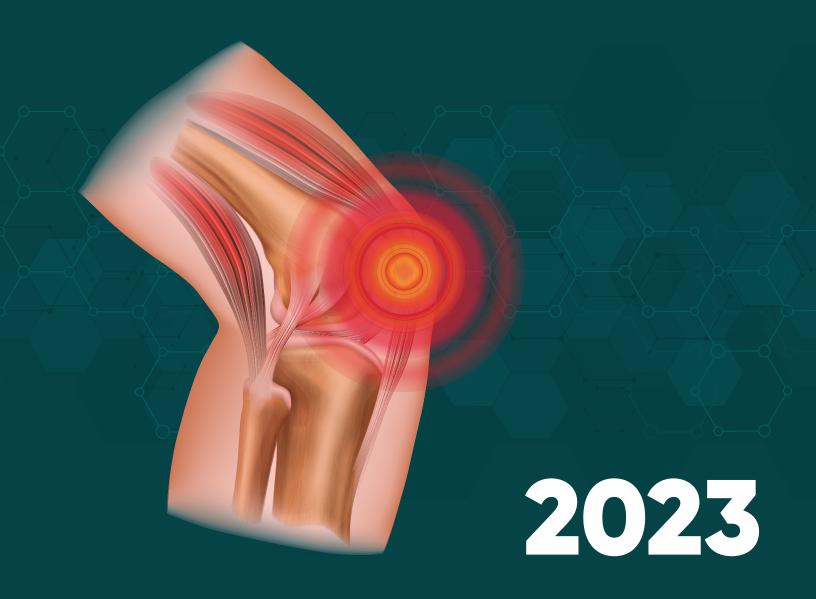


Your essential illustrated coding guide for pain management, including CPT®, HCPCS Level II, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

CODERS' SPECIALTY GUIDE

Pain Management



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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)

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00400^{\circ}, 0213T^{\circ}, 0216T^{\circ}, 0596T^{1}, 0597T^{1}, 12001^{1}, 12002^{1}, 12004^{1},
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>,
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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

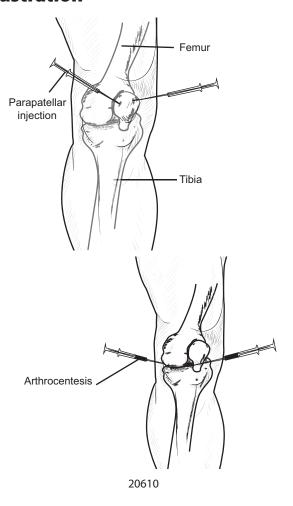
Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: \$375.80, OPPS Facility: \$29.66, OPPS Non Facility: \$29.66

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

provider performs aspiration or injection in a major joint or bursa without ultrasound quidance.

Illustration



Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$46.76, Non Facility: \$65.60, OPPS Facility: \$27.57, OPPS Non Facility: \$27.57

RVU Facility Work RVU: 0.79, PE RVU: 0.42, Malpractice RVU: 0.13, Total RVU: 1.34

RVU Non-Facility Work RVU: 0.79, PE RVU: 0.96, Malpractice RVU: 0.13, Total RVU: 1.88

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,

Modifier Allowances 22, 47, 50, 51, 52, 58, 59, 63, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GJ, GR, GZ, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

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ICD-10 CrossRef

A18.02, M00.00, M00.011-M00.019, M00.051-M00.059, M00.061-M00.069, M00.09, M00.10, M00.111-M00.119, M00.151-M00.159, M00.161-M00.169, M00.19, M00.20, M00.211-M00.219, M00.251-M00.259, M00.261-M00.269, M00.29, M00.80, M00.811-M00.819, M00.851-M00.859, M00.861-M00.869, M00.89, M00.9, M01.X11-M01.X19, M01.X51-M01.X59, M01. X61-M01.X69, M01.X9, M02.351-M02.359, M02.361-M02.369, M02.39, M02.811-M02.819, M02.851-M02.859, M02.861-M02.869, M02.89, M05.011-M05.019, M05.051-M05.059, M05.061-M05.069, M05.211-M05.219, M05.251-M05.259, M05.261-M05.269, M05.311-M05.319, M05.351-M05.359, M05.361-M05.369, M05.40, M05.411-M05.419, M05.451-M05.459, M05.461-M05.469, M05.49, M05.50, M05.511-M05.519, M05.551-M05.559, M05.561-M05.569, M05.59, M05.611-M05.619, M05.651-M05.659, M05.661-M05.669, M05.70-M05.79, M05.711-M05.719, M05.751-M05.759, M05.761-M05.769, M05.7A, M05.80-M05.89, M05.811-M05.819, M05.851-M05.859, M05.861-M05.869, M05.8A, M05.9, M06.00-M06.09, M06.011-M06.019, M06.051-M06.059, M06.061-M06.069, M06.0A, M06.20, M06.211-M06.219, M06.251-M06.259, M06.261-M06.269, M06.29, M06.30, M06.311-M06.319, M06.351-M06.359, M06.361-M06.369, M06.39, M06.4, M06.80-M06.89, M06.811-M06.819, M06.851-M06.859, M06.861-M06.869, M06.8A, M06.9, M07.611-M07.619, M07.651-M07.659, M07.661-M07.669, M08.00-M08.09, M08.011-M08.019, M08.051-M08.059, M08.061-M08.069, M08.0A, M08.20-M08.29, M08.211-M08.219, M08.251-M08.259, M08.261-M08.269, M08.2A, M08.3, M08.40, M08.411-M08.419, M08.451-M08.459, M08.461-M08.469, M08.4A, M08.80-M08.89, M08.811-M08.819, M08.851-M08.859, M08.861-M08.869, M08.90-M08.99, M08.911-M08.919, M08.951-M08.959, M08.961-M08.969, M08.9A, M10.00, M10.011-M10.019, M10.051-M10.059, M10.061-M10.069, M10.09, M10.10, M10.111-M10.119, M10.151-M10.159, M10.161-M10.169, M10.19,

61650

Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory

Clinical Responsibility

The provider makes a small incision in the skin over the intracranial artery selected for long-term administration of a nonthrombolytic drug. He places a needle through the incision and passes a guide wire through the needle into the artery. He passes a catheter over the guide wire into the artery and performs diagnostic angiography to image the inside of the vessel. He attaches the external end of the catheter to a drug delivery system and completes the procedure.

Coding Tips

Code 61650 bundles catheter placement, diagnostic angiography, and imaging guidance into the procedure, so the coder should not separately code for these procedures. Refer to CPT® and payer specific guidelines to review requirements.

Some payers may consider 61650 investigational, and it may not be covered. Check with the Medicare provider or private carrier to determine their policies. Even if not covered, you should still report the procedure for statistical purposes.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$581.67, Non Facility: \$581.67, OPPS Facility: \$348.93, OPPS Non Facility: \$348.93

RVU Facility Work RVU: 10.00, PE RVU: 4.06, Malpractice RVU: 2.61, Total RVU: 16.67

RVU Non-Facility Work RVU: 10.00, PE RVU: 4.06, Malpractice RVU: 2.61. Total RVU: 16.67

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

CCI Alerts (version 27.3)

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0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0632T<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>, 34713<sup>1</sup>, 34714<sup>1</sup>, 34812<sup>1</sup>, 36000<sup>1</sup>, 36005<sup>1</sup>, 36010<sup>1</sup>, 36011<sup>1</sup>, 36012<sup>1</sup>, 36013<sup>1</sup>, 36014<sup>1</sup>, 36015<sup>1</sup>, 36100<sup>1</sup>, 36140<sup>1</sup>, 36160<sup>1</sup>, 36200<sup>1</sup>, 36225<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36226<sup>1</sup>, 36406<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36620<sup>1</sup>, 36625<sup>1</sup>, 36640<sup>1</sup>, 36800<sup>1</sup>, 36810<sup>1</sup>, 36815<sup>1</sup>, 36821<sup>1</sup>, 36825<sup>1</sup>, 36830<sup>1</sup>, 36831<sup>1</sup>, 36831<sup>1</sup>, 36832<sup>1</sup>, 36833<sup>1</sup>, 36835<sup>1</sup>, 36860<sup>1</sup>, 36861<sup>1</sup>, 37200<sup>1</sup>,
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64530°, 69990°, 75600°, 75605°, 75625°, 75630°, 75635°, 75705°,
75710<sup>1</sup>, 75716<sup>1</sup>, 75726<sup>1</sup>, 75731<sup>1</sup>, 75733<sup>1</sup>, 75736<sup>1</sup>, 75741<sup>1</sup>, 75743<sup>1</sup>,
75746<sup>1</sup>, 75756<sup>1</sup>, 75774<sup>1</sup>, 75810<sup>1</sup>, 75820<sup>1</sup>, 75822<sup>1</sup>, 75825<sup>1</sup>, 75827<sup>1</sup>,
75831<sup>1</sup>, 75833<sup>1</sup>, 75840<sup>1</sup>, 75842<sup>1</sup>, 75860<sup>1</sup>, 75870<sup>1</sup>, 75872<sup>1</sup>, 75880<sup>1</sup>,
75885<sup>1</sup>, 75887<sup>1</sup>, 75889<sup>1</sup>, 75891<sup>1</sup>, 75893<sup>1</sup>, 75898<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>,
76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<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>1</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°, 95909°, 95910°, 95911°, 95912°, 95913°, 95925°, 95926°,
95927°, 95928°, 95929°, 95930°, 95933°, 95937°, 95938°, 95939°,
95940°, 95941°, 95955¹, 96360¹, 96365¹, 96372¹, 96373¹, 96374¹,
96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96420<sup>1</sup>, 96422<sup>1</sup>, 96423<sup>1</sup>, 96425<sup>1</sup>, 96523<sup>0</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>,
992321, 992331, 992341, 992351, 992361, 992381, 992391, 992411
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>1</sup>, 99496<sup>1</sup>,
G0453<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>
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ICD-10 CrossRef

D47.3, D68.52, D68.59, D68.69, D69.2, D69.3, D69.42, D69.49, D69.59, D69.6, D75.82, G08, I23.6, I60.6, I60.7, I63.00-I63.02, I63.011, I63.012, I63.019, I63.031, I63.032, I63.039, I63.09, I63.30, I63.311, I63.312, I63.319, I63.321, I63.322, I63.329, I63.331, I63.332, I63.339, I63.341, I63.342, I63.349, I63.39, T85.610D, T85.610S, T85.620D, T85.620S, T85.630D, T85.630S

+61651

Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)

Clinical Responsibility

After placing a catheter in the first intracranial artery, the provider makes another small incision in the skin over one or more additional intracranial arteries selected for long-term administration of a nonthrombolytic drug. He places a needle through the incision and passes a guide wire through the needle into the artery. He passes a catheter over the guide wire into the artery and performs diagnostic angiography to image the inside of the vessel. He attaches the external end of the catheter to a drug delivery system and completes the procedure.

99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0339¹, G0340¹, G0453⁰, G0463¹, G0471¹

ICD-10 CrossRef

B02.22, B02.39, C41.2, C70.0, C72.20-C72.22, C72.30-C72.32, C72.40-C72.42, C72.50, C72.59, C79.32, C79.40, C79.49, D33.0, D33.3, G32.89, G50.0-G50.9, G93.81, G96.89, G96.9, G98.0, G98.8, G99.8

62263

Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider, using fluoroscopy, introduces a needle into the epidural space at the appropriate vertebral level. He then passes a flexible catheter through the needle and into the space. He carefully moves the catheter around the space until he arrives at the target where the scar tissue is affecting the nerve root. Then he injects contrast to confirm the needle tip and catheter location. He also uses the contrast to determine the flow of liquid in the space, determine the amount of scarring, to evaluate the nerve roots and spinal nerves in the area, and to evaluate any constriction or swelling of the nerve. He decides on the substance and amount to inject then administers the chemical to the adhesion to dissolve the scar tissue and reduce the inflammation and irritation on the nerve. Or he manipulates the catheter to mechanically break up the adhesions. Then he dresses the wound.

The provider repeats the procedure as necessary at 12 to 24 hours and again at 24 to 48 hours later. At each series of injections, he performs a repeat epidural contrast injection with fluoroscopic views to verify correct catheter placement and evaluate the surrounding epidural space. When he visualizes the gradual opening of constricted scar areas around the target nerves or nerve roots, the injections are complete, and he removes the catheter, and then applies a sterile dressing.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$315.43, Non Facility: \$657.73, OPPS Facility: \$174.47, OPPS Non Facility: \$174.47

RVU Facility Work RVU: 5.00, PE RVU: 3.59, Malpractice RVU: 0.45, Total RVU: 9.04

RVU Non-Facility Work RVU: 5.00, PE RVU: 13.40, Malpractice RVU: 0.45, Total RVU: 18.85

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, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

00600°, 00604°, 00620°, 00625°, 00626°, 00630°, 00670°, 0333T°, 0464T⁰, 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, 13120^1 , 13121^1 , 13122^1 , 13131^1 , 13132^1 , 13133^1 , 13151^1 , 13152^1 , $13153^1, 36000^1, 36400^1, 36405^1, 36406^1, 36410^1, 36420^1, 36425^1,$ 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62264⁰, 62282¹, 62284¹, 62322⁰, 62323⁰, 62326⁰, 62327°, 64400°, 64405°, 64408°, 64415°, 64416°, 64417°, 64418°, 64420°, 64421°, 64425°, 64430°, 64435°, 64445°, 64446°, 64447°, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 644830, 644840, 644860, 644870, 644880, 644890, 645050, 645100, 64517°, 64520°, 64530°, 647221, 69990°, 722651, 760001, 770011, 77002¹, 77003¹, 92012¹, 92014¹, 92652⁰, 92653⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822⁰, 958291, 958600, 958610, 958630, 958640, 958650, 958660, 958670, 95868°, 95869°, 95870°, 95907°, 95908°, 95909°, 95910°, 95911°, 95912°, 95913°, 95925°, 95926°, 95927°, 95928°, 95929°, 95930°, 95933°, 95937°, 95938°, 95939°, 95940°, 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, 99495⁰, 99496⁰, G0453⁰, G0463¹, G0471¹, J2001¹

ICD-10 CrossRef

G06.1, G06.2, G07, G95.20, G95.29, G95.9, G96.12, G96.198, G96.810-G96.819, G97.83, G97.84, Q06.0, Q06.1, Q06.3, Q06.8, Q06.9

62264

Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider, using fluoroscopy, introduces a hollow needle into the epidural space at the appropriate vertebral level. He then passes a flexible catheter through the needle and into the space. He carefully moves the catheter around the space until he arrives at the target where the scar tissue is affecting the nerve root. Then he injects contrast to confirm the needle tip and catheter location. He also uses the contrast to determine the flow of liquid in the space, determine the amount of scarring, to evaluate the nerve roots and spinal nerves in the area, and to evaluate any constriction or

+64494

Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)

Clinical Responsibility

After administering facet injections at an initial spinal level, the provider, during the same session, preps and anesthetizes the patient for a second lumbar or sacral level facet joint injection. The provider then inserts the needle through the skin, and he advances it to the proper position within the joint using either fluoroscopy or CT imaging guidance. He then injects the therapeutic or diagnostic agent, like a steroid or anesthetic mixture. He then removes the needle and ensures that the site obtains hemostasis.

Coding Tips

Because 64494 is an add-on code, payers will not reimburse you if you report it without an appropriate primary code. Report 64493 for the initial lumbar or sacral level, report +64494 for the second level, and report +64495 for the third and any additional levels. An example of a level for these codes is L4 to L5 because the injection affects the joint between the vertebrae.

You may not report add-on code 64494 more than once per day.

You should not separately report imaging guidance, specifically fluoroscopy or CT.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$52.69, Non Facility: \$93.86, OPPS Facility: \$34.89, OPPS Non Facility: \$34.89

RVU Facility Work RVU: 1.00, PE RVU: 0.41, Malpractice RVU: 0.10, Total RVU: 1.51

RVU Non-Facility Work RVU: 1.00, PE RVU: 1.59, Malpractice RVU: 0.10, Total RVU: 2.69

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: 1

Modifier Allowances 22, 50, 52, 58, 59, 76, 77, 78, 79, 80, 81, 82, AS, CT, KX, LT, PD, Q6, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

 $0213T^0,0214T^0,0215T^0,0216T^0,0217T^0,0218T^0,0333T^0,0464T^0,\\0543T^0,0544T^0,0567T^0,0568T^0,0569T^0,0570T^0,0571T^0,0572T^0,\\0573T^0,0574T^0,0580T^0,0581T^0,0582T^0,20560^0,20561^0,36591^0,\\36592^0,51701^1,51702^1,51703^1,66987^0,66988^0,69990^0,76000^1,\\76380^1,76800^1,76942^1,76998^1,77001^1,77002^1,77003^1,77012^1,\\77021^1,92652^0,92653^0,95822^0,95860^1,95861^1,95863^1,95864^1,\\95865^1,95866^1,95867^1,95868^1,95869^1,95870^1,95907^1,95908^1,\\95909^1,95910^1,95911^1,95912^1,95913^1,95925^0,95926^0,95927^0,\\95928^0,95929^0,95930^0,95933^0,95937^0,95938^0,95939^0,95940^0,\\96523^0,G0453^0,G0471^1,J0670^1,J2001^1$

ICD-10 CrossRef

M08.1, M43.00-M43.09, M43.10-M43.19, M45.0-M45.9, M45. A0-M45.A8, M45.AB, M46.46, M46.47, M47.16, M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.062, M48.07, M48.8X4-M48.8X9, M51.14-M51.17, M51.26, M51.27, M51.86, M51.87, M54.10-M54.18, M54.30-M54.32, M54.40-M54.42, M54.89, M54.9, M79.2, M96.1, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, Q76.2, Q76.414, Q76.415, Q76.419, Q76.49

+64495

Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

Clinical Responsibility

After facet injections at two initial spinal levels, the provider during the same session preps and anesthetizes the patient for the third and any additional level facet joint injections. The provider then inserts the needle through the skin and advances it to the proper position within the joint using either fluoroscopy or CT imaging guidance. He then injects the therapeutic or diagnostic agent like a steroid or anesthetic mixture. He then removes the needle and ensures that the site obtains hemostasis. The goal of this procedure is to treat spinal pain or to identify the exact source of pain.

Coding Tips

Because +64495 is an add-on code, payers will not reimburse you if you report it without an appropriate primary code: 64493. Report 64493 for the initial lumbar or sacral level, +64494 for the second level, and +64495 for the third and any additional levels. An example of a level for these codes is L4-L5 because the injection affects the joint between the vertebrae.

You may not report +64495 more than once per day.

You should not report imaging guidance, specifically fluoroscopy or CT, separately.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$53.39, Non Facility: \$93.86, OPPS Facility: \$34.89, OPPS Non Facility: \$34.89

RVU Facility Work RVU: 1.00, PE RVU: 0.43, Malpractice RVU: 0.10, Total RVU: 1.53

RVU Non-Facility Work RVU: 1.00, PE RVU: 1.59, Malpractice RVU: 0.10, Total RVU: 2.69

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: 1

Modifier Allowances 22, 50, 52, 58, 59, 76, 77, 78, 79, 80, 81, 82, AS, CT, KX, LT, PD, Q6, RT, XE, XP, XS, XU

ICD-10 CrossRef

C41.4, C79.82, C79.89, G56.40, G56.43, G56.90, G57.83, G57.90, G57.93, G58.7-G58.9, G59, G89.18, G89.28, G89.29, G89.3, G90.09, G90.519, G90.529, G90.59, M53.0, M53.1, M54.10-M54.13, M54.2, M54.89, M54.9, M79.2, N94.4-N94.6, R10.2

64520

Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)

Clinical Responsibility

The paravertebral sympathetic nerves are paired bundles of nerves that run on either side and along the entire length of the vertebral column. These nerves enable the innervation of all peripheral areas that the spinal nerves supply. When the patient is appropriately prepped and draped, and using fluoroscopic guidance, the provider directs the needle carefully through the skin and tissue into the exact location of the sympathetic nerve. After verification of needle placement, including careful aspiration to ensure the needle is not in within a vessel, called intravascular, or under a membrane of the spinal cord, called intrathecal, he then slowly injects a local anesthetic into the lumbar or thoracic paravertebral sympathetic nerves.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$85.84, Non Facility: \$238.32, OPPS Facility: \$47.11, OPPS Non Facility: \$47.11

RVU Facility Work RVU: 1.35, PE RVU: 0.97, Malpractice RVU: 0.14, Total RVU: 2.46

RVU Non-Facility Work RVU: 1.35, PE RVU: 5.34, Malpractice RVU: 0.14, Total RVU: 6.83

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, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

01991°, 01992°, 0333T°, 0464T°, 0543T°, 0544T°, 0567T°, 0568T°, 0569T°, 0570T°, 0571T°, 0572T°, 0573T°, 0574T°, 0580T°, 0581T°, 0582T°, 20552¹, 20560°, 20561°, 20701°, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591°, 36592°, 36600¹, 51701°, 51702°, 51703°, 66987°, 66988°, 69990°, 76000¹, 76800¹, 76998¹, 77001¹, 77002¹, 92012¹, 92014¹, 92652°, 92653°, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95861³, 95866¹, 95867¹, 95868¹, 95866¹, 95867¹, 95907¹, 95908¹, 95909¹, 95910¹, 95911¹, 95912¹, 95913¹, 95925°, 95926°, 95927°, 95928°, 95929°, 95930°, 95933°, 95937°, 95938°, 95939°, 95940°, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523°, 99155°, 99156°, 99157°, 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, 99253¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99306¹, 99306¹, 99306¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99347¹, 99348¹, 99349¹, 99349¹, 99375¹, 99375¹, 99375¹, 99375¹, 99496¹, G0453⁰, G0459¹, G0463¹, G0471⁰, J0670¹, J2001¹

ICD-10 CrossRef

G56.83, G56.93, G57.83, G57.90-G57.93, G58.7-G58.9, G59, G89.12, G90.09, G90.521-G90.529, G90.59, M25.551-M25.559, M25.561-M25.569, M54.10, M54.50-M54.59, M54.9, M79.2, M79.604-M79.606, M79.609, M79.651-M79.659, M79.661-M79.669, M79.671-M79.676, N94.89, R07.1, R07.89, R07.9, R10.2, S22.31XA-S22.31XB, S22.31XG, S22.31XK, S22.32XA-S22.32XB, S22.32XG, S22.32XK, S22.39XA-S22.39XB, S22.39XG, S22.39XK, S22.41XA-S22.41XB, S22.41XG, S22.41XK, S22.42XA-S22.42XB, S22.42XG, S22.42XK, S22.43XA-S22.43XB, S22.43XA, S22.43XA-S22.43XB, S22.43XA, S22.49XA-S22.49XB, S22.49XG, S22.49XB, S

64530

Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring

Clinical Responsibility

The celiac plexus is a network of ganglia found in the abdomen behind the stomach and in front of the aorta, the main artery in the abdomen. The celiac plexus is located at the vertebral level T12 and distributes nerve fibers to all the abdominal organs. When the patient is appropriately prepped and draped, the provider carefully advances a needle or needles through the skin and tissue, into the proper position along the outside of the spine. He then slowly injects the local anesthetic into the celiac plexus. The provider may use X-ray imaging during needle placement and to evaluate the spread of the injected medication.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$95.96, Non Facility: \$239.72, OPPS Facility: \$55.13, OPPS Non Facility: \$55.13

RVU Facility Work RVU: 1.58, PE RVU: 1.02, Malpractice RVU: 0.15, Total RVU: 2.75

RVU Non-Facility Work RVU: 1.58, PE RVU: 5.14, Malpractice RVU: 0.15, Total RVU: 6.87

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, 51, 52, 53, 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

99231

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

A problem focused interval history;

A problem focused examination;

Medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Clinical Responsibility

The physician reviews the medical records, results of diagnostic studies and changes in the patient's condition since the doctor's last assessment. The physician usually spends 15 minutes at the patient's bedside and on the patient's hospital floor.

Coding Tips

Required: at least 2 of these 3 key components-

- 1. A problem-focused interval history
- 2. A problem-focused examination
- 3. Medical decision-making of straightforward or of low complexity.

Report a separately identifiable E/M service for "subsequent inpatient hospital care" by using CPT® codes 99231 to 99233 as another service, on the same day of surgery. An appropriate modifier can be appended to the E/M code in this case.

This level can be coded only once, per day.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$38.38, Non Facility: \$38.38, OPPS Facility: \$26.52, OPPS Non Facility: \$26.52

RVU Facility Work RVU: 0.76, PE RVU: 0.29, Malpractice RVU: 0.05, Total RVU: 1.10

RVU Non-Facility Work RVU: 0.76, PE RVU: 0.29, Malpractice RVU: 0.05, Total RVU: 1.10

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 24, 25, 57, 80, 81, 82, 95, 99, AF, AG, AK, AQ, AS, CR, CS, EP, ET, GO, GA, GC, GF, GJ, GQ, GR, GT, GV, GW, HA, HB, HC, HD, HU, KX, PD, Q5, Q6, QJ, SA, TH

CCI Alerts (version 27.3)

0362T¹, 0373T¹, 0469T⁰, 0543T¹, 0544T¹, 0567T¹, 0568T¹, 0569T¹, 0570T¹, 0571T¹, 0572T¹, 0573T¹, 0574T¹, 0580T¹, 0581T¹, 0582T¹, 205601, 205611, 365910, 365920, 437521, 908630, 909400, 920020, 92004⁰, 92012⁰, 92014⁰, 92227¹, 92228¹, 92531⁰, 92532⁰, 93792¹, 93793⁰, 94002⁰, 94003⁰, 94004⁰, 94644¹, 94660⁰, 94662⁰, 95851⁰, 95852°, 960201, 961051, 961161, 961251, 96127°, 961301, 961321, 96136¹, 96138¹, 96146¹, 96156⁰, 96158⁰, 96159⁰, 96164⁰, 96165⁰, 96167°, 96168°, 96360°, 96365°, 96369°, 96372°, 96373°, 96374°, 96377°, 96401°, 96402°, 96405¹, 96406¹, 96409°, 96413°, 96416°, 96420⁰, 96422⁰, 96425⁰, 96440¹, 96446¹, 96450¹, 96523⁰, 97151¹, 97153¹, 97154¹, 97155¹, 97156¹, 97157¹, 97158¹, 97169⁰, 97170⁰, 97171°, 97172°, 97802°, 97803°, 97804°, 99091°, 99172°, 991731, 99174¹, 99177¹, 99184⁰, 99281⁰, 99282⁰, 99283⁰, 99284⁰, 99285⁰, 99408°, 99409°, 99446°, 99447°, 99448°, 99449°, 99451°, 99452°, 99474°, 99605¹, 99606¹, G0102°, G0245°, G0246°, G0250°, G0270°, G0271⁰, G0380⁰, G0381⁰, G0382⁰, G0383⁰, G0384⁰, G0396¹, G0397¹ G0406⁰, G0407⁰, G0408⁰, G0425⁰, G0426⁰, G0427⁰, G0442¹, G0443¹, G0444¹, G0445¹, G0446¹, G0447¹, G0459⁰, G0473¹, G0498⁰, G0508⁰, G05090, G20111

ICD-10 CrossRef

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

99232

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

An expanded problem focused interval history;

An expanded problem focused examination;

Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

Clinical Responsibility

In this service level, the physician reviews the medical records, the results of diagnostic studies and notes any changes in the patient's condition since the doctor's last assessment. The physician usually spends 25 minutes at the patient's bedside and on the patient's hospital floor.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$36.64, Non Facility: \$36.64, OPPS Facility: \$25.12, OPPS Non Facility: \$25.12

RVU Facility Work RVU: 0.72, PE RVU: 0.28, Malpractice RVU: 0.05, Total RVU: 1.05

RVU Non-Facility Work RVU: 0.72, PE RVU: 0.28, Malpractice RVU: 0.05, Total RVU: 1.05

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: B, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0

Modifier Allowances 25, 99, CR, ET, GA, GC, GF, GJ, GR, GV, GW, GY, GZ, KX, Q5, Q6, QJ

CCI Alerts (version 27.3)

 $0362T^1,0373T^1,0469T^0,36591^0,36592^0,93792^1,93793^0,94002^0,\\94003^0,94004^0,94660^0,94662^0,96127^0,96523^0,97151^1,97153^1,\\97154^1,97155^1,97156^1,97157^1,97158^1,99091^0,99172^0,99173^1,\\99174^1,99177^1,99474^0,G0444^1$

ICD-10 CrossRef

A79.82, E01.0-E01.8, E10.10, E10.11, E10.21-E10.29, E10.311, E10.319, E10.36, E10.39, E10.40-E10.49, E10.51-E10.59, E10.610, E10.618, E10.620-E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21-E11.29, E11.311, E11.319, E11.36, E11.39, E11.40-E11.49, E11.51-E11.59, E11.610, E11.618, E11.620-E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E78.2, E78.3, E78.5, F06.31, F06.32, F25.1, F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F42.8, F42.9, I10, I11.0, I11.9, I12.0, I12.9, 113.0, 113.10, 113.11, 113.2, 115.0-115.9, 120.0-120.9, 124.8, 124.9, 125.10, 125.110-125.119, 125.2, 144.30, 144.39, 144.4, 144.5, 144.60, 144.69, 144.7, 145.0, 145.10, 145.19, 183.811-183.819, 183.891-183.899, 183.90-183.93, 186.8, L40.52-L40.54, L40.59, L40.8, L40.9, L41.0-L41.9, L42, L43.0-L43.9, L44.0-L44.9, L45, M04.1, M05.60, M05.611-M05.619, M05.621-M05.629, M05.631-M05.639, M05.641-M05.649, M05.651-M05.659, M05.661-M05.669, M05.671-M05.679, M05.69, M05.70, M05.711-M05.719, M05.721-M05.729, M05.731-M05.739, M05.741-M05.749, M05.751-M05.759, M05.761-M05.769, M05.771-M05.779, M05.79, M05.80, M05.811-M05.819, M05.821-M05.829, M05.831-M05.839, M05.841-M05.849, M05.851-M05.859, M05.861-M05.869, M05.871-M05.879, M05.89, M05.9, M06.00-M06.09, M06.011-M06.019, M06.021-M06.029, M06.031-M06.039, M06.041-M06.049, M06.051-M06.059, M06.061-M06.069, M06.071-M06.079, N18.1, N18.2, N18.4, N18.5, N18.6, N18.9, O09.00-O09.03, O09.10-O09.13, O09.211-O09.219, 009.291-009.299, 009.30-009.33, 009.40-009.43, 009.70-009.73, 009.811-009.819, 009.821-009.829, 009.90-009.93, 010.011-010.019, 010.111-010.119, 010.211-010.219, 010.311-010.319, 010.411-010.419, 010.911-010.919, O13.1-O13.3, O13.9, R00.0-R00.9, R01.0-R01.2, R03.0, R03.1, R04.0-R04.2, R04.81, R04.89, R04.9, R05.1-R05.9, R06.00-R06.02, R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, R07.0-R07.2, R07.81-R07.89, R07.9, R09.01, R09.02, R09.1-R09.3, R09.81-R09.89, R10.0-R10.2, R10.10-R10.13, R10.30-R10.33, R10.811-R10.819, R10.821-R10.829, R10.83, R10.84, R10.9, R11.0, R11.10-R11.14, R11.13, R11.14, R11.2, R12, R13.0, R13.10-R13.19, R14.0-R14.3, R15.0-R15.9, R16.0-R16.2, R17, R18.0, R18.8, R19.00-R19.09,

R19.11-R19.15, R19.2-R19.8, R19.30-R19.37, R19.8, R20.0-R20.9, R21, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R23.0-R23.9, R25.0-R25.9, R26.0-R26.2, R26.81, R26.89, R26.9, R27.0-R27.9, R29.0-R29.6, R29.4, R29.5, R29.6, R29.810, R29.818, R29.890-R29.898, R29.90, R29.91, R30.0-R30.9, R31.0, R31.1, R31.9, R32-R34, R33.0-R33.9, R35.0, R35.1, R35.81, R35.89, R36.0-R36.9, R37, R39.0-R39.2, R39.11-R39.16, R39.14, R39.15, R39.16, R39.81, R39.89, R39.9, R40.0, R40.1, R41.3, R41.4, R41.81-R41.83, R41.840-R41.844, R41.89, R41.9, R42, R43.0-R43.9, R44.0-R44.9, R45.0-R45.7, R45.3, R45.4, R45.5, R45.6, R45.7, R45.81-R45.84, R45.850, R45.851, R45.86, R45.87, R45.88, R45.89, R46.0-R46.7, R46.81, R46.89, R47.01, R47.02, R47.1, R47.81-R47.89, R47.9, R48.0-R48.9, R49.0, R49.1, R49.21, R49.22, R49.8, R49.9, R50.2, R50.81-R50.84, R50.9, R52, R53.0-R53.2, R53.81-R53.83, T40.716A-T40.716S, T40.726A-T40.726S, Y35.899A-Y35.899S, Z55.5, Z58.6, Z59.00, Z59.01, Z91.51, Z91.52, Z92.25, Z92.850

99406

Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

Clinical Responsibility

The provider counsels the patient on steps to stop use of tobacco products. The provider uses the discussion to discover the specific barriers to cessation the patient faces and possible relapse triggers. The provider and patient then discuss practical methods for coping with those issues. The provider may write a prescription for a pharmacologic intervention. The provider also may refer the patient to a support group that matches the patient's needs. The provider documents the discussion as well as the amount of time. Use this code when the provider documents 3 to 10 minutes of smoking and tobacco use cessation counseling.

Coding Tips

See 99407 for counseling lasting more than 10 minutes.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$12.56, Non Facility: \$15.70, OPPS Facility: \$8.37, OPPS Non Facility: \$8.37 **RVU Facility** Work RVU: 0.24, PE RVU: 0.10, Malpractice RVU: 0.02, Total RVU: 0.36

RVU Non-Facility Work RVU: 0.24, PE RVU: 0.19, Malpractice RVU: 0.02, Total RVU: 0.45

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 24, 25, 33, 80, 81, 82, 95, 99, AF, AG, AK, AS, CR, EP, ET, FP, G0, GA, GC, GJ, GQ, GR, GT, HA, HB, HC, HD, KX, PD, Q5, Q6, QJ, SA

CCI Alerts (version 27.3)

0362T¹, 0373T¹, 0469T⁰, 36591⁰, 36592⁰, 92531⁰, 92532⁰, 93792¹, 93793⁰, 94002⁰, 94003⁰, 94004⁰, 94660⁰, 94662⁰, 96105¹, 96125¹, 96127⁰, 96130¹, 96132¹, 96136¹, 96138¹, 96146¹, 96164⁰, 96165⁰,

ICD-10 CrossRef Details

A02.0	Salmonella enteritis	A39.0	Meningococcal meningitis
A02.1	Salmonella sepsis	A39.1	Waterhouse-Friderichsen syndrome
A02.20	Localized salmonella infection, unspecified	A39.2	Acute meningococcemia
A02.21	Salmonella meningitis	A39.3	Chronic meningococcemia
A02.22	Salmonella pneumonia	A39.4	Meningococcemia, unspecified
A02.23	Salmonella arthritis	A39.50	Meningococcal carditis, unspecified
A02.24	Salmonella osteomyelitis	A39.51	Meningococcal endocarditis
A02.25	Salmonella pyelonephritis	A39.52	Meningococcal myocarditis
A02.29	Salmonella with other localized infection	A39.53	Meningococcal pericarditis
A02.8	Other specified salmonella infections	A39.81	Meningococcal encephalitis
A02.9	Salmonella infection, unspecified	A39.82	Meningococcal retrobulbar neuritis
A04.0 A04.1	Enteropathogenic Escherichia coli infection	A39.83 A39.84	Meningococcal arthritis
A04.1 A04.2	Enterotoxigenic Escherichia coli infection Enteroinvasive Escherichia coli infection	A39.89	Postmeningococcal arthritis Other meningococcal infections
A04.2 A04.3	Enteron vasive Escriencina con infection Enterohemorrhagic Escherichia coli infection	A39.89 A39.9	Meningococcal infection, unspecified
A04.3	Other intestinal Escherichia coli infections	A40.0	Sepsis due to streptococcus, group A
A04.5	Campylobacter enteritis	A40.1	Sepsis due to streptococcus, group B
A04.6	Enteritis due to Yersinia enterocolitica	A40.3	Sepsis due to Streptococcus pneumoniae
A04.71	Enterocolitis due to Clostridium difficile, recurrent	A40.8	Other streptococcal sepsis
A04.72	Enterocolitis due to Clostridium difficile, not specified as	A40.9	Streptococcal sepsis, unspecified
7,04.72	recurrent	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A04.8	Other specified bacterial intestinal infections	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A04.9	Bacterial intestinal infection, unspecified	A41.1	Sepsis due to other specified staphylococcus
A05.1	Botulism food poisoning	A41.2	Sepsis due to unspecified staphylococcus
A06.1	Chronic intestinal amebiasis	A41.3	Sepsis due to Hemophilus influenzae
A06.81	Amebic cystitis	A41.4	Sepsis due to anaerobes
A06.82	Other amebic genitourinary infections	A41.50	Gram-negative sepsis, unspecified
A06.89	Other amebic infections	A41.51	Sepsis due to Escherichia coli [E. coli]
A08.0	Rotaviral enteritis	A41.52	Sepsis due to Pseudomonas
A08.11	Acute gastroenteropathy due to Norwalk agent	A41.53	Sepsis due to Serratia
A08.19	Acute gastroenteropathy due to other small round viruses	A41.59	Other Gram-negative sepsis
A08.2	Adenoviral enteritis	A41.81	Sepsis due to Enterococcus
A08.31	Calicivirus enteritis	A41.89	Other specified sepsis
A08.32	Astrovirus enteritis	A41.9	Sepsis, unspecified organism
A08.39	Other viral enteritis	A42.0	Pulmonary actinomycosis
A08.4	Viral intestinal infection, unspecified	A42.7	Actinomycotic sepsis
A08.8	Other specified intestinal infections	A49.01	Methicillin susceptible Staphylococcus aureus infection,
A15.0	Tuberculosis of lung		unspecified site
A15.4	Tuberculosis of intrathoracic lymph nodes	A49.02	Methicillin resistant Staphylococcus aureus infection,
A15.5	Tuberculosis of larynx, trachea and bronchus		unspecified site
A15.6	Tuberculous pleurisy	A49.1	Streptococcal infection, unspecified site
A15.8	Other respiratory tuberculosis	A49.2	Hemophilus influenzae infection, unspecified site
A17.0	Tuberculous meningitis	A49.3	Mycoplasma infection, unspecified site
A17.81	Tuberculoma of brain and spinal cord	A49.8 A49.9	Other bacterial infections of unspecified site
A17.82 A17.83	Tuberculous meningoencephalitis Tuberculous neuritis	A49.9 A50.43	Bacterial infection, unspecified Late congenital syphilitic polyneuropathy
A17.89	Other tuberculosis of nervous system	A50.43 A51.41	Secondary syphilitic meningitis
A17.89 A17.9	Tuberculosis of nervous system, unspecified	A51.41 A52.11	Tabes dorsalis
A18.01	Tuberculosis of spine	A52.13	Late syphilitic meningitis
A18.02	Tuberculous arthritis of other joints	A52.14	Late syphilitic encephalitis
A18.03	Tuberculosis of other bones	A52.15	Late syphilitic neuropathy
A22.7	Anthrax sepsis	A52.17	General paresis
A24.2	Subacute and chronic melioidosis	A52.19	Other symptomatic neurosyphilis
A26.7	Erysipelothrix sepsis	A52.2	Asymptomatic neurosyphilis
A27.81	Aseptic meningitis in leptospirosis	A52.3	Neurosyphilis, unspecified
A31.0	Pulmonary mycobacterial infection	A52.78	Syphilis of other musculoskeletal tissue
A31.1	Cutaneous mycobacterial infection	A54.00	Gonococcal infection of lower genitourinary tract,
A31.2	Disseminated mycobacterium avium-intracellulare complex		unspecified
	(DMAC)	A54.01	Gonococcal cystitis and urethritis, unspecified
A31.8	Other mycobacterial infections	A54.02	Gonococcal vulvovaginitis, unspecified
A31.9	Mycobacterial infection, unspecified	A54.03	Gonococcal cervicitis, unspecified
A32.7	Listerial sepsis	A54.09	Other gonococcal infection of lower genitourinary tract
A35	Other tetanus	A54.1	Gonococcal infection of lower genitourinary tract with
A36.0	Pharyngeal diphtheria		periurethral and accessory gland abscess
A36.1	Nasopharyngeal diphtheria	A54.21	Gonococcal infection of kidney and ureter
A36.2	Laryngeal diphtheria	A54.22	Gonococcal prostatitis

C09.0	Malignant neoplasm of tonsillar fossa	C22.7	Other specified carcinomas of liver
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C09.8	Malignant neoplasm of overlapping sites of tonsil	C22.9	Malignant neoplasm of liver, not specified as primary or
C09.9	Malignant neoplasm of tonsil, unspecified		secondary
C10.0	Malignant neoplasm of vallecula	C23	Malignant neoplasm of gallbladder
C10.1	Malignant neoplasm of anterior surface of epiglottis	C24.0	Malignant neoplasm of extrahepatic bile duct
C10.2	Malignant neoplasm of lateral wall of oropharynx	C24.1	Malignant neoplasm of ampulla of Vater
C10.3	Malignant neoplasm of posterior wall of oropharynx	C24.8	Malignant neoplasm of overlapping sites of biliary tract
C10.4 C10.8	Malignant neoplasm of branchial cleft Malignant neoplasm of overlapping sites of oropharynx	C24.9 C25.0	Malignant neoplasm of biliary tract, unspecified Malignant neoplasm of head of pancreas
C10.9	Malignant neoplasm of overlapping sites of oropharynx Malignant neoplasm of oropharynx, unspecified	C25.1	Malignant neoplasm of body of pancreas
C11.0	Malignant neoplasm of superior wall of nasopharynx	C25.2	Malignant neoplasm of tail of pancreas
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C25.3	Malignant neoplasm of pancreatic duct
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C25.4	Malignant neoplasm of endocrine pancreas
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C25.7	Malignant neoplasm of other parts of pancreas
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	C25.8	Malignant neoplasm of overlapping sites of pancreas
C11.9	Malignant neoplasm of nasopharynx, unspecified	C25.9	Malignant neoplasm of pancreas, unspecified
C12	Malignant neoplasm of pyriform sinus	C26.0	Malignant neoplasm of intestinal tract, part unspecified
C13.0	Malignant neoplasm of postcricoid region	C26.1	Malignant neoplasm of spleen
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C13.2	Malignant neoplasm of posterior wall of hypopharynx	C30.0	Malignant neoplasm of middle car
C13.8 C13.9	Malignant neoplasm of overlapping sites of hypopharynx Malignant neoplasm of hypopharynx, unspecified	C30.1 C31.0	Malignant neoplasm of middle ear Malignant neoplasm of maxillary sinus
C13.9 C14.0	Malignant neoplasm of hypopharynx, unspecified Malignant neoplasm of pharynx, unspecified	C31.0 C31.1	Malignant neoplasm of maxiliary sinus Malignant neoplasm of ethmoidal sinus
C14.0	Malignant neoplasm of Waldeyer's ring	C31.1	Malignant neoplasm of frontal sinus
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity	C31.3	Malignant neoplasm of sphenoid sinus
	and pharynx	C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C15.3	Malignant neoplasm of upper third of esophagus	C31.9	Malignant neoplasm of accessory sinus, unspecified
C15.4	Malignant neoplasm of middle third of esophagus	C32.0	Malignant neoplasm of glottis
C15.5	Malignant neoplasm of lower third of esophagus	C32.1	Malignant neoplasm of supraglottis
C15.8	Malignant neoplasm of overlapping sites of esophagus	C32.2	Malignant neoplasm of subglottis
C15.9	Malignant neoplasm of esophagus, unspecified	C32.3	Malignant neoplasm of laryngeal cartilage
C16.0	Malignant neoplasm of cardia	C32.8 C32.9	Malignant neoplasm of overlapping sites of larynx
C16.1 C16.2	Malignant neoplasm of fundus of stomach Malignant neoplasm of body of stomach	C32.9	Malignant neoplasm of larynx, unspecified Malignant neoplasm of trachea
C16.2	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,	C34.02	Malignant neoplasm of left main bronchus
	unspecified	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	C34.11	lung Malignant neoplasm of upper lobe, right bronchus or lung
C16.8	Malignant neoplasm of overlapping sites of stomach	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C16.9	Malignant neoplasm of stomach, unspecified	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C17.0	Malignant neoplasm of duodenum	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or
C17.1	Malignant neoplasm of jejunum		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 C17.9	Malignant neoplasm of overlapping sites of small intestine	C34.80	Malignant neoplasm of overlapping sites of unspecified
C17.9 C18.0	Malignant neoplasm of small intestine, unspecified Malignant neoplasm of cecum	C34.81	bronchus and lung Malignant neoplasm of overlapping sites of right bronchus
C18.1	Malignant neoplasm of cecum Malignant neoplasm of appendix	CJ-1.0 I	and lung
C18.2	Malignant neoplasm of ascending colon	C34.82	Malignant neoplasm of overlapping sites of left bronchus and
C18.3	Malignant neoplasm of hepatic flexure		lung
C18.4	Malignant neoplasm of transverse colon	C34.90	Malignant neoplasm of unspecified part of unspecified
C18.5	Malignant neoplasm of splenic flexure		bronchus or lung
C18.6 C18.7	Malignant neoplasm of descending colon Malignant neoplasm of sigmoid colon	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C18.8	Malignant neoplasm of overlapping sites of colon	C34.92	Malignant neoplasm of unspecified part of left bronchus or
C18.9	Malignant neoplasm of colon, unspecified		lung
C19	Malignant neoplasm of rectosigmoid junction	C37	Malignant neoplasm of thymus
C20	Malignant neoplasm of rectum	C38.0	Malignant neoplasm of enterior mediactinum
C21.0 C21.1	Malignant neoplasm of anus, unspecified Malignant neoplasm of anal canal	C38.1 C38.2	Malignant neoplasm of anterior mediastinum Malignant neoplasm of posterior mediastinum
C21.1	Malignant neoplasm of cloacogenic zone	C38.2 C38.3	Malignant neoplasm of posterior mediastinum Malignant neoplasm of mediastinum, part unspecified
C21.2	Malignant neoplasm of eloacogenic zone Malignant neoplasm of overlapping sites of rectum, anus and	C38.4	Malignant neoplasm of pleura
	anal canal	C38.8	Malignant neoplasm of overlapping sites of heart,
C22.0	Liver cell carcinoma		mediastinum and pleura
C22.1	Intrahepatic bile duct carcinoma	C39.0	Malignant neoplasm of upper respiratory tract, part
C22.2	Hepatoblastoma		unspecified
C22.3	Angiosarcoma of liver	C39.9	Malignant neoplasm of lower respiratory tract, part
C22.4	Other sarcomas of liver		unspecified

Modifier Descriptors

Modifier	Description
	CPT® Modifiers
22	Increased Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Services
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4 kg
66	Surgical Team
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
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
А3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
Al	Principal physician of record

Modifier	Description
GM	Multiple patients on one ambulance trip
GN	Services delivered under an outpatient speech
GO	language pathology plan of care 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
Н9	Court-ordered
НА	Child/adolescent program
НВ	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
НН	Integrated mental health/substance abuse program
HI	Integrated mental health and intellectual disability/ developmental disabilities program
HJ	Employee assistance program
НК	Specialized mental health programs for high-risk populations
HL	Intern
НМ	Less than bachelor degree level
HN	Bachelor's degree level
НО	Master's degree level
НР	Doctoral level

Modifier	Description	
HQ	Group setting	
HR	Family/couple with client present	
HS	Family/couple without client present	
НТ	Multi-disciplinary team	
HU	Funded by child welfare agency	
HV	Funded state addictions agency	
	Turided state addressors agency	
HW	Funded by state mental health agency	
НХ	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	
КО	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	
К2	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

Terms	Definition
Acromioclavicular, or AC, joint	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Adhesiolysis	Severing of adhesive bands.
Adhesion	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.
Advance directive	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called an allogeneic graft or homograft.
Amplitude	Size of response from a nerve after electrical stimulation.
Analgesia	Loss of ability to sense pain.
Analgesic	Relief or absence of pain.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduces sensation to pain in specific areas of the body.
Anesthetic agent	Substance that reduces sensitivity to pain.
Annulus fibrosus	Fibrous outer ring of the intervertebral disk, the cartilage cushion between the interlocking bones in the spine; also known as the annular ring.
Anterior interbody technique	Spinal fusion through an anterior, or front, approach, through the neck for cervical vertebrae, the chest for thoracic vertebrae, the abdomen for lumbar vertebrae.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antiinflammatory	Substance that reduces pain, swelling, and inflammation.
Antispasmodic	A substance that relieves convulsions or spasms.
Arthritis	Joint inflammation due to infectious, metabolic, or constitutional causes.
Arthrocentesis	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
Arthrodesis	Fusion, or permanent joining, of a joint, or point of union of two musculoskeletal structures, such as two bones
Arthrography	Series of images of a joint following the injection of contrast.
Arthroplasty	The surgical repair of a joint.
Aspiration	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.
Atlas	The first cervical vertebra, or C1, one of the interlocking bones in the neck; it arises as a bony projection from the top of the ring shaped axis, or second cervical vertebra, and provides a pivot point for the skull; also called the dens, the peg, and the odontoid process.
Autonomic nervous system	One part of the nervous system that controls involuntary body functions by innervating muscles of the organs and glands.
Axillae	Armpit.
Axillary nerve	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.

Terms	Definition
Axis	The ring shaped second cervical vertebra, or C2, one of the interlocking bones in the neck; also called the epistropheus.
Bell's palsy	A paralysis of the facial nerve causing weakness of the muscles on one side of the face.
Bilateral	On two sides; opposite of unilateral.
Biofeedback	A self-guided treatment that teaches a patient to control muscle tension, pain, body temperature, brain waves, and other bodily functions through processes such as relaxation, visualization, and other cognitive control techniques; biofeedback is also referred to as applied psychophysiological feedback.
Biopsy	This is a medical technique to collect small amount of sample of abnormal cells or tissues from the affected site in order to diagnose the disease or to confirm the normality.
Blepharospasm	Uncontrolled closing of the eyelids.
Bolus	A relatively large dose of therapeutic or diagnostic substance administered by intravenous, intramuscular, intrathecal, or subcutaneous injection.
Bone grafting	Surgical procedure that replaces missing bones with material from the patient's own body, or from an artificial, synthetic, or natural substitute.
Brachial plexus	A network of nerves created by the front branches of the lower four cervical and first thoracic nerve, the C5, C6, C7, C8, and T1 spinal nerves, that supplies the chest, shoulder, and arm.
Bronchoscopy	An endoscopic examination of the bronchial tubes that carry air to the lungs.
Bursa	Fluid filled sac that prevents joints, muscles, and tendons from rubbing together.
Bursitis	Inflammation of the small fluid filled pads, or bursa, that act as cushions between the bones, tendons and muscles near joints.
Carotid endarterectomy	Surgical removal of plaque in the carotid artery.
Carotid sinus	A dilated area present just above the division of carotid arteries that senses changes to blood pressure.
Carpal tunnel	Passageway formed by the concave carpus bone and the flexor retinaculum covering it on the palmar side of the wrist through which the median nerve passes; the carpal tunnel also houses ten flexor tendons of the hand.
Carpus	Group of small bones that form the wrist.
Cartilage	Fibrous connective tissue that is strong but flexible; it is found on the surface of joints and composes structures like the nose and ear.
Catheter	A flexible tube that can be inserted into a vessel through which instruments can be passed, blood withdrawn, or fluids instilled; also, a flexible tube inserted into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Centrifugation	Process that rotates a mixture around a fixed axis at a high speed to separate it into its component parts.
Cerebrospinal fluid, CSF	A clear watery fluid that originates and flows in the ventricles and all over the brain and spinal cord and helps to maintain a consistent pressure in the brain and spinal cord.
Cervical lymph nodes	Lymph nodes located in the neck.
Cervical plexus	A network of nerves created by the front branches of the first four cervical nerves, the C1, C2, C3, and C4 spinal nerves, that supplies the skin and muscles of the neck, chest, diaphragm, and part of the face.
Cervical spine	Neck, containing vertebrae enumerated C1 through C7.
Cervical vertebrae	Seven vertebrae situated within the neck, between the head and thoracic vertebrae in the spinal column, designated by the symbols C1 through C7.
Chemodenervation	A technique that uses a chemical compound to temporarily block the nerve signals to muscles.
Chromatography	Chromatography methodologies separate and analyze the level or presence of a specific analyte in a chemical mixture carried by liquid or gas.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition.
Clinical staff member	A person who works under the supervision of a provider or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but does not individually report that professional service; other policies may also affect who may report specified services.
Comorbidity	Existence of one or more additional diseases.

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