## (ㄹ) P) PAPC

## CODERS' SPECIALTY GUIDE Pediatrics



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## +10004

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

## Clinical Responsibility

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

## Coding Tips

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

## Fee Schedule

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

$0213 T^{1}, 0216 T^{1}, 10012^{1}, 10035^{1}, 19281^{1}, 19283^{1}, 19285^{1}, 19287^{1}$, $36000^{1}, 36410^{1}, 36591^{0}, 36592^{0}, 61650^{1}, 62324^{1}, 62325^{1}, 62326^{1}$, $62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}, 64450^{1}, 64454^{1}, 64486^{1}, 64487^{1}$, $64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}, 76000^{1}, 76380^{1}, 76942^{1}, 76998^{1}$, $77001^{1}, 77002^{1}, 77012^{1}, 77021^{11}, 96360^{1}, 96365^{1}, 96372^{11}, 96374^{1}$, $96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}$, 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.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.79, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, 197.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

## 10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18to 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)

$0213 T^{1}, 0216 T^{1}, 10004^{1}, 10008^{1}, 10010^{1}, 10011^{1}, 10012^{1}, 10021^{1}$, 10035', 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, $19281^{1}$, $19283^{1}, 19285^{1}, 19287^{1}, 36000^{1}, 36410^{1}, 36591^{\circ}, 36592^{\circ}, 61650^{1}$, $62324^{1}, 62325^{1}, 62326^{1}, 62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}, 64450^{1}$, $64454^{1}, 64486^{1}, 64487^{1}, 64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}, 76000^{1}$, $76380^{1}, 76942^{1}, 76998^{1}, 77001^{11}, 77002^{1}, 77012^{11}, 77021^{1}, 96360^{1}$, $96365^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}, \mathrm{J} 2001^{1}$

## 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, 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-C84.79, 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, I42.0-142.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M71.30, M79.4, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

## +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, MUE: 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)

$0213 T^{0}, 0216 T^{0}, 0596 T^{1}$, 0597T ${ }^{1}$, 100601, $10061^{11}, 10080^{1}, 10081^{11}$, $10140^{1}, 10160^{1}, 11055^{1}, 11056^{1}, 11057^{1}, 11401^{1}, 11402^{1}, 11403^{1}$, $11404^{1}, 11406^{1}, 11421^{1}, 11422^{1}, 11423^{1}, 11424^{1}, 11426^{1}, 11441^{1}$, $11442^{1}, 11443^{1}, 11444^{1}, 11446^{1}, 11450^{1}, 11451^{1}, 11462^{1}, 11463^{1}$, $11470^{1}, 11471^{1}, 11600^{1}, 11601^{1}, 11602^{1}, 11603^{1}, 11604^{1}, 11606^{1}$, $11620^{1}, 11621^{1}, 11622^{1}, 11623^{1}, 11624^{1}, 11626^{1}, 11640^{1}, 11641^{1}$, $11642^{1}, 11643^{1}, 11644^{1}, 11646^{1}, 11719^{1}, 11720^{1}, 11721^{1}, 11765^{1}$,
$12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{11}, 12013^{1}$, 12014 ${ }^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}$, $12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}$, $12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}$, $12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}$, $13131^{1}, 13132^{1}, 13133^{1}, 13151^{11}, 13152^{1}, 13153^{1}, 20500^{1}, 29580^{1}$, $29581^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}$, $36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}$, $51702^{1}, 51703^{1}, 61650^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{0}$, $62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64403^{\circ}, 64415^{\circ}, 64416^{\circ}$, $64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}$, $64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{1}, 64451^{\circ}, 64454^{1}, 64461^{0}$, $64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}$, $64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}$, $64505^{\circ}, 64510^{\circ}, 64517^{0}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 75989^{1}, 76000^{1}$, $76380^{1}, 76942^{1}, 76998^{1}, 77002^{1}, 77003^{1}, 77012^{1}, 77021^{11}, 92012^{1}$, $92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}$, $93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}$, 95816¹, 958191, $95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{11}, 96365^{1}$, $96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{11}, 96377^{1}$, 965230, $97597^{1}, 97598^{1}, 97602^{1}, 97605^{1}, 97606^{1}, 97607^{1}, 97601^{1}$, $99155^{\circ}, 99156^{\circ}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}$, 99217¹, $99211^{1}, 99219^{1}, 99220^{1}, 99221^{1}, 99222^{1}, 99223^{11}, 99231^{11}$, 99232¹, 99233¹, $99234^{1}, 99235^{11}, 99236^{1}, 99238^{1}, 99239^{11}, 99241^{11}$, 99242́, $99243^{1}, 99244^{1}, 99245^{1}, 99251^{1}, 99252^{1}, 99253^{1}, 99254^{1}$, 99255¹, $99291^{11}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99301^{1}$, 99309¹, 99310¹, 99315¹, $99316^{1}, 99334^{1}, 99335^{1}, 99336^{1}, 99337^{1}$, 99347¹, 99348¹, 99349¹, $99350^{11}, 99374^{11}, 99375^{1}, 99377^{11}, 99378^{1}$, $99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, \mathrm{G} 0127^{1}, \mathrm{G} 0463^{1}$, G0471 ${ }^{1}$, J0670 ${ }^{1}$, J2001 ${ }^{1}$

## 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)

 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹,
 12036¹, 12037¹, 12041¹, 12042¹, 12044 ${ }^{1}, 12045^{1}, 12046^{1}, 12047^{1}$, $12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}$, 13101 ${ }^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}$, $13151^{1}, 13152^{1}, 13153^{1}, 20500^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}$, $36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{\circ}, 36600^{1}$, $36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}$, $62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}$, $64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}$, $64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{1}, 64451^{\circ}$, $64454^{1}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{0}$, $64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}$, $64494^{\circ}, 64495^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}$, $92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}$, $93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}$, 958131¹, 95816¹, 958191, 95822¹, 95829¹, $95955^{11}, 96360^{1}, 96361^{11}$, 96365¹, $96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}$, $96377^{1}, 96523^{\circ}, 99155^{\circ}, 99156^{\circ}, 99157^{\circ}, 99211^{1}, 99212^{1}, 99213^{1}$,

 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, $99245^{11}, 99251^{11}, 99252^{11}$, 99253¹, 992541, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, $99316^{1}, 99334^{1}, 99335^{1}$, 99336¹, $99337^{1}, 99347^{11}, 99348^{1}, 99349^{1}, 99350^{11}, 99374^{1}, 99375^{1}$, $99377^{1}, 99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}$, $99495^{\circ}, 99496^{\circ}$, G0463${ }^{1}$, G0471¹, J0670¹, J2001¹

## ICD-10 CrossRef

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

$0213 T^{0}, 0^{16} \mathrm{~T}^{0}$, 0596T $^{1}$, 0597T $^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}$, $11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 11055^{1}$, 11056 ${ }^{1}, 11057^{1}, 11719^{1}, 11720^{1}, 11721^{1}, 12001^{1}, 12002^{1}, 12004^{1}$, $12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}$,

## 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)

 $10061^{1}, 10140^{1}, 10160^{1}, 11010^{1}, 11900^{1}, 12011^{1}, 15852^{1}, 20526^{1}$,
 25259 ${ }^{1}, 26340^{1}, 29065^{1}, 29075^{1}, 29085^{1}, 29105^{1}, 29125^{1}, 29126^{1}$, 29240', 29260́, 29405¹, 29425́, 29445 ${ }^{1}, 29505^{1}, 29515^{1}, 29540^{1}$, $29580^{1}, 29581^{1}, 29584^{1}, 29705^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}$, $36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{0}, 36600^{1}$, $36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 64400^{1}, 64405^{1}, 64408^{1}$, $64415^{1}, 64416^{1}, 64417^{1}, 64418^{1}, 64420^{1}, 64421^{1}, 64425^{1}, 64430^{1}$, $64435^{1}, 64445^{1}, 64446^{1}, 64447^{1}, 64448^{1}, 64449^{1}, 64450^{1}, 64451^{1}$, $64454^{1}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64480^{\circ}, 64484^{\circ}, 64486^{1}, 64487^{1}$, $64488^{1}, 64489^{1}, 64494^{0}, 64495^{\circ}, 64505^{1}, 64510^{1}, 64517^{1}, 64520^{1}$, $64530^{1}, 64704^{1}, 69990^{0}, 76000^{1}, 76881^{1}, 76882^{1}, 76942^{1}, 76998^{1}$, $77001^{1}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{11}$, $93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{11}, 94690^{11}$, $95812^{1}, 95813^{11}, 95816^{1}, 95819^{11}, 95822^{1}, 95829^{1}, 95907^{11}, 95908^{11}$, 95909¹, 95910¹, $95911^{1}, 95912^{11}, 95913^{1}, 95955^{1}, 96360^{1}, 96361^{1}$, $96365^{1}, 96366^{1}, 96367^{11}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{11}, 96376^{11}$, $96377^{1}, 96523^{\circ}, 99155^{\circ}, 99156^{\circ}, 99157^{\circ}, 99211^{1}, 99212^{1}, 99213^{1}$, $99214^{1}, 99215^{1}, 99217^{1}, 99218^{1}, 99219^{1}, 99220^{1}, 99221^{11}, 99222^{1}$, 99223¹, 99231¹, 99232¹, $99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}$, 99239¹, $99241^{11}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99251^{11}, 99252^{1}$, 99253¹, 99254¹, 99255¹, $99291^{11}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{11}$, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, $99336^{1}, 99337^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}$, $99377^{1}, 99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}$, 99495', 99496', G0463¹, G0471¹, J0670¹, J2001 ${ }^{1}$

## 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 $\mathrm{E} / \mathrm{M}$ 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



Humeral shaft
fracture


24500

## 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 $22,47,50,51,52,53,54,55,56,58,59,63,76$, $77,78,79,99, A G, A Q, A R, C R, E T, G A, G C, G J, G R, K X, L T, P D, Q 5, Q 6$, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}$, $12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}$, 12036¹, 12037 ${ }^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}$,

12051 ${ }^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}$, 13101 ${ }^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}$, 13151 ${ }^{1}, 13152^{1}, 13153^{1}, 24300^{1}, 29049^{1}, 29055^{1}, 29058^{1}, 29065^{1}$,
 29710¹, 360001, 364001, 364051, 36406¹, 364101, 364201, 364251, $36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{\circ}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}$, $51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}$, $62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}$, $64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}$, $64447^{0}, 64448^{0}, 64449^{\circ}, 64450^{1}, 64451^{\circ}, 64454^{1}, 64461^{\circ}, 64462^{\circ}$, $64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}$, $64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}, 64505^{\circ}$, $64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 76000^{1}, 77001^{1}, 77002^{1}$, $92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}$, $93311^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}$, $95813^{1}, 95816^{11}, 95819^{1}, 95822^{1}, 95829^{11}, 95955^{1}, 96360^{11}, 96361^{11}$, $96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}$, 96377 ${ }^{1}, 96523^{\circ}, 97597^{1}, 97598^{1}, 97602^{1}, 97605^{1}, 97606^{1}, 97607^{1}$, 97608', $99155^{\circ}, 99156^{\circ}, 99157^{\circ}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}$, 99215¹, 99217¹, 99218¹, $99219^{11}, 99220^{11}, 99221^{1}, 99222^{11}, 99223^{1}$, 99231¹, $99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}$, 99241¹, $99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99251^{1}, 99252^{1}, 99253^{1}$, 99254¹, $99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}$, 99308¹, 99309¹, 99310¹, $99315^{11}, 99316^{11}, 99334^{1}, 99335^{11}, 99336^{11}$, 99337¹, $99347^{11}, 99348^{1}, 99349^{1}, 99350^{11}, 99374^{1}, 99375^{11}, 99377^{11}$, $99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, 99495^{\circ}$, $99496^{\circ}$, G0463 ${ }^{1}$, G0471 ${ }^{1}$

## 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, M84.621A, 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, S42.356A, 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, X02.8XXA-X02.8XXS, X03.4XXA-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 $22,26,52,53,59,76,77,79,80,81,82,99$, Al, 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)

$36591^{\circ}, 36592^{\circ}, 96523^{\circ}$

## 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; singlecontrast (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: $\mathbf{2 2 7 . 1 5 , ~ O P P S ~ F a c i l i t y : ~} \$ 64.55$, 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)

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

## ICD-10 CrossRef

O09.211-009.219, O09.291-O09.299, 009.30-009.33,
O09.40-009.43, 009.511-O09.519, 009.521-O09.529,
O09.611-O09.619, 009.621-O09.629, 009.891-O09.899, O09.90-009.93, 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, O31.10X0O31.10X9, O31.11X0-O31.11X9, O31.12X0-O31.12X9, O31.13X0O31.13X9, O33.7XX0-O33.7XX9, O44.20-044.23, 044.30-044.33, O44.40-044.43, 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
A00. 1
A00.9
A01.00
A01.01
A01.02 Typhoid fever with heart involvement
A01.03 Typhoid pneumonia
A01.04 Typhoid arthritis
A01.05 Typhoid osteomyelitis
A01.09 Typhoid fever with other complications
A01.1 Paratyphoid fever A
A01.2 Paratyphoid fever B
A01.3 Paratyphoid fever C
A01.4 Paratyphoid fever, unspecified
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.20 Localized salmonella infection, unspecified
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A02.23 Salmonella arthritis
A02.24 Salmonella osteomyelitis
A02.25 Salmonella pyelonephritis
A02.29 Salmonella with other localized infection
A02.8 Other specified salmonella infections
A02.9 Salmonella infection, unspecified
A03.0 Shigellosis due to Shigella dysenteriae
A03.1 Shigellosis due to Shigella flexneri
A03.2 Shigellosis due to Shigella boydii
A03.3 Shigellosis due to Shigella sonnei
A03.8 Other shigellosis
A03.9 Shigellosis, unspecified
A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxigenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning
A05.2 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3 Foodborne Vibrio parahaemolyticus intoxication
A05.4 Foodborne Bacillus cereus intoxication
A05.5 Foodborne Vibrio vulnificus intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.1 Chronic intestinal amebiasis
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.6 Amebic brain abscess
A06.7 Cutaneous amebiasis
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
A06.9 Amebiasis, unspecified
A07.0 Balantidiasis
A07.1 Giardiasis [lambliasis]

A07.2
A07.3
A07.4
A07.8
A07.9
A08.0
A08.11
A08.19
A08.2
A08.31
A08.32
A08.39
A08.4
A08.8
A09
A15.0
A15.4
A15.5
A15.6
A15.7
A15.8
A15.9
A17.0
A17.1
A17.81
A17.82
A17.83
A17.89
A17.9
A18.01
A18.02
A18.03
A18.09
A18.10
A18.11
A18.12
A18.13
A18.14
A18.15
A18.16
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis

A56.02 Chlamydial vulvovaginitis
A56.09 Other chlamydial infection of lower genitourinary tract
A56.11 Chlamydial female pelvic inflammatory disease
A56.19 Other chlamydial genitourinary infection
A56.2 Chlamydial infection of genitourinary tract, unspecified
A56.3 Chlamydial infection of anus and rectum
A56.4 Chlamydial infection of pharynx
A56.8 Sexually transmitted chlamydial infection of other sites
A57 Chancroid
A58 Granuloma inguinale
A59.00 Urogenital trichomoniasis, unspecified
A59.01 Trichomonal vulvovaginitis
A59.02 Trichomonal prostatitis
A59.03 Trichomonal cystitis and urethritis
A59.09 Other urogenital trichomoniasis
A59.8 Trichomoniasis of other sites
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.02 Herpesviral infection of other male genital organs
A60.03 Herpesviral cervicitis
A60.04 Herpesviral vulvovaginitis
A60.09 Herpesviral infection of other urogenital tract
A60.1 Herpesviral infection of perianal skin and rectum
A60.9 Anogenital herpesviral infection, unspecified
A63.0 Anogenital (venereal) warts
A63.8 Other specified predominantly sexually transmitted diseases
A64 Unspecified sexually transmitted disease
A65 Nonvenereal syphilis
A66.0 Initial lesions of yaws
A66.1 Multiple papillomata and wet crab yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A66.4 Gummata and ulcers of yaws
A66.5 Gangosa
A66.6 Bone and joint lesions of yaws
A66.7 Other manifestations of yaws
A66.8 Latent yaws
A66.9 Yaws, unspecified
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
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
A69.29 Other conditions associated with Lyme disease
A69.8 Other specified spirochetal infections
A69.9 Spirochetal infection, unspecified
A70 Chlamydia psittaci infections
A71.0 Initial stage of trachoma
A71.1 Active stage of trachoma
A71.9 Trachoma, unspecified
A74.0 Chlamydial conjunctivitis
A74.81 Chlamydial peritonitis
A74.89 Other chlamydial diseases
A74.9 Chlamydial infection, unspecified
A75.0 Epidemic louse-borne typhus fever due to Rickettsia prowazekii
A75.1 Recrudescent typhus [Brill's disease]
A75.2 Typhus fever due to Rickettsia typhi
A75.3 Typhus fever due to Rickettsia tsutsugamushi
A75.9 Typhus fever, unspecified
A77.0 Spotted fever due to Rickettsia rickettsii
A77.1 Spotted fever due to Rickettsia conorii
A77.2 Spotted fever due to Rickettsia siberica

A77.3
A77.40
A77.41
A77.49
A77.8
A77.9
A78
A79.0
A79.1
A79.81
A79.82
A79.89
A80.0
A80.1
A80.2
A80.30
A80.39
A80.4
A80.9
A81.00
A81.01
A81.09
A81.1
A81.2
A81.81
A81.82
A81.83
A81.89
A81.9
A82.0
A82.1
A82.9
A83.0
A83.1
A83.2
A83.3
A83.4
A83.5
A83.6
A83.8
A83.9
A84.0

A84.1
A84.81
A84.89
A84.9
A85.0
A85. 1
A85.2
A85.8
A86
A87.0
A87.1
A87. 2
A87.8
A88.0
A88.1
A88.8
A89
A90
A91
A92.0
A92.1
A92.2
A92.30
A92.31
A92.32 West Nile virus infection with other neurologic manifestation
A92.39 West Nile virus infection with other complications
A92.4 Rift Valley fever
A92.5 Zika virus disease
A92.8 Other specified mosquito-borne viral fevers

## Modifier Descriptors

| Modifier | Description |
| :---: | :---: |
| CPT ${ }^{\text {® }}$ Modifiers |  |
| 22 | Increased Procedural Services |
| 23 | Unusual Anesthesia |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service |
| 26 | Professional Component |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date |
| 32 | Mandated Services |
| 33 | Preventive Services |
| 47 | Anesthesia by Surgeon |
| 50 | Bilateral Procedure |
| 51 | Multiple Procedures |
| 52 | Reduced Services |
| 53 | Discontinued Procedure |
| 54 | Surgical Care Only |
| 55 | Postoperative Management Only |
| 56 | Preoperative Management Only |
| 57 | Decision for Surgery |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| 59 | Distinct Procedural Service |
| 62 | Two Surgeons |
| 63 | Procedure Performed on Infants less than 4 kg |
| 66 | Surgical Team |
| 73 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia |
| 74 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia |
| 76 | Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional |
| 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional |
| 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period |


| Modifier | Description |
| :---: | :---: |
| 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| 80 | Assistant Surgeon |
| 81 | Minimum Assistant Surgeon |
| 82 | Assistant Surgeon (when qualified resident surgeon not available) |
| 90 | Reference (Outside) Laboratory |
| 91 | Repeat Clinical Diagnostic Laboratory Test |
| 92 | Alternative Laboratory Platform Testing |
| 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| 96 | Habilitative Services |
| 97 | Rehabilitative Services |
| 99 | Multiple Modifiers |
| Category II Modifiers |  |
| 1P | Performance Measure Exclusion Modifier due to Medical Reasons |
| 2P | Performance Measure Exclusion Modifier due to Patient Reasons |
| 3P | Performance Measure Exclusion Modifier due to System Reasons |
| 8P | Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified |
| HCPCS Level II Modifiers |  |
| A1 | Dressing for one wound |
| A2 | Dressing for two wounds |
| A3 | Dressing for three wounds |
| A4 | Dressing for four wounds |
| A5 | Dressing for five wounds |
| A6 | Dressing for six wounds |
| A7 | Dressing for seven wounds |
| A8 | Dressing for eight wounds |
| A9 | Dressing for nine or more wounds |
| AA | Anesthesia services performed personally by anesthesiologist |
| AD | Medical supervision by a physician: more than four concurrent anesthesia procedures |
| AE | Registered dietician |
| AF | Specialty physician |
| AG | Primary physician |
| AH | Clinical psychologist |
| AI | 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 service |
| AP | Determination of refractive state was not performed in the course of diagnostic ophthalmological examination |
| AQ | Physician providing a service in an unlisted health professional shortage area (HPSA) |
| AR | Physician provider services in a physician scarcity area |
| AS | Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery |
| AT | Acute treatment (this modifier should be used when reporting service $98940,98941,98942$ ) |
| AU | Item furnished in conjunction with a urological, ostomy, or tracheostomy supply |
| AV | Item furnished in conjunction with a prosthetic device, prosthetic or orthotic |
| AW | Item furnished in conjunction with a surgical dressing |
| AX | Item furnished in conjunction with dialysis services |
| AY | Item or service furnished to an ESRD patient that is not for the treatment of ESRD |
| AZ | Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment |
| BA | Item furnished in conjunction with parenteral enteral nutrition (PEN) services |
| BL | Special acquisition of blood and blood products |
| BO | Orally administered nutrition, not by feeding tube |
| BP | The beneficiary has been informed of the purchase and rental options and has elected to purchase the item |
| BR | The beneficiary has been informed of the purchase and rental options and has elected to rent the item |
| BU | The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision |
| CA | Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission |
| CB | Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable |
| CC | Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed) |


| 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 |
| CH | 0 percent impaired, limited or restricted |
| Cl | At least 1 percent but less than 20 percent impaired, limited or restricted |
| CJ | At least 20 percent but less than 40 percent impaired, limited or restricted |
| CK | At least 40 percent but less than 60 percent impaired, limited or restricted |
| CL | At least 60 percent but less than 80 percent impaired, limited or restricted |
| CM | At least 80 percent but less than 100 percent impaired, limited or restricted |
| CN | 100 percent impaired, limited or restricted |
| CO | Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant |
| CQ | Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant |
| CR | Catastrophe/disaster related |
| CS | Cost-sharing waived for specified COVID-19 testingrelated 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 |
| CT | 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 |

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## 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. |

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