented by anesthesia codes 00100-01999 include a pre- and post-operative visit to assess the patient, anesthesia care during the procedure, the administration of fluids and/or blood as necessary, and standard monitoring services such as ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry. Standard anesthesia services do not include unusual forms of monitoring such as the use of Swan-Ganz catheters, intra-arterial lines, or central venous lines, and you therefore may code those separately when sufficient supporting documentation is available.

**Coding Tips**

Anesthesia time is the period of time when the anesthesia provider is present with the patient. It starts when the anesthesia provider prepares the patient for anesthesia induction in the operating room or procedure room, not during the pre-anesthesia evaluation. The anesthesia provider's time associated with the patient's care ends when the anesthesia provider no longer renders services to the patient or another provider assumes responsibility for the patient's postoperative care. Payers typically use anesthesia time as part of the unit calculation for the anesthesia service. For instance, a payer may count each 15-minute block of time as a single unit, so you'd divide the total anesthesia minutes by 15 to determine the time units. Other payers may require the use of an 8-minute or 10-minute block of time. You then add the time units to the number of base units the payer assigns to the anesthesia code to determine the total units. The anesthesia provider documents total anesthesia time in the patient's anesthesia medical record. Report the total units of time in block 24G of the CMS-1500 form.

When coding and billing for multiple anesthesia services for the same patient during the same encounter, assign the most complex anesthesia procedure code with the highest base unit value, a number that represents the complexity level of anesthesia, risk to the patient, and the level of the anesthesia provider's skills needed to perform the service. Add the anesthesia time for all procedures combined, then divide it by the time unit increment the payer uses to determine the total units to bill on the claim form. Bill the payer for the combined dollar amount for all anesthesia services for the patient.

Assign a qualifying circumstances code to complex anesthesia cases including 99100, Anesthesia for patient of extreme age, younger than 1 year and older than 70; 99116, Anesthesia complicated by utilization of total body hypothermia; 99135, Anesthesia complicated by utilization of controlled hypotension; and 99140, Anesthesia complicated by emergency conditions.

The anesthesia provider, not the coder, typically assigns a physical status modifier of P1-P6 to describe the patient's health status for anesthesia services.

Append the appropriate HCPCS Level II modifiers to the anesthesia codes for Medicare and for other payers requiring the modifiers to describe anesthesia services the physician or CRNA renders, including AA, AD, QK, QY, GC, QX, and QZ.

Append the appropriate HCPCS Level II modifiers to the anesthesia codes for Medicare and for other payers requiring the modifiers to describe monitored anesthesia care, or MAC, including G8, G9, and QS.

Medicare reimburses anesthesia services for the following types of providers: qualified anesthesiologist, doctor of medicine or osteopathy other than an anesthesiologist, dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under state law, certified registered nurse anesthetist, or CRNA, under the supervision of an operating surgeon or an anesthesiologist who is immediately available if needed, or anesthesiologist assistant, or AA, working under the supervision of an anesthesiologist who is immediately available if needed.

e anesthesia provider performs a pre-operative evaluation of the patient. The anesthesia provider induces the patient and monitors the patient during the percutaneous image-guided injection, drainage, or aspiration procedures on the cervical or thoracic spine or spinal cord that a different provider performs. The anesthesia provider notes any types and amounts of medications administered, all forms of monitoring used, patient responses, and the start and stop times of anesthesia care. Following the procedure, the anesthesia provider oversees the patient's transfer to post-anesthesia care.

The services represented by anesthesia codes 00100-01999 include a pre- and post-operative visit to assess the patient, anesthesia care during the procedure, the administration of fluids and/or blood as necessary, and standard monitoring services such as ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry. Standard anesthesia services do not include unusual forms of monitoring such as the use of Swan-Ganz catheters, intra-arterial lines, or central venous lines, and you therefore may code those separately when sufficient supporting documentation is available.

## 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: 0, Radiology Diagnostic Test: 0, Code Status: 0, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 0

**Modifier Allowances** 23, AA, AD, G8, G9, GC, P1, P2, P3, P4, P5, P6, QK, QS, QX, QY, QZ

## CCI Alerts (version 27.3)

Medicare does not provide CCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

## ICD-10 CrossRef

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

## 01938

Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral

## Advice

CPT® adds 01937-01942 to replace deleted codes 01935 (diagnostic) and 01936 (therapeutic) for anesthesia for percutaneous image-guided procedures on the spine and spinal cord. The descriptors for the new codes vary based on anatomic area and procedure type. Code 01938 is specific to percutaneous image-guided injection, drainage, or aspiration procedures on the lumbar or sacral spine or spinal cord.

Effective date of this code: January 1, 2022.

## Clinical Responsibility

The anesthesia provider performs a pre-operative evaluation of the patient. The anesthesia provider induces the patient and monitors the patient during the percutaneous image-guided injection, drainage, or aspiration procedures on the lumbar or sacral spine or spinal cord that a different provider performs. The anesthesia provider notes any types and amounts of medications administered, all forms of monitoring used, patient responses, and the start and stop times of anesthesia care. Following the procedure, the anesthesia provider oversees the patient's transfer to post-anesthesia care.

The services represented by anesthesia codes 00100-01999 include a pre- and post-operative visit to assess the patient, anesthesia care during the procedure, the administration of fluids and/or blood as necessary, and standard monitoring services such

as ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry. Standard anesthesia services do not include unusual forms of monitoring such as the use of Swan-Ganz catheters, intra-arterial lines, or central venous lines, and you therefore may code those separately when sufficient supporting documentation is available.

## Coding Tips

Anesthesia time is the period of time when the anesthesia provider is present with the patient. It starts when the anesthesia provider prepares the patient for anesthesia induction in the operating room or procedure room, not during the pre-anesthesia evaluation. The anesthesia provider's time associated with the patient's care ends when the anesthesia provider no longer renders services to the patient or another provider assumes responsibility for the patient's postoperative care. Payers typically use anesthesia time as part of the unit calculation for the anesthesia service. For instance, a payer may count each 15-minute block of time as a single unit, so you'd divide the total anesthesia minutes by 15 to determine the time units. Other payers may require the use of an 8-minute or 10-minute block of time. You then add the time units to the number of base units the payer assigns to the anesthesia code to determine the total units. The anesthesia provider documents total anesthesia time in the patient's anesthesia medical record. Report the total units of time in block 24G of the CMS-1500 form.

When coding and billing for multiple anesthesia services for the same patient during the same encounter, assign the most complex anesthesia procedure code with the highest base unit value, a number that represents the complexity level of anesthesia, risk to the patient, and the level of the anesthesia provider's skills needed to perform the service. Add the anesthesia time for all procedures combined, then divide it by the time unit increment the payer uses to determine the total units to bill on the claim form. Bill the payer for the combined dollar amount for all anesthesia services for the patient.

Assign a qualifying circumstances code to complex anesthesia cases including 99100, Anesthesia for patient of extreme age, younger than 1 year and older than 70; 99116, Anesthesia complicated by utilization of total body hypothermia; 99135, Anesthesia complicated by utilization of controlled hypotension; and 99140, Anesthesia complicated by emergency conditions.

The anesthesia provider, not the coder, typically assigns a physical status modifier of P1-P6 to describe the patient's health status for anesthesia services.

Append the appropriate HCPCS Level II modifiers to the anesthesia codes for Medicare and for other payers requiring the modifiers to describe anesthesia services the physician or CRNA renders, including AA, AD, QK, QY, GC, QX, and QZ.

Append the appropriate HCPCS Level II modifiers to the anesthesia codes for Medicare and for other payers requiring the modifiers to describe monitored anesthesia care, or MAC, including G8, G9, and QS.

Medicare reimburses anesthesia services for the following types of providers: qualified anesthesiologist, doctor of medicine or osteopathy other than an anesthesiologist, dentist, oral surgeon,

## 22850

Removal of posterior nonsegmental instrumentation (eg, Harrington rod)

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a longitudinal incision over the affected area. He dissects the surrounding muscles and tissues to expose the instrumentation completely. He removes the screws and or other fixation from either end of the nonsegmental instrumentation device and detaches it. The provider then irrigates the area with antibiotics, checks for bleeding, removes any instruments, and closes the incision.

### Coding Tips

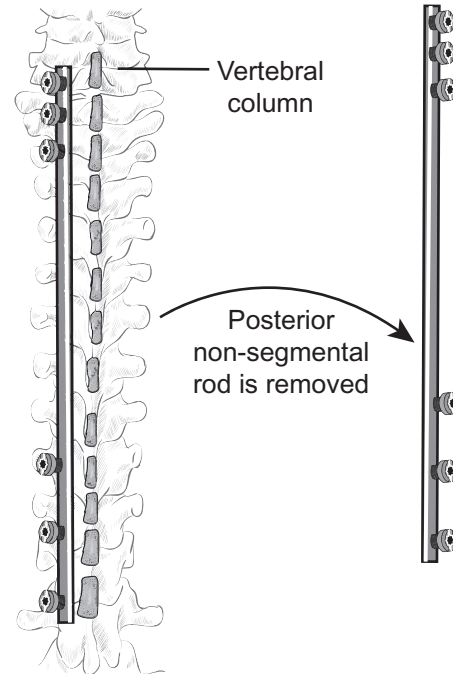
There are ten codes you can choose from when you report spinal instrumentation from the section 22840 to 22870, Spinal instrumentation procedures on the spine, vertebral column. Identify the correct code beginning with the approach for the instrumentation, anterior or posterior. Next, determine if the device is segmental or nonsegmental. Count the fixation points. Irrespective of the span, if the instrumentation is done to only two vertebral segments, consider the instrumentation to be nonsegmental. If, however, the instrumentation involves three or more vertebral segments, the instrumentation is considered segmental. If there is a proximal and distal fixation point with at least one intervening fixation point, the fixation is considered to be segmental. Confirm the removal of vertebral portions. Know the difference between segments and levels; count one vertebra per segment, two vertebrae per level.

You can report instrumentation removal if the provider removes the instrumentation for damage or rejection. You can also report the instrumentation removal if your provider did it to adjust the instrumentation. If, however, the provider does the removal to explore the spinal fusion, you cannot report the instrumentation removal.

Confirm with your payer which modifiers are approved for spinal instrumentation services, as not all may be accepted. Some will permit modifier 59, Distinct procedural service, to demonstrate that the provider did the instrumentation at separate anatomic locations.

When your provider is removing the instrumentation in the global period and an infection necessitates the return of the patient to the operating room for removal, append modifier 78, Unplanned return to the operating or procedure room by the same provider following initial procedure for a related procedure during the postoperative period.

### Illustration



22850

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$756.13, Non Facility: \$756.13, OPPS Facility: \$342.65, OPPS Non Facility: \$342.65

**RVU Facility** Work RVU: 9.82, PE RVU: 9.11, Malpractice RVU: 2.74, Total RVU: 21.67

**RVU Non-Facility** Work RVU: 9.82, PE RVU: 9.11, Malpractice RVU: 2.74, Total RVU: 21.67

**Indicators** Preoperative: 10.00, Intraoperative: 69.00, Postoperative: 21.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, Q5, Q6, QJ, XE, XP, XS, XU

### CCI Alerts (version 27.3)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0333T<sup>0</sup>, 0464T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 20650<sup>1</sup>, 22010<sup>1</sup>, 22015<sup>1</sup>, 22505<sup>0</sup>, 22830<sup>1</sup>, 22841<sup>0</sup>, 22848<sup>1</sup>, 29000<sup>0</sup>, 29010<sup>0</sup>, 29015<sup>0</sup>, 29035<sup>0</sup>, 29040<sup>0</sup>, 29044<sup>0</sup>, 29046<sup>0</sup>, 29200<sup>0</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 38220<sup>0</sup>, 38222<sup>0</sup>, 38230<sup>0</sup>, 38232<sup>0</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>,



62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 63707<sup>1</sup>, 63709<sup>1</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92652<sup>0</sup>, 92653<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>0</sup>, 95829<sup>1</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95863<sup>0</sup>, 95864<sup>0</sup>, 95865<sup>0</sup>, 95866<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95869<sup>0</sup>, 95870<sup>0</sup>, 95907<sup>0</sup>, 95908<sup>0</sup>, 95909<sup>0</sup>, 95910<sup>0</sup>, 95911<sup>0</sup>, 95912<sup>0</sup>, 95913<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95937<sup>0</sup>, 95938<sup>0</sup>, 95939<sup>0</sup>, 95940<sup>0</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0453<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10 CrossRef

M96.0, T84.216A, T84.226A, T84.296A, T84.418A, T84.428A, T84.498A, T84.63XA, T84.7XXA, T84.84XA, T84.85XA, T84.86XA, T84.89XA, T84.9XXA, Z47.2, Z98.1

## 22852

Removal of posterior segmental instrumentation

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a longitudinal incision over the affected area. He dissects the surrounding muscles and tissues to expose the instrumentation completely. He removes the screws and/or other fixation from each vertebral segment and detaches it. The provider then irrigates the area with antibiotics, checks for bleeding, removes any instruments, and closes the incision.

## Coding Tips

There are ten codes you can choose from when you report spinal instrumentation from the section 22840 to 22870, Spinal instrumentation procedures on the spine, vertebral column. Identify the correct code beginning with the approach for the instrumentation, anterior or posterior. Next, determine if the device is segmental or nonsegmental. Count the fixation points. Irrespective of the span, if the instrumentation is done to only two vertebral segments, consider the instrumentation to be nonsegmental. If, however, the instrumentation involves three or more vertebral segments, the instrumentation is considered segmental. If there is a proximal and distal fixation point with at least one intervening fixation point, the fixation is considered to be segmental. Confirm the removal of vertebral portions. Know

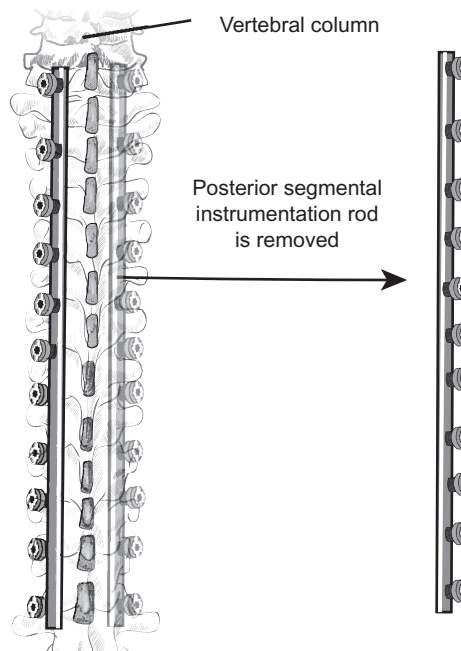
the difference between segments and levels; count one vertebra per segment, two vertebrae per level.

You can report instrumentation removal if the provider removes the instrumentation for damage or rejection. You can also report the instrumentation removal if your provider did it to adjust the instrumentation. If, however, the provider does the removal to explore the spinal fusion, you cannot report the instrumentation removal.

Confirm with your payer which modifiers are approved for spinal instrumentation services, as not all may be accepted. Some will permit modifier 59, Distinct procedural service, to demonstrate that the provider did the instrumentation at separate anatomic locations.

When your provider is removing the instrumentation in the global period and an infection necessitates the return of the patient to the operating room for removal, append modifier 78, Unplanned return to the operating or procedure room by the same provider following initial procedure for a related procedure during the postoperative period.

## Illustration



22852

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$727.17, Non Facility: \$727.17, OPPS Facility: \$326.95, OPPS Non Facility: \$326.95

**RVU Facility** Work RVU: 9.37, PE RVU: 8.88, Malpractice RVU: 2.59, Total RVU: 20.84

**RVU Non-Facility** Work RVU: 9.37, PE RVU: 8.88, Malpractice RVU: 2.59, Total RVU: 20.84

**63050**

Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments

**Clinical Responsibility**

Under anesthesia, the physician makes an incision into the skin of the back of the neck. A groove created in one side of the cervical vertebrae. The other side of the vertebrae is then cut all the way through. Then the physician removes the tips of the vertebrae. After that, the back of each vertebrae is opened which takes pressure off of the spinal cord and nerve root. Finally, small wedges are created from bone that is placed in the open space.

**Fee Schedule**

**Medicare Fees National** Conversion Factor: 34.8931, Facility:

\$1,540.88, Non Facility: \$1,540.88, OPPS Facility: \$768.00, OPPS Non Facility: \$768.00

**RVU Facility** Work RVU: 22.01, PE RVU: 15.83, Malpractice RVU: 6.32, Total RVU: 44.16

**RVU Non-Facility** Work RVU: 22.01, PE RVU: 15.83, Malpractice RVU: 6.32, Total RVU: 44.16

**Indicators** Preoperative: 11.00, Intraoperative: 76.00, Postoperative: 13.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

**CCI Alerts (version 27.3)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0274T<sup>1</sup>, 0333T<sup>0</sup>, 0464T<sup>0</sup>, 0565T<sup>1</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 15769<sup>1</sup>, 22100<sup>1</sup>, 22505<sup>0</sup>, 22600<sup>1</sup>, 22614<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 38220<sup>0</sup>, 38222<sup>0</sup>, 38230<sup>0</sup>, 38232<sup>0</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 61783<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 63001<sup>1</sup>, 63015<sup>1</sup>, 63020<sup>1</sup>, 63040<sup>1</sup>, 63045<sup>1</sup>, 63048<sup>1</sup>, 63295<sup>1</sup>, 63707<sup>1</sup>, 63709<sup>1</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92652<sup>0</sup>, 92653<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>0</sup>, 95829<sup>1</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95863<sup>0</sup>, 95864<sup>0</sup>, 95865<sup>0</sup>, 95866<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95869<sup>0</sup>, 95870<sup>0</sup>, 95907<sup>0</sup>, 95908<sup>0</sup>, 95909<sup>0</sup>, 95910<sup>0</sup>, 95911<sup>0</sup>, 95912<sup>0</sup>, 95913<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95937<sup>0</sup>, 95938<sup>0</sup>, 95939<sup>0</sup>, 95940<sup>0</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>,

96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0453<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10 CrossRef**

G95.20, G95.89, G95.9, M08.1, M43.02, M43.03, M43.12, M43.13, M43.22, M43.23, M45.2, M45.3, M47.012, M47.013, M47.022, M47.12, M47.13, M47.22, M47.23, M47.812, M47.813, M47.892, M47.893, M48.02, M48.03, M48.52XA, M48.52XG, M48.53XA, M48.53XG, M48.8X2, M48.8X3, M50.00, M50.01, M50.020-M50.023, M50.03, M50.10, M50.11, M50.120-M50.123, M50.13, M50.20, M50.21, M50.23, M50.30, M50.31, M50.33, M50.80, M50.81, M50.820-M50.823, M50.83, M50.90, M50.91, M50.920-M50.923, M50.93, M53.82, M53.83, M54.12, M54.13, M54.2

**63051**

Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)

**Clinical Responsibility**

The provider repairs the cervical lamina and decompresses the spinal cord for two or more vertebral segments with reconstruction of the posterior bony elements. Under anesthesia, the physician makes an incision into the skin of the back of the neck. A groove created in one side of the cervical vertebrae. The other side of the vertebrae is then cut all the way through. Then the physician removes the tips of the vertebrae. After that, the back of each vertebrae is opened which takes pressure off of the spinal cord and nerve root. Finally, small wedges are created from bone that is placed in the open space.

**Fee Schedule**

**Medicare Fees National** Conversion Factor: 34.8931, Facility:

\$1,748.14, Non Facility: \$1,748.14, OPPS Facility: \$890.12, OPPS Non Facility: \$890.12

**RVU Facility** Work RVU: 25.51, PE RVU: 17.51, Malpractice RVU: 7.08, Total RVU: 50.10

**RVU Non-Facility** Work RVU: 25.51, PE RVU: 17.51, Malpractice RVU: 7.08, Total RVU: 50.10

**Indicators** Preoperative: 11.00, Intraoperative: 76.00, Postoperative: 13.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

## CCI Alerts (version 27.3)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0274T<sup>1</sup>, 0333T<sup>0</sup>, 0464T<sup>0</sup>, 0565T<sup>1</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 15769<sup>1</sup>, 22100<sup>1</sup>, 22505<sup>0</sup>, 22600<sup>1</sup>, 22614<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 38220<sup>0</sup>, 38222<sup>0</sup>, 38230<sup>0</sup>, 38232<sup>0</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 61783<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 63001<sup>1</sup>, 63015<sup>1</sup>, 63020<sup>1</sup>, 63040<sup>1</sup>, 63045<sup>1</sup>, 63048<sup>1</sup>, 63050<sup>1</sup>, 63055<sup>1</sup>, 63265<sup>1</sup>, 63295<sup>1</sup>, 63707<sup>1</sup>, 63709<sup>1</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92652<sup>0</sup>, 92653<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>0</sup>, 95829<sup>1</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95863<sup>0</sup>, 95864<sup>0</sup>, 95865<sup>0</sup>, 95866<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95869<sup>0</sup>, 95870<sup>0</sup>, 95907<sup>0</sup>, 95908<sup>0</sup>, 95909<sup>0</sup>, 95910<sup>0</sup>, 95911<sup>0</sup>, 95912<sup>0</sup>, 95913<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95937<sup>0</sup>, 95938<sup>0</sup>, 95939<sup>0</sup>, 95940<sup>0</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0453<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10 CrossRef

G95.20, G95.89, G95.9, M08.1, M43.02, M43.03, M43.12, M43.13, M43.22, M43.23, M45.2, M45.3, M47.012, M47.013, M47.022, M47.12, M47.13, M47.22, M47.23, M47.812, M47.813, M47.892, M47.893, M48.02, M48.03, M48.52XA, M48.52XG, M48.53XA, M48.53XG, M48.8X2, M48.8X3, M50.00, M50.01, M50.020-M50.023, M50.03, M50.10, M50.11, M50.120-M50.123, M50.13, M50.20, M50.21, M50.23, M50.30, M50.31, M50.33, M50.80, M50.81, M50.820-M50.823, M50.83, M50.90, M50.91, M50.920-M50.923, M50.93, M53.82, M53.83, M54.12, M54.13

## +63052

Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)

## Advice

CPT® adds +63052 and +63053 to represent decompression laminectomy, facetectomy, or foraminotomy during lumbar posterior interbody arthrodesis (joint fusion). Use +63052 for a single vertebral segment and +63053 for each additional segment. CPT® states a vertebral segment is the basic part the spine can be divided into, meaning one complete vertebral bone. The +63052 and +63053 descriptors are almost identical to the descriptors for 63045–63048, but new codes +63052 and +63053 must accompany lumbar posterior interbody arthrodesis.

Effective date of this revision: January 1, 2022.

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, and at the same session as lumbar posterior interbody arthrodesis (lower-back joint fusion), the provider performs laminectomy, facetectomy, or foraminotomy on a single vertebral segment for decompression. A vertebral segment is the basic part the spine can be divided into, meaning one complete vertebral bone, with articular processes (projections that fit with adjacent vertebrae) and laminae (the broad plates of bone on either side of the spinous process that complete the "arch" of the vertebrae and enclose the spinal cord). The services can be unilateral or bilateral. For laminectomy, the provider performs excision of a vertebral lamina. The term often refers to removal of the posterior arch. For facetectomy, the provider excises the facet joint between two vertebral bodies. Each vertebral segment has two facet joints. For foraminotomy, the provider excises bone to widen the intervertebral foramen (the bony hollow archway spinal nerves run through). The provider performs nerve decompression, peeling elastic tissue (ligamentum flavum) away from the dura (spinal cord's outer lining). The provider frees the nerve root canals. Compression is relieved by removal of any bony or tissue overgrowth around the foramen. The provider completes the separately reportable lumbar posterior interbody arthrodesis, removes instruments, repositions tissues, and closes the incision in layers.

## Coding Tips

Because this code is an add-on code, payers will not reimburse you unless you report it with an appropriate primary code.

## 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



time required for blood to clot, in comparison to the average of normal reference samples.

Report this code when a physician or other healthcare professional provides face-to-face patient or caregiver training on how to obtain a blood sample and monitor and report the results of INR using an INR monitoring device as well as how to care for the device. The provider documents the patient's or caregiver's ability to perform these procedures after training.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$67.69, Non Facility: \$67.69, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00  
**RVU Facility** Work RVU: 0.00, PE RVU: 1.90, Malpractice RVU: 0.04, Total RVU: 1.94

**RVU Non-Facility** Work RVU: 0.00, PE RVU: 1.90, Malpractice RVU: 0.04, Total RVU: 1.94

**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: 3, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 52, 59, 79, 80, 81, 82, 99, AF, AG, AK, AQ, AS, GC, GR, GY, GZ, HC, KX, Q5, Q6, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

36591<sup>0</sup>, 36592<sup>0</sup>, 96523<sup>0</sup>, 98970<sup>0</sup>, 98971<sup>0</sup>, 98972<sup>0</sup>, G0248<sup>0</sup>

## ICD-10 CrossRef

I24.8, I24.9, I25.10, I25.110-I25.119, I25.3, I25.700-I25.709, I25.710-I25.719, I25.720-I25.729, I25.730-I25.739, I25.750-I25.759, I25.760-I25.769, I25.790-I25.799, I25.810-I25.812, I25.83, I25.84, I25.89, I25.9, I27.1, I27.22, I27.89, I27.9, I39, I45.5, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, I51.89, I51.9, I52, I67.2, I70.0, I70.1, I70.201-I70.209, I70.211-I70.219, I70.221-I70.229, I70.231-I70.239, I70.241-I70.249, I70.25, I70.261-I70.269, I70.291-I70.299, I70.301-I70.309, I70.311-I70.319, I70.321-I70.329, I70.331-I70.339, I70.341-I70.349, I70.35, I70.361-I70.369, I70.391-I70.399, I70.401-I70.409, I70.411-I70.419, I70.421-I70.429, I70.431-I70.439, I70.441-I70.449, I70.45, I70.461-I70.469, I70.491-I70.499, I70.501-I70.509, I70.511-I70.519, I70.521-I70.529, I70.531-I70.539, I70.541-I70.549, I70.55, I70.561-I70.569, I70.591-I70.599, I70.601-I70.609, I70.611-I70.619, I70.621-I70.629, I70.631-I70.639, I70.641-I70.649, I70.65, I70.661-I70.669, I70.691-I70.699, I70.701-I70.709, I70.711-I70.719, I70.721-I70.729, I70.731-I70.739, I70.741-I70.749, I70.75, I70.761-I70.769, I70.791-I70.799, I70.8, I70.90, I70.91, I75.81, I97.130, I97.131, O10.111-O10.119, O10.12, O10.13, O10.211-O10.219, O10.22, O10.23, O10.311

**93793**

Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

## Clinical Responsibility

The provider reviews and interprets a new INR test result obtained during patient home monitoring, office monitoring, or test result returned from a lab. He adjusts the dosage of the anticoagulant warfarin if necessary, conveys the test results to the patient and instructs the patient regarding changes in dosage if he sees any specific patterns in the test study. The provider may also schedule additional tests.

## Coding Tips

Report 93792 for home international normalized ratio (INR) initiation, face-to-face training, and documentation of the patient's or caregiver's ability to obtain blood samples, perform testing, and report results.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$11.51, Non Facility: \$11.51, OPPS Facility: \$6.28, OPPS Non Facility: \$6.28  
**RVU Facility** Work RVU: 0.18, PE RVU: 0.14, Malpractice RVU: 0.01, Total RVU: 0.33

**RVU Non-Facility** Work RVU: 0.18, PE RVU: 0.14, Malpractice RVU: 0.01, Total RVU: 0.33

**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: 2, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 52, 59, 79, 80, 81, 82, 95, 99, AF, AG, AK, AQ, AS, G0, GC, GQ, GR, GT, GY, GZ, HC, KX, Q5, Q6, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

36591<sup>0</sup>, 36592<sup>0</sup>, 96523<sup>0</sup>, 98970<sup>0</sup>, 98971<sup>0</sup>, 98972<sup>0</sup>, 99605<sup>1</sup>, 99606<sup>1</sup>, 99607<sup>1</sup>, G0250<sup>0</sup>

## ICD-10 CrossRef

I24.8, I24.9, I25.10, I25.110-I25.119, I25.3, I25.700-I25.709, I25.710-I25.719, I25.720-I25.729, I25.730-I25.739, I25.750-I25.759, I25.760-I25.769, I25.790-I25.799, I25.810-I25.812, I25.83, I25.84, I25.89, I25.9, I27.1, I27.22, I27.89, I27.9, I39, I45.5, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, I51.89, I51.9, I52, I67.2, I70.0, I70.1, I70.201-I70.209, I70.211-I70.219, I70.221-I70.229, I70.231-I70.239, I70.241-I70.249, I70.25, I70.261-I70.269, I70.291-I70.299, I70.301-I70.309, I70.311-I70.319, I70.321-I70.329, I70.331-I70.339, I70.341-I70.349, I70.35, I70.361-I70.369, I70.391-I70.399, I70.401-I70.409, I70.411-I70.419, I70.421-I70.429, I70.431-I70.439, I70.441-I70.449, I70.45, I70.461-I70.469, I70.491-I70.499, I70.501-I70.509, I70.511-I70.519, I70.521-I70.529, I70.531-I70.539, I70.541-I70.549, I70.55, I70.561-I70.569, I70.591-I70.599, I70.601-I70.609, I70.611-I70.619, I70.621-I70.629, I70.631-I70.639, I70.641-I70.649, I70.65, I70.661-I70.669, I70.691-I70.699, I70.701-I70.709, I70.711-I70.719, I70.721-I70.729, I70.731-I70.739, I70.741-I70.749, I70.75, I70.761-I70.769, I70.791-I70.799, I70.8, I70.90, I70.91, I75.81, I97.130, I97.131, O10.111-O10.119, O10.12, O10.13, O10.211-O10.219, O10.22, O10.23, O10.311-O10.319, O10.32, O10.33, T45.516D, T45.516S, T86.20-T86.23, T86.23, T86.298, T86.30-T86.39, U09.9, Z48.21, Z48.280, Z94.1, Z94.3, Z95.2-Z95.4, Z95.811, Z95.812

**93880**

Duplex scan of extracranial arteries; complete bilateral study

## Clinical Responsibility

The physician or a technician performs the duplex scanning procedure by holding a probe on the skin surface. The probe emits short ultrasonic pulses which travel into the body. When the ultrasound pulse collides with a soft tissue, it gets reflected and arrives back to the probe as an echo. Echoes from stationary structures come back to the probe with the same frequency, but in moving targets, echoes return with a higher or lower frequency. The scanner can detect even minute changes in frequency and can calculate the speed and direction of blood flow. Successive pulses from the probe and echoes generated through the body together create an image of a targeted plane in the body. During this procedure, the physician examines vascular flow of both sides of the head and neck.

## Coding Tips

National Correct Coding Initiative edits don't prevent you from reporting carotid Doppler (93880) on the same day as venous Doppler (93970 and 93971), but your payer may question the medical necessity of performing both services on the same day. Doctors don't usually order both of these exams for the same patient on the same date of service.

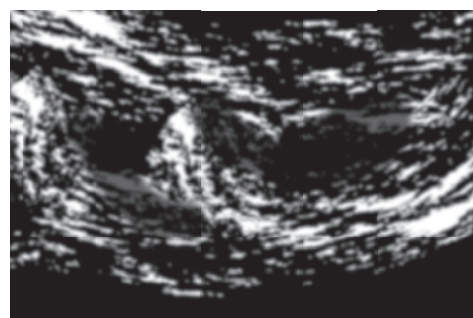
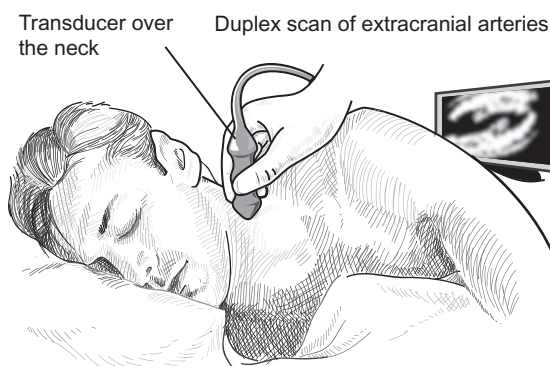
Code 93880: Indications for noninvasive physiologic cerebrovascular studies (including 93880, Duplex scan of extracranial arteries ...) include neck trauma, stroke and pulsatile tinnitus.

The studies may also be appropriate before a patient with systemic atherosclerosis has coronary artery bypass grafting or after a patient has carotid surgery.

Codes 93970 and 93971: Indications for peripheral venous exams (93970-93971, Duplex scan of extremity veins ...) "are separated into three major categories: deep vein thrombosis, chronic venous insufficiency, and vein selection for arterial surgery. Studies, which are medically necessary to determine subsequent treatment, are covered."

Check with the referring physician to identify the reasons why the patient needs both exams.

## Illustration



Ultrasound image of extracranial arteries

93880

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$204.12, Non Facility: \$204.12, OPPS Facility: \$269.37, OPPS Non Facility: \$269.37

**RVU Facility** Work RVU: 0.80, PE RVU: 4.97, Malpractice RVU: 0.08, Total RVU: 5.85

**RVU Non-Facility** Work RVU: 0.80, PE RVU: 4.97, Malpractice RVU: 0.08, Total RVU: 5.85

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 26, 51, 52, 59, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GZ, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

36591<sup>0</sup>, 36592<sup>0</sup>, 76998<sup>1</sup>, 93882<sup>0</sup>, 93895<sup>0</sup>, 96523<sup>0</sup>

## ICD-10 CrossRef

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

# ICD-10 CrossRef Details

<b>A01.09</b>	Typhoid fever with other complications	<b>A52.02</b>	Syphilitic aortitis
<b>A02.21</b>	Salmonella meningitis	<b>A52.03</b>	Syphilitic endocarditis
<b>A05.1</b>	Botulism food poisoning	<b>A52.05</b>	Other cerebrovascular syphilis
<b>A06.1</b>	Chronic intestinal amebiasis	<b>A52.06</b>	Other syphilitic heart involvement
<b>A06.6</b>	Amebic brain abscess	<b>A52.11</b>	Tabes dorsalis
<b>A15.0</b>	Tuberculosis of lung	<b>A52.12</b>	Other cerebrospinal syphilis
<b>A15.4</b>	Tuberculosis of intrathoracic lymph nodes	<b>A52.13</b>	Late syphilitic meningitis
<b>A15.5</b>	Tuberculosis of larynx, trachea and bronchus	<b>A52.14</b>	Late syphilitic encephalitis
<b>A15.6</b>	Tuberculous pleurisy	<b>A52.15</b>	Late syphilitic neuropathy
<b>A15.8</b>	Other respiratory tuberculosis	<b>A52.16</b>	Charcot's arthropathy (tabetic)
<b>A17.0</b>	Tuberculous meningitis	<b>A52.17</b>	General paresis
<b>A17.1</b>	Meningeal tuberculoma	<b>A52.19</b>	Other symptomatic neurosyphilis
<b>A17.81</b>	Tuberculoma of brain and spinal cord	<b>A52.2</b>	Asymptomatic neurosyphilis
<b>A17.82</b>	Tuberculous meningoencephalitis	<b>A52.3</b>	Neurosyphilis, unspecified
<b>A17.83</b>	Tuberculous neuritis	<b>A52.78</b>	Syphilis of other musculoskeletal tissue
<b>A17.89</b>	Other tuberculosis of nervous system	<b>A54.41</b>	Gonococcal spondylopathy
<b>A17.9</b>	Tuberculosis of nervous system, unspecified	<b>A54.49</b>	Gonococcal infection of other musculoskeletal tissue
<b>A18.01</b>	Tuberculosis of spine	<b>A54.81</b>	Gonococcal meningitis
<b>A18.02</b>	Tuberculous arthritis of other joints	<b>A54.82</b>	Gonococcal brain abscess
<b>A18.03</b>	Tuberculosis of other bones	<b>A54.83</b>	Gonococcal heart infection
<b>A18.09</b>	Other musculoskeletal tuberculosis	<b>A54.89</b>	Other gonococcal infections
<b>A18.2</b>	Tuberculous peripheral lymphadenopathy	<b>A69.20</b>	Lyme disease, unspecified
<b>A18.50</b>	Tuberculosis of eye, unspecified	<b>A78</b>	Q fever
<b>A18.51</b>	Tuberculous episcleritis	<b>A79.82</b>	Anaplasmosis [A. phagocytophilum]
<b>A18.52</b>	Tuberculous keratitis	<b>A80.0</b>	Acute paralytic poliomyelitis, vaccine-associated
<b>A18.54</b>	Tuberculous iridocyclitis	<b>A80.1</b>	Acute paralytic poliomyelitis, wild virus, imported
<b>A18.59</b>	Other tuberculosis of eye	<b>A80.2</b>	Acute paralytic poliomyelitis, wild virus, indigenous
<b>A18.6</b>	Tuberculosis of (inner) (middle) ear	<b>A80.39</b>	Other acute paralytic poliomyelitis
<b>A18.81</b>	Tuberculosis of thyroid gland	<b>A80.4</b>	Acute nonparalytic poliomyelitis
<b>A18.84</b>	Tuberculosis of heart	<b>A80.9</b>	Acute poliomyelitis, unspecified
<b>A21.1</b>	Oculoglandular tularemia	<b>A81.00</b>	Creutzfeldt-Jakob disease, unspecified
<b>A24.2</b>	Subacute and chronic melioidosis	<b>A81.01</b>	Variant Creutzfeldt-Jakob disease
<b>A27.0</b>	Leptospirosis icterohemorrhagica	<b>A81.09</b>	Other Creutzfeldt-Jakob disease
<b>A27.81</b>	Aseptic meningitis in leptospirosis	<b>A83.0</b>	Japanese encephalitis
<b>A27.89</b>	Other forms of leptospirosis	<b>A83.1</b>	Western equine encephalitis
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>A83.2</b>	Eastern equine encephalitis
<b>A32.81</b>	Oculoglandular listeriosis	<b>A83.3</b>	St Louis encephalitis
<b>A35</b>	Other tetanus	<b>A83.4</b>	Australian encephalitis
<b>A36.0</b>	Pharyngeal diphtheria	<b>A83.5</b>	California encephalitis
<b>A36.1</b>	Nasopharyngeal diphtheria	<b>A83.8</b>	Other mosquito-borne viral encephalitis
<b>A36.2</b>	Laryngeal diphtheria	<b>A83.9</b>	Mosquito-borne viral encephalitis, unspecified
<b>A36.89</b>	Other diphtheritic complications	<b>A84.0</b>	Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]
<b>A38.8</b>	Scarlet fever with other complications	<b>A84.1</b>	Central European tick-borne encephalitis
<b>A39.0</b>	Meningococcal meningitis	<b>A84.81</b>	Powassan virus disease
<b>A39.2</b>	Acute meningococcemia	<b>A84.89</b>	Other tick-borne viral encephalitis
<b>A39.3</b>	Chronic meningococcemia	<b>A84.9</b>	Tick-borne viral encephalitis, unspecified
<b>A39.4</b>	Meningococcemia, unspecified	<b>A85.0</b>	Enteroviral encephalitis
<b>A39.50</b>	Meningococcal carditis, unspecified	<b>A85.1</b>	Adenoviral encephalitis
<b>A39.51</b>	Meningococcal endocarditis	<b>A85.2</b>	Arthropod-borne viral encephalitis, unspecified
<b>A39.52</b>	Meningococcal myocarditis	<b>A85.8</b>	Other specified viral encephalitis
<b>A39.81</b>	Meningococcal encephalitis	<b>A86</b>	Unspecified viral encephalitis
<b>A39.82</b>	Meningococcal retrobulbar neuritis	<b>A87.0</b>	Enteroviral meningitis
<b>A41.3</b>	Sepsis due to Hemophilus influenzae	<b>A87.1</b>	Adenoviral meningitis
<b>A42.0</b>	Pulmonary actinomycosis	<b>A87.2</b>	Lymphocytic choriomeningitis
<b>A42.2</b>	Cervicofacial actinomycosis	<b>A87.8</b>	Other viral meningitis
<b>A42.82</b>	Actinomycotic encephalitis	<b>A87.9</b>	Viral meningitis, unspecified
<b>A48.52</b>	Wound botulism	<b>A92.2</b>	Venezuelan equine fever
<b>A49.02</b>	Methicillin resistant Staphylococcus aureus infection, unspecified site	<b>A92.31</b>	West Nile virus infection with encephalitis
<b>A50.41</b>	Late congenital syphilitic meningitis	<b>A92.39</b>	West Nile virus infection with other complications
<b>A50.42</b>	Late congenital syphilitic encephalitis	<b>A92.5</b>	Zika virus disease
<b>A50.43</b>	Late congenital syphilitic polyneuropathy	<b>B00.3</b>	Herpesviral meningitis
<b>A50.45</b>	Juvenile general paresis	<b>B00.4</b>	Herpesviral encephalitis
<b>A50.49</b>	Other late congenital neurosyphilis	<b>B00.50</b>	Herpesviral ocular disease, unspecified
<b>A50.55</b>	Late congenital syphilitic arthropathy	<b>B00.53</b>	Herpesviral conjunctivitis
<b>A50.56</b>	Late congenital syphilitic osteochondropathy	<b>B00.59</b>	Other herpesviral disease of eye
<b>A51.41</b>	Secondary syphilitic meningitis	<b>B00.82</b>	Herpes simplex myelitis
<b>A51.44</b>	Secondary syphilitic nephritis	<b>B01.11</b>	Varicella encephalitis and encephalomyelitis
<b>A51.45</b>	Secondary syphilitic hepatitis	<b>B01.12</b>	Varicella myelitis
<b>A51.46</b>	Secondary syphilitic osteopathy	<b>B01.89</b>	Other varicella complications

<b>B01.9</b>	Varicella without complication	<b>B38.2</b>	Pulmonary coccidioidomycosis, unspecified
<b>B02.0</b>	Zoster encephalitis	<b>B38.3</b>	Cutaneous coccidioidomycosis
<b>B02.1</b>	Zoster meningitis	<b>B38.4</b>	Coccidioidomycosis meningitis
<b>B02.21</b>	Postherpetic geniculate ganglionitis	<b>B39.1</b>	Chronic pulmonary histoplasmosis capsulati
<b>B02.22</b>	Postherpetic trigeminal neuralgia	<b>B39.4</b>	Histoplasmosis capsulati, unspecified
<b>B02.23</b>	Postherpetic polyneuropathy	<b>B39.5</b>	Histoplasmosis duboisii
<b>B02.24</b>	Postherpetic myelitis	<b>B39.9</b>	Histoplasmosis, unspecified
<b>B02.29</b>	Other postherpetic nervous system involvement	<b>B40.0</b>	Acute pulmonary blastomycosis
<b>B02.30</b>	Zoster ocular disease, unspecified	<b>B40.1</b>	Chronic pulmonary blastomycosis
<b>B02.31</b>	Zoster conjunctivitis	<b>B40.2</b>	Pulmonary blastomycosis, unspecified
<b>B02.34</b>	Zoster scleritis	<b>B40.3</b>	Cutaneous blastomycosis
<b>B02.39</b>	Other herpes zoster eye disease	<b>B40.7</b>	Disseminated blastomycosis
<b>B02.7</b>	Disseminated zoster	<b>B40.81</b>	Blastomycotic meningoencephalitis
<b>B02.8</b>	Zoster with other complications	<b>B40.89</b>	Other forms of blastomycosis
<b>B02.9</b>	Zoster without complications	<b>B40.9</b>	Blastomycosis, unspecified
<b>B05.0</b>	Measles complicated by encephalitis	<b>B41.0</b>	Pulmonary paracoccidioidomycosis
<b>B05.3</b>	Measles complicated by otitis media	<b>B41.7</b>	Disseminated paracoccidioidomycosis
<b>B05.4</b>	Measles with intestinal complications	<b>B41.8</b>	Other forms of paracoccidioidomycosis
<b>B05.89</b>	Other measles complications	<b>B41.9</b>	Paracoccidioidomycosis, unspecified
<b>B05.9</b>	Measles without complication	<b>B42.0</b>	Pulmonary sporotrichosis
<b>B06.00</b>	Rubella with neurological complication, unspecified	<b>B42.1</b>	Lymphocutaneous sporotrichosis
<b>B06.01</b>	Rubella encephalitis	<b>B42.7</b>	Disseminated sporotrichosis
<b>B06.09</b>	Other neurological complications of rubella	<b>B42.81</b>	Cerebral sporotrichosis
<b>B06.89</b>	Other rubella complications	<b>B42.82</b>	Sporotrichosis arthritis
<b>B06.9</b>	Rubella without complication	<b>B42.89</b>	Other forms of sporotrichosis
<b>B10.01</b>	Human herpesvirus 6 encephalitis	<b>B42.9</b>	Sporotrichosis, unspecified
<b>B10.09</b>	Other human herpesvirus encephalitis	<b>B43.0</b>	Cutaneous chromomycosis
<b>B10.81</b>	Human herpesvirus 6 infection	<b>B43.1</b>	Pheomycotic brain abscess
<b>B15.0</b>	Hepatitis A with hepatic coma	<b>B43.2</b>	Subcutaneous pheomycotic abscess and cyst
<b>B15.9</b>	Hepatitis A without hepatic coma	<b>B43.8</b>	Other forms of chromomycosis
<b>B16.0</b>	Acute hepatitis B with delta-agent with hepatic coma	<b>B43.9</b>	Chromomycosis, unspecified
<b>B16.1</b>	Acute hepatitis B with delta-agent without hepatic coma	<b>B44.0</b>	Invasive pulmonary aspergillosis
<b>B16.2</b>	Acute hepatitis B without delta-agent with hepatic coma	<b>B44.1</b>	Other pulmonary aspergillosis
<b>B16.9</b>	Acute hepatitis B without delta-agent and without hepatic coma	<b>B44.2</b>	Tonsillar aspergillosis
<b>B17.10</b>	Acute hepatitis C without hepatic coma	<b>B44.7</b>	Disseminated aspergillosis
<b>B17.11</b>	Acute hepatitis C with hepatic coma	<b>B44.81</b>	Allergic bronchopulmonary aspergillosis
<b>B18.0</b>	Chronic viral hepatitis B with delta-agent	<b>B44.89</b>	Other forms of aspergillosis
<b>B18.1</b>	Chronic viral hepatitis B without delta-agent	<b>B44.9</b>	Aspergillosis, unspecified
<b>B18.2</b>	Chronic viral hepatitis C	<b>B45.0</b>	Pulmonary cryptococcosis
<b>B18.8</b>	Other chronic viral hepatitis	<b>B45.1</b>	Cerebral cryptococcosis
<b>B18.9</b>	Chronic viral hepatitis, unspecified	<b>B45.2</b>	Cutaneous cryptococcosis
<b>B19.0</b>	Unspecified viral hepatitis with hepatic coma	<b>B45.3</b>	Osseous cryptococcosis
<b>B19.10</b>	Unspecified viral hepatitis B without hepatic coma	<b>B45.7</b>	Disseminated cryptococcosis
<b>B19.11</b>	Unspecified viral hepatitis B with hepatic coma	<b>B45.8</b>	Other forms of cryptococcosis
<b>B19.20</b>	Unspecified viral hepatitis C without hepatic coma	<b>B45.9</b>	Cryptococcosis, unspecified
<b>B19.21</b>	Unspecified viral hepatitis C with hepatic coma	<b>B50.0</b>	Plasmodium falciparum malaria with cerebral complications
<b>B19.9</b>	Unspecified viral hepatitis without hepatic coma	<b>B51.8</b>	Plasmodium vivax malaria with other complications
<b>B20</b>	Human immunodeficiency virus [HIV] disease	<b>B51.9</b>	Plasmodium vivax malaria without complication
<b>B25.2</b>	Cytomegaloviral pancreatitis	<b>B52.8</b>	Plasmodium malariae malaria with other complications
<b>B26.1</b>	Mumps meningitis	<b>B52.9</b>	Plasmodium malariae malaria without complication
<b>B26.2</b>	Mumps encephalitis	<b>B57.0</b>	Acute Chagas' disease with heart involvement
<b>B26.84</b>	Mumps polyneuropathy	<b>B57.2</b>	Chagas' disease (chronic) with heart involvement
<b>B26.89</b>	Other mumps complications	<b>B57.41</b>	Meningitis in Chagas' disease
<b>B26.9</b>	Mumps without complication	<b>B57.42</b>	Meningoencephalitis in Chagas' disease
<b>B27.00</b>	Gammaherpesviral mononucleosis without complication	<b>B57.49</b>	Other nervous system involvement in Chagas' disease
<b>B27.01</b>	Gammaherpesviral mononucleosis with polyneuropathy	<b>B57.5</b>	Chagas' disease (chronic) with other organ involvement
<b>B27.09</b>	Gammaherpesviral mononucleosis with other complications	<b>B58.2</b>	Toxoplasma meningoencephalitis
<b>B27.10</b>	Cytomegaloviral mononucleosis without complications	<b>B69.0</b>	Cysticercosis of central nervous system
<b>B27.11</b>	Cytomegaloviral mononucleosis with polyneuropathy	<b>B77.0</b>	Ascariasis with intestinal complications
<b>B27.19</b>	Cytomegaloviral mononucleosis with other complication	<b>B77.89</b>	Ascariasis with other complications
<b>B27.80</b>	Other infectious mononucleosis without complication	<b>B83.2</b>	Angiostrongyliasis due to Parastrongylus cantonensis
<b>B27.81</b>	Other infectious mononucleosis with polyneuropathy	<b>B91</b>	Sequelae of poliomyelitis
<b>B27.89</b>	Other infectious mononucleosis with other complication	<b>B94.1</b>	Sequelae of viral encephalitis
<b>B27.90</b>	Infectious mononucleosis, unspecified without complication	<b>B95.62</b>	Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere
<b>B27.91</b>	Infectious mononucleosis, unspecified with polyneuropathy	<b>B97.21</b>	SARS-associated coronavirus as the cause of diseases classified elsewhere
<b>B27.99</b>	Infectious mononucleosis, unspecified with other complication	<b>B97.29</b>	Other coronavirus as the cause of diseases classified elsewhere
<b>B33.20</b>	Viral carditis, unspecified	<b>B97.35</b>	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
<b>B33.21</b>	Viral endocarditis	<b>B97.4</b>	Respiratory syncytial virus as the cause of diseases classified elsewhere
<b>B33.22</b>	Viral myocarditis	<b>C00.0</b>	Malignant neoplasm of external upper lip
<b>B34.2</b>	Coronavirus infection, unspecified	<b>C00.1</b>	Malignant neoplasm of external lower lip
<b>B37.5</b>	Candidal meningitis	<b>C00.2</b>	Malignant neoplasm of external lip, unspecified
<b>B37.6</b>	Candidal endocarditis		
<b>B38.0</b>	Acute pulmonary coccidioidomycosis		
<b>B38.1</b>	Chronic pulmonary coccidioidomycosis		



# 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
<b>AJ</b>	Clinical social worker
<b>AK</b>	Non participating physician
<b>AM</b>	Physician, team member service
<b>AO</b>	Alternate payment method declined by provider of service
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)
<b>AR</b>	Physician provider services in a physician scarcity area
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
<b>AW</b>	Item furnished in conjunction with a surgical dressing
<b>AX</b>	Item furnished in conjunction with dialysis services
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
<b>BL</b>	Special acquisition of blood and blood products
<b>BO</b>	Orally administered nutrition, not by feeding tube
<b>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
<b>BU</b>	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>CB</b>	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
<b>CC</b>	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

Modifier	Description
<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>CE</b>	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
<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>CG</b>	Policy criteria applied
<b>CH</b>	0 percent impaired, limited or restricted
<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>CN</b>	100 percent impaired, limited or restricted
<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>CR</b>	Catastrophe/disaster related
<b>CS</b>	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
<b>CT</b>	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
<b>DA</b>	Oral health assessment by a licensed health professional other than a dentist
<b>E1</b>	Upper left, eyelid
<b>E2</b>	Lower left, eyelid
<b>E3</b>	Upper right, eyelid
<b>E4</b>	Lower right, eyelid
<b>EA</b>	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy

# Terminology

Terminology	Explanation
<b>Abduction</b>	Raising arms held at the sides, straight up to the side to shoulder height.
<b>Ablation</b>	To destroy.
<b>Abscess</b>	A localized accumulation of pus that collects in the body usually as a result of an infection.
<b>Acetylcholinesterase</b>	An enzyme that breaks up acetylcholine, a neurotransmitter.
<b>Acromioclavicular, or AC, joint</b>	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
<b>Activities of daily living (ADLs)</b>	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
<b>Acute</b>	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
<b>Adaptive</b>	Able to adjust to situations or environment.
<b>Adductor muscle</b>	Any muscle that draws a body part away from the body or an extremity.
<b>Adductor tenotomy</b>	Procedure where the tendon of the adductor muscle is snipped to release the muscle.
<b>Adhesiolysis</b>	Severing of adhesive bands.
<b>Adhesion</b>	Fibrous bands that form between tissues and organs, often as a result of injury during surgery; they may be thought of as internal scar tissue.
<b>Adhesions</b>	Fibrous bands, which typically result from inflammation or injury during surgery, that form between tissues and organs; they may be thought of as internal scar tissue.
<b>Adipose tissue</b>	Loose connective tissue which stores the fat cells in the form of droplets.
<b>Adrenergic</b>	Related to adrenaline or noradrenaline.
<b>Advance directive</b>	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
<b>Allograft</b>	A tissue graft from a donor.
<b>A-mode, amplitude mode</b>	A one-dimensional ultrasonic measurement.
<b>Amplification</b>	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.
<b>Amplitude</b>	Size of response from a nerve after electrical stimulation.
<b>Amygdalohippocampectomy</b>	Resection of the amygdala and hippocampus structures of the brain.
<b>Analgesic</b>	Relief or absence of pain.
<b>Anastomosis</b>	A surgical connection made between two structures that do not naturally connect.
<b>Anesthetic agent</b>	Substance that reduces sensitivity to pain.
<b>Aneurysm</b>	Weakness in the wall of a blood vessel which requires surgical excision or repair to prevent rupture.
<b>Angiography</b>	A medical imaging technique used to visualize the lumen, or inside, of blood vessels and organs of the body; an angiogram is a record of the image.
<b>Angioplasty</b>	Repair or unblocking of a blood vessel.
<b>Annulus fibrosus</b>	Exterior of the intervertebral disc.
<b>Anomaly</b>	A deviation from normal; a defect.
<b>Anterior</b>	Closer to the front part of the body or a structure.
<b>Anterior approach</b>	Surgical approach from the front, in this case from the front of the spine.
<b>Anterior instrumentation</b>	Spinal fixation device that attaches to the front of the spine.
<b>Anterior spinal artery</b>	Blood vessel that transports blood to the anterior spinal cord.
<b>Anteroposterior view</b>	The X-ray projection travels from front to back, abbreviated as AP.

Terminology	Explanation
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Antihistamine</b>	A drug that blocks the action of histamine in the body; histamine is responsible for allergic symptoms.
<b>Anti-inflammatory</b>	Substance that reduces pain, swelling, and inflammation.
<b>Antipyretic</b>	A drug that prevents or reduces fever.
<b>Antisense oligonucleotide</b>	Chemically modified, synthetic single-stranded deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) molecules that bind to RNA and reduce the expression of the target RNA.
<b>Antispasmodic</b>	A substance that relieves convulsions or spasms.
<b>Arachnoid membrane</b>	The middle of the three meninges, or membranes, that protect the spinal cord and brain.
<b>Arnold-Chiari malformation</b>	A malformation where brain tissue extends into the spinal canal.
<b>Arterial access</b>	Situated or occurring within an artery.
<b>Arteries</b>	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
<b>Arteriovenous malformation, or AVM</b>	Abnormal connection of the arteries and veins along with the absence of capillaries that may cause intense pain and bleeding.
<b>Arthritis</b>	Joint inflammation due to infectious, metabolic, or constitutional causes.
<b>Arthrocentesis</b>	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
<b>Arthrodesis</b>	Surgical procedure involving fusion of vertebrae over the joint space.
<b>Arthroplasty</b>	The surgical repair of a joint.
<b>Arthroplasty device</b>	Device used to replace or reconstruct a joint.
<b>Aspirate</b>	Small amount of cells or fluid from a cyst or mass.
<b>Aspiration</b>	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
<b>Atherosclerosis</b>	A disease characterized by deposition of fatty material on the inner walls of the arteries.
<b>Atherosclerotic burden</b>	The sum or extent of atherosclerotic disease.
<b>Atlantoaxial transarticular screw fixation</b>	Spinal fixation across the atlantoaxial joint, the union of the first and second cervical vertebrae.
<b>Atria</b>	The upper chambers of the heart.
<b>Atrial fibrillation</b>	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
<b>Auricle</b>	An ear-shaped pouch that is an appendage to a heart's atrial chamber; also called the left atrial appendage or right atrial appendage.
<b>Auricular processes</b>	The ear shaped projection of the atria.
<b>Autograft</b>	Any tissue from one part of the body moved to another location on the same patient; also known as an autologous graft.
<b>Autonomic nervous system</b>	One part of the nervous system that controls involuntary body functions by innervating muscles of the organs and glands.
<b>Avulsion</b>	Forcibly pulling or tearing away.
<b>Axial muscles</b>	Muscles attached to head, neck, and vertebral column.
<b>Axillae</b>	Armpit.
<b>Axillary nerve</b>	Large nerve arising from the brachial plexus at the armpit, with nerve fibers from the cervical nerves C5 and C6, that supplies sensory and motor nerves to the deltoid or muscle of the shoulder, the teres minor, one of the rotator cuff muscles and the skin of the shoulder; also known as the circumflex nerve.
<b>Basal cistern</b>	A wide space between the temporal lobes covered by the arachnoid membrane; it contains the circle of Willis, an area at the base of the brain where the carotid arteries branch off and supply blood to most of the brain; also called the interpeduncular cistern or cisterna interpeduncularis.
<b>Basilar artery</b>	One of the arteries that supply blood to the brain.



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