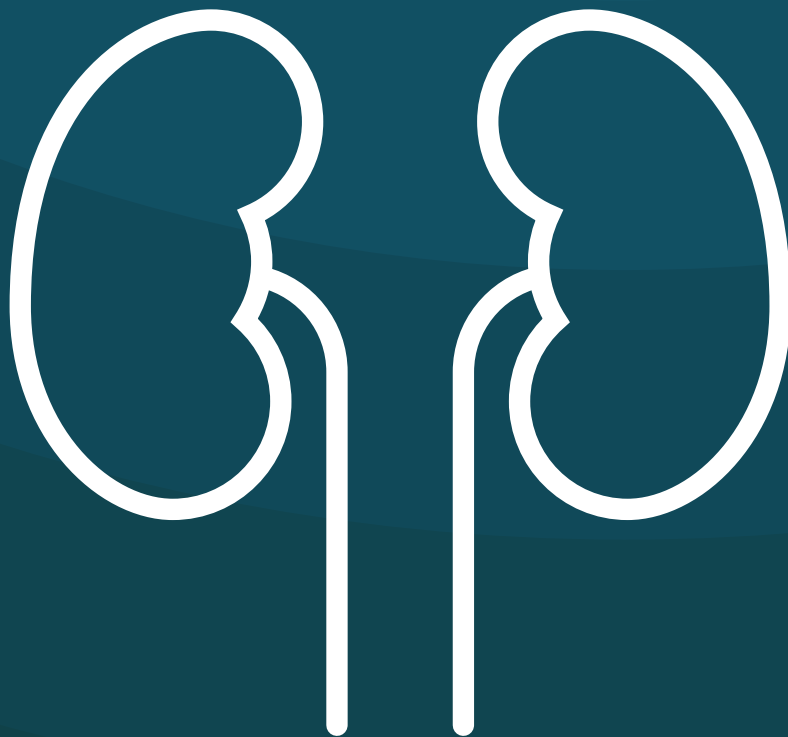




Your essential illustrated coding guide for urology & nephrology, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross References, NCCI edits, and RVU information

CODERS' SPECIALTY GUIDE

Urology & Nephrology



2024

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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, OPPI Facility: \$27.91, OPPI 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)

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

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, 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.Z9, 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, 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, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

RVU Facility Work RVU: 1.81, PE RVU: 0.67, Malpractice RVU: 0.19, Total RVU: 2.67

RVU Non-Facility Work RVU: 1.81, PE RVU: 7.06, Malpractice RVU: 0.19, Total RVU: 9.06

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, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10004¹, 10005¹, 10006¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.76, C84.77, C84.78, C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.1, D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, 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

+10008

Fine needle aspiration biopsy, including fluoroscopic 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 fluoroscopic 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 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +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.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$59.32, Non Facility: \$167.84, OPPS Facility: \$41.17, OPPS Non Facility: \$41.17

RVU Facility Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.11, Total RVU: 1.70

RVU Non-Facility Work RVU: 1.18, PE RVU: 3.52, Malpractice RVU: 0.11, Total RVU: 4.81

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: 2

34701

Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Clinical Responsibility

The provider may perform endovascular repair when the infrarenal aorta develops an aneurysm (bulging of the arterial wall due to a weakening of the artery walls), pseudoaneurysm, or for a penetrating ulcer or dissection (linear tear in the intima, or lining, of the arterial wall).

After the patient is appropriately prepped and anesthetized, the provider makes an incision in the groin and dissects down through tissues until he exposes the aorta and iliac arteries. He may perform angioplasty or place a stent to open up or widen the lumen of the aorta. Then, under imaging guidance, he inserts a catheter into the artery and threads it all the way to the site of the aneurysm, pseudoaneurysm, dissection, or penetrating ulcer. The provider then guides a tube endograft through the catheter and across the weak area in the wall of the aorta so that it extends into healthy areas on both sides of the defect. If the original tube endograft doesn't extend beyond the defect, he may place extensions as necessary between the renal arteries and aortic bifurcation, the area where the aorta divides into the two iliac arteries. When expanded, the prosthesis reinforces the artery wall, preventing an aneurysm from rupturing or swelling, and improving blood flow. After ensuring proper placement of the tube endograft, the provider withdraws the catheter, checks for bleeding, and closes all incisions.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$1,261.39, Non Facility: \$1,261.39, OPPS Facility: \$827.32, OPPS Non Facility: \$827.32

RVU Facility Work RVU: 23.71, PE RVU: 6.98, Malpractice RVU: 5.46, Total RVU: 36.15

RVU Non-Facility Work RVU: 23.71, PE RVU: 6.98, Malpractice RVU: 5.46, Total RVU: 36.15

Indicators Preoperative: 9.00, Intraoperative: 84.00, Postoperative: 7.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

CCI Alerts (version 27.3)

0075T¹, 01926⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹,

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ICD-10 CrossRef

I70.0, I71.00-I71.03, I71.3-I71.6, I71.8, I71.9, I72.2, I74.01, I74.09, I74.10, I74.19, I79.0, Q25.1, Q25.29, Q25.43-Q25.47, Q25.49, Q27.30

34702

Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Clinical Responsibility

After the patient is appropriately prepped and anesthetized, the provider makes an incision in the groin. He dissects down through tissues to expose the aorta and iliac arteries. If necessary, he may occlude (close off) the aortic and/or iliac arteries by expanding a balloon inserted through a catheter to beyond the ruptured area. He may also perform angioplasty or place a stent to open up or widen the lumen of the aorta. Under imaging guidance, he

Clinical Responsibility

The provider may perform endovascular repair when an artery develops an aneurysm (bulging of the arterial wall due to a weakening of the artery walls), pseudoaneurysm, or for a penetrating ulcer or dissection (linear tear in the intima, or lining, of the arterial wall).

After the patient is appropriately prepped and anesthetized, the provider makes an incision in the groin and dissects down to expose the aorta and iliac arteries. He may perform angioplasty or place a stent to open up or widen the lumen of the iliac artery. Then, under imaging guidance, he inserts a catheter into the iliac artery. The provider then guides the tube endograft through the catheter and into the iliac artery so that the tube extends across the defect and into healthy areas on both sides of the defect. If the tube endograft isn't long enough, the provider may place extensions up to as far as the aortic bifurcation (the take-off of the iliac arteries) and down to the iliac bifurcation where the common iliac arteries branch into the smaller internal and external iliac arteries. When expanded, the prosthesis reinforces the artery walls and restores blood flow. The provider withdraws the catheter, checks for bleeding, and closes all incisions.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility:

\$1,184.97, Non Facility: \$1,184.97, OPPS Facility: \$777.42, OPPS Non Facility: \$777.42

RVU Facility Work RVU: 22.28, PE RVU: 6.55, Malpractice RVU: 5.13, Total RVU: 33.96

RVU Non-Facility Work RVU: 22.28, PE RVU: 6.55, Malpractice RVU: 5.13, Total RVU: 33.96

Indicators Preoperative: 9.00, Intraoperative: 84.00, Postoperative: 7.00, 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, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0075T¹, 01926⁰, 0213T⁰, 0216T⁰, 0553T¹, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 34710⁰, 34711⁰, 34717¹, 34718⁰, 34841⁰, 34842⁰, 34843⁰, 34844⁰, 34845⁰, 34846⁰, 34847⁰, 34848⁰, 35102⁰, 35131⁰, 35201¹, 35206¹, 35207¹, 35211¹, 35216¹, 35221¹, 35226¹, 35231¹, 35236¹, 35241¹, 35246¹, 35251¹, 35256¹, 35261¹, 35266¹, 35271¹, 35276¹, 35281¹, 35286¹, 36000¹, 36140¹, 36160¹, 36200¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36620¹, 36625¹, 36640¹, 37184¹, 37217¹, 37218¹, 37220¹, 37221¹, 37222¹, 37223¹, 37236¹, 37238¹, 43752¹, 51701¹, 51702¹, 51703¹, 61645¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰,

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ICD-10 CrossRef

I70.211-I70.219, I70.221-I70.229, I70.231, I70.232, I70.238, I70.239, I70.241, I70.242, I70.248, I70.249, I70.25, I70.261-I70.269, I70.291-I70.299, I72.3, I72.4, I73.9, I74.4, I74.5, I74.8, I74.9, I77.1, I77.3, I77.72, I77.73, I77.79, I77.89

34708

Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

Clinical Responsibility

After the patient is appropriately prepped and anesthetized, the provider makes an incision in the groin and dissects down to expose the aorta and iliac arteries. If necessary, he may occlude (close off) the iliac artery by expanding a balloon inserted through a catheter to beyond the ruptured area. He may perform angioplasty or place a stent to open up or widen the lumen (interior channel) of the iliac artery. Then, under imaging guidance, he inserts a catheter into the iliac artery. The provider then guides the tube endograft through the catheter and into the iliac artery so that the tube extends across the ruptured area and beyond into healthy areas on both sides of the defect. If the tube endograft isn't long enough, the provider may place extensions up to as far as the aortic bifurcation (the take-off of the iliac arteries) and down to the iliac bifurcation where the common iliac arteries branch into the smaller internal and external iliac arteries. When expanded, the prosthesis reinforces the artery walls and restores blood flow. The provider withdraws the catheter, checks for bleeding, and closes all incisions.

38500

Biopsy or excision of lymph node(s); open, superficial

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the skin over the underlying affected lymph node. Typically, the procedure involves a lymph node near the surface of the skin so that a simple incision is adequate for exposure. The provider identifies the target lymph node or nodes and removes the node in whole or in part using a scalpel. He approximates the tissues in layers and closes the incision.

If the provider performs this procedure for biopsy of a node or nodes, the provider takes more samples than in a needle biopsy and sends the specimens to the laboratory for testing. The sample is sent to the laboratory for indication of infection or disease.

Coding Tips

Report code 38500 only once no matter how many nodes a provider biopsies in the same area. However, if the provider performs biopsies in other areas, report the code again with modifier 59, Distinct procedural service to indicate that a different area was tested. Biopsies on the contralateral, or opposite side may be coded with modifier 50, Bilateral procedure.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$262.75, Non Facility: \$350.68, OPPS Facility: \$132.24, OPPS Non Facility: \$132.24

RVU Facility Work RVU: 3.79, PE RVU: 2.88, Malpractice RVU: 0.86, Total RVU: 7.53

RVU Non-Facility Work RVU: 3.79, PE RVU: 5.40, Malpractice RVU: 0.86, Total RVU: 10.05

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: 2

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10005¹, 10007¹, 10009¹, 10011¹, 10021¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 38505¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰,

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ICD-10 CrossRef

C34.90-C34.92, C43.0-C43.4, C43.10, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C43.70-C43.72, C43.8, C43.9, C47.10-C47.12, C49.10-C49.12, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C77.0-C77.4, C79.89, C79.9, C81.14, C81.90, C81.99, C82.00, C82.01, C82.04, C82.05, C82.09, C82.10, C82.11, C82.14, C82.15, C82.19, C82.20, C82.21, C82.24, C82.25, C82.29, C82.30, C82.31, C82.34, C82.35, C82.39, C82.40, C82.41, C82.44, C82.45, C82.49, C82.50-C82.53, C82.55, C82.58, C82.59, C82.60, C82.61, C82.64, C82.65, C82.69, C82.80, C82.81, C82.84, C82.85, C82.89, C82.90, C82.91, C82.94, C82.95, C82.99, C83.15, C83.30, C83.31, C83.35, C83.39, C83.55, C84.90-C84.93, C84.95, C84.98, C84.99, C84.A0-C84.A3, C84.A5, C84.A8, C84.A9, C84.Z0-C84.Z3, C84.Z5, C84.Z8, C84.Z9, C85.10-C85.13, C85.15, C85.18, C85.19, C85.20-C85.23, C85.25, C85.28, C85.29, C85.80-C85.83, C85.85, C85.88, C85.89, C85.90-C85.93, C85.95, C85.98, C85.99, C86.0-C86.4, C91.10, D03.0-D03.4, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D03.70-D03.72, D03.8, D03.9, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D19.7, D36.0, D36.7, D48.7, I88.1-I88.9, I89.8, N63.31, N63.32, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R97.20, R97.21, T81.40XA-T81.40XS, Z85.72, Z85.79

38505

Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the skin over the underlying lymph node. Typically, the procedure will address a lymph node near the surface of the skin. The provider can visualize or palpate the lymph node so he usually needs no guidance. The provider may use radiologic guidance though when necessary. The provider

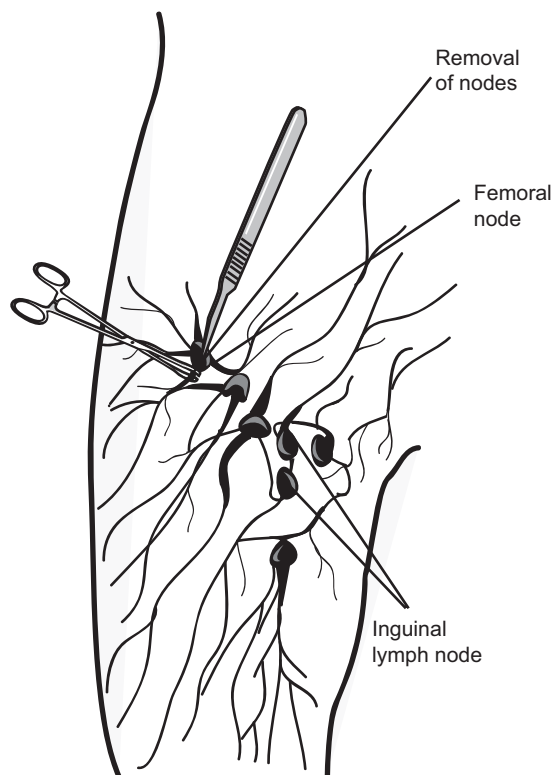
38760

Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the lower abdomen and upper leg. The provider explores the inguinal and femoral areas and excises the superficial nodes and other involved or nearby tissues. The provider ensures hemostasis. He closes the incision in layers.

Illustration



38760

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$861.16, Non Facility: \$861.16, OPPS Facility: \$475.24, OPPS Non Facility: \$475.24

RVU Facility Work RVU: 13.62, PE RVU: 8.25, Malpractice RVU: 2.81, Total RVU: 24.68

RVU Non-Facility Work RVU: 13.62, PE RVU: 8.25, Malpractice RVU: 2.81, Total RVU: 24.68

Indicators Preoperative: 11.00, Intraoperative: 73.00, Postoperative: 16.00, 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, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 38500¹, 38531⁰, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹

ICD-10 CrossRef

C19, C25.1, C43.59, C43.70, C43.9, C4A.51, C4A.59, C4A.70, C51.9, C53.0, C54.0-C54.3, C54.9, C60.2, C60.9, C64.9, C65.9, C67.0, C67.1, C67.6, C68.0, C76.50, C77.4, C77.9, C78.5, C7A.093, C7B.01, C81.90, C81.99, C85.85, D01.1, D01.2, D03.51-D03.59, D03.70-D03.72, D03.9, D04.5, D37.1, D37.2, D37.4, D37.5, D48.7, I89.8, R59.0-R59.9, T81.41XA-T81.41XS

38765

Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the lower abdomen and upper leg. The provider explores the inguinal and femoral areas and excises the superficial nodes and other involved tissues. The provider also explores the pelvic area and removes additional lymph nodes from the pelvis. The provider ensures hemostasis and then closes the incision in layers.

54000

Slitting of prepuce, dorsal or lateral (separate procedure); newborn

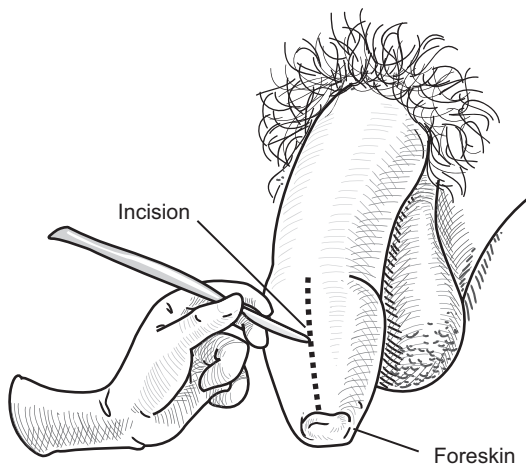
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider grasps the prepuce with forceps and makes a stab incision at the lateral or dorsal side of the penis. He then uses scissors to dissect the foreskin from the base and remove it. Finally, the provider controls any bleeding through small linear sutures.

Coding Tips

If the provider slits the prepuce in patient other than newborn, use code 54001, Slitting of prepuce, dorsal or lateral, separate procedure; except newborn.

Illustration



54000

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$112.01, Non Facility: \$166.44, OPPS Facility: \$55.48, OPPS Non Facility: \$55.48

RVU Facility Work RVU: 1.59, PE RVU: 1.43, Malpractice RVU: 0.19, Total RVU: 3.21

RVU Non-Facility Work RVU: 1.59, PE RVU: 2.99, Malpractice RVU: 0.19, Total RVU: 4.77

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701⁰, 51702⁰, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471⁰, J2001¹

ICD-10 CrossRef

N47.0

54001

Slitting of prepuce, dorsal or lateral (separate procedure); except newborn

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider grasps the prepuce with forceps and makes a stab incision at the lateral or dorsal side of the penis. He then uses scissors to dissect the foreskin from the base and remove it. Finally, the provider controls any bleeding through small linear sutures.

Coding Tips

If the provider slits the prepuce in a newborn, use code 54000, Slitting of prepuce, dorsal or lateral, separate procedure; newborn.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$142.36, Non Facility: \$202.73, OPPS Facility: \$78.16, OPPS Non Facility: \$78.16

RVU Facility Work RVU: 2.24, PE RVU: 1.58, Malpractice RVU: 0.26, Total RVU: 4.08

99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471⁰

ICD-10 CrossRef

A60.01, A63.0, B08.1, C60.0-C60.9, C63.8, C79.82, D07.60, D07.69, D29.0

54055

Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

Clinical Responsibility

When the patient is appropriately prepped, draped, and anesthetized, the provider identifies and marks the penile lesion. After marking, he brings an electrodesiccation in contact with marked lesion, which applies a high level of electric current and destroys the lesion from the base. The provider makes sure that he applies the treatment to specific lesion only and protects the surrounding healthy tissue while using an electrodesiccation. The electrodesiccation of the penile lesion requires no incision or suturing.

Coding Tips

If the provider uses chemicals to destroy the lesions, report 54050.

If the provider destroys the lesion by cryosurgery (freezing), use code 54056.

If the provider destroys the lesion by laser surgery, use code 54057.

If the provider destroys the lesion by surgical excision, use code 54060.

When the lesions are extensive and the provider uses any of a number of techniques, use code 54065.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$96.30, Non Facility: \$137.13, OPPS Facility: \$43.62, OPPS Non Facility: \$43.62

RVU Facility Work RVU: 1.25, PE RVU: 1.37, Malpractice RVU: 0.14, Total RVU: 2.76

RVU Non-Facility Work RVU: 1.25, PE RVU: 2.54, Malpractice RVU: 0.14, Total RVU: 3.93

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701⁰, 51702⁰, 51703¹, 54060¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471⁰

ICD-10 CrossRef

A60.01, A63.0, B08.1, C60.0-C60.9, C63.8, C79.82, D07.60, D07.69, D29.0

54056

Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery

Clinical Responsibility

When the patient is appropriately prepped, draped, and anesthetized, the provider identifies and marks the penile lesion. After marking, he uses a cryosurgical instrument to apply the liquid nitrogen to freeze the lesion. He may also dip a cotton applicator into liquid nitrogen and apply it to the lesion. The provider ensures that he applies the treatment to the specific lesion only and protects the surrounding healthy tissue. The cryosurgical destruction of penile lesions requires no incision or suturing.

Coding Tips

If the provider uses chemicals to destroy the lesions, report 54050.

ICD-10 CrossRef Details

A01.09	Typhoid fever with other complications	A49.01	Methicillin susceptible <i>Staphylococcus aureus</i> infection, unspecified site
A02.1	Salmonella sepsis	A49.02	Methicillin resistant <i>Staphylococcus aureus</i> infection, unspecified site
A02.25	Salmonella pyelonephritis	A51.44	Secondary syphilitic nephritis
A06.0	Acute amebic dysentery	A52.01	Syphilitic aneurysm of aorta
A06.1	Chronic intestinal amebiasis	A52.15	Late syphilitic neuropathy
A06.2	Amebic nondysenteric colitis	A52.75	Syphilis of kidney and ureter
A06.3	Ameboma of intestine	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A06.4	Amebic liver abscess	A54.01	Gonococcal cystitis and urethritis, unspecified
A06.6	Amebic brain abscess	A54.09	Other gonococcal infection of lower genitourinary tract
A06.7	Cutaneous amebiasis	A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A06.81	Amebic cystitis	A54.21	Gonococcal infection of kidney and ureter
A06.82	Other amebic genitourinary infections	A54.22	Gonococcal prostatitis
A06.89	Other amebic infections	A54.23	Gonococcal infection of other male genital organs
A06.9	Amebiasis, unspecified	A54.29	Other gonococcal genitourinary infections
A15.0	Tuberculosis of lung	A54.86	Gonococcal sepsis
A15.4	Tuberculosis of intrathoracic lymph nodes	A56.01	Chlamydial cystitis and urethritis
A15.5	Tuberculosis of larynx, trachea and bronchus	A56.11	Chlamydial female pelvic inflammatory disease
A15.6	Tuberculous pleurisy	A59.02	Trichomonal prostatitis
A15.8	Other respiratory tuberculosis	A59.03	Trichomonal cystitis and urethritis
A18.10	Tuberculosis of genitourinary system, unspecified	A60.01	Herpesviral infection of penis
A18.11	Tuberculosis of kidney and ureter	A60.02	Herpesviral infection of other male genital organs
A18.12	Tuberculosis of bladder	A63.0	Anogenital (venereal) warts
A18.13	Tuberculosis of other urinary organs	A66.0	Initial lesions of yaws
A18.14	Tuberculosis of prostate	A66.2	Other early skin lesions of yaws
A18.15	Tuberculosis of other male genital organs	A66.3	Hyperkeratosis of yaws
A18.16	Tuberculosis of cervix	A67.0	Primary lesions of pinta
A18.17	Tuberculous female pelvic inflammatory disease	A67.1	Intermediate lesions of pinta
A18.18	Tuberculosis of other female genital organs	A67.2	Late lesions of pinta
A18.2	Tuberculous peripheral lymphadenopathy	A67.3	Mixed lesions of pinta
A18.31	Tuberculous peritonitis	A79.82	Anaplasmosis [<i>A. phagocytophilum</i>]
A18.32	Tuberculous enteritis	A80.9	Acute poliomyelitis, unspecified
A18.39	Retroperitoneal tuberculosis	A92.39	West Nile virus infection with other complications
A18.7	Tuberculosis of adrenal glands	B00.1	Herpesviral vesicular dermatitis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified	B01.89	Other varicella complications
A18.84	Tuberculosis of heart	B01.9	Varicella without complication
A18.85	Tuberculosis of spleen	B02.0	Zoster encephalitis
A22.7	Anthrax sepsis	B02.21	Postherpetic geniculate ganglionitis
A26.7	Erysipelothrix sepsis	B02.29	Other postherpetic nervous system involvement
A31.0	Pulmonary mycobacterial infection	B02.8	Zoster with other complications
A32.7	Listerial sepsis	B02.9	Zoster without complications
A36.0	Pharyngeal diphtheria	B03	Smallpox
A36.1	Nasopharyngeal diphtheria	B04	Monkeypox
A36.2	Laryngeal diphtheria	B05.4	Measles with intestinal complications
A36.84	Diphtheritic tubulo-interstitial nephropathy	B05.89	Other measles complications
A36.89	Other diphtheritic complications	B05.9	Measles without complication
A38.8	Scarlet fever with other complications	B06.00	Rubella with neurological complication, unspecified
A39.1	Waterhouse-Friderichsen syndrome	B06.09	Other neurological complications of rubella
A40.0	Sepsis due to streptococcus, group A	B06.89	Other rubella complications
A40.1	Sepsis due to streptococcus, group B	B06.9	Rubella without complication
A40.3	Sepsis due to <i>Streptococcus pneumoniae</i>	B07.0	Plantar wart
A40.8	Other streptococcal sepsis	B07.8	Other viral warts
A40.9	Streptococcal sepsis, unspecified	B07.9	Viral wart, unspecified
A41.01	Sepsis due to Methicillin susceptible <i>Staphylococcus aureus</i>	B08.09	Other orthopoxvirus infections
A41.02	Sepsis due to Methicillin resistant <i>Staphylococcus aureus</i>	B08.1	Molluscum contagiosum
A41.1	Sepsis due to other specified staphylococcus	B08.21	Exanthema subitum [sixth disease] due to human herpesvirus 6
A41.2	Sepsis due to unspecified staphylococcus	B08.22	Exanthema subitum [sixth disease] due to human herpesvirus 7
A41.3	Sepsis due to <i>Hemophilus influenzae</i>	B08.8	Other specified viral infections characterized by skin and mucous membrane lesions
A41.4	Sepsis due to anaerobes	B09	Unspecified viral infection characterized by skin and mucous membrane lesions
A41.50	Gram-negative sepsis, unspecified	B15.0	Hepatitis A with hepatic coma
A41.51	Sepsis due to <i>Escherichia coli</i> [<i>E. coli</i>]	B15.9	Hepatitis A without hepatic coma
A41.52	Sepsis due to <i>Pseudomonas</i>	B16.0	Acute hepatitis B with delta-agent with hepatic coma
A41.53	Sepsis due to <i>Serratia</i>	B16.1	Acute hepatitis B with delta-agent without hepatic coma
A41.59	Other Gram-negative sepsis		
A41.81	Sepsis due to <i>Enterococcus</i>		
A41.89	Other specified sepsis		
A41.9	Sepsis, unspecified organism		
A42.0	Pulmonary actinomycosis		
A42.7	Actinomycotic sepsis		
A46	Erysipelas		

C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	C41.3	Malignant neoplasm of ribs, sternum and clavicle
C31.9	Malignant neoplasm of accessory sinus, unspecified	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C32.0	Malignant neoplasm of glottis	C43.0	Malignant melanoma of lip
C32.1	Malignant neoplasm of supraglottis	C43.10	Malignant melanoma of unspecified eyelid, including canthus
C32.2	Malignant neoplasm of subglottis	C43.111	Malignant melanoma of right upper eyelid, including canthus
C32.3	Malignant neoplasm of laryngeal cartilage	C43.112	Malignant melanoma of right lower eyelid, including canthus
C32.8	Malignant neoplasm of overlapping sites of larynx	C43.121	Malignant melanoma of left upper eyelid, including canthus
C32.9	Malignant neoplasm of larynx, unspecified	C43.122	Malignant melanoma of left lower eyelid, including canthus
C33	Malignant neoplasm of trachea	C43.20	Malignant melanoma of unspecified ear and external auricular canal
C34.00	Malignant neoplasm of unspecified main bronchus	C43.21	Malignant melanoma of right ear and external auricular canal
C34.01	Malignant neoplasm of right main bronchus	C43.22	Malignant melanoma of left ear and external auricular canal
C34.02	Malignant neoplasm of left main bronchus	C43.30	Malignant melanoma of unspecified part of face
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	C43.31	Malignant melanoma of nose
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	C43.39	Malignant melanoma of other parts of face
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	C43.4	Malignant melanoma of scalp and neck
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	C43.51	Malignant melanoma of anal skin
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	C43.52	Malignant melanoma of skin of breast
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	C43.59	Malignant melanoma of other part of trunk
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	C43.61	Malignant melanoma of right upper limb, including shoulder
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	C43.62	Malignant melanoma of left upper limb, including shoulder
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	C43.70	Malignant melanoma of unspecified lower limb, including hip
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	C43.71	Malignant melanoma of right lower limb, including hip
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	C43.72	Malignant melanoma of left lower limb, including hip
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	C43.8	Malignant melanoma of overlapping sites of skin
C37	Malignant neoplasm of thymus	C43.9	Malignant melanoma of skin, unspecified
C38.0	Malignant neoplasm of heart	C44.00	Unspecified malignant neoplasm of skin of lip
C38.1	Malignant neoplasm of anterior mediastinum	C44.01	Basal cell carcinoma of skin of lip
C38.2	Malignant neoplasm of posterior mediastinum	C44.02	Squamous cell carcinoma of skin of lip
C38.3	Malignant neoplasm of mediastinum, part unspecified	C44.09	Other specified malignant neoplasm of skin of lip
C38.4	Malignant neoplasm of pleura	C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C40.10	Malignant neoplasm of short bones of unspecified upper limb	C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C40.11	Malignant neoplasm of short bones of right upper limb	C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C40.12	Malignant neoplasm of short bones of left upper limb	C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C40.20	Malignant neoplasm of long bones of unspecified lower limb	C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C40.21	Malignant neoplasm of long bones of right lower limb	C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C40.22	Malignant neoplasm of long bones of left lower limb	C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C40.30	Malignant neoplasm of short bones of unspecified lower limb	C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C40.31	Malignant neoplasm of short bones of right lower limb	C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C40.32	Malignant neoplasm of short bones of left lower limb	C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb		
C41.0	Malignant neoplasm of bones of skull and face		
C41.1	Malignant neoplasm of mandible		
C41.2	Malignant neoplasm of vertebral column		

Modifier Descriptors

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

Modifier	Description
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietitian
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record

Modifier	Description
GM	Multiple patients on one ambulance trip
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GQ	Via asynchronous telecommunications system
GR	This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy
GS	Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level
GT	Via interactive audio and video telecommunication systems
GU	Waiver of liability statement issued as required by payer policy, routine notice
GV	Attending physician not employed or paid under arrangement by the patient's hospice provider
GW	Service not related to the hospice patient's terminal condition
GX	Notice of liability issued, voluntary under payer policy
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit
GZ	Item or service expected to be denied as not reasonable and necessary
H9	Court-ordered
HA	Child/adolescent program
HB	Adult program, non-geriatric
HC	Adult program, geriatric
HD	Pregnant/parenting women's program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction treatment program
HH	Integrated mental health/substance abuse program
HI	Integrated mental health and intellectual disability/developmental disabilities program
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HL	Intern
HM	Less than bachelor degree level
HN	Bachelor's degree level
HO	Master's degree level
HP	Doctoral level

Modifier	Description
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
J1	Competitive acquisition program no-pay submission for a prescription number
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge
J5	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
JA	Administered intravenously
JB	Administered subcutaneously
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JE	Administered via dialysate
JG	Drug or biological acquired with 340b drug pricing program discount
JW	Drug amount discarded/not administered to any patient
K0	Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
K1	Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator
K2	Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator

Terminology

Terminology	Explanation
Abdominal aorta	Largest artery supplying the abdominal cavity, part of the aorta and continuation of the descending aorta from the thorax; it divides farther into iliac arteries.
Abdominal ultrasound	This is a non-invasive technique which uses sound wave to take images of the intra-abdominal structures (i.e., liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Abdominoperineal	Refers to the abdomen and the perineum, the area between the anus and genitals.
Aberrant renal vessel	A vessel of the kidney that is different from the norm anatomically.
Ablation	Removal of tissue, a body part, or an organ or destruction of its function.
Abscess	Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissue, caused by infection.
Adenomatoid tumor	Benign growth that generally presents in the genital tract, in regions such as the testis.
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.
Adolescent	Teenager.
Adrenal	Refers to the adrenal glands, located at the top of each kidney, or their secretions.
Adrenal gland	A gland located on top of the kidney; produces hormones that are responsible for functions such as heart rate control and blood pressure; they also produce the stress hormone, commonly known as the flight or fight hormone, in addition to many more.
Algorithm	A specific set of step by step calculations using defined inputs at each step to produce a useful output; specifically for MAAAs, the output involves some sort of diagnostic or prognostic information about treatment options or disease outcomes.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft.
Allotransplantation	An organ or tissue transferred between genetically different individuals of the same species.
Amputation	Removal of a body extremity because of trauma or surgery; the surgical removal helps to control pain or a disease process in the affected limb.
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 anastomoses include end to side and side to side.
Androgen	A hormone or compound, usually a steroid, that stimulates or controls male or female hormonal activity or production.
Androgen insensitivity syndrome	Medical condition affecting sexual development before birth; patients with this syndrome are genetically male.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body; spinal anesthesia involves the injection of anesthetic into the nerves of the spine, typically the lumbar spine, to reduce sensitivity to pain in the area of the body below the injection site.
Aneurysm	Weakness in the wall of a blood vessel, such as the aorta, or the wall of heart chamber, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Angiography	A medical imaging technique in which the provider injects a dye into blood vessels and uses plain X-rays, computed tomography, or magnetic resonance imaging to visualize the inside, or lumen, of the vessels; more specific terms include arteriography when performed on the arteries or venography when performed on the veins; angiography can also be used to study blood supply to organs such as the heart, kidneys, and liver.
Angioplasty	A surgical procedure to widen a narrowed or blocked artery.

Terminology	Explanation
Cannulization	Insertion of a cannula, or tube, into a vessel or duct.
Carbuncle	A type of deep skin abscess with multiple openings formed by a cluster of boils.
Caruncle	Benign fleshy outgrowth.
Casts, urine	The small tubular shaped objects frequently found in urine specimens; these are formed in the tubules within the kidney, that pass down from the lower end of the glomerular unit that serves as a filter in the kidney; they may appear as hyaline, meaning glassy, granular, or cellular, and can be of diagnostic importance.
Catheter	A flexible tube that a provider inserts into a vessel through which he can pass instruments, blood can be withdrawn, or fluids instilled; a provider can insert this flexible tube into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Cecil repair	A three staged repair of a urethral narrowing, in which the provider excises the narrowed segment, constructs a new urethral segment, and separates the new segment from the scrotum.
Celiac	Refers to the abdomen or abdominal cavity.
Celiotomy	Surgical incision through the abdomen into the peritoneal cavity, the space between the abdominal organs and the peritoneum, the membrane lining of the abdominal cavity.
Central venous	Situated or occurring within the large vein of the heart or in the right atrium of the heart.
Centrifugation	Process that rotates a mixture around a fixed axis at a high speed to separate it into its component parts.
Centrifuge tube	A special conical tipped plastic or glass test tube used for spinning down solutions where the sediment is to be separated from the supernatant, or upper fluid, portion.
Cephalic vein	A major vein of the arm and forearm that drains blood from the hand to the shoulder.
Cervix	Fleshy end of the uterus that juts into the vaginal canal, which consists of an outer opening, called the exocervix or ectocervix, middle section, called the transformation zone, where the squamous and columnar cells meet, and inner portion that opens into the body of the uterus, called the endocervix; menstrual blood passes from the uterine lining into the cervix and out into the vaginal canal.
Chemodenervation	A technique in which a provider uses a pharmacologic compound, eg. botulinum toxine, atropin, to interrupt the neurological signals and paralyzes a muscle or a group of muscles.
Chemosurgery	Destruction of tissue by using chemicals for therapeutic purpose.
Chordee	An abnormal condition in which the head of the penis curves downward; the condition is often associated with hypospadias and is surgically corrected in early childhood.
Chronic	A condition that is long lasting, typically to slow develop, and with symptoms of less severity than an acute condition.
Chronic kidney disease	The slow and progressive loss of kidney function over time.
Circumcision	A surgical procedure that removes the foreskin of the penis.
Clean catch sample	A urine specimen collected by inserting the collection container into the urine stream and removing the container before stopping the urine flow, allowing for a specimen that is less likely to be contaminated.
Clitoris	The visible button like portion located near the anterior junction of the labia minora, above the opening of the urethra and vagina.
Cloaca	A complex anorectal and genitourinary malformation, in which the rectum, vagina, and urinary tract meet and fuse, creating a single common channel; the single orifice varies in length from one to ten cm.
Cloquet's node	Lymph node found in the inguinal or groin region.
Collagenase	A chemical substance that helps to destroy certain bacteria.
Colles fascia	Deep layer of superficial fascia emerging from perineal membrane, serving muscles of penis.
Colon	Tube like portion of digestive tract that extends from stomach to anus.
Colostomy	A surgically created passage from the large intestine, or colon, to the external surface of the abdomen to divert food waste through a stoma, or opening on the skin, into a bag worn externally.
Colpopexy	Also called vaginopexy, suspending a relaxed and prolapsed vagina by fixation to the abdominal wall, attachment to the sacrum, fascial strips, or by use of sturdy ligaments and muscles.
Colporrhaphy	Surgical repair of a defect or laceration in the wall of the vagina.
Common iliac vessel	A vessel providing blood supply to the lower limbs.
Comorbidity	Existence of one or more additional diseases.

Code Index

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