



Coders' Specialty Guide Family Practice/ Primary Care

Your essential illustrated coding guide for family practice/primary care, including CPT®, HCPCS, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.



Benefiting

**susan g.
komen®**

See back for details

2021

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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: 36.0896, Facility: \$45.11, Non Facility: \$53.41, OPFS Facility: \$28.87, OPFS Non Facility: \$28.87

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: 0.57, Malpractice RVU: 0.11, Total RVU: 1.48

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, SA, SC, XE, XP, XS, XU

CCI Alerts (version 25.3)

0213T¹, 0216T¹, 10012¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76970¹, 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,

Modifier: 0 = not allowed, 1 = allowed

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-H93.8X3, 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, N18.3, 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, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$74.71, Non Facility: \$132.45, OPPS Facility: \$52.69, OPPS Non Facility: \$52.69

RVU Facility Work RVU: 1.46, PE RVU: 0.48, Malpractice RVU: 0.13, Total RVU: 2.07

RVU Non-Facility Work RVU: 1.46, PE RVU: 2.08, Malpractice RVU: 0.13, Total RVU: 3.67

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

CCI Alerts (version 25.3)

0213T¹, 0216T¹, 10004¹, 10008¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76970¹, 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, C84.90-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-H93.8X3, 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, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+10006

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$51.25, Non Facility: \$61.35, OPPS Facility: \$36.09, OPPS Non Facility: \$36.09

RVU Facility Work RVU: 1.00, PE RVU: 0.33, Malpractice RVU: 0.09, Total RVU: 1.42

10040

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

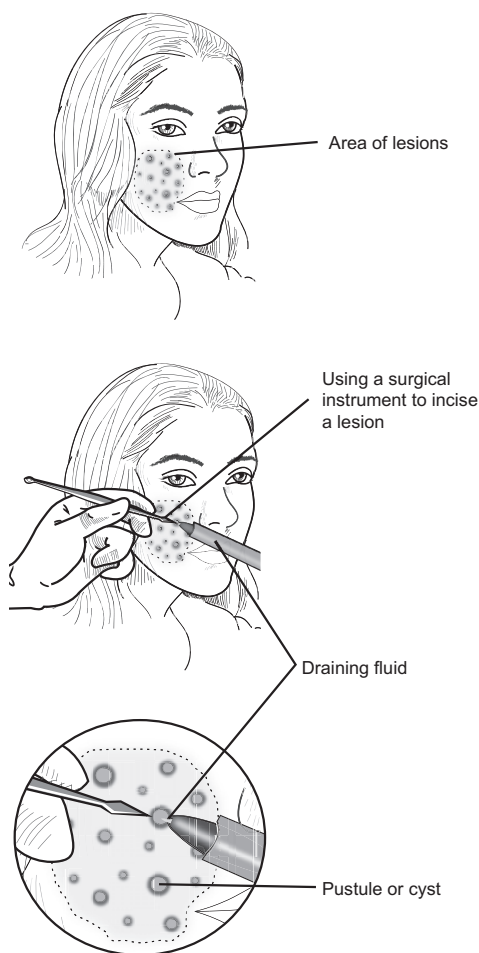
Clinical Responsibility

With the patient appropriately prepared, the provider opens up or removes acne lesions, such as milia, comedones, cysts, or pustules. For smaller, uncomplicated lesions like comedones, he may remove them mechanically with an extractor, a suction-type instrument. For other lesions, he may use a fine-tipped needle or pointed blade to open up the lesion and remove the contents. If the lesion is very large, he may marsupialize it, that is, open it up and suture the edges of the cyst lining to the exterior of the cyst in order to create a pocket and allow the cyst to continue to drain.

Coding Tips

While the provider may inject a local anesthesia such as lidocaine before marsupialization, you may not be able to bill that service separately. Check with the payer to determine their preferences before billing for the injection or the anesthetic.

Illustration



10040

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$55.22, Non Facility: \$112.24, OPPS Facility: \$32.84, OPPS Non Facility: \$32.84

RVU Facility Work RVU: 0.91, PE RVU: 0.53, Malpractice RVU: 0.09, Total RVU: 1.53

RVU Non-Facility Work RVU: 0.91, PE RVU: 2.11, Malpractice RVU: 0.09, Total RVU: 3.11

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

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

CCI Alerts (version 25.3)

0213T⁰, 0216T⁰, 0228T⁰, 0230T⁰, 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, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 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, 94250¹, 94680¹, 94681¹, 94690¹, 94770¹, 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

L02.11, L02.821, L02.828, L02.831, L02.838, L03.221, L03.222, L70.0, L70.1, L70.3, L70.4, L70.5, L70.8, L70.9, L72.0-L72.3, L72.8, L72.9, L73.0, L85.3

10060

Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

Clinical Responsibility

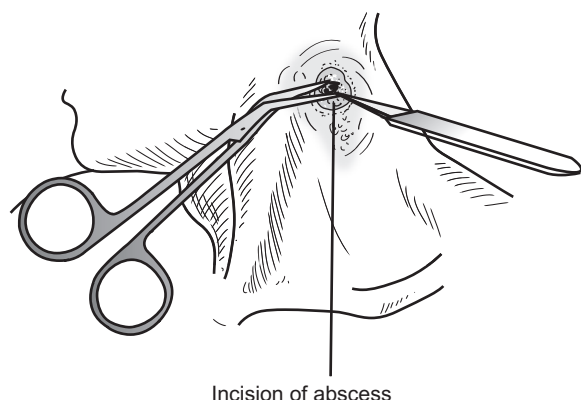
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

Coding Tips

Report this code if the provider performs incision and drainage of an abscess for a simple or single capsule like cyst. For a complicated I&D or multiple I&Ds, report 10061.

This code is not used for I&D of pilonidal cysts, hematomas, foreign bodies, or wound infections. See codes 10080 to 10180 to report those services.

Illustration



10060

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$103.58, Non Facility: \$124.15, OPPS Facility: \$44.03, OPPS Non Facility: \$44.03

RVU Facility Work RVU: 1.22, PE RVU: 1.52, Malpractice RVU: 0.13, Total RVU: 2.87

RVU Non-Facility Work RVU: 1.22, PE RVU: 2.09, Malpractice RVU: 0.13, Total RVU: 3.44

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

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

CCI Alerts (version 25.3)

0213T⁰, 0216T⁰, 0228T⁰, 0230T⁰, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹, 11642¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 30000¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 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, 94250¹, 94680¹, 94681¹, 94690¹, 94770¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

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

10061

Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple

23620

Closed treatment of greater humeral tuberosity fracture; without manipulation

Clinical Responsibility

A greater humeral tuberosity fracture is a crack in the greater tubercle, the rounded projection at the upper end of the humerus bone.

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

Coding Tips

When the provider performs a closed treatment of a greater humeral tubercle fracture; with manipulation, meaning he adjusts the fractured bone back into its normal position, use code 23625, Closed treatment of greater humeral tuberosity fracture; with manipulation.

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$267.06, Non Facility: \$278.25, OPPS Facility: \$92.03, OPPS Non Facility: \$92.03

RVU Facility Work RVU: 2.55, PE RVU: 4.36, Malpractice RVU: 0.49, Total RVU: 7.40

RVU Non-Facility Work RVU: 2.55, PE RVU: 4.67, Malpractice RVU: 0.49, Total RVU: 7.71

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

Modifier Allowances 22, 50, 51, 52, 53, 58, 59, 78, 79, GC, KX, LT, RT, XE, XP, XS, XU

CCI Alerts (version 25.3)

01610⁰, 0213T⁰, 0216T⁰, 0228T⁰, 0230T⁰, 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, 23700¹, 29000¹, 29010¹, 29015¹, 29035¹, 29040¹, 29044¹, 29046¹, 29049¹, 29055¹, 29058¹, 29065¹, 29105¹, 29240¹, 29584¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰,

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ICD-10 CrossRef

M80.021A, M80.022A, M80.029A, M80.821A, M80.822A, M80.829A, M84.421A, M84.422A, M84.429A, M84.521A, M84.522A, M84.529A, M84.621A, M84.622A, M84.629A, S42.251A, S42.252A, S42.253A, S42.254A, S42.255A, S42.256A

23650

Closed treatment of shoulder dislocation, with manipulation; without anesthesia

Clinical Responsibility

When the patient is appropriately prepped, the provider reduces the shoulder joint dislocation. He first performs a separately reportable X-ray to examine the dislocated joint. He then manually adjusts the bones by gently pushing or pulling on the shoulder blade and arm to bring the shoulder joint to its normal alignment. He next places the shoulder joint in a sling or brace for a period of four weeks to help with healing. He may again perform a separately reported X-ray examination of the joint to confirm the reduction of the dislocation.

Coding Tips

When the provider performs closed treatment of a shoulder dislocation with manipulation, meaning he adjusts the dislocated shoulder back into its normal position and the procedure requires the use of anesthesia, use code 23655, Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia.

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$301.71, Non Facility: \$331.30, OPPS Facility: \$127.40, OPPS Non Facility: \$127.40

RVU Facility Work RVU: 3.53, PE RVU: 4.16, Malpractice RVU: 0.67, Total RVU: 8.36

RVU Non-Facility Work RVU: 3.53, PE RVU: 4.98, Malpractice RVU: 0.67, Total RVU: 9.18

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

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

CCI Alerts (version 25.3)

01610⁰, 0213T⁰, 0216T⁰, 0228T⁰, 0230T⁰, 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, 20600¹, 20604¹, 20605¹, 20606¹, 20610¹, 20611¹, 29000¹, 29010¹, 29015¹, 29035¹, 29040¹, 29044¹, 29046¹, 29049¹, 29055¹, 29058¹, 29065¹, 29105¹, 29240¹, 29505¹, 29584¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 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, 94250¹, 94680¹, 94681¹, 94690¹, 94770¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0168¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

M24.311-M24.319, M24.411-M24.419, S43.001A, S43.002A, S43.003A, S43.004A, S43.005A, S43.006A, S43.011A, S43.012A, S43.013A, S43.014A, S43.015A, S43.016A, S43.021A, S43.022A, S43.023A, S43.024A, S43.025A, S43.026A, S43.031A, S43.032A, S43.033A, S43.034A, S43.035A, S43.036A, S43.081A, S43.082A, S43.083A, S43.084A, S43.085A, S43.086A, S43.301A, S43.302A, S43.303A, S43.304A, S43.305A, S43.306A, S43.391A, S43.392A, S43.393A, S43.394A, S43.395A, S43.396A

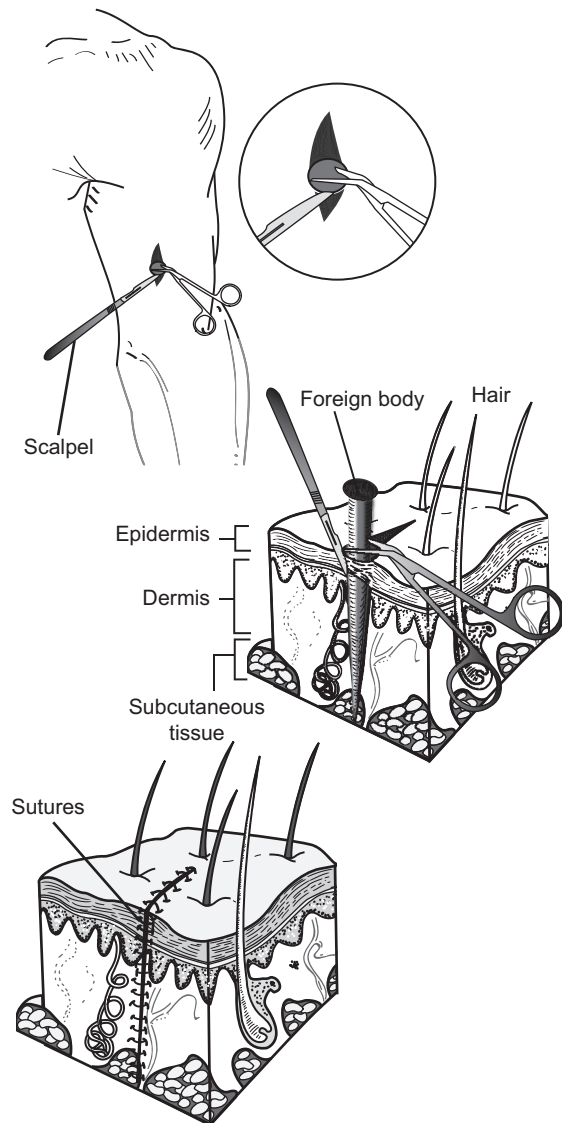
24200

Removal of foreign body, upper arm or elbow area; subcutaneous

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision over the upper arm or elbow area into the subcutaneous layer of the skin. She removes the foreign body present down to the level of the fascia. After removal of the foreign body the provider irrigates the site with antibiotics and repairs it with simple sutures, or she may leave the site open.

Illustration



24200

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: \$146.16, Non Facility: \$223.76, OPPS Facility: \$65.32, OPPS Non Facility: \$65.32

RVU Facility Work RVU: 1.81, PE RVU: 1.93, Malpractice RVU: 0.31, Total RVU: 4.05

RVU Non-Facility Work RVU: 1.81, PE RVU: 4.08, Malpractice RVU: 0.31, Total RVU: 6.20

ICD-10 CrossRef Details

A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	A15.7	Primary respiratory tuberculosis
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor	A15.8	Other respiratory tuberculosis
A00.9	Cholera, unspecified	A15.9	Respiratory tuberculosis unspecified
A01.01	Typhoid meningitis	A17.0	Tuberculous meningitis
A02.0	Salmonella enteritis	A17.1	Meningeal tuberculoma
A02.1	Salmonella sepsis	A17.81	Tuberculoma of brain and spinal cord
A02.20	Localized salmonella infection, unspecified	A17.82	Tuberculous meningoencephalitis
A02.21	Salmonella meningitis	A17.83	Tuberculous neuritis
A02.22	Salmonella pneumonia	A17.89	Other tuberculosis of nervous system
A02.29	Salmonella with other localized infection	A17.9	Tuberculosis of nervous system, unspecified
A02.8	Other specified salmonella infections	A18.01	Tuberculosis of spine
A02.9	Salmonella infection, unspecified	A18.02	Tuberculous arthritis of other joints
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>	A18.03	Tuberculosis of other bones
A03.1	Shigellosis due to <i>Shigella flexneri</i>	A18.09	Other musculoskeletal tuberculosis
A03.2	Shigellosis due to <i>Shigella boydii</i>	A18.10	Tuberculosis of genitourinary system, unspecified
A03.3	Shigellosis due to <i>Shigella sonnei</i>	A18.11	Tuberculosis of kidney and ureter
A03.8	Other shigellosis	A18.12	Tuberculosis of bladder
A03.9	Shigellosis, unspecified	A18.13	Tuberculosis of other urinary organs
A04.0	Enteropathogenic <i>Escherichia coli</i> infection	A18.14	Tuberculosis of prostate
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection	A18.15	Tuberculosis of other male genital organs
A04.2	Enteroinvasive <i>Escherichia coli</i> infection	A18.16	Tuberculosis of cervix
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection	A18.17	Tuberculous female pelvic inflammatory disease
A04.4	Other intestinal <i>Escherichia coli</i> infections	A18.18	Tuberculosis of other female genital organs
A04.5	<i>Campylobacter</i> enteritis	A18.2	Tuberculous peripheral lymphadenopathy
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>	A18.31	Tuberculous peritonitis
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent	A18.32	Tuberculous enteritis
A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent	A18.39	Retroperitoneal tuberculosis
A04.8	Other specified bacterial intestinal infections	A18.4	Tuberculosis of skin and subcutaneous tissue
A04.9	Bacterial intestinal infection, unspecified	A18.50	Tuberculosis of eye, unspecified
A05.0	Foodborne staphylococcal intoxication	A18.51	Tuberculous episcleritis
A05.1	Botulism food poisoning	A18.52	Tuberculous keratitis
A05.2	Foodborne <i>Clostridium perfringens</i> [<i>Clostridium welchii</i>] intoxication	A18.53	Tuberculous chorioretinitis
A05.3	Foodborne <i>Vibrio parahaemolyticus</i> intoxication	A18.54	Tuberculous iridocyclitis
A05.4	Foodborne <i>Bacillus cereus</i> intoxication	A18.59	Other tuberculosis of eye
A05.5	Foodborne <i>Vibrio vulnificus</i> intoxication	A18.6	Tuberculosis of (inner) (middle) ear
A05.8	Other specified bacterial foodborne intoxications	A18.7	Tuberculosis of adrenal glands
A05.9	Bacterial foodborne intoxication, unspecified	A18.81	Tuberculosis of thyroid gland
A06.0	Acute amebic dysentery	A18.82	Tuberculosis of other endocrine glands
A06.1	Chronic intestinal amebiasis	A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A06.2	Amebic nondysenteric colitis	A18.84	Tuberculosis of heart
A06.3	Ameboma of intestine	A18.85	Tuberculosis of spleen
A06.4	Amebic liver abscess	A18.89	Tuberculosis of other sites
A06.5	Amebic lung abscess	A19.0	Acute miliary tuberculosis of a single specified site
A06.6	Amebic brain abscess	A19.1	Acute miliary tuberculosis of multiple sites
A06.7	Cutaneous amebiasis	A19.2	Acute miliary tuberculosis, unspecified
A06.81	Amebic cystitis	A19.8	Other miliary tuberculosis
A06.82	Other amebic genitourinary infections	A19.9	Miliary tuberculosis, unspecified
A06.89	Other amebic infections	A20.0	Bubonic plague
A06.9	Amebiasis, unspecified	A20.1	Cellulocutaneous plague
A07.0	Balantidiasis	A20.2	Pneumonic plague
A07.1	Giardiasis [lambliasis]	A20.3	Plague meningitis
A07.2	Cryptosporidiosis	A20.7	Septicemic plague
A07.3	Isosporiasis	A20.8	Other forms of plague
A07.4	Cyclosporiasis	A21.1	Oculoglandular tularemia
A07.8	Other specified protozoal intestinal diseases	A21.2	Pulmonary tularemia
A07.9	Protozoal intestinal disease, unspecified	A21.3	Gastrointestinal tularemia
A08.0	Rotaviral enteritis	A21.7	Generalized tularemia
A08.19	Acute gastroenteropathy due to other small round viruses	A21.8	Other forms of tularemia
A08.2	Adenoviral enteritis	A22.0	Cutaneous anthrax
A08.31	Calicivirus enteritis	A22.1	Pulmonary anthrax
A08.32	Astrovirus enteritis	A22.2	Gastrointestinal anthrax
A08.39	Other viral enteritis	A22.7	Anthrax sepsis
A08.4	Viral intestinal infection, unspecified	A22.8	Other forms of anthrax
A08.8	Other specified intestinal infections	A23.0	Brucellosis due to <i>Brucella melitensis</i>
A09	Infectious gastroenteritis and colitis, unspecified	A23.1	Brucellosis due to <i>Brucella abortus</i>
A15.0	Tuberculosis of lung	A23.2	Brucellosis due to <i>Brucella suis</i>
A15.4	Tuberculosis of intrathoracic lymph nodes	A23.3	Brucellosis due to <i>Brucella canis</i>
A15.5	Tuberculosis of larynx, trachea and bronchus	A23.8	Other brucellosis
A15.6	Tuberculous pleurisy	A24.0	Glanders
		A24.2	Subacute and chronic melioidosis

A24.3	Other melioidosis	A40.3	Sepsis due to Streptococcus pneumoniae
A24.9	Melioidosis, unspecified	A40.8	Other streptococcal sepsis
A25.1	Streptobacillosis	A40.9	Streptococcal sepsis, unspecified
A26.7	Erysipelothrix sepsis	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A26.8	Other forms of erysipeloid	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A26.9	Erysipeloid, unspecified	A41.1	Sepsis due to other specified staphylococcus
A27.81	Aseptic meningitis in leptospirosis	A41.2	Sepsis due to unspecified staphylococcus
A28.0	Pasteurellosis	A41.3	Sepsis due to Hemophilus influenzae
A28.1	Cat-scratch disease	A41.4	Sepsis due to anaerobes
A28.2	Extraintestinal yersiniosis	A41.50	Gram-negative sepsis, unspecified
A28.8	Other specified zoonotic bacterial diseases, not elsewhere classified	A41.51	Sepsis due to Escherichia coli [E. coli]
A28.9	Zoonotic bacterial disease, unspecified	A41.52	Sepsis due to Pseudomonas
A30.0	Indeterminate leprosy	A41.53	Sepsis due to Serratia
A31.0	Pulmonary mycobacterial infection	A41.59	Other Gram-negative sepsis
A31.1	Cutaneous mycobacterial infection	A41.81	Sepsis due to Enterococcus
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)	A41.89	Other specified sepsis
A31.8	Other mycobacterial infections	A41.9	Sepsis, unspecified organism
A31.9	Mycobacterial infection, unspecified	A42.0	Pulmonary actinomycosis
A32.0	Cutaneous listeriosis	A42.1	Abdominal actinomycosis
A32.11	Listerial meningitis	A42.2	Cervicofacial actinomycosis
A32.12	Listerial meningoencephalitis	A42.7	Actinomycotic sepsis
A32.7	Listerial sepsis	A42.81	Actinomycotic meningitis
A32.81	Oculoglandular listeriosis	A42.82	Actinomycotic encephalitis
A32.82	Listerial endocarditis	A42.89	Other forms of actinomycosis
A32.89	Other forms of listeriosis	A42.9	Actinomycosis, unspecified
A32.9	Listeriosis, unspecified	A43.0	Pulmonary nocardiosis
A33	Tetanus neonatorum	A43.1	Cutaneous nocardiosis
A34	Obstetrical tetanus	A43.8	Other forms of nocardiosis
A35	Other tetanus	A43.9	Nocardiosis, unspecified
A36.0	Pharyngeal diphtheria	A44.0	Systemic bartonellosis
A36.1	Nasopharyngeal diphtheria	A44.1	Cutaneous and mucocutaneous bartonellosis
A36.2	Laryngeal diphtheria	A44.8	Other forms of bartonellosis
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A36.81	Diphtheritic cardiomyopathy	A46	Erysipelas
A36.82	Diphtheritic radiculomyelitis	A48.0	Gas gangrene
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A36.85	Diphtheritic cystitis	A48.8	Other specified bacterial diseases
A36.86	Diphtheritic conjunctivitis	A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A36.89	Other diphtheritic complications	A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A36.9	Diphtheria, unspecified	A49.1	Streptococcal infection, unspecified site
A37.00	Whooping cough due to Bordetella pertussis without pneumonia	A49.2	Hemophilus influenzae infection, unspecified site
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	A49.3	Mycoplasma infection, unspecified site
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia	A49.8	Other bacterial infections of unspecified site
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	A49.9	Bacterial infection, unspecified
A37.80	Whooping cough due to other Bordetella species without pneumonia	A50.01	Early congenital syphilitic ophthalmopathy
A37.81	Whooping cough due to other Bordetella species with pneumonia	A50.02	Early congenital syphilitic osteochondropathy
A37.90	Whooping cough, unspecified species without pneumonia	A50.03	Early congenital syphilitic pharyngitis
A37.91	Whooping cough, unspecified species with pneumonia	A50.04	Early congenital syphilitic pneumonia
A38.0	Scarlet fever with otitis media	A50.05	Early congenital syphilitic rhinitis
A38.1	Scarlet fever with myocarditis	A50.06	Early cutaneous congenital syphilis
A38.8	Scarlet fever with other complications	A50.07	Early mucocutaneous congenital syphilis
A38.9	Scarlet fever, uncomplicated	A50.08	Early visceral congenital syphilis
A39.0	Meningococcal meningitis	A50.09	Other early congenital syphilis, symptomatic
A39.1	Waterhouse-Friderichsen syndrome	A50.1	Early congenital syphilis, latent
A39.2	Acute meningococcemia	A50.2	Early congenital syphilis, unspecified
A39.3	Chronic meningococcemia	A50.30	Late congenital syphilitic ophthalmopathy, unspecified
A39.4	Meningococcemia, unspecified	A50.31	Late congenital syphilitic interstitial keratitis
A39.50	Meningococcal carditis, unspecified	A50.32	Late congenital syphilitic chorioretinitis
A39.51	Meningococcal endocarditis	A50.39	Other late congenital syphilitic ophthalmopathy
A39.52	Meningococcal myocarditis	A50.40	Late congenital neurosyphilis, unspecified
A39.53	Meningococcal pericarditis	A50.41	Late congenital syphilitic meningitis
A39.81	Meningococcal encephalitis	A50.42	Late congenital syphilitic encephalitis
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A39.83	Meningococcal arthritis	A50.44	Late congenital syphilitic optic nerve atrophy
A39.84	Postmeningococcal arthritis	A50.45	Juvenile general paresis
A39.89	Other meningococcal infections	A50.49	Other late congenital neurosyphilis
A39.9	Meningococcal infection, unspecified	A50.51	Clutton's joints
A40.0	Sepsis due to streptococcus, group A	A50.52	Hutchinson's teeth
A40.1	Sepsis due to streptococcus, group B	A50.53	Hutchinson's triad
		A50.54	Late congenital cardiovascular syphilis
		A50.55	Late congenital syphilitic arthropathy
		A50.56	Late congenital syphilitic osteochondropathy
		A50.57	Syphilitic saddle nose

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 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
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

Modifier	Description
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	Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
EB	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
EC	Erythropoietic stimulating agent (ESA) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy
ED	Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle

Terminology

Terminology	Explanation
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abdominal ultrasound	This is a noninvasive technique which uses sound waves to take images of the intra-abdominal structures (i.e., liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
Abduction	Movement of a body part away from the medial line of the body.
Aberrant	Unusual or abnormal.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Acquired immunodeficiency syndrome, or AIDS	A chronic and life threatening condition caused by the human immunodeficiency virus.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adaptive behavior	It is one behavior that helps the individual in adjusting to his surrounding environment.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adjuvant	A substance added to the vaccine to boost body's immune response to the vaccine.
Adolescent	Teenager.
Advance directive	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
Aerosol generator	A device that produces aerosol suspensions, as for inhalation therapy.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
Albumin dialysis	A process to remove albumin-bound toxins (waste products harmful to the body) from patients in liver failure or impending liver failure; albumin is the most abundant protein in blood plasma and helps maintain the water concentration of blood.
Albuterol	An inhaled bronchodilator.
Ambulatory	The ability to walk or suitability for walking.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.
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.
Anesthetic	Substance that reduces sensitivity to pain.

Terminology	Explanation
Anoscopy	A procedure in which the provider passes a medical instrument called an anoscope through the anal cavity to examine the inner wall of the anus and the rectum.
Anterolateral	Present in front and to the side of the body.
Anteroposterior, or AP, view	The X-ray projection travels from front to back.
Antibiotic	Substance that inhibits or treats bacterial infections.
Antibodies	A protein produced by the body as an immune-system response to a specific antigen, such as a bacteria or foreign substance; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen. Also called immunoglobulins.
Anticoagulant drug	An anticoagulant is a drug that causes a delay in clotting of blood, thus preventing the chances of myocardial infarction, stroke, blood clot in the brain, or deep vein thrombosis.
Antigen	A substance that can stimulate the immune system to produce antibodies; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Antimicrobial susceptibility	The testing for the microbial sensitivity to an antimicrobial agent such as an antibiotic.
Antisense oligonucleotide	Chemically modified, synthetic single-stranded deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) molecules that bind to RNA and reduce the expression of the target RNA.
Antitoxin	An antibody to counterbalance the toxin secreted by the antigen.
Anus	The external opening of the rectum where the gastrointestinal tract ends.
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.
Arrhythmia	Irregular or abnormal heartbeat.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Arthrocentesis	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
Arthrography	Radiography of a joint after injecting one or more contrast dyes into the joint; it is a diagnostic injection that visualizes an injury by means of a contrast dye and X-ray.
Arthrotomy	Cutting into a joint to expose its interior.
Aspirate	Small amount of cells or fluid from a cyst or mass.
Aspiration	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
Assay	A laboratory test to find or measure the quantity of some entity, called the analyte, or to find or measure some property of the analyte, such as functional activity.
Asthma	A respiratory disease that prevents the lungs from fully expanding, often in response to an allergen, a substance, such as pollen, dust, dander, venom, etc., which triggers an allergic response.
Atrial fibrillation	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
Atrophy	Reduction in amount of tissue.
Attention-deficit/hyperactivity disorder (ADHD)	Mental disorder, found mostly in children, characterized by problems like inattention, hyperactivity, or impulsive behavior.
Attenuated vaccine	A vaccine prepared from an altered form of a live virus so that it cannot cause disease but remains able to protect an individual from the disease, also live virus vaccine.
Atypical	Irregular.
Autoimmune disorder	Response of the immune system against own body.

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