CODERS' SPECIALTY GUIDE

Physical, Occupational, & Speech Therapy

2027

AAPC

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

Contents

Musculoskeletal System

29049

Application, cast; figure-of-eight

Clinical Responsibility

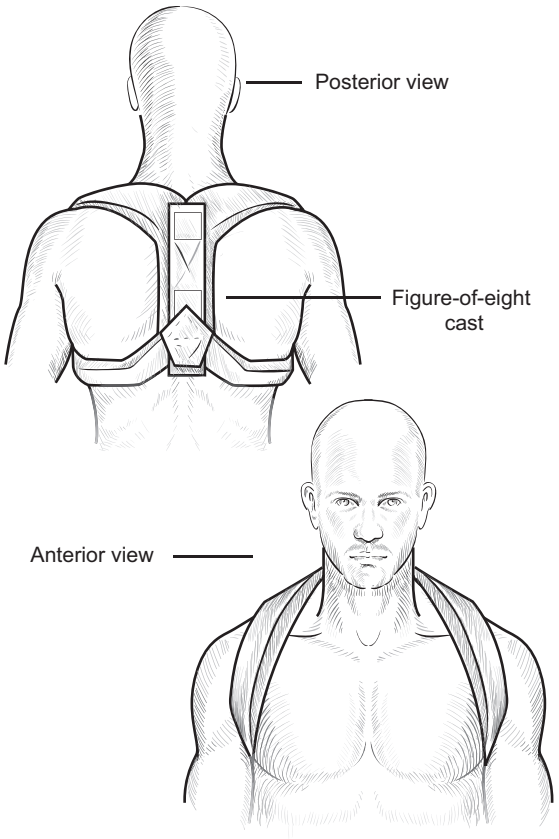
The provider positions the extremity for optimal healing. She conducts a complete neurovascular exam of the area. She applies stockinette, a loose knit fabric, over the arm and then adds cotton or synthetic padding to protect the skin from irritation. She applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding to build up the cast in a figure of eight pattern. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29049 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Illustration



29049

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $67.47, Non Facility Fee: $114.47; Non-QP Conversion Factor $33.4009, Facility Fee: $67.14, Non Facility Fee: $113.90
RVU (Facility): Work 0.87, PE 0.95, Mal 0.19, Total 2.01
RVU (Non-Facility): Work 0.87, PE 2.35, Mal 0.19, Total 3.41
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GO, GP, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 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], 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],

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 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], 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[1], 13152[1], 13153[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], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 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], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29065

Application, cast; shoulder to hand (long arm)

Clinical Responsibility

The provider positions the arm with the elbow flexed 90 degrees and the wrist extended slightly, which is said to be a neutral position for the arm and wrist. She performs a complete neurovascular exam of the affected region before applying the cast. She covers the arm with stockinette, a loose knit fabric. She applies cotton or synthetic padding to protect the skin from irritation. She then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

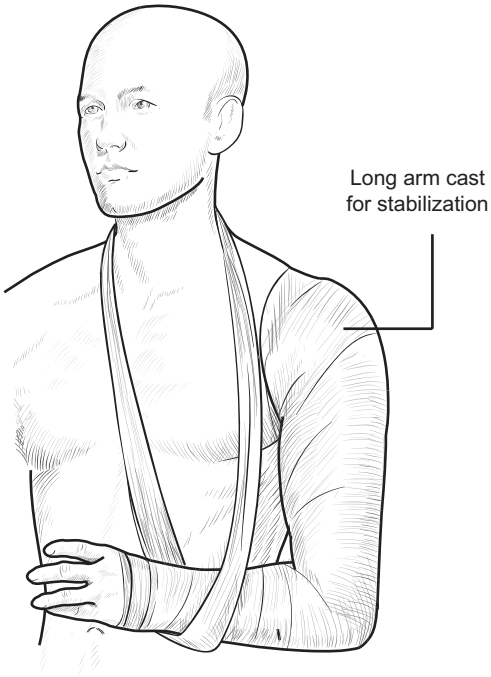
Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29065 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management, E/M, if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

Illustration



29065

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $64.79, Non Facility Fee: $108.76; Non-QP Conversion Factor $33.4009, Facility Fee: $64.46, Non Facility Fee: $108.22
RVU (Facility): Work 0.85, PE 0.91, Mal 0.17, Total 1.93
RVU (Non-Facility): Work 0.85, PE 2.22, Mal 0.17, Total 3.24
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 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], 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[1], 13152[1], 13153[1], 29075[1], 29085[1], 29105[1], 29125[1], 29126[1], 29584[1], 29705[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], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 76000[1], 77001[1], 77002[1], 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], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29075

Application, cast; elbow to finger (short arm)

Clinical Responsibility

The provider performs a complete neurovascular exam of the affected region before applying the cast. She covers the arm with stockinette, a loose knit fabric. She applies cotton or synthetic padding to protect the skin from irritation. She then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29075 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management, E/M, if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $59.08, Non Facility Fee: $98.02; Non-QP Conversion Factor $33.4009, Facility Fee: $58.79, Non Facility Fee: $97.53
RVU (Facility): Work 0.75, PE 0.87, Mal 0.14, Total 1.76
RVU (Non-Facility): Work 0.75, PE 2.03, Mal 0.14, Total 2.92
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[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], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[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], 28190[1], 28192[1], 28193[1], 29085[1], 29125[1], 29126[1], 29130[1], 29131[1], 29260[1], 29700[1], 29705[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], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 76000[1], 77001[1], 77002[1], 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], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1],

99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0168[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29085

Application, cast; hand and lower forearm (gauntlet)

Clinical Responsibility

The provider performs a complete neurovascular exam of the affected region before applying the cast. She covers the hand and lower forearm with stockinette, a loose knit fabric. She applies cotton or synthetic padding to protect the skin from irritation. She then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

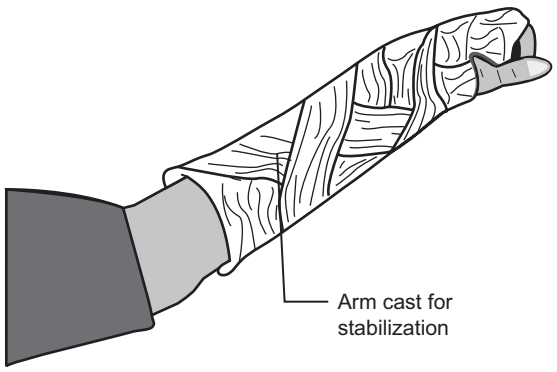
Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29085 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management, E/M, if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

Illustration



29085

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $63.78, Non Facility Fee: $107.42; Non-QP Conversion Factor $33.4009, Facility Fee: $63.46, Non Facility Fee: $106.88
RVU (Facility): Work 0.85, PE 0.89, Mal 0.16, Total 1.90
RVU (Non-Facility): Work 0.85, PE 2.19, Mal 0.16, Total 3.20
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 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], 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[1], 13152[1], 13153[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], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 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], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1],

99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29086

Application, cast; finger (eg, contracture)

Clinical Responsibility

The provider performs a complete neurovascular exam of the affected hand before applying the cast. She positions the hand with the fingers in a neutral position. She covers the hand and proximal interphalangeal joint of the affected digit with stockinette, a loose knit fabric. She leaves the distal interphalangeal joint free. She applies cotton or synthetic padding to protect the skin from irritation. She then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. While the cast sets, she performs joint manipulation to extend the finger. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29086 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management (E/M) if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $46.32, Non Facility Fee: $82.91; Non-QP Conversion Factor $33.4009, Facility Fee: $46.09, Non Facility Fee: $82.50
RVU (Facility): Work 0.6, PE 0.73, Mal 0.05, Total 1.38
RVU (Non-Facility): Work 0.6, PE 1.82, Mal 0.05, Total 2.47
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 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], 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[1], 13152[1], 13153[1], 29584[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], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 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], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29105

Application of long arm splint (shoulder to hand)

Clinical Responsibility

The provider positions the arm with the elbow flexed 90 degrees and the wrist extended slightly, which is said to be a neutral position for the arm and wrist. She applies the splint and adjusts the straps to ensure a proper fit.

Coding Tips

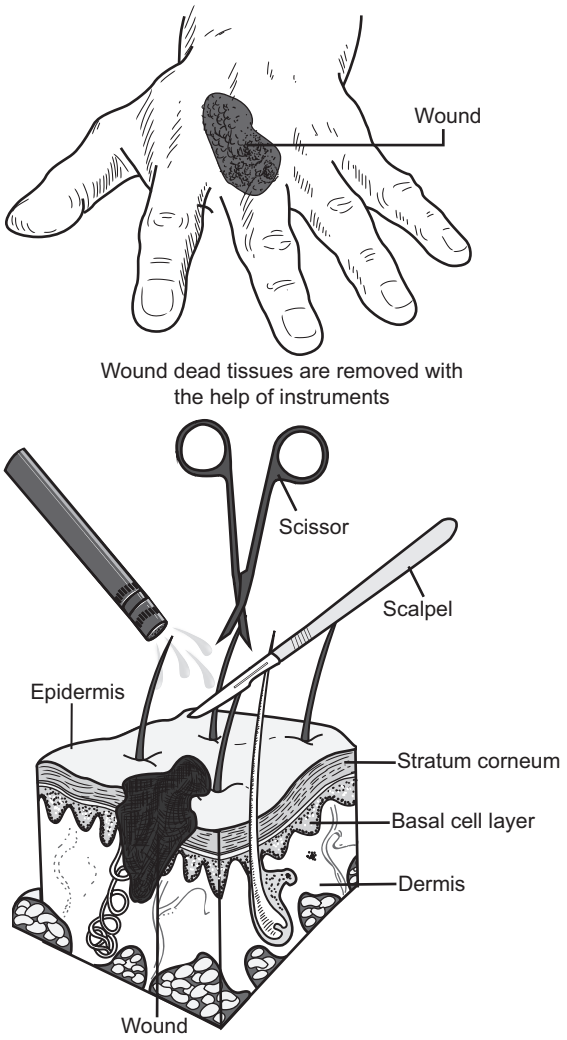
Application of a splint may be included in the primary code for an associated surgical procedure. Replacement of the splint at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29105 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is

Coding Tips

The intent of this code is to allow reporting by non-physicians, such as physician assistants, nurse practitioners, wound care nurses, or physical therapists, who have licenses to perform the procedures involved in non-selective debridement.

Illustration



97602

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: B, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

53, 59, 76, 77, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GF, GJ, GN, GO, GP, GR, GY, GZ, KX, PD, Q5, Q6, QJ, SA, SC, ST, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00100[0], 00102[0], 00103[0], 00104[0], 00120[0], 00124[0], 00126[0], 00140[0], 00142[0], 00144[0], 00145[0], 00147[0], 00148[0], 00160[0], 00162[0], 00164[0], 00170[0], 00172[0], 00174[0], 00176[0], 00190[0], 00192[0], 00210[0], 00212[0], 00214[0], 00215[0], 00216[0], 00218[0], 00220[0], 00222[0], 00300[0], 00320[0], 00322[0], 00326[0], 00350[0], 00352[0], 00400[0], 00402[0], 00404[0], 00406[0], 00410[0], 00450[0], 00454[0], 00470[0], 00472[0], 00474[0], 00500[0], 00520[0], 00522[0], 00524[0], 00528[0], 00529[0], 00530[0], 00532[0], 00534[0], 00537[0], 00539[0], 00540[0], 00541[0], 00542[0], 00546[0], 00548[0], 00550[0], 00560[0], 00561[0], 00562[0], 00563[0], 00566[0], 00580[0], 00600[0], 00604[0], 00620[0], 00625[0], 00626[0], 00630[0], 00632[0], 00635[0], 00640[0], 00670[0], 00700[0], 00702[0], 00730[0], 00731[0], 00732[0], 00750[0], 00752[0], 00754[0], 00756[0], 00770[0], 00790[0], 00792[0], 00794[0], 00796[0], 00797[0], 00800[0], 00802[0], 00811[0], 00812[0], 00813[0], 00820[0], 00830[0], 00832[0], 00834[0], 00836[0], 00840[0], 00842[0], 00844[0], 00846[0], 00848[0], 00851[0], 00860[0], 00862[0], 00864[0], 00865[0], 00866[0], 00868[0], 00870[0], 00872[0], 00873[0], 00880[0], 00882[0], 00902[0], 00904[0], 00906[0], 00908[0], 00910[0], 00912[0], 00914[0], 00916[0], 00918[0], 00920[0], 00921[0], 00922[0], 00924[0], 00926[0], 00928[0], 00930[0], 00932[0], 00934[0], 00936[0], 00938[0], 00940[0], 00942[0], 00944[0], 00948[0], 00950[0], 00952[0], 01112[0], 01120[0], 01130[0], 01140[0], 01150[0], 01160[0], 01170[0], 01173[0], 01200[0], 01202[0], 01210[0], 01212[0], 01214[0], 01215[0], 01220[0], 01230[0], 01232[0], 01234[0], 01250[0], 01260[0], 01270[0], 01272[0], 01274[0], 01320[0], 01340[0], 01360[0], 01380[0], 01382[0], 01390[0], 01392[0], 01400[0], 01402[0], 01404[0], 01420[0], 01430[0], 01432[0], 01440[0], 01442[0], 01444[0], 01462[0], 01464[0], 01470[0], 01472[0], 01474[0], 01480[0], 01482[0], 01484[0], 01486[0], 01490[0], 01500[0], 01502[0], 01520[0], 01522[0], 01610[0], 01620[0], 01622[0], 01630[0], 01634[0], 01636[0], 01638[0], 01650[0], 01652[0], 01654[0], 01656[0], 01670[0], 01680[0], 01710[0], 01712[0], 01714[0], 01716[0], 01730[0], 01732[0], 01740[0], 01742[0], 01744[0], 01756[0], 01758[0], 01760[0], 01770[0], 01772[0], 01780[0], 01782[0], 01810[0], 01820[0], 01829[0], 01830[0], 01832[0], 01840[0], 01842[0], 01844[0], 01850[0], 01852[0], 01860[0], 01916[0], 01920[0], 01922[0], 01924[0], 01925[0], 01926[0], 01930[0], 01931[0], 01932[0], 01933[0], 01951[0], 01952[0], 01958[0], 01960[0], 01961[0], 01962[0], 01963[0], 01965[0], 01966[0], 01967[0], 01990[0], 01991[0], 01992[0], 01996[1], 0213T[1], 0216T[1], 0708T[1], 0709T[1], 11000[1], 11720[1], 11721[1], 11900[1], 11901[1], 29000[1], 29010[1], 29015[1], 29035[1], 29040[1], 29044[1], 29046[1], 29049[1], 29055[1], 29058[1], 29065[1], 29075[1], 29085[1], 29086[1], 29105[1], 29125[1], 29126[1], 29130[1], 29131[1], 29200[1], 29240[1], 29260[1], 29280[1], 29305[1], 29325[1], 29345[1], 29355[1], 29358[1], 29365[1], 29405[1], 29425[1], 29435[1], 29440[1], 29445[1], 29450[1], 29505[1], 29515[1], 29520[1], 29530[1], 29540[1], 29550[1], 29580[1], 29581[1], 29584[1], 36591[0], 36592[0], 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[1], 64463[1], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[1], 64483[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 66987[1], 69990[0], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97164[1], 97607[0], 97608[0]

ICD-10-CM Cross References

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

Q4049

Finger splint, static

Clinical Responsibility

A splint is a rigid material that immobilizes and supports joints or bones. A static splint holds the finger in a fixed position and protects the finger from new injuries. Static splints consist of solid materials such as steel, aluminum or plastic-lined with foam to provide cushioning. Straps or hooks prevent any type of unnecessary movement during the healing process and maintain the normal alignment of the finger. Uses for static splints include tendon and ligament injuries, dislocations, sprains, and finger fractures.

Coding Tips

For other casting supplies, see Q4001 to Q4050.

BETOS

D1A: Medical/surgical supplies

Q4050

Cast supplies, for unlisted types and materials of casts

Clinical Responsibility

A cast surrounds, supports, and stabilizes a broken bone or other anatomical structure until healing takes place. The provider applies a cast to the patient that is not represented by any of the standard and active HCPCS Level II codes available. The provider may report this code if the provider applies a combined cast made of plaster and fiberglass. The provider must clearly document the unlisted supplies given to the patient along with the reason for the same.

Coding Tips

Q codes represent reimbursement of temporary codes for supplies, drugs and other biological devices that do not have any permanent code.

For other casting supplies, see Q4001 to Q4050.

For each casting supply code, bill only one unit per cast.

Payers instruct that you should not choose a code that merely approximates the service provided. You should report the service using only the appropriate unlisted code if no such specific service code exists.

You must report an appropriate HCPCS Level II code when available in place of the unlisted code.

When reporting with an unlisted code, the provider must clearly document the unlisted service given to the patient along with the reason for the same. The provider may want to include one or more similar codes, and compare the service the patient receives to those codes to justify the claim amount you are billing. Include the attendant's notes or other relevant documentation to strengthen the claim and to avoid a possible denial. Payers may consider claims with unlisted codes on a case by case basis, and they will determine payment based on the documentation you provide.

BETOS

D1A: Medical/surgical supplies

Q4051

Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

Clinical Responsibility

Report this code when the patient receives splint supplies that do not have a specific code. The provider must clearly document the miscellaneous supplies given to the patient along with the reason for the use of this code.

Coding Tips

Q codes represent reimbursement of temporary codes for supplies, drugs and other biological devices that do not have any permanent code.

Medicare reviews the claims with miscellaneous codes manually. Claims must be accompanied by medical reports that clearly document the miscellaneous supply and the reason for the supply to the patient.

The provider should always check for the presence of a code before submitting the miscellaneous supply code.

BETOS

D1A: Medical/surgical supplies

Temporary National Codes (Non-Medicare)

S0395

Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic

Clinical Responsibility

Report this code when a practitioner casts an impression of a foot to be used to create an orthotic shoe or insert to correct a foot deformity, alleviate pain due to the foot condition, or prevent further damage to muscles and nerves. The practitioner may employ various materials for impression casting, with plaster the most common. Report this code for casting by a practitioner and not by the manufacturer of the orthotics, devices that help a patient regain normal functioning.

Coding Tips

Use S codes to represent drugs, services, and supplies that do not possess a permanent national code. However, private sector and Medicaid require these codes to implement policies, programs, or claims processing and meet their particular needs. These codes are not payable by Medicare.

Some S codes represent procedures that are otherwise reportable with CPT® codes. However, CPT® codes involve the reporting of each component of a diagnostic test whereas S codes include all the components of a procedure.

Usually the manufacture of an orthotic device covers the impression casting also. This code involves casting by a practitioner rather than the orthotic manufacturer.

BETOS

Z2: Undefined codes

S8420

Gradient pressure aid (sleeve and glove combination), custom made

Clinical Responsibility

Report this code when the patient receives a combination sleeve and glove that applies pressure over the entire upper limb, which is maximal at the bottom and gradually decreases as it goes up to the shoulder. This helps improve blood circulation, reduce swelling, and prevent any blood clots. The patient uses these pressure aids for pain, lymphedema, pregnancy, or after surgery or injury. Use this code for a custom made sleeve and glove combination.

Coding Tips

Use S codes to represent drugs, services, and supplies that do not possess a permanent national code. However, private sector and Medicaid require these codes to implement policies, programs, or claims processing and meet their particular needs. These codes are not payable by Medicare.

Some S codes represent procedures that are otherwise reportable with CPT® codes. However, CPT® codes involve the reporting of each component of a diagnostic test whereas S codes include all the components of a procedure.

To report the supply of a similar ready to wear pressure aid, use code S8421, Gradient pressure aid, sleeve and glove combination, ready made.

For the supply of gradient pressure aids that apply variable pressure at different regions of the upper limb, use code range S8420 to S8428, Gradient pressure aid, etc.

BETOS

Z2: Undefined codes

S8421

Gradient pressure aid (sleeve and glove combination), ready made

Clinical Responsibility

Report this code when the patient receives a combination sleeve and glove that applies pressure over the entire upper limb, which is maximal at the bottom and gradually decreases as it goes up to the shoulder. This helps improve blood circulation, reduce swelling, and prevent any blood clots. The patient uses these pressure aids for pain, lymphedema, pregnancy, or after surgery or injury. Use this code when the pressure aid is ready to wear to fit into patient's arm.

Coding Tips

Use S codes to represent drugs, services, and supplies that do not possess a permanent national code. However, private sector and Medicaid require these codes to implement policies, programs, or claims processing and meet their particular needs. These codes are not payable by Medicare.

Some S codes represent procedures that are otherwise reportable with CPT® codes. However, CPT® codes involve the reporting of each component of a diagnostic test whereas S codes include all the components of a procedure.

To report the supply of a similar custom made pressure aid, use code S8420, Gradient pressure aid, sleeve and glove combination, custom made.

For the supply of gradient pressure aids that apply variable pressure at different regions of the upper limb, use code range S8420 to S8428, Gradient pressure aid, etc.

BETOS

Z2: Undefined codes

ICD-10-CM Cross Reference Details

A01.01 Typhoid meningitis
A02.21 Salmonella meningitis
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A18.03 Tuberculosis of other bones
A20.3 Plague meningitis
A27.81 Aseptic meningitis in leptospirosis
A31.0 Pulmonary mycobacterial infection
A32.11 Listerial meningitis
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.89 Other diphtheritic complications
A39.0 Meningococcal meningitis
A42.81 Actinomycotic meningitis
A50.41 Late congenital syphilitic meningitis
A51.41 Secondary syphilitic meningitis
A52.13 Late syphilitic meningitis
A52.16 Charcot's arthropathy (tabetic)
A54.81 Gonococcal meningitis
A69.21 Meningitis due to Lyme disease
A79.82 Anaplasmosis [A. phagocytophilum]
A87.0 Enteroviral meningitis
A87.1 Adenoviral meningitis
A87.2 Lymphocytic choriomeningitis
A87.8 Other viral meningitis
A87.9 Viral meningitis, unspecified
B00.3 Herpesviral meningitis
B01.0 Varicella meningitis
B02.0 Zoster encephalitis
B02.1 Zoster meningitis
B02.21 Postherpetic geniculate ganglionitis
B02.22 Postherpetic trigeminal neuralgia
B02.23 Postherpetic polyneuropathy
B02.24 Postherpetic myelitis
B02.29 Other postherpetic nervous system involvement
B02.7 Disseminated zoster
B02.8 Zoster with other complications
B02.9 Zoster without complications
B05.1 Measles complicated by meningitis
B06.02 Rubella meningitis
B10.01 Human herpesvirus 6 encephalitis
B10.09 Other human herpesvirus encephalitis
B20 Human immunodeficiency virus [HIV] disease
B26.1 Mumps meningitis
B27.02 Gammaherpesviral mononucleosis with meningitis
B27.12 Cytomegaloviral mononucleosis with meningitis
B27.82 Other infectious mononucleosis with meningitis
B27.92 Infectious mononucleosis, unspecified with meningitis
B34.2 Coronavirus infection, unspecified
B37.5 Candidal meningitis
B38.4 Coccidioidomycosis meningitis
B57.41 Meningitis in Chagas' disease
B88.01 Infestation by Demodex mites
B88.09 Other acariasis
B91 Sequelae of poliomyelitis
B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29 Other coronavirus as the cause of diseases classified elsewhere
B97.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B97.4 Respiratory syncytial virus as the cause of diseases classified elsewhere
C00.0 Malignant neoplasm of external upper lip
C00.1 Malignant neoplasm of external lower lip
C00.2 Malignant neoplasm of external lip, unspecified
C00.3 Malignant neoplasm of upper lip, inner aspect
C00.4 Malignant neoplasm of lower lip, inner aspect
C00.5 Malignant neoplasm of lip, unspecified, inner aspect
C00.6 Malignant neoplasm of commissure of lip, unspecified
C00.8 Malignant neoplasm of overlapping sites of lip
C00.9 Malignant neoplasm of lip, unspecified
C01 Malignant neoplasm of base of tongue
C02.0 Malignant neoplasm of dorsal surface of tongue
C02.1 Malignant neoplasm of border of tongue
C02.2 Malignant neoplasm of ventral surface of tongue
C02.3 Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4 Malignant neoplasm of lingual tonsil
C02.8 Malignant neoplasm of overlapping sites of tongue
C02.9 Malignant neoplasm of tongue, unspecified
C03.0 Malignant neoplasm of upper gum
C03.1 Malignant neoplasm of lower gum
C03.9 Malignant neoplasm of gum, unspecified
C04.0 Malignant neoplasm of anterior floor of mouth
C04.1 Malignant neoplasm of lateral floor of mouth
C04.8 Malignant neoplasm of overlapping sites of floor of mouth
C04.9 Malignant neoplasm of floor of mouth, unspecified
C05.0 Malignant neoplasm of hard palate
C05.1 Malignant neoplasm of soft palate
C05.2 Malignant neoplasm of uvula
C05.8 Malignant neoplasm of overlapping sites of palate
C05.9 Malignant neoplasm of palate, unspecified
C06.0 Malignant neoplasm of cheek mucosa
C06.1 Malignant neoplasm of vestibule of mouth
C06.2 Malignant neoplasm of retromolar area
C06.80 Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89 Malignant neoplasm of overlapping sites of other parts of mouth
C06.9 Malignant neoplasm of mouth, unspecified
C07 Malignant neoplasm of parotid gland
C08.0 Malignant neoplasm of submandibular gland
C08.1 Malignant neoplasm of sublingual gland
C08.9 Malignant neoplasm of major salivary gland, unspecified
C09.0 Malignant neoplasm of tonsillar fossa
C09.1 Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8 Malignant neoplasm of overlapping sites of tonsil
C09.9 Malignant neoplasm of tonsil, unspecified
C10.0 Malignant neoplasm of vallecula
C10.1 Malignant neoplasm of anterior surface of epiglottis
C10.2 Malignant neoplasm of lateral wall of oropharynx
C10.3 Malignant neoplasm of posterior wall of oropharynx
C10.4 Malignant neoplasm of branchial cleft
C10.8 Malignant neoplasm of overlapping sites of oropharynx
C10.9 Malignant neoplasm of oropharynx, unspecified
C11.0 Malignant neoplasm of superior wall of nasopharynx
C11.1 Malignant neoplasm of posterior wall of nasopharynx
C11.2 Malignant neoplasm of lateral wall of nasopharynx
C11.3 Malignant neoplasm of anterior wall of nasopharynx
C11.8 Malignant neoplasm of overlapping sites of nasopharynx
C11.9 Malignant neoplasm of nasopharynx, unspecified
C12 Malignant neoplasm of pyriform sinus
C13.0 Malignant neoplasm of postcricoid region
C13.1 Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2 Malignant neoplasm of posterior wall of hypopharynx
C13.8 Malignant neoplasm of overlapping sites of hypopharynx
C13.9 Malignant neoplasm of hypopharynx, unspecified
C14.0 Malignant neoplasm of pharynx, unspecified
C14.2 Malignant neoplasm of Waldeyer's ring
C14.8 Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3 Malignant neoplasm of upper third of esophagus

C15.4 Malignant neoplasm of middle third of esophagus
C15.5 Malignant neoplasm of lower third of esophagus
C15.8 Malignant neoplasm of overlapping sites of esophagus
C15.9 Malignant neoplasm of esophagus, unspecified
C30.0 Malignant neoplasm of nasal cavity
C30.1 Malignant neoplasm of middle ear
C31.0 Malignant neoplasm of maxillary sinus
C31.1 Malignant neoplasm of ethmoidal sinus
C31.2 Malignant neoplasm of frontal sinus
C31.3 Malignant neoplasm of sphenoid sinus
C31.8 Malignant neoplasm of overlapping sites of accessory sinuses
C32.0 Malignant neoplasm of glottis
C32.1 Malignant neoplasm of supraglottis
C32.2 Malignant neoplasm of subglottis
C32.3 Malignant neoplasm of laryngeal cartilage
C32.8 Malignant neoplasm of overlapping sites of larynx
C32.9 Malignant neoplasm of larynx, unspecified
C33 Malignant neoplasm of trachea
C39.0 Malignant neoplasm of upper respiratory tract, part unspecified
C39.9 Malignant neoplasm of lower respiratory tract, part unspecified
C45.9 Mesothelioma, unspecified
C50.A0 Malignant inflammatory neoplasm of unspecified breast
C50.A1 Malignant inflammatory neoplasm of right breast
C50.A2 Malignant inflammatory neoplasm of left breast
C71.7 Malignant neoplasm of brain stem
C72.20 Malignant neoplasm of unspecified olfactory nerve
C72.21 Malignant neoplasm of right olfactory nerve
C72.22 Malignant neoplasm of left olfactory nerve
C72.30 Malignant neoplasm of unspecified optic nerve
C72.31 Malignant neoplasm of right optic nerve
C72.32 Malignant neoplasm of left optic nerve
C72.40 Malignant neoplasm of unspecified acoustic nerve
C72.41 Malignant neoplasm of right acoustic nerve
C72.42 Malignant neoplasm of left acoustic nerve
C72.50 Malignant neoplasm of unspecified cranial nerve
C72.59 Malignant neoplasm of other cranial nerves
C75.0 Malignant neoplasm of parathyroid gland
C76.0 Malignant neoplasm of head, face and neck
C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C78.30 Secondary malignant neoplasm of unspecified respiratory organ
C78.39 Secondary malignant neoplasm of other respiratory organs
C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80 Secondary malignant neoplasm of unspecified digestive organ
C78.89 Secondary malignant neoplasm of other digestive organs
C79.31 Secondary malignant neoplasm of brain
C79.32 Secondary malignant neoplasm of cerebral meninges
C79.40 Secondary malignant neoplasm of unspecified part of nervous system
C79.49 Secondary malignant neoplasm of other parts of nervous system
C79.89 Secondary malignant neoplasm of other specified sites
C79.9 Secondary malignant neoplasm of unspecified site
C7A.00 Malignant carcinoid tumor of unspecified site
C7A.098 Malignant carcinoid tumors of other sites
C7B.00 Secondary carcinoid tumors, unspecified site
C80.1 Malignant (primary) neoplasm, unspecified
D02.0 Carcinoma in situ of larynx
D02.3 Carcinoma in situ of other parts of respiratory system
D02.4 Carcinoma in situ of respiratory system, unspecified
D10.1 Benign neoplasm of tongue
D10.2 Benign neoplasm of floor of mouth
D10.30 Benign neoplasm of unspecified part of mouth
D10.39 Benign neoplasm of other parts of mouth
D10.4 Benign neoplasm of tonsil
D10.5 Benign neoplasm of other parts of oropharynx
D10.6 Benign neoplasm of nasopharynx
D10.7 Benign neoplasm of hypopharynx
D10.9 Benign neoplasm of pharynx, unspecified
D11.0 Benign neoplasm of parotid gland
D11.7 Benign neoplasm of other major salivary glands
D11.9 Benign neoplasm of major salivary gland, unspecified
D13.0 Benign neoplasm of esophagus
D14.0 Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D14.1 Benign neoplasm of larynx
D14.4 Benign neoplasm of respiratory system, unspecified
D33.0 Benign neoplasm of brain, supratentorial
D33.1 Benign neoplasm of brain, infratentorial
D33.2 Benign neoplasm of brain, unspecified
D33.3 Benign neoplasm of cranial nerves
D33.9 Benign neoplasm of central nervous system, unspecified
D34 Benign neoplasm of thyroid gland
D37.01 Neoplasm of uncertain behavior of lip
D37.02 Neoplasm of uncertain behavior of tongue
D37.04 Neoplasm of uncertain behavior of the minor salivary glands
D37.05 Neoplasm of uncertain behavior of pharynx
D37.09 Neoplasm of uncertain behavior of other specified sites of the oral cavity
D38.0 Neoplasm of uncertain behavior of larynx
D38.5 Neoplasm of uncertain behavior of other respiratory organs
D38.6 Neoplasm of uncertain behavior of respiratory organ, unspecified
D43.0 Neoplasm of uncertain behavior of brain, supratentorial
D43.1 Neoplasm of uncertain behavior of brain, infratentorial
D43.2 Neoplasm of uncertain behavior of brain, unspecified
D43.3 Neoplasm of uncertain behavior of cranial nerves
D43.4 Neoplasm of uncertain behavior of spinal cord
D43.8 Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9 Neoplasm of uncertain behavior of central nervous system, unspecified
D49.1 Neoplasm of unspecified behavior of respiratory system
D49.6 Neoplasm of unspecified behavior of brain
D49.7 Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D61.03 Fanconi anemia
D71.1 Leukocyte adhesion deficiency
D71.8 Other functional disorders of polymorphonuclear neutrophils
D71.9 Functional disorders of polymorphonuclear neutrophils, unspecified
D86.81 Sarcoid meningitis
E00.0 Congenital iodine-deficiency syndrome, neurological type
E00.1 Congenital iodine-deficiency syndrome, myxedematous type
E00.2 Congenital iodine-deficiency syndrome, mixed type
E00.9 Congenital iodine-deficiency syndrome, unspecified
E01.0 Iodine-deficiency related diffuse (endemic) goiter
E01.1 Iodine-deficiency related multinodular (endemic) goiter
E01.2 Iodine-deficiency related (endemic) goiter, unspecified
E01.8 Other iodine-deficiency related thyroid disorders and allied conditions
E02 Subclinical iodine-deficiency hypothyroidism
E03.0 Congenital hypothyroidism with diffuse goiter
E03.1 Congenital hypothyroidism without goiter
E03.2 Hypothyroidism due to medicaments and other exogenous substances
E03.3 Postinfectious hypothyroidism
E03.4 Atrophy of thyroid (acquired)
E03.8 Other specified hypothyroidism
E04.0 Nontoxic diffuse goiter
E04.1 Nontoxic single thyroid nodule
E04.2 Nontoxic multinodular goiter
E04.8 Other specified nontoxic goiter
E04.9 Nontoxic goiter, unspecified
E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01 Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10 Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm

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

Modifier	Description
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
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
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
CPT® 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

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
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
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)
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
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
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 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

Terminology

Terminology	Explanation
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Achilles tendon	The tendon that connects the calf muscles to the heel bone; also known as the calcaneal tendon.
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.
Acoustic testing	Assessment of the perception or production of sound waves, in hearing and or speaking.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A disease or an ailment that has rapid onset or short course.
Adaptive	Able to adjust to situations or environment.
Aerodynamic testing	Assessment of the pressure and flow of air into the larynx, or voice box.
Air conduction mode	Using tones at various frequencies, typically with the patient wearing headphones, to test hearing ability.
Allergy	An adverse reaction that the body has in response to a particular food or substance.
Ambulatory	The ability to walk or suitability for walking.
Amplitude	Size of response from a nerve after electrical stimulation.
Amputation	Surgical removal of a complete or partial appendage of the body.
Analgesic	Relief or absence of pain.
Ankle foot orthosis, or AFO	A brace worn on the lower leg and foot to stabilize the ankle in normal anatomical position.
Anorectal	Refers to the anus or rectum.
Anterior	Closer to the front part of the body.
Anterior rhinoscopy	Examination of front part of the nose.
Aquatic therapy	Exercise therapy using water resistance.
Arterial ulcer	Ulcers in lower leg or ankle due to reduction in blood supply to the lower limb.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Articulation	Correct pronunciation of sounds.
Articulators	Jaw, lips and tongue.
Attenuation	The reduction of the strength of a sound signal.
Audiometry	Testing of a person's hearing sensitivity to hear various sound frequencies.
Auditory	Pertaining to the sense of hearing or to the organs of hearing.
Auditory processing disorders or APDs	A variety of disorders that affect the way the brain processes sounds, especially speech; also known as central auditory processing disorder or CAPD.
Auditory rehabilitation	Any activity, method, resource, technology, and/or device that facilitates and/or enhances communication and participation in activities in patients with hearing loss.
Augmentative and alternative communication, or AAC	Refers to methods of communication that do not include oral speech, including gestures, symbols, pictures, writing, and augmentative devices, such as communication boards and electronic devices.
Autism	Mental disorder in children that mainly affects communication skills.
Autoimmune disorder	Disease caused by the reaction of antibodies against own body proteins.

Terminology	Explanation
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Benign paroxysmal positional vertigo	BPPV; characterized by brief dizziness caused by changing position of the head.
Binaural	Relating to two ears.
Biceps tendon	Fibrous tissue that attaches the biceps muscle, responsible for motion of the forearm, to its bony attachment at the shoulder and at the elbow.
Bilateral	On two sides; opposite of unilateral.
Binocular microscope	An instrument with lens to enlarge the small parts, and consist of two eye pieces to use both the eyes for visualization.
Biofeedback	A self-guided treatment that teaches a patient to control muscle tension, pain, body temperature, brain waves, and other bodily functions through processes such as relaxation, visualization, and other cognitive control techniques; biofeedback is also referred to as applied psychophysiological feedback.
Biopsychosocial	Relating to physical, mental, and environmental factors.
Bolus	A rounded mass, such as food during swallowing.
Bone conduction	The transmission of sound vibrations through bone to the middle ear.
Bone conduction mode	Placing a vibrating device over the mastoid bone behind the ear to test the hearing ability.
Bone conduction testing	Hearing test using a headband on the forehead or on the mastoid bone behind the patient's ears to conduct sound through the bones of the skull to test the cochlea, or inner ear.
Brace	An external device that is used to hold a broken bone in correct position.
Buckle fracture	A fracture in which the shaft of the long bone breaks partially.
Calcaneus	Heel bone.
Calibration	Rectifying and setting any instrument to base level by comparing with standards.
Carpal bones	The eight small bones of the wrist, including the scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, and hamate.
Carpal tunnel syndrome, or CTS	Pain, numbness, and tingling affecting the fingers and hand, resulting from compression of the median nerve within the carpal tunnel.
Cartilage	A tissue found at the ends of long bones, as well as in the nose and ears of the human body; it is strong yet flexible.
Catheter	A flexible tube that can be inserted into a vessel through which instruments can be passed, blood withdrawn, or fluids instilled; also, a flexible tube inserted into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Central auditory processing disorders, or CAPDs	A variety of disorders that affect the way the brain processes sounds, especially speech, also known as auditory processing disorders, or APDs.
Cerebral palsy	Group of nonprogressive disorders of movement and posture caused by damage to the brain.
Cerumen	Ear wax.
Chemotherapy	Cancer treatment using chemical agents and drugs.
Chiropractic therapy	A form of alternative medicine that focuses on musculoskeletal manipulation as a means to heal physical disorders and diseases.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition, or one of sudden onset.
Cineradiography	Technique to record the motion of internal body structures using a movie camera.
Clavicle	The collarbone, a horizontal bone that connects the sternum, or breastbone, to the scapula, or shoulder blade.
Cleft palate	Congenital defect in which a cleft, or gap, occurs in the palate, or roof of the mouth, at its midline, often occurring in conjunction with a cleft lip.
Clubfoot	Also known as talipes equinovarus, a congenital or acquired condition in which the foot is severely abnormally twisted.
Cluttering (also called tachyphemia)	A speech and communication disorder characterized by a rapid rate making speech difficult to understand, erratic rhythm.

Join the biggest team in healthcare information management.

As an AAPC member, you'll be part of a global network of 250,000+ career learners and working professionals. Our credentials are among the most highly sought after in the industry — in part because AAPC members are trained for more than passing an exam. They are trained to succeed on the job from day one.

"If you want to rise in the ranks of the Healthcare business portion of the medical field, I highly suggest that you become a member of AAPC and obtain your certifications through them. They will help you to advance and open the door of opportunity for you."

- Latisha Booker, CPC

"APPC has not only provided me with the opportunity to earn multiple credentials but has also opened important doors for me in my career."

- Mary Arnold, CPC, CPMA, CRC, RMA, HR-C

"While taking classes, I was introduced to AAPC. I became a member to help boost my career, and more than 20 years later, I'm still an AAPC member."

– Bradley Miller, CPC, CRC, CDEO

Whether you're just getting started or a seasoned pro, AAPC membership will give you the support, training, tools, and resources to help you launch and advance your career successfully,

Learn more at **aapc.com**

AAPC

2027 Coders' Specialty Guide
Physical, Occupational, & Speech Therapy
9 798892 583343
Print ISBN: 979-8-89258-3-343