

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

CODERS' SPECIALTY GUIDE

Pediatrics



Contents

Introduction	3
General	5
Integumentary System	.13
Musculoskeletal System	145
Respiratory System	175
Cardiovascular System	184
Mediastinum and Diaphragm	227
Digestive System	228
Urinary System	
Male Genital System	262
Female Genital System	266
Nervous System	
Eye and Ocular Adnexa	
Auditory System	
Radiology	
Pathology and Laboratory	
Medicine	
Evaluation and Management	
Proprietary Laboratory Analyses	
	UTJ
HCPCS Level II Codes	<i>-</i> 4 4
 Medical and Surgical Supplies Outpatient PPS 	
Durable Medical Equipment	
• •	
Procedures/Professional Services	
Durable Medical Equipment (DME)	
Medical Services	
• Temporary Codes	
Temporary National Codes (Non-Medicare)	
National Codes Established for State Medicaid Agencies	
Coronavirus Diagnostic Panel	670
ICD-10 CrossRef Details	673
Modifier Descriptors	005
Terminology	015
Code Index	047

+10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10006, +10008, +10010 and +10012 for each additional lesion respectively.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: \$52.34, OPPS Facility: \$27.91, OPPS Non Facility: \$27.91

RVU Facility Work RVU: 0.80, PE RVU: 0.34, Malpractice RVU: 0.11, Total RVU: 1.25

RVU Non-Facility Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

 $0213T^1,0216T^1,10012^1,10035^1,19281^1,19283^1,19285^1,19287^1,\\36000^1,36410^1,36591^0,36592^0,61650^1,62324^1,62325^1,62326^1,\\62327^1,64415^1,64416^1,64417^1,64450^1,64454^1,64486^1,64487^1,\\64488^1,64489^1,64490^1,64493^1,76000^1,76380^1,76942^1,76998^1,\\77001^1,77002^1,77012^1,77021^1,96360^1,96365^1,96372^1,96374^1,\\96375^1,96376^1,96377^1,96523^0,J2001^1$

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.40, C84.41, C84.45, C84.49, C84.Z0, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, 170.335, 170.345, 170.435, 170.445, 170.535, 170.545, 170.635, 170.645, 170.735, 170.745, 182.91, 188.1-188.9, 189.8, 197.410-197.418, 197.42, 197.610-197.618, 197.622, 197.640-197.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18-to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$73.62, Non Facility: \$139.22, OPPS Facility: \$50.94, OPPS Non Facility: \$50.94

RVU Facility Work RVU: 1.46, PE RVU: 0.50, Malpractice RVU: 0.15, Total RVU: 2.11

RVU Non-Facility Work RVU: 1.46, PE RVU: 2.38, Malpractice RVU: 0.15. Total RVU: 3.99

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

Modifier Allowances 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10004¹, 10008¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.76, C84.77, C84.78, C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.1, D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41,

H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, 170.335, 170.345, 170.435, 170.445, 170.535, 170.545, 170.635, 170.645, 170.735, 170.745, 182.91, 188.1-188.9, 189.8, 197.410-197.418, 197.42, 197.610-197.618, 197.622, 197.640-197.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M71.30, M79.4, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, \$14.114A-\$14.114\$, \$14.115A-\$14.115\$, \$14.116A-\$14.116\$, \$14.117A-\$14.117\$, \$14.118A-\$14.118\$, \$14.119A-\$14.119\$, \$14.151A-\$14.151\$, \$14.152A-\$14.152\$, \$14.153A-\$14.153\$, \$14.154A-\$14.154\$, \$14.155A-\$14.155\$, \$14.156A-\$14.156\$, \$14.157A-\$14.157\$, \$14.158A-\$14.158\$, \$14.159A-\$14.159\$, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+10006

Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

10030

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

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$137.83, Non Facility: \$681.46, OPPS Facility: \$95.96, OPPS Non Facility: \$95.96

RVU Facility Work RVU: 2.75, PE RVU: 0.94, Malpractice RVU: 0.26, Total RVU: 3.95

RVU Non-Facility Work RVU: 2.75, PE RVU: 16.52, Malpractice RVU: 0.26, Total RVU: 19.53

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: 9, Endoscopic Base Code: None, MIJF: 2

Modifier Allowances 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AQ, AR, AS, GA, GC, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

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>, 10060<sup>1</sup>, 10061<sup>1</sup>, 10080<sup>1</sup>, 10081<sup>1</sup>, 10140<sup>1</sup>, 10160<sup>1</sup>, 11055<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11401<sup>1</sup>, 11402<sup>1</sup>, 11403<sup>1</sup>, 11404<sup>1</sup>, 11406<sup>1</sup>, 11421<sup>1</sup>, 11422<sup>1</sup>, 11423<sup>1</sup>, 11424<sup>1</sup>, 11426<sup>1</sup>, 11441<sup>1</sup>, 11442<sup>1</sup>, 11443<sup>1</sup>, 11444<sup>1</sup>, 11446<sup>1</sup>, 11450<sup>1</sup>, 11451<sup>1</sup>, 11462<sup>1</sup>, 11463<sup>1</sup>, 11470<sup>1</sup>, 11471<sup>1</sup>, 11600<sup>1</sup>, 11601<sup>1</sup>, 11602<sup>1</sup>, 11603<sup>1</sup>, 11604<sup>1</sup>, 11640<sup>1</sup>, 11641<sup>1</sup>, 11642<sup>1</sup>, 11643<sup>1</sup>, 11644<sup>1</sup>, 11646<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11765<sup>1</sup>,
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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>, 20500<sup>1</sup>, 29580<sup>1</sup>,
29581<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>, 43752<sup>1</sup>, 51701<sup>1</sup>,
51702<sup>1</sup>, 51703<sup>1</sup>, 61650<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>,
623250, 623260, 623270, 644000, 644050, 644080, 644150, 644160,
644170, 644180, 644200, 644210, 644250, 644300, 644350, 644450,
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>,
644620, 644630, 644790, 644800, 644830, 644840, 644860, 644870
64488°, 64489°, 64490°, 64491°, 64492°, 64493°, 64494°, 64495°,
64505°, 64510°, 64517°, 64520°, 64530°, 69990°, 75989¹, 76000¹,
76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77002<sup>1</sup>, 77003<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 92012<sup>1</sup>,
92014<sup>1</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>, 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>, 97605<sup>1</sup>, 97606<sup>1</sup>, 97607<sup>1</sup>, 97608<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>,
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>, G0127<sup>1</sup>, G0463<sup>1</sup>,
G0471<sup>1</sup>, J0670<sup>1</sup>, J2001<sup>1</sup>
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ICD-10 CrossRef

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

10040

Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

Clinical Responsibility

With the patient appropriately prepared, the provider opens up or removes acne lesions, such as milia, comedones, cysts, or pustules. For smaller, uncomplicated lesions like comedones, he may remove them mechanically with an extractor, a suction-type instrument. For other lesions, he may use a fine-tipped needle or pointed blade to open up the lesion and remove the contents. If

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$176.56, Non Facility: \$348.93, OPPS Facility: \$87.23, OPPS Non Facility: \$87.23

RVU Facility Work RVU: 2.50, PE RVU: 2.15, Malpractice RVU: 0.41, Total RVU: 5.06

RVU Non-Facility Work RVU: 2.50, PE RVU: 7.09, Malpractice RVU: 0.41, Total RVU: 10.00

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10080¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, $62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ},$ 644150, 644160, 644170, 644180, 644200, 644210, 644250, 644300, 64435°, 64445°, 64446°, 64447°, 64448°, 64449°, 64450°, 64451°, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, $95813^1, 95816^1, 95819^1, 95822^1, 95829^1, 95955^1, 96360^1, 96361^1,$ 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, 99495°, 99496°, G04631, G04711, J06701, J20011

ICD-10 CrossRef

L05.01, L05.02, L05.91, L05.92, Q82.6

10120

Incision and removal of foreign body, subcutaneous tissues; simple

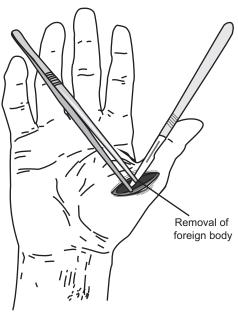
Clinical Responsibility

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

Coding Tips

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

Illustration



10120

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$106.08, Non Facility: \$157.02, OPPS Facility: \$42.57, OPPS Non Facility: \$42.57

RVU Facility Work RVU: 1.22, PE RVU: 1.68, Malpractice RVU: 0.14, Total RVU: 3.04

RVU Non-Facility Work RVU: 1.22, PE RVU: 3.14, Malpractice RVU: 0.14, Total RVU: 4.50

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 11055¹, 11056¹, 11057¹, 11719¹, 11720¹, 11721¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹,

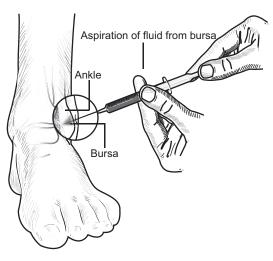
20605

Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a needle through the skin into the joint or bursa. He then uses a syringe with the needle to remove fluid from the joint or bursa. After he aspirates the joint or bursa, he sends the fluid sample to the laboratory for further examination. He may also inject a drug into the joint or bursa for therapeutic purposes such as pharmacotherapy or lavage. He then removes the needle and applies pressure to stop any bleeding. He does not use ultrasound guidance to perform this procedure. Use this code only when the provider performs an aspiration or injection in an intermediate joint or bursa without ultrasound guidance.

Illustration



20605

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$38.03, Non Facility: \$55.13, OPPS Facility: \$23.73, OPPS Non Facility: \$23.73

RVU Facility Work RVU: 0.68, PE RVU: 0.32, Malpractice RVU: 0.09, Total RVU: 1.09

RVU Non-Facility Work RVU: 0.68, PE RVU: 0.81, Malpractice RVU: 0.09, Total RVU: 1.58

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: 2

Modifier Allowances 22, 47, 50, 51, 52, 58, 59, 63, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, GZ, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

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00400°, 01380°, 0232T1, 0481T1, 0596T1, 0597T1, 100301, 100601,
10061<sup>1</sup>, 10140<sup>1</sup>, 10160<sup>1</sup>, 11010<sup>1</sup>, 11900<sup>1</sup>, 12011<sup>1</sup>, 15852<sup>1</sup>, 20526<sup>1</sup>,
20527<sup>1</sup>, 20550<sup>1</sup>, 20551<sup>1</sup>, 20552<sup>1</sup>, 20553<sup>1</sup>, 20560<sup>1</sup>, 20561<sup>1</sup>, 24300<sup>1</sup>,
25259<sup>1</sup>, 26340<sup>1</sup>, 29065<sup>1</sup>, 29075<sup>1</sup>, 29085<sup>1</sup>, 29105<sup>1</sup>, 29125<sup>1</sup>, 29126<sup>1</sup>,
29240<sup>1</sup>, 29260<sup>1</sup>, 29405<sup>1</sup>, 29425<sup>1</sup>, 29445<sup>1</sup>, 29505<sup>1</sup>, 29515<sup>1</sup>, 29540<sup>1</sup>,
29580<sup>1</sup>, 29581<sup>1</sup>, 29584<sup>1</sup>, 29705<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>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 64400<sup>1</sup>, 64405<sup>1</sup>, 64408<sup>1</sup>,
64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64418<sup>1</sup>, 64420<sup>1</sup>, 64421<sup>1</sup>, 64425<sup>1</sup>, 64430<sup>1</sup>,
64435<sup>1</sup>, 64445<sup>1</sup>, 64446<sup>1</sup>, 64447<sup>1</sup>, 64448<sup>1</sup>, 64449<sup>1</sup>, 64450<sup>1</sup>, 64451<sup>1</sup>,
64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64480<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>,
64488<sup>1</sup>, 64489<sup>1</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>1</sup>, 64510<sup>1</sup>, 64517<sup>1</sup>, 64520<sup>1</sup>,
64530<sup>1</sup>, 64704<sup>1</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 76881<sup>1</sup>, 76882<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>,
77001<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</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>, 95907<sup>1</sup>, 95908<sup>1</sup>,
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96377<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>,
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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>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>, J2001<sup>1</sup>
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ICD-10 CrossRef

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

23500

Closed treatment of clavicular fracture; without manipulation

Clinical Responsibility

A clavicular fracture is a crack in the clavicle, or collar bone.

When the patient is appropriately prepped, the provider performs a closed treatment of a clavicle bone fracture if the break appears clean and well aligned as evident from a separately reportable X-ray. He performs no manipulation, or adjustment, of the fractured bone in this procedure. He places the patient in a sling or brace for a period of four to six weeks to help with healing. He may also perform a separately reportable X-ray examination of the clavicle bone to confirm the reduction of the fracture.

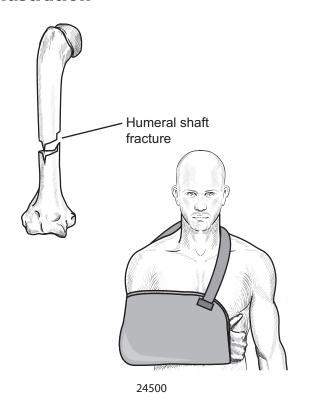
Coding Tips

When the provider performs a closed treatment of a clavicle fracture with manipulation, or he adjust the ends of the fractured clavicle back into their normal position, use code 23505, Closed treatment of clavicular fracture; with manipulation.

for surgery, you would expect to see the same diagnosis code for both the E/M and the surgical procedure. The provider would not make a decision for surgery based on a significant problem unrelated to the procedure.

Do not forget to report additional supplies of casting materials. CMS has approximately 50 Q HCPCS Level II codes that address supply issues with casting and splinting applications.

Illustration



Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$344.05, Non Facility: \$374.40, OPPS Facility: \$118.99, OPPS Non Facility: \$118.99

RVU Facility Work RVU: 3.41, PE RVU: 5.80, Malpractice RVU: 0.65, Total RVU: 9.86

RVU Non-Facility Work RVU: 3.41, PE RVU: 6.67, Malpractice RVU: 0.65, Total RVU: 10.73

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

Modifier Allowances 22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

01710⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹,

12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 24300¹, 29049¹, 29055¹, 29058¹, 29065¹, 29075¹, 29105¹, 29125¹, 29240¹, 29260¹, 29584¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326°, 62327°, 64400°, 64405°, 64408°, 64415°, 64416°, 64417°, 644180, 644200, 644210, 644250, 644300, 644350, 644450, 644460, 64447°, 64448°, 64449°, 64450°, 64451°, 64454°, 64461°, 64462°, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 644890, 644900, 644910, 644920, 644930, 644940, 644950, 645050, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 77001¹, 77002¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, $96377^1, 96523^0, 97597^1, 97598^1, 97602^1, 97605^1, 97606^1, 97607^1,$ 97608¹, 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, 99496°, G04631, G04711

ICD-10 CrossRef

M80.021A, M80.022A, M80.029A, M80.821A, M80.822A, M80.829A, M84.421A, M84.422A, M84.429A, M84.521A, M84.522A, M84.529A, M84.529A, M84.621A, M84.622A, M84.629A, S42.301A, S42.302A, S42.309A, S42.311A, S42.312A, S42.319A, S42.324A, S42.325A, S42.326A, S42.334A, S42.335A, S42.336A, S42.344A, S42.345A, S42.346A, S42.354A, S42.355A, S42.36A, S42.364A, S42.365A, S42.366A, S42.391A, S42.392A, S42.399A, X00.2XXA-X00.2XXS, X00.4XXA-X00.4XXS, X00.5XXA, X00.5XXS, X00.8XXA-X00.8XXS, X01.4XXA-X01.4XXS, X01.8XXA-X01.8XXS, X02.2XXA-X02.2XXS, X02.4XXA-X02.4XXS, X02.5XXA-X02.5XXS, X02.4XXA-X03.4XXS, X03.8XXA-X03.8XXS, Y36.440A-Y36.440S, Y36.441A-Y36.441S, Y36.450A-Y36.450S, Y36.451A-Y36.451S

24640

Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider reduces the radial head subluxation by maneuvering it into proper anatomic alignment. For a difficult reduction, he may X-ray the arm and apply a cast or splint for immobilization.

Coding Tips

You'll typically be able to report a separate evaluation and management, or E/M, code along with 24640, since the provider

74018

Radiologic examination, abdomen; 1 view

Clinical Responsibility

An abdominal X-ray covers organs such as the stomach, liver, spleen, large and small intestines, and diaphragm. When a single view of the abdomen is performed, it is often called a "scout film" for a more extensive procedure or a KUB, which stands for kidneys, ureters, and bladder. In this procedure provider positions the patient in a standing or lying position. To perform in a standing position, the patient is asked to step behind a wall where the X-ray machine is kept and to stand straight in front of the machine. To perform in a lying position, patient is asked to lie down on the bed and the X-ray machine is positioned over the abdomen. The provider instructs the patient to hold his breath and stay still for 2 to 3 seconds while the X-ray pictures are taken. This is done to prevent blurring of the X-ray image.

Coding Tips

For two views of the abdomen, report 74019, and for 3 or more views report 74021.

Be sure that the provider's documentation clearly describes each view taken in a radiology service. Check the documentation for the patient's body position and projection of the X-ray to assign the correct number of views.

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$30.36, Non Facility: \$30.36, OPPS Facility: \$90.02, OPPS Non Facility: \$90.02

RVU Facility Work RVU: 0.18, PE RVU: 0.67, Malpractice RVU: 0.02, Total RVU: 0.87

RVU Non-Facility Work RVU: 0.18, PE RVU: 0.67, Malpractice RVU: 0.02, Total RVU: 0.87

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: 3

Modifier Allowances 22, 26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

36591°, 36592°, 96523°

ICD-10 CrossRef

C45.7, C79.89, C79.9, D17.72, D17.79, K22.3, K25.1-K25.3, K25.5, K25.6, K25.7, K25.9, K26.1-K26.3, K26.5, K26.6, K26.7, K26.9, K27.1-K27.3, K27.5, K27.6, K27.7, K27.9, K28.1-K28.3, K28.5, K28.6, K28.7, K28.9, K50.012, K50.112, K50.812, K50.912, K51.012, K51.212, K51.312, K51.412, K51.512, K51.812, K51.912, K56.1, K56.50-K56.52, K56.600-K56.609, K56.690, K56.691, K57.00, K57.01, K57.10-K57.13, K57.20, K57.21, K57.30-K57.33, K57.40, K57.41, K57.50-K57.53, K57.80, K57.81, K57.90-K57.93, K63.1, K68.11, K82.2, K83.2, K85.10-K85.12, K85.20-K85.22, K85.90-K85.92, K86.0, K86.1, M27.51, N20.0-N20.9, P78.0, R10.0-R10.2, R10.10-R10.13, R10.30-R10.33, R10.84, R10.9, R14.1, R19.11-R19.15, T33.3XXD, T33.3XXS, T75.89XD, T75.89XS, T81.61XD, T81.61XS, T81.69XD, T81.69XS, Y37.210A, Y37.211A, Y37.220A, Y37.221A, Y37.230A, Y37.231A, Y37.240A, Y37.241A, Y37.250A, Y37.251A, Y37.260A, Y37.261A, Y37.290A, Y37.291A, Y37.300A, Y37.301A, Y37.320A, Y37.321A, Y37.390A, Y37.391A, Y37.410A, Y37.411A, Y37.420A, Y37.421A, Y37.430A, Y37.431A, Y37.92XA, Y38.1X1A, Y38.1X2A, Y38.1X3A, Y38.2X1A, Y38.2X2A, Y38.2X3A, Y38.3X1A, Y38.3X2A, Y38.3X3A, Y38.4X1A, Y38.4X2A, Y38.4X3A, Y38.80XA, Y38.891A, Y38.892A, Y38.893A, Y38.9X1A, Y38.9X2A, Z03.823

74220

Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

Clinical Responsibility

For a diagnostic exam commonly called a barium swallow or esophagram, the provider positions the patient on an X-ray table. The provider may take scout films of the chest prior to giving the patient contrast. The patient swallows a barium drink which coats the esophageal lining. Single contrast means that the procedure is performed using only the barium sulfate that the patient swallows, whereas, in a double-contrast study, air would be added to both expand the esophagus and cause the barium to adhere better to the lining. The provider takes X-rays and/or uses fluoroscopy to visualize the barium's path down the esophagus in real time. Fluoroscopy is a live X-ray where the X-ray image appears on a fluorescent screen television monitor; providers often use fluoroscopy to view body structures while performing procedures. The provider evaluates the function and appearance of the esophagus as well as the swallowing process. The provider may reposition the patient during the exam. Based on initial findings, the provider may take additional delayed films hours after the initial imaging. The provider completes a written report detailing her findings, including any narrowing, blockages, enlarged veins, and any other anomalies of structure or function.

Coding Tips

For a double-contrast study with high-density barium and an effervescent agent, see 74221.

digital images that display the baby's development. The provider may also choose to image the placenta and pelvis of the mother.

Coding Tips

Because +74713 is an add-on code, payers will not reimburse you if you report it without the primary code, 74712, for a single or first gestation.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$227.15, Non Facility: \$227.15, OPPS Facility: \$64.55, OPPS Non Facility: \$64.55

RVU Facility Work RVU: 1.85, PE RVU: 4.56, Malpractice RVU: 0.10, Total RVU: 6.51

RVU Non-Facility Work RVU: 1.85, PE RVU: 4.56, Malpractice RVU: 0.10, Total RVU: 6.51

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

Modifier Allowances 22, 26, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GR, GY, GZ, KX, MA, MB, MC, MD, ME, MF, MG, MH, PD, Q5, Q6, QQ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

 $01922^{0}, 36591^{0}, 36592^{0}, 72195^{0}, 72196^{0}, 96523^{0}$

ICD-10 CrossRef

O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.519, O09.521-O09.529, O09.611-O09.619, O09.621-O09.629, O09.891-O09.899, O09.90-O09.93, O12.00-O12.05, O12.14, O12.15, O12.21-O12.25, O13.4, O13.5, O16.4, O16.5, O26.00-O26.02, O30.292, O30.293, O30.299, O30.801-O30.809, O30.811-O30.819, O30.821-O30.829, O30.831-O30.839, O30.891-O30.899, O30.90-O30.93, O31.10X0-O31.10X9, O31.11X0-O31.11X9, O31.12X0-O31.12X9, O31.13X0-O31.3X9, O33.7XX0-O33.7XX9, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O99.891, P04.11-P04.1A, P04.40, P04.42, P04.81, P04.89, Z3A.00, Z3A.14-Z3A.19, Z3A.17, Z3A.18, Z3A.19, Z3A.20-Z3A.23

75561

Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences

Clinical Responsibility

Cardiac MRI is a radiological imaging technique that provides three-dimensional images of any defects or abnormality present in the heart. The provider removes any foreign object or metal from the patient's body and makes the patient lie in a narrow tunnel that has an MRI machine at the other end. She takes several images of the cross section of heart. The characteristic magnetic properties of MRI use hydrogen from the patient's body

and transmit signals that create strong electromagnetic fields. This electromagnetic field produces high resolution images. The provider initially obtains images without administration of contrast and then administers contrast to obtain images. She repeats this sequence of contrast for each slide.

Coding Tips

If the provider examines the structure and function of the heart without administrating any contrast agent, use 75557, Cardiac magnetic resonance imaging for morphology and function without contrast material.

If the provider performs cardiac MRI to study the structure and function of heart without contrast, along with stress imaging, use 75559, Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging.

If the provider performs cardiac MRI to study the structure and function of heart without contrast and then with contrast along with stress imaging, use 75563, Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging.

If the provider performs velocity flow mapping along with studying the structure and function of heart, report add-on code +75565, Cardiac magnetic resonance imaging for velocity flow mapping.

There may be rare instances where one provider supervises the radiology service and another provider interprets it. According to Medicare guidelines, each provider should report the radiology code and append reduced service modifier 52. Each should also append modifier 26 to the code to report only the professional component.

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$422.90, Non Facility: \$422.90, OPPS Facility: \$494.78, OPPS Non Facility: \$494.78

RVU Facility Work RVU: 2.60, PE RVU: 9.39, Malpractice RVU: 0.13, Total RVU: 12.12

RVU Non-Facility Work RVU: 2.60, PE RVU: 9.39, Malpractice RVU: 0.13, Total RVU: 12.12

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test:

ICD-10 CrossRef Details

A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae	A07.2	Cryptosporidiosis
A00.1	Cholera due to Vibrio cholerae 01, biovar eltor	A07.3	Isosporiasis
A00.9	Cholera, unspecified	A07.4	Cyclosporiasis
A01.00	Typhoid fever, unspecified	A07.8	Other specified protozoal intestinal diseases
A01.01	Typhoid meningitis	A07.9	Protozoal intestinal disease, unspecified
A01.02	Typhoid fever with heart involvement	A08.0	Rotaviral enteritis
A01.03	Typhoid pneumonia	A08.11	Acute gastroenteropathy due to Norwalk agent
A01.04	Typhoid arthritis	A08.19	Acute gastroenteropathy due to other small round viruses
A01.05	Typhoid osteomyelitis	A08.2	Adenoviral enteritis
A01.09	Typhoid fever with other complications	A08.31	Calicivirus enteritis
A01.1	Paratyphoid fever A	A08.32	Astrovirus enteritis
A01.2	Paratyphoid fever B	A08.39	Other viral enteritis
A01.3	Paratyphoid fever C	A08.4	Viral intestinal infection, unspecified
A01.4	Paratyphoid fever, unspecified	A08.8	Other specified intestinal infections
A02.0	Salmonella enteritis	A09	Infectious gastroenteritis and colitis, unspecified
A02.1	Salmonella sepsis	A15.0	Tuberculosis of lung
A02.20	Localized salmonella infection, unspecified	A15.4	Tuberculosis of intrathoracic lymph nodes
A02.21	Salmonella meningitis	A15.5	Tuberculosis of larynx, trachea and bronchus
A02.22	Salmonella pneumonia	A15.6	Tuberculous pleurisy
A02.23	Salmonella arthritis	A15.7	Primary respiratory tuberculosis
A02.24	Salmonella osteomyelitis	A15.8	Other respiratory tuberculosis
A02.25	Salmonella pyelonephritis	A15.9	Respiratory tuberculosis unspecified
A02.29	Salmonella with other localized infection	A17.0	Tuberculous meningitis
A02.8	Other specified salmonella infections	A17.1	Meningeal tuberculoma
A02.9	Salmonella infection, unspecified	A17.81	Tuberculoma of brain and spinal cord
A03.0	Shigellosis due to Shigella dysenteriae	A17.82	Tuberculous meningoencephalitis
A03.1	Shigellosis due to Shigella flexneri	A17.83	Tuberculous neuritis
A03.2	Shigellosis due to Shigella boydii	A17.89	Other tuberculosis of nervous system
A03.3	Shigellosis due to Shigella sonnei	A17.9	Tuberculosis of nervous system, unspecified
A03.8	Other shigellosis	A18.01	Tuberculosis of spine
A03.9	Shigellosis, unspecified	A18.02	Tuberculous arthritis of other joints
A04.0	Enteropathogenic Escherichia coli infection	A18.03	Tuberculosis of other bones
A04.1	Enterotoxigenic Escherichia coli infection	A18.09	Other musculoskeletal tuberculosis
A04.2	Enteroinvasive Escherichia coli infection	A18.10	Tuberculosis of genitourinary system, unspecified
A04.3	Enterohemorrhagic Escherichia coli infection	A18.11	Tuberculosis of kidney and ureter
A04.4	Other intestinal Escherichia coli infections	A18.12	Tuberculosis of bladder
A04.5	Campylobacter enteritis	A18.13	Tuberculosis of other urinary organs
A04.6	Enteritis due to Yersinia enterocolitica	A18.14	Tuberculosis of prostate
A04.71	Enterocolitis due to Clostridium difficile, recurrent	A18.15	Tuberculosis of other male genital organs
A04.72	Enterocolitis due to Clostridium difficile, not specified as	A18.16	Tuberculosis of cervix
***	recurrent	A18.17	Tuberculous female pelvic inflammatory disease
A04.8 A04.9	Other specified bacterial intestinal infections	A18.18	Tuberculosis of other female genital organs
	Bacterial intestinal infection, unspecified	A18.2	Tuberculous peripheral lymphadenopathy
A05.0 A05.1	Foodborne staphylococcal intoxication Botulism food poisoning	A18.31 A18.32	Tuberculous peritonitis
A05.1 A05.2		A18.32	Tuberculous enteritis
AU3.2	Foodborne Clostridium perfringens [Clostridium welchii]		Retroperitoneal tuberculosis Tuberculosis of skin and subcutaneous tissue
A05.3	intoxication Foodborne Vibrio parahaemolyticus intoxication	A18.4 A18.50	Tuberculosis of skill and subcutaneous tissue Tuberculosis of eye, unspecified
A05.4	Foodborne Bacillus cereus intoxication	A18.51	Tuberculous episcleritis
A05.5	Foodborne Vibrio vulnificus intoxication	A18.52	Tuberculous keratitis
A05.8	Other specified bacterial foodborne intoxications	A18.53	Tuberculous chorioretinitis
A05.9	Bacterial foodborne intoxication, unspecified	A18.54	Tuberculous iridocyclitis
A06.0	Acute amebic dysentery	A18.59	Other tuberculosis of eye
A06.1	Chronic intestinal amebiasis	A18.6	Tuberculosis of (inner) (middle) ear
A06.2	Amebic nondysenteric colitis	A18.7	Tuberculosis of adrenal glands
A06.3	Ameboma of intestine	A18.81	Tuberculosis of thyroid gland
A06.4	Amebic liver abscess	A18.82	Tuberculosis of other endocrine glands
A06.5	Amebic lung abscess	A18.83	Tuberculosis of digestive tract organs, not elsewhere
A06.6	Amebic brain abscess		classified
A06.7	Cutaneous amebiasis	A18.84	Tuberculosis of heart
A06.81	Amebic cystitis	A18.85	Tuberculosis of spleen
A06.82	Other amebic genitourinary infections	A18.89	Tuberculosis of other sites
A06.89	Other amebic infections	A19.0	Acute miliary tuberculosis of a single specified site
A06.9	Amebiasis, unspecified	A19.1	Acute miliary tuberculosis of multiple sites
A07.0	Balantidiasis	A19.2	Acute miliary tuberculosis, unspecified
A07.1	Giardiasis [lambliasis]	A19.8	Other miliary tuberculosis

A56.09 Other chamydial infection of lower genitourinary tract A56.11 Chlamydial ferable pelvic inflammatory disease A56.12 Chlamydial infection of openitourinary tract, unspecified A56.13 Chlamydial infection of anus and rectum A56.14 Chlamydial infection of anus and rectum A56.15 Chlamydial infection of anus and rectum A56.16 Chlamydial infection of anus and rectum A56.17 Chamydial infection of anus and rectum A57.18 Chamydial infection of parts A56.19 Chlamydial infection of other sites A57.10 Chamydial infection of pharymx A56.10 Chlamydial infection of pharymx A56.10 Chlamydial infection of pharymx A57.11 Chancold A57.12 Chancold A57.12 Chancold A57.13 Chancold A57.14 Chlamydial infection of other sites A58.15 Chlamydial infection of other sites A59.01 Trichomonal prostatitis A59.01 Trichomonal prostatitis A59.01 Trichomonal prostatitis A59.01 Trichomonal prostatitis A59.02 Trichomonal prostatitis A59.03 Trichomonal prostatitis A59.03 Trichomonal prostatitis A59.04 Chreepositral infection of penis A59.04 Chreepositral infection of penis A60.01 Herpesitral infection of penis A60.01 Herpesitral infection of penis A60.01 Herpesitral infection of other male genital organs A60.01 Herpesitral infection of other male genital organs A60.01 Herpesitral infection of other unogenital tract A60.01 Herpesitral infectio	nported Idigenous
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A67.9 Pinta, unspecified A68.0 Louse-borne relapsing fever A68.1 Tick-borne relapsing fever A68.9 Relapsing fever, unspecified A69.0 Necrotizing ulcerative stomatitis A69.1 Other Vincent's infections A69.20 Lyme disease, unspecified A69.21 Meningitis due to Lyme disease A69.22 Other neurologic disorders in Lyme disease A69.23 Arthritis due to Lyme disease A69.24 Afthritis due to Lyme disease A69.25 Other conditions associated with Lyme disease A69.26 Other specified spirochetal infections A69.27 After objections A69.28 Other specified spirochetal infections A69.29 Other specified spirochetal infections A69.3 Spirochetal infection, unspecified A69.4 Chlamydia psittaci infections A70 Chlamydia psittaci infections A71.0 Initial stage of trachoma A71.1 Active stage of trachoma A71.1 Active stage of trachoma A71.1 Epidemic vertigo	
A68.0 Louse-borne relapsing fever A68.1 Tick-borne relapsing fever A68.9 Relapsing fever, unspecified A69.0 Necrotizing ulcerative stomatitis A69.1 Other Vincent's infections A69.2 Lyme disease, unspecified A69.2 Other neurologic disorders in Lyme disease A69.2 Other neurologic disorders in Lyme disease A69.2 Arthritis due to Lyme disease A69.2 Other rounditions associated with Lyme disease A69.2 Other specified viral encephalitis A69.2 Other specified viral encephalitis A69.2 Other neurologic disorders in Lyme disease A69.2 Other neurologic disorders in Lyme disease A69.2 Other specified viral encephalitis A69.3 Arthritis due to Lyme disease A69.4 Other specified viral encephalitis A69.5 Other specified spirochetal infections A69.6 Other specified spirochetal infections A69.7 Spirochetal infection, unspecified A70 Chlamydia psittaci infections A71.0 Initial stage of trachoma A71.1 Active stage of trachoma A71.1 Active stage of trachoma A71.1 Epidemic vertigo	iii spiiiig suiiiiilei
A68.1 Tick-borne relapsing fever A68.9 Relapsing fever, unspecified A69.0 Necrotizing ulcerative stomatitis A69.1 Other Vincent's infections A69.2 Lyme disease, unspecified A69.2 Meningitis due to Lyme disease A69.2 Other neurologic disorders in Lyme disease A69.2 Other neurologic disorders in Lyme disease A69.2 Arthritis due to Lyme disease A69.2 Other rounditions associated with Lyme disease A69.2 Other specified viral encephalitis A69.2 Other specified viral encephalitis A69.2 Other neurologic disorders in Lyme disease A69.3 Arthritis due to Lyme disease A69.4 Other specified viral encephalitis A69.5 Other specified spirochetal infections A69.6 Other specified spirochetal infections A69.7 Spirochetal infection, unspecified A70. Chlamydia psittaci infections A71.0 Initial stage of trachoma A71.1 Active stage of trachoma A71.1 Epidemic vertigo	
A68.9Relapsing fever, unspecifiedA84.89Other tick-borne viral encephalitisA69.0Necrotizing ulcerative stomatitisA84.9Tick-borne viral encephalitis, unspecifiedA69.1Other Vincent's infectionsA85.0Enteroviral encephalitisA69.20Lyme disease, unspecifiedA85.1Adenoviral encephalitisA69.21Meningitis due to Lyme diseaseA85.2Arthropod-borne viral encephalitis, unspecifiedA69.22Other neurologic disorders in Lyme diseaseA85.8Other specified viral encephalitisA69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.1Other Vincent's infectionsA85.0Enteroviral encephalitisA69.20Lyme disease, unspecifiedA85.1Adenoviral encephalitisA69.21Meningitis due to Lyme diseaseA85.2Arthropod-borne viral encephalitis, unspecifiedA69.22Other neurologic disorders in Lyme diseaseA85.8Other specified viral encephalitisA69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.20Lyme disease, unspecifiedA85.1Adenoviral encephalitisA69.21Meningitis due to Lyme diseaseA85.2Arthropod-borne viral encephalitis, unspecifiedA69.22Other neurologic disorders in Lyme diseaseA85.8Other specified viral encephalitisA69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.21Meningitis due to Lyme diseaseA85.2Arthropod-borne viral encephalitis, unspectionA69.22Other neurologic disorders in Lyme diseaseA85.8Other specified viral encephalitisA69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.22Other neurologic disorders in Lyme diseaseA85.8Other specified viral encephalitisA69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.23Arthritis due to Lyme diseaseA86Unspecified viral encephalitisA69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	cified
A69.29Other conditions associated with Lyme diseaseA87.0Enteroviral meningitisA69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.8Other specified spirochetal infectionsA87.1Adenoviral meningitisA69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A69.9Spirochetal infection, unspecifiedA87.2Lymphocytic choriomeningitisA70Chlamydia psittaci infectionsA87.8Other viral meningitisA71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A70 Chlamydia psittaci infections A87.8 Other viral meningitis A71.0 Initial stage of trachoma A88.0 Enteroviral exanthematous fever [Boston A71.1 Active stage of trachoma A88.1 Epidemic vertigo	
A71.0Initial stage of trachomaA88.0Enteroviral exanthematous fever [BostonA71.1Active stage of trachomaA88.1Epidemic vertigo	
A71.1 Active stage of trachoma A88.1 Epidemic vertigo	exanthem1
A71.5 Hachoma, unspecified A60.6 Other specified viral infections of central in	nervous system
A74.0 Chlamydial conjunctivitis A89 Unspecified viral infection of central nerv	•
A74.81 Chlamydial peritonitis A90 Dengue fever [classical dengue]	•
A74.89 Other chlamydial diseases A91 Dengue hemorrhagic fever	
A74.9 Chlamydial infection, unspecified A92.0 Chikungunya virus disease	
A75.0 Epidemic louse-borne typhus fever due to Rickettsia A92.1 O'nyong-nyong fever	
prowazekii A92.2 Venezuelan equine fever	
A75.1 Recrudescent typhus [Brill's disease] A92.30 West Nile virus infection, unspecified	
A75.2 Typhus fever due to Rickettsia typhi A92.31 West Nile virus infection with encephalitis	
A75.3 Typhus fever due to Rickettsia tsutsugamushi A92.32 West Nile virus infection with other neuro	
A75.9 Typhus fever, unspecified A92.39 West Nile virus infection with other comp	logic manifestation
A77.0 Spotted fever due to Rickettsia rickettsii A92.4 Rift Valley fever A77.1 Spotted fever due to Rickettsia conorii A92.5 Zika virus disease	logic manifestation
A77.1 Spotted lever due to Rickettsia conorn A92.5 Zika virus disease A77.2 Spotted fever due to Rickettsia siberica A92.8 Other specified mosquito-borne viral fever	logic manifestation
Spotted rever due to menercial aborned P220 Other specified mosquito-borne vital reve	logic manifestation lications

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	r 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
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of
AO .	service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
ВА	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
во	Orally administered nutrition, not by feeding tube
ВР	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
СВ	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
СС	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
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
СН	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
СО	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
СТ	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
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy

Terminology

Terminology	Explanation
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Ablation	Removal of a body part or organ or destruction of its function.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Absorption	Taking in of substances by tissues.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acid fast bacilli	Also called AFB, these bacteria resist loss of stain color when treated with a dilute acid, and are part of the taxonomic class bacillus that are typically rod shaped bacteria.
Acoustic immittance testing	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
Acoustic reflex	A measurement of the contraction of the stapedius muscle in response to loud sound.
Acromioclavicular, or AC, joint	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Activities of daily living (ADLs)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Acute respiratory distress	Sudden onset of difficulty breathing or periods of apnea, or failure to breathe.
Adaptive	Able to adjust to situations or environment.
Adenoids	Lymph tissue at the back of the throat near the base of the nose.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adhesion	Fibrous bands that form between tissues and organs, sometimes as a result of injury during surgery; they may be thought of as internal scar tissue.
Adjustable gastric restrictive device	A band placed around the stomach to restrict the size of the stomach; it encloses a balloon which can be adjusted by adding or removing saline via a reservoir and port attached just below the skin of the abdomen, effectively reducing or enlarging the outlet to regulate the amount of food that can pass through.
Adolescent	Teenager.
Aerobic	Indicating the presence of air or oxygen; in microbiology, referring to growth in the presence of air or oxygen.
Aerosol generator	A device that produces aerosol suspensions, as for inhalation therapy.
Agar	A gelatinous material derived from algae that labs often mix with nutrients and other desired substances for use as a solid substrate on which to culture or grow microorganisms or other cells.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
Albuterol	An inhaled bronchodilator.
Allergen	A substance, such as pollen, dust, dander, or venom, which triggers an allergic response.
Allergen immunotherapy	A treatment that involves periodic, gradual administration of purified allergen extracts via injection, aimed at overcoming or minimizing allergic reactions so that a patient develops tolerance to the allergens with fewer or no symptoms when exposed; allergy shots decrease the sensitivity to allergens and often lead to lasting relief of allergy symptoms.
Allergenic extract	Protein containing an extract purified from a substance that causes an allergic reaction in some individuals.
Allergic reaction	The result of the body's reaction to a specific substance that otherwise seems to be harmless but causes a severe reaction in a person allergic to the substance; also called anaphylaxis.

Terminology	Explanation	
Alveolar ridge	A ridge like border on the upper and lower jaw from where the teeth arise.	
Alveolus; pl. alveoli	Small sacs or air pockets in the lungs or jaws.	
A-mode, amplitude mode	A one-dimensional ultrasonic measurement.	
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.	
Amplitude electroencephalography, or EEG	Continuous monitoring of brain function via electrodes placed on the scalp and connected to a device that records brain waves graphically.	
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.	
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomosis include end to side and side to side.	
Anesthetic agent	Substance that reduces sensitivity to pain.	
Aneuploidy	Chromosome mutation involving an abnormal chromosome number, such as one or three chromosome copies in the nucleus of cells that have a normal chromosome number of two.	
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.	
Angiography	Imaging of vessels taken after the injection of a radiographic dye.	
Ankyloglossia	Also called tongue tie, is a minor defect present from birth in which the frenum is too short and it limits the movement of the tongue.	
Anoscopy	A procedure in which the provider passes a medical instrument called an anoscope through the anal cavity to examine the inner wall of the anus and the rectum.	
Anterior	Closer to the front part of the body.	
Anterolateral	Present in front and to the side of the body.	
Anteroposterior, or AP, view	The X-ray projection travels from front to back.	
Antibiotic	Substance that inhibits infection.	
Antibody	Also called immunoglobulin; a protein that the body produces in the blood as part of the immune response to neutralize specific invaders such as bacteria or viruses, but occasionally reacts to the patient's own body; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.	
Anticoagulant	An agent or chemical that is used to prevent the blood from normal clotting. It keeps the blood in liquid form so that it does not clot as there could be a time gap between collection and testing of blood sample (example of anticoagulants: Heparin, Citrate, etc.)	
Antigen	Foreign bodies, such as bacteria, that enter the human body, or substances that form within the body, that cause an immune response, such as antibody production, and possibly infection; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.	
Antihistamine	A drug that blocks the action of histamine in the body; histamine is responsible for allergic symptoms.	
Antimicrobial susceptibility	The testing for the microbial sensitivity to an antimicrobial agent such as an antibiotic.	
Antipyretic	A drug that prevents or reduces fever.	
Antisense oligonucleotide	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.	
Antitoxin	An antibody that counterbalances the toxin secreted by the antigen.	
Anus	External opening of the rectum where the gastrointestinal tract ends.	
Aorta	The main artery that comes out of the top of the left ventricle and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.	
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.	

Code Index

Codes	Page No.
0001A	552
0002A	553
0003A	553
0004A	554
0011A	555
0012A	555
0013A	556
0021A	556
0022A	557
0031A	558
0041A	558
0042A	559
0051A	560
0052A	560
0053A	561
0054A	562
0064A	562
0178U	643
+10004	5
10005	5
+10006	6
10007	7
+10008	8
10009	9
+10010	9
10011	10
+10012	10
10021	11
10030	13
10040	13
10060	14
10061	15
10080	16
10081	17
10120	18
10121	19
10140	20
10160	21
10180	22
11000	22
+11001	23
11004	24

Codes	Page No.
11005	25
11006	25
+11008	26
11010	27
11011	28
11012	30
11042	31
11043	32
11044	33
+11045	34
+11046	35
+11047	36
11055	36
11056	37
11057	38
11102	39
+11103	40
11104	41
+11105	42
11106	43
+11107	44
11200	45
+11201	46
11300	46
11301	47
11302	48
11303	49
11305	50
11306	51
11307	53
11308	54
11310	55
11311	56
11312	57
11313	58
11400	59
11401	60
11402	61
11403	62
11404	63
11406	64

11420

Codes	Page No.
11421	66
11422	67
11423	68
11424	69
11426	71
11440	72
11441	73
11442	74
11443	76
11444	77
11446	78
11450	80
11451	81
11462	82
11463	83
11470	85
11471	86
11600	87
11601	88
11602	90
11603	91
11604	92
11606	93
11620	95
11621	96
11622	97
11623	98
11624	99
11626	100
11640	101
11641	103
11642	104
11643	105
11644	106
11646	108
11730	109
+11732	110
11740	111
11760	112
12001	113
12002	114
12004	115

Codes	Page No.
12005	116
12006	116
12007	117
12011	118
12013	119
12014	120
12015	121
12016	122
12017	123
12018	123
12031	124
12032	126
12041	127
12042	129
12051	131
12052	133
16000	135
16020	136
16025	137
16030	138
17000	139
+17003	139
17004	140
17110	140
17111	141
17250	142
17999	143
20605	145
23500	145
24200	146
24500	147
24640	148
25111	149
25500	150
25600	151
25605	152
26010	154
26011	154
26587	155
26720	156
26750	157
26990	159

Codes	Page No.
28190	160
28192	161
28470	162
28490	164
28510	165
28740	166
29065	167
29075	168
29125	169
29130	170
29240	170
29515	171
29530	172
29540	173
30300	175
30901	175
31500	176
31502	177
31511	178
31515	179
31520	180
31605	181
31612	182
32551	183
33211	184
33692	185
33951	185
33952	186
33953	187
33954	188
33955	189
33956	190
33957	191
33958	192
33959	193
33962	194
33963	195
33964	196
33965	197
33966	197
33969	198
33984	199

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