

CODERS' SPECIALTY GUIDE

Orthopedics

Volume I & II



2027



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

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Integumentary System

10180

Incision and drainage, complex, postoperative wound infection

Clinical Responsibility

The provider cleans the operative site with an antiseptic and may inject a local anesthetic such as lidocaine. Then, he incises the area of wound infection and drains it of fluid collection. He performs copious irrigation of the abscess cavity with something like normal saline solution to adequately remove debris from the wound cavity. This also facilitates subsequent breakup of cavities or compartments of fluid. After complete removal of the pus, he irrigates the wound with an antibiotic solution and packs it with gauze to prevent leakage of cellular fluid from the noninfected tissues surrounding the abscess. Loose packing or gauze allows continued drainage and healing by secondary intention. Alternatively, he may close the wound in layers around a drain. A complicated procedure generally takes longer to perform and requires more extensive expertise and technique on the part of the provider.

Coding Tips

A complicated incision and drainage can involve multiple incisions, drain placements, extensive packing, and a more complicated wound closure. Make sure the documentation supports a complicated incision and drainage.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$176.57, Non Facility Fee: \$289.69; Non-QP Conversion Factor \$33.4009, Facility Fee: \$175.69, Non Facility Fee: \$288.25

RVU (Facility): Work 2.24, PE 2.52, Mal 0.5, Total 5.26

RVU (Non-Facility): Work 2.24, PE 5.89, Mal 0.5, Total 8.63

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0903T¹, 0904T¹, 0905T¹, 0925T⁰, 11720¹, 11721¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 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, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

B95.2, B96.22, E36.8, K68.11, L76.33, L76.34, L76.81, L76.82, O86.00-O86.03, O86.09,

O90.2, S31.136D, S31.137D, S31.13AD, S31.146D, S31.146S, S31.147D, S31.147S, S31.14AD, S31.14AS, S31.636A-S31.636S, S31.637D, S31.637S, S31.63AA-S31.63AS, S31.646A, S31.646S, S31.647A, S31.647S, S31.64AA, S31.64AS, S80.851D, S80.852D, S80.859D, S80.861D, S80.862D, S80.869D, S91.151D, S91.152D, S91.153D, S91.154D, S91.155D, S91.156D, S91.159D, S91.211D, S91.212D, S91.213D, S91.214D, S91.215D, S91.216D, S91.219D, T81.40XA-T81.40XS

11010

Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound associated with an open fracture and/or dislocation. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in these skin and subcutaneous wounds. She uses forceps, a scalpel, or other instruments as needed. The provider removes all these tissues surgically in and around the site of the open fracture and/or dislocation. She examines other soft tissues in the area, for example tendons and ligaments. The provider then performs irrigation of the tissue layers.

Coding Tips

Use 11011 when the service involves skin, subcutaneous tissue, muscle fascia, and muscle.

Use 11012 when the service involves skin, subcutaneous tissue, muscle fascia, muscle, and bone.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$250.75, Non Facility Fee: \$471.62; Non-QP Conversion Factor \$33.4009, Facility Fee: \$249.50, Non Facility Fee: \$469.28

RVU (Facility): Work 4.09, PE 2.63, Mal 0.75, Total 7.47

RVU (Non-Facility): Work 4.09, PE 9.21, Mal 0.75, Total 14.05

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0335T¹, 0490T¹, 0510T¹, 0511T¹, 0552T¹, 0565T¹, 0566T¹, 0596T¹, 0597T¹, 0656T¹, 0657T¹, 0718T¹, 0903T¹, 0904T¹, 0905T¹, 10030¹, 10060¹, 10120¹, 10121¹, 10160¹, 10180¹, 11008¹, 11055¹, 11102¹, 11104¹, 11106¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13102¹, 13122¹, 13133¹, 13153¹, 15002¹, 15004¹, 15769¹, 15851⁰, 15852¹, 16000¹, 16020¹, 16025¹, 16030¹, 20100¹, 20101¹, 20102¹, 20150¹, 20200¹, 20205¹, 20206¹, 20220¹, 20225¹, 20240¹, 20245¹, 20250¹, 20251¹, 20250¹, 20252¹, 20257¹, 20251¹, 20252¹, 20553¹, 20560¹, 20561¹, 20604¹, 20606¹, 20611¹, 20661¹, 20662¹, 20663¹, 20692¹, 20693¹, 20802¹, 20805¹, 20808¹, 20816¹, 20822¹, 20824¹, 20827¹, 20838¹, 20900¹, 20902¹, 20910¹, 20912¹, 20920¹, 20922¹, 20924¹, 20955¹, 20956¹, 20957¹, 20962¹, 20969¹, 20970¹, 20972¹, 20973¹, 21010¹, 21025¹, 21026¹, 21029¹, 21030¹, 21034¹, 21044¹, 21045¹, 21050¹, 21060¹, 21070¹, 21076¹, 21077¹, 21079¹, 21080¹, 21081¹, 21082¹, 21083¹, 21084¹, 21085¹, 21086¹, 21087¹, 21088¹, 21110¹, 21120¹, 21121¹, 21122¹, 21123¹, 21125¹, 21127¹, 21137¹, 21138¹, 21139¹, 21141¹, 21142¹, 21143¹, 21145¹, 21146¹, 21147¹, 21150¹, 21151¹, 21154¹, 21155¹, 21159¹, 21160¹, 21172¹, 21175¹, 21179¹, 21180¹, 21181¹, 21182¹, 21183¹, 21184¹, 21188¹, 21193¹, 21194¹, 21195¹, 21196¹, 21198¹, 21199¹, 21206¹, 21208¹, 21209¹, 21210¹, 21215¹, 21230¹, 21235¹, 21240¹, 21242¹, 21243¹, 21244¹, 21245¹, 21246¹, 21247¹, 21248¹, 21249¹, 21255¹, 21256¹, 21260¹, 21261¹,

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ICD-10-CM Cross References

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

11011

Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the wound. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in the wounded skin, subcutaneous tissue, muscle fascia, and muscles associated with an open fracture and/or open dislocation. She uses forceps, a scalpel, or other instruments to remove all these tissues surgically in and around the site of the open fracture and/or open dislocation. The provider examines other soft tissues in the area, for example tendons and ligaments. The provider also performs irrigation of the tissue layers. Depending on the patient's needs, the patient may then undergo separately reportable fracture or dislocation reduction, or the provider may use rubber bands or special devices to maintain skin position or may apply special dressing material. The provider also may apply a splint.

Coding Tips

Use 11010 when the services involve skin and subcutaneous tissue.

Use 11012 when the services involve skin, subcutaneous tissue, muscle fascia, muscle, and bone.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$265.85, Non Facility Fee: \$540.10; Non-QP Conversion Factor \$33.4009, Facility Fee: \$264.54, Non Facility Fee: \$537.42

RVU (Facility): Work 4.82, PE 2.16, Mal 0.94, Total 7.92

RVU (Non-Facility): Work 4.82, PE 10.33, Mal 0.94, Total 16.09

MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0335T¹, 0479T¹, 0510T¹, 0511T¹, 0552T¹, 0594T¹, 0596T¹, 0597T¹, 0656T¹, 0657T¹, 0903T¹, 0904T¹, 0905T¹, 10030¹, 10060¹, 10120¹, 10121¹, 10160¹, 10180¹, 11008¹, 11010¹, 11055¹, 11102¹, 11104¹, 11106¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11720¹, 11721¹, 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, 13102¹, 13122¹, 13133¹, 13153¹, 15002¹, 15004¹, 15781¹, 15782¹, 15783¹, 15851⁰, 15852¹, 16000¹, 16020¹, 16025¹, 16030¹, 16035¹, 20101¹, 20102¹, 20200¹, 20205¹, 20206¹, 20220¹, 20225¹, 20240¹, 20245¹, 20250¹, 20251¹, 20520¹, 20525¹, 20551¹, 20552¹, 20553¹, 20560¹, 20561¹, 20955¹, 20956¹, 20957¹, 20962¹, 20969¹, 20970¹, 20972¹, 20973¹, 21010¹, 21025¹, 21029¹, 21030¹, 21034¹, 21044¹, 21045¹, 21050¹, 21060¹, 21070¹, 21076¹, 21077¹, 21079¹, 21080¹, 21081¹, 21082¹, 21083¹, 21084¹, 21085¹, 21086¹, 21087¹, 21088¹, 21110¹, 21121¹, 21122¹, 21123¹, 21125¹, 21127¹, 21137¹, 21138¹, 21139¹, 21141¹, 21142¹, 21143¹, 21145¹, 21146¹, 21147¹, 21150¹, 21151¹, 21154¹, 21155¹, 21159¹, 21160¹, 21172¹, 21175¹, 21179¹, 21180¹, 21181¹, 21182¹, 21183¹, 21184¹, 21188¹, 21193¹, 21194¹, 21195¹, 21196¹, 21198¹, 21199¹, 21206¹, 21208¹, 21209¹, 21210¹, 21215¹, 21230¹, 21235¹, 21240¹, 21242¹, 21243¹, 21244¹, 21245¹, 21246¹, 21247¹, 21248¹, 21249¹, 21255¹, 21256¹, 21260¹, 21261¹, 21263¹, 21267¹, 21268¹, 21270¹, 21275¹, 21280¹, 21501¹, 21550¹, 21600¹, 21610¹, 21615¹, 21616¹, 21620¹, 21627¹, 21630¹, 21700¹, 21705¹, 21720¹, 21725¹, 21740¹, 21742¹, 21743¹, 21750¹, 22100¹, 22101¹, 22102¹, 22110¹, 22112¹, 22114¹, 22210¹, 22212¹, 22214¹, 22216¹, 22220¹, 22222¹, 22224¹, 22226¹, 22548¹, 22554¹, 22556¹, 22558¹, 22585¹, 22590¹, 22595¹, 22600¹, 22610¹, 22612¹, 22614¹, 22630¹, 22632¹, 22800¹, 22802¹, 22804¹, 22808¹, 22810¹, 22812¹, 22830¹, 22840¹, 22842¹, 22843¹, 22844¹, 22845¹, 22846¹, 22847¹, 22848¹, 22849¹, 22850¹, 22852¹, 22855¹, 23020¹, 23030¹, 23035¹, 23040¹, 23044¹, 23100¹, 23101¹,

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ICD-10-CM Cross References

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

11042

Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound. The provider uses appropriate instruments such as forceps and scissors to remove infected or dead tissue material from the wound. She does debridement until she sees viable tissue, including excising tissue from the wound until she sees healthy bleeding on the skin edges. She then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to the first 20 cm² of subcutaneous tissue. Also include any debridement of the epidermal and dermal layers in this code.

Coding Tips

Use +11045 as an add-on code for each additional 20 cm² of body surface.

If the debridement includes muscle and/or fascia in addition to subcutaneous tissue, dermis, and epidermis, see 11043.

If the debridement includes bone, see 11044.

See wound care management codes 97597 and 97598 for debridement of the upper layer(s) of skin (dermis and epidermis) only.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$56.06, Non Facility Fee: \$133.60; Non-QP Conversion Factor \$33.4009, Facility Fee: \$55.78, Non Facility Fee: \$132.94

RVU (Facility): Work 0.98, PE 0.56, Mal 0.13, Total 1.67

RVU (Non-Facility): Work 0.98, PE 2.87, Mal 0.13, Total 3.98

MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0552T¹, 0903T¹, 0904T¹, 0905T¹, 0925T⁰, 10030¹, 10060¹, 11000¹, 11008¹, 11010¹, 11011¹, 11719¹, 11720¹, 11721¹, 12007¹, 12014¹, 12016¹, 12017¹, 12018¹, 12036¹, 12037¹, 12041¹, 12044¹, 12046¹, 12047¹, 12053¹, 12055¹, 12056¹, 12057¹, 13102¹, 13122¹, 13133¹, 13153¹, 15852¹, 17000¹, 17250¹, 20526¹, 20552¹, 20553¹, 20560¹, 20561¹, 24300¹, 25259¹, 26340¹, 29000¹, 29010¹, 29015¹, 29035¹, 29040¹, 29044¹, 29046¹, 29049¹, 29055¹, 29058¹, 29065¹, 29075¹, 29085¹, 29086¹, 29105¹, 29125¹, 29126¹, 29130¹, 29131¹, 29200¹, 29240¹, 29260¹, 29280¹, 29305¹, 29325¹, 29345¹, 29355¹, 29358¹, 29365¹, 29405¹, 29425¹, 29435¹, 29440¹, 29445¹, 29450¹, 29505¹, 29515¹, 29520¹, 29530¹, 29540¹, 29550¹, 29580¹, 29581¹, 29584¹, 29730¹, 35702¹, 35703¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 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, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64553¹, 66987¹, 66988¹, 69990⁰, 72295¹, 76000¹, 77001¹,

77002¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97022¹, 97597¹, 97598¹, 97602¹, 97610¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10-CM Cross References

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

11043

Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the wound involving the muscle and/or fascia. The provider uses appropriate instruments such as forceps and scissors to remove the damaged tissues and necrotic material from the skin and muscle layer, which include skin, subcutaneous tissue, fascia, and muscle. The provider excises tissue from the wound until she sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to the first 20 cm² when debridement occurs down to the fascia and muscular layer.

Coding Tips

Use +11046 as an add-on code for each additional 20 cm² of body surface.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$404.82, Non Facility Fee: \$404.82; Non-QP Conversion Factor \$33.4009, Facility Fee: \$402.81, Non Facility Fee: \$402.81

RVU (Facility): Work 4.91, PE 6.02, Mal 1.13, Total 12.06

RVU (Non-Facility): Work 4.91, PE 6.02, Mal 1.13, Total 12.06

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 3

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01250⁰, 01320⁰, 01400⁰, 0213T⁰, 0216T⁰, 0566T¹, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 1000S¹, 1000T¹, 10009¹, 10011¹, 10021¹, 10030¹, 10060¹, 10140¹, 10160¹, 11011¹, 11012¹, 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, 20103¹, 20610¹, 20611¹, 20680¹, 20704¹, 27323¹, 27372¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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,

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ICD-10-CM Cross References

C43.70-C43.72, C47.20-C47.22, C49.20-C49.22, C76.50-C76.52, C79.89, D03.70-D03.72, D17.20-D17.24, D17.39, D21.20-D21.22, D36.7, D48.116, D48.2, D48.7, D49.2, D49.89, G57.20-G57.23, L02.415, L02.416, L02.419, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L40.0-L40.4, L40.8, L92.3, M32.10, M33.03, M33.13, M33.20, M33.93, M34.0, M34.1, M34.9, M35.00, M60.20, M60.251-M60.259, M60.261-M60.269, M62.251-M62.259, M62.261-M62.269, M62.89, M66.0, M71.20-M71.22, M79.4, M86.9, M89.70, M89.751-M89.759, M89.761-M89.769, R22.40-R22.43, R22.9, S83.200D, S83.201D, S83.202D, S83.203D, S83.204D, S83.205D, S83.206D, S83.207D, S83.209D, S83.211D, S83.212D, S83.219D, S83.221D, S83.222D, S83.229D, S83.231D, S83.232D, S83.239D, S83.241D, S83.242D, S83.249D, S83.251D, S83.252D, S83.259D, S83.261D, S83.262D, S83.269D, S83.271D, S83.272D, S83.279D, S83.281D, S83.282D, S83.289D, S83.30XD, S83.31XD, S83.32XD, S86.101D, S86.101S, S86.102S, S86.109D, S86.109S

27325

Neurectomy, hamstring muscle

Clinical Responsibility

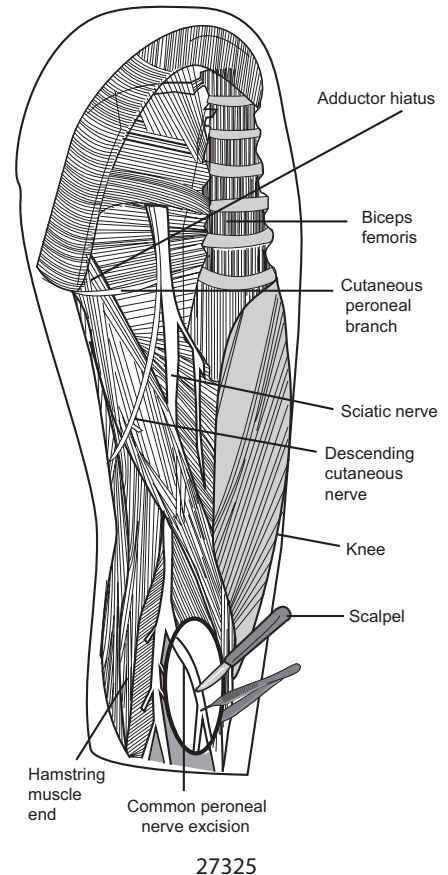
When the patient is appropriately prepped and anesthetized, the provider makes an incision over the hamstring muscle and uncovers the nerves supplying the muscle. She identifies the nerve with forceps. After determining the branch of nerve, the provider partially or completely excises the nerve. The provider then irrigates the area, checks for bleeding, removes any instruments, and closes the incision.

Coding Tips

If the provider performs neurectomy of the popliteal or gastrocnemius muscle use 27325, Neurectomy, popliteal or gastrocnemius.

This procedure may not be covered by some providers for the diagnosis of muscle spasm; check with your payer.

Illustration



Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$543.12, Non Facility Fee: \$543.12; Non-QP Conversion Factor \$33.4009, Facility Fee: \$540.43, Non Facility Fee: \$540.43

RVU (Facility): Work 7.02, PE 7.68, Mal 1.48, Total 16.18

RVU (Non-Facility): Work 7.02, PE 7.68, Mal 1.48, Total 16.18

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

27557

Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair

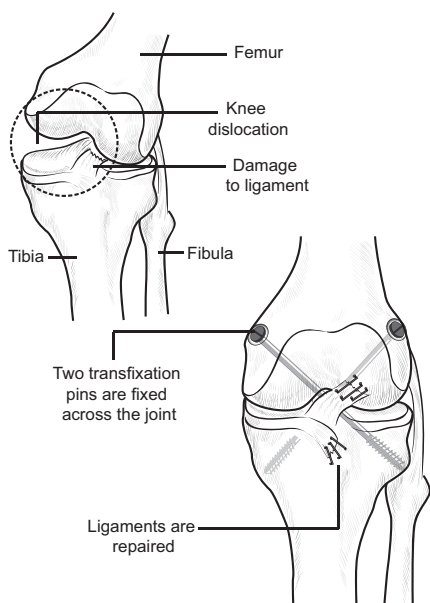
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an anterior midline incision. She debrides the loose fragments around the dislocated knee and manually manipulates the knee to return it to the correct anatomical position. The provider then uses an internal fixation device, such as a pin or screw, to maintain the stability and prevent future dislocations. During the same session, the provider performs ligament repair by reconnecting the torn ends using internal fixation devices, like plates or screws. She ensures hemostasis and closes the incision with sutures in layers.

Coding Tips

If the provider uses an open or closed reduction to treat a knee dislocation, see codes 27550, Closed reduction of knee dislocation without anesthesia administration to 27558, Open reduction and internal fixation of knee dislocation with primary ligament repair or reconstruction.

Illustration



27557

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$947.27, Non Facility Fee: \$947.27; Non-QP Conversion Factor \$33.4009, Facility Fee: \$942.57, Non Facility Fee: \$942.57

RVU (Facility): Work 15.5, PE 9.43, Mal 3.29, Total 28.22

RVU (Non-Facility): Work 15.5, PE 9.43, Mal 3.29, Total 28.22

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner 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, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01250⁰, 01320⁰, 01400⁰, 0213T⁰, 0216T⁰, 0566T¹, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 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, 20650¹, 20680¹, 20704¹, 27334¹, 27372¹, 27405¹, 27407¹, 27409¹, 27425¹, 27495¹, 27550¹, 27552¹, 27556¹, 27570¹, 29305¹, 29325¹, 29345¹, 29355¹, 29358¹, 29365¹, 29435¹, 29445¹, 29505¹, 29530¹, 29700¹, 29705¹, 29710¹, 29870¹, 29875¹, 29876¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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,

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ICD-10-CM Cross References

M23.000-M23.009, M23.011-M23.019, M23.021-M23.029, M23.031-M23.039, M23.041-M23.049, M23.051-M23.059, M23.061-M23.069, M23.200-M23.209, M23.211-M23.219, M23.221-M23.229, M23.231-M23.239, M23.241-M23.249, M23.251-M23.259, M23.261-M23.269, M23.300-M23.309, M23.311-M23.319, M23.321-M23.329, M23.331-M23.339, M23.341-M23.349, M23.351-M23.359, M23.361-M23.369, M23.601-M23.609, M23.611-M23.619, M23.621-M23.629, M23.631-M23.639, M23.641-M23.649, M23.671-M23.679, M24.29, M24.361-M24.369, M24.461-M24.469, Q68.2, Q68.6, S83.101A-S83.101S, S83.102A-S83.102S, S83.103A-S83.103S, S83.104A-S83.104S, S83.105A-S83.105S, S83.106A-S83.106S, S83.111A-S83.111S, S83.112A-S83.112S, S83.113A-S83.113S, S83.114A-S83.114S, S83.115A-S83.115S, S83.116A-S83.116S, S83.121A-S83.121S, S83.122A-S83.122S, S83.123A-S83.123S, S83.124A-S83.124S, S83.125A-S83.125S, S83.126A-S83.126S, S83.131A-S83.131S, S83.132A-S83.132S, S83.133A-S83.133S, S83.134A-S83.134S, S83.135A-S83.135S, S83.136A-S83.136S, S83.141A-S83.141S, S83.142A-S83.142S, S83.143A-S83.143S, S83.144A-S83.144S, S83.145A-S83.145S, S83.146A-S83.146S, S83.191A-S83.191S, S83.192A-S83.192S, S83.193A-S83.193S, S83.194A-S83.194S, S83.195A-S83.195S, S83.196A-S83.196S, S83.200A-S83.200S, S83.201A-S83.201S, S83.202A-S83.202S, S83.203A-S83.203S, S83.204A-S83.204S, S83.205A-S83.205S, S83.206A-S83.206S, S83.207A-S83.207S, S83.209A-S83.209S, S83.211A-S83.211S, S83.212A-S83.212S,

Musculoskeletal System

27599

Unlisted procedure, femur or knee

Clinical Responsibility

The provider performs a procedure on the femur or knee that is not represented by any of the standard and active CPT® codes available.

Coding Tips

CPT® guidelines instruct that you should not choose a code that merely approximates the service provided.

You should report the service using only the appropriate unlisted procedure code if no such specific procedure or service code exists.

You must report a Category III code when available in place of an unlisted procedure code.

When reporting a procedure with an unlisted code, submit a cover letter explaining the reason for choosing the unlisted code instead of a defined, active code. Include one or more similar codes and compare your service to those codes to justify the claim amount you are billing. Also include the operative notes or other relevant documentation to strengthen the claim and to avoid a possible denial. Your payers will consider claims with unlisted procedure codes on a case by case basis, and they will determine payment based on the documentation you provide.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$0.00, Non Facility Fee: \$0.00; Non-QP Conversion Factor \$33.4009, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00

MPFS Payment Policy Indicators: Global Period YYY, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: C, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

50, 51, 53, 62, 66, 76, 77, 78, 79, 80, 81, 82, AR, AS, GC, GY, GZ, KX, LT, RT

NCCI Alerts (version 32.0)

96523⁰

ICD-10-CM Cross References

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

27600

Decompression fasciotomy, leg; anterior and/or lateral compartments only

Clinical Responsibility

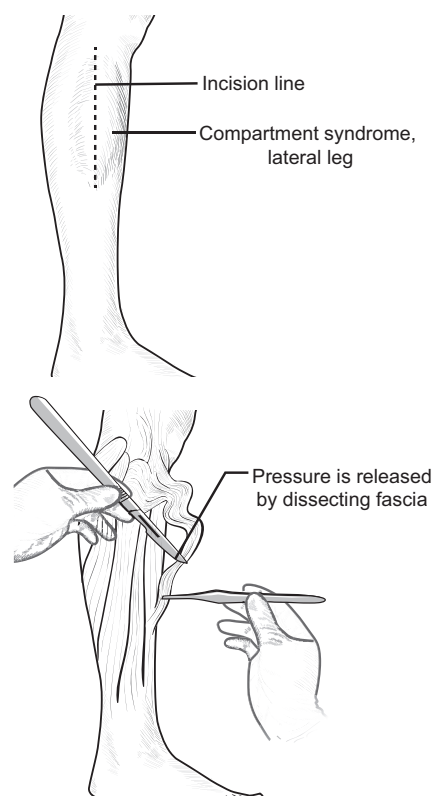
When the patient is appropriately prepped and anesthetized, the provider makes an incision in the skin over the affected area in the anterior or lateral compartment of the leg. He then excises the fascia.

Coding Tips

If the provider excises fascia from the posterior compartment of the leg, use 27601, Decompression fasciotomy, leg; posterior compartment only.

If the provider excises fascia from the anterior, posterior, and lateral compartments of the legs, use 27602, Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment.

Illustration



27600

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$377.63, Non Facility Fee: \$377.63; Non-QP Conversion Factor \$33.4009, Facility Fee: \$375.76, Non Facility Fee: \$375.76

RVU (Facility): Work 5.88, PE 4.15, Mal 1.22, Total 11.25

RVU (Non-Facility): Work 5.88, PE 4.15, Mal 1.22, Total 11.25

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 10030¹, 10120¹, 10140¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11012¹, 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, 20103¹, 27603¹, 27630¹, 27680¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹

ICD-10-CM Cross References

M33.03, M33.13, M33.93, M60.003-M60.005, M60.009, M60.061-M60.069, M60.09, M60.10, M60.161-M60.169, M60.19, M62.82, M79.A21-M79.A29, M96.842, M96.843, S87.00XA, S87.80XA, T24.009S, T24.031A, T24.032A, T24.039A, T24.091A, T24.092A,

T24.099A, T24.201A, T24.202A, T24.209A, T24.231A, T24.232A, T24.239A, T24.291A, T24.292A, T24.299A, T24.301A, T24.302A, T24.309A, T24.331A, T24.332A, T24.339A, T24.391A, T24.392A, T24.399A, T24.401A, T24.402A, T24.409A, T24.409S, T24.431A, T24.432A, T24.439A, T24.491A, T24.492A, T24.499A, T24.601A, T24.602A, T24.609A, T24.631A, T24.632A, T24.639A, T24.691A, T24.692A, T24.699A, T24.701A, T24.702A, T24.709A, T24.731A, T24.732A, T24.739A, T24.791A, T24.792A, T24.799A, T25.399A, T25.799A, T79.8XXA, T79.A29A

27601

Decompression fasciotomy, leg; posterior compartment(s) only

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the skin over the affected area in the posterior compartment of the leg. He then excises the fascia.

Coding Tips

If the provider excises fascia from the anterior and lateral compartment of the leg, use 27600, Decompression fasciotomy, leg; anterior and/or lateral compartments only.

If the provider excises fascia from the anterior, posterior, and lateral compartments of the legs, use 27602, Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$420.27, Non Facility Fee: \$420.27; Non-QP Conversion Factor \$33.4009, Facility Fee: \$418.18, Non Facility Fee: \$418.18

RVU (Facility): Work 5.9, PE 5.5, Mal 1.12, Total 12.52

RVU (Non-Facility): Work 5.9, PE 5.5, Mal 1.12, Total 12.52

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 10120¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11012¹, 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, 20103¹, 27630¹, 27680¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹

ICD-10-CM Cross References

M33.03, M33.13, M33.93, M60.003-M60.005, M60.009,

M60.061-M60.069, M60.09, M60.10, M60.161-M60.169, M60.19, M62.82, M79.A21-M79.A29, M96.842, M96.843, S87.00XA, S87.00XS, S87.80XS, T24.009S, T24.031A, T24.032A, T24.039A, T24.091A, T24.092A, T24.099A, T24.201A, T24.202A, T24.209A, T24.231A, T24.232A, T24.239A, T24.291A, T24.292A, T24.299A, T24.301A, T24.302A, T24.309A, T24.329A, T24.331A, T24.332A, T24.339A, T24.391A, T24.392A, T24.399A, T24.401A, T24.402A, T24.409A, T24.409S, T24.431A, T24.432A, T24.439A, T24.491A, T24.492A, T24.499A, T24.601A, T24.602A, T24.609A, T24.631A, T24.632A, T24.639A, T24.691A, T24.692A, T24.699A, T24.701A, T24.702A, T24.709A, T24.729A, T24.731A, T24.732A, T24.739A, T24.791A, T24.792A, T24.799A, T25.399A, T25.799A, T79.A29A

27602

Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the skin overlying the affected area and gains access to the fascia lying above the targeted muscle compartment affected by compartment syndrome. He then cuts through the fascia and debrides any damaged nonviable tissue, thereby reducing the pressure on the neurovascular structures underneath the fascia. This restores the restricted blood supply and relieves the patient's symptoms. The provider performs the same procedure over the anterior and or lateral compartments and over the posterior compartment of the leg. Finally, the provider may leave the wound open for closure at a later date or close the wound by suturing the soft tissues in layers.

Coding Tips

If the procedure was performed by a surgeon and a cosurgeon, append modifier 62, Two surgeons; both providers must submit claims for the same procedure, using the same procedure code, and both providers must append modifier 62.

When reporting surgeries performed by two providers, you should work closely with the other operating surgeon's staff to ensure that each practice gets its fair share of the reimbursement.

Medicare and most other payers reimburse procedures coded with modifier 62 at 125 percent of the regular fee schedule amount. The payer divides this between the two surgeons reporting the procedure, so each surgeon receives 62.5 percent of the standard fee.

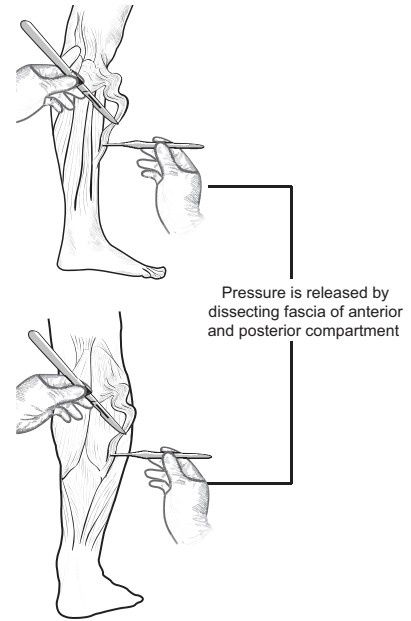
When acting as cosurgeons, two providers cannot share the same documentation. Have each provider provide a note describing what portion of the procedure he performed, how much work was involved, and how long the procedure took. Make sure that both of the doctors involved in the cosurgery identify the other as a cosurgeon.

Also check which procedures accept cosurgery modifiers. The Medicare Physician Fee Schedule indicates for each procedure whether you can the CPT® code as a cosurgery. It may also indicate that Medicare allows billing the code as a cosurgery with documentation only. This means that the claim will not get approved just with a CMS 1500 claim but needs the documentation to show why the cosurgeon was needed.

For the same service involving the anterior and or lateral compartment of leg but not the posterior compartment, use 27600, Decompression fasciotomy, leg; anterior and or lateral compartments only.

For the same service involving only the posterior compartment of leg, use 27601, Decompression fasciotomy, leg; posterior compartment only.

Illustration



27602

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$446.11, Non Facility Fee: \$446.11; Non-QP Conversion Factor \$33.4009, Facility Fee: \$443.90, Non Facility Fee: \$443.90

RVU (Facility): Work 7.62, PE 3.79, Mal 1.88, Total 13.29

RVU (Non-Facility): Work 7.62, PE 3.79, Mal 1.88, Total 13.29

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11012¹, 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,

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ICD-10-CM Cross References

M33.03, M33.13, M33.93, M60.003-M60.005, M60.009, M60.061-M60.069, M60.09, M60.10, M60.161-M60.169, M60.19, M62.82, M79.A21-M79.A29, M96.842, M96.843, S77.10XD, S77.10XS, S77.20XD, S77.20XS, S87.00XA, S87.80XA, T24.009S, T24.031A, T24.032A, T24.039A, T24.091A, T24.092A, T24.099A, T24.201A, T24.202A, T24.209A, T24.231A, T24.232A, T24.239A, T24.291A, T24.292A, T24.299A, T24.301A, T24.302A, T24.309A, T24.329A, T24.331A, T24.332A, T24.339A, T24.391A, T24.392A, T24.399A, T24.401A, T24.402A, T24.409A, T24.409S, T24.431A, T24.432A, T24.439A, T24.491A, T24.492A, T24.499A, T24.601A, T24.602A, T24.609A, T24.631A, T24.632A, T24.639A, T24.691A, T24.692A, T24.699A, T24.701A, T24.702A, T24.709A, T24.729A, T24.731A,

T24.732A, T24.739A, T24.791A, T24.792A, T24.799A, T25.399A, T25.799A, T79.8XXA, T79.A29A

27603

Incision and drainage, leg or ankle; deep abscess or hematoma

Clinical Responsibility

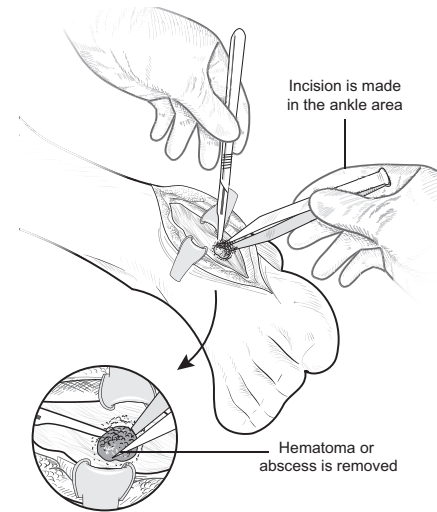
When the patient is appropriately prepped and anesthetized, the provider makes a small incision in the skin of leg or ankle and over the abscess or hematoma. He incises the sac and drains all the liquid material or pus by pressing around the edges. He then removes the epithelial lining of the abscess or hematoma completely. He cleans the wound and irrigates it with saline. He may apply gauze for 24 to 48 hours to absorb the pus and drainage. The provider may also insert a drainage tube and closes the wound around it. He removes the tube after several days and closes the remainder of the wound if necessary.

Coding Tips

For the same service involving an infected bursa, use 27604, Incision and drainage, leg or ankle; infected bursa.

As per CMS, podiatrists should not report component codes separately from comprehensive procedures. For example, if the provider performs a therapeutic sinus tract injection at the same time at the same that he performs this procedure, you cannot report 20500, injection of sinus tract; therapeutic because CMS has determined that if one drains an abscess or hematoma, he would also perform the injection.

Illustration



27603

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$373.27, Non Facility Fee: \$547.49; Non-QP Conversion Factor \$33.4009, Facility Fee: \$371.42, Non Facility Fee: \$544.77

RVU (Facility): Work 5.1, PE 5.1, Mal 0.92, Total 11.12

RVU (Non-Facility): Work 5.1, PE 10.29, Mal 0.92, Total 16.31

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 10030¹, 10060¹, 10120¹, 10140¹, 10160¹, 11000¹, 11011¹, 11012¹, 11042¹, 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,

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ICD-10-CM Cross References

L02.415, L02.416, L02.419, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L89.506, L89.516, L89.526, L89.606, L89.616, L89.626, L97.109, L97.201-L97.204, L97.209, L97.211-L97.214, L97.219, L97.221-L97.224, L97.229, L97.301-L97.304, L97.309, L97.311-L97.314, L97.319, L97.321-L97.324, L97.329, L97.901-L97.904, L97.909, L97.911-L97.914, L97.919, L97.921-L97.924, L97.929, L98.7, M25.579, M79.81, M86.9, M89.70, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, R50.82, S80.10XA, S80.11XA, S80.12XA, S81.821A, S81.822A, S81.829A, S81.841A, S81.842A, S81.849A, S86.021D, S86.021S, S86.022D, S86.022S, S86.029D, S86.029S, S90.00XA, S90.01XA, S90.02XA, S90.911D, S90.911S, S90.912D, S90.912S, S90.919D, S91.021A, S91.022A, S91.029A, S91.041A, S91.042A, S91.049A

27604

Incision and drainage, leg or ankle; infected bursa

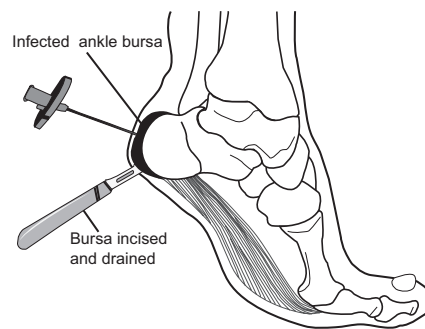
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the leg or ankle overlying the site of the infected bursa. He carries the dissection through the deep subcutaneous tissues and may continue it into the fascia or muscle to expose the infected bursa. He may extend the incision if the mass is larger than expected. When he identifies the infected bursa, the provider incises it and drains the contents. He irrigates the area with saline and repairs the incision in layers with sutures, staples, and/or sterile adhesive strips. He may close the incision with drains in place or leave it open to further facilitate drainage of infection.

Coding Tips

For the same service involving a deep abscess or hematoma, use 27603 Incision and drainage, leg or ankle; deep abscess or hematoma.

Illustration



27604

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$318.22, Non Facility Fee: \$480.02; Non-QP Conversion Factor \$33.4009, Facility Fee: \$316.64, Non Facility Fee: \$477.63

RVU (Facility): Work 4.48, PE 4.18, Mal 0.82, Total 9.48

RVU (Non-Facility): Work 4.48, PE 9, Mal 0.82, Total 14.30

MPFS Payment Policy Indicators: Global Period 90, Preop 10.00%, Intraop 69.00%, Postop 21.00%, MPFS Status Indicator: A,

PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 10030¹, 10060¹, 10120¹, 10140¹, 10160¹, 11000¹, 11011¹, 11012¹, 11042¹, 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, 27618¹, 27630¹, 27648¹, 27680¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

L89.506, L89.516, L89.526, L89.606, L89.616, L89.626, M71.171-M71.179, M76.60, M76.899, M77.40, M77.50, M96.842, M96.843, S86.021D, S86.021S, S86.022D, S86.022S, S86.029D, S86.029S, S90.911D, S90.911S, S90.912D, S90.912S, S90.919D

27605

Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia

Clinical Responsibility

When the patient is appropriately prepped and after injection with a local anesthetic, the provider makes a small incision just above the heel and another small incision at the Achilles insertion point into the calf. He inserts a tenotomy knife at both the locations and incises the tendon at these two locations. This loosens the tension on the Achilles tendon enough to correct the deformity or treat tendinitis. He places the leg in a below the knee cast for about six weeks.

Coding Tips

This procedure is done under local anesthesia as mentioned in code descriptor.

Because the code definition indicates this is a separate procedure, you should report the service only when not integral to the performance of a larger procedure that takes place at the same time.

When the provider performs percutaneous incision on Achilles tendon under general anesthesia, use 27606, Tenotomy, percutaneous, Achilles tendon, separate procedure; general anesthesia.

When the provider performs treatment of a ruptured Achilles tendon, use 27650, Repair, primary, open or percutaneous, ruptured Achilles tendon.

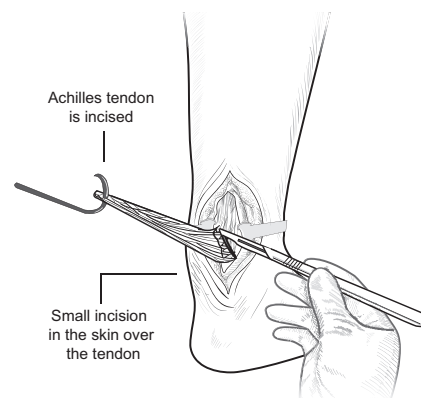
When the provider performs second time repair of Achilles tendon with or without graft, use 27654, Repair, secondary, Achilles tendon, with or without graft.

These separate procedures by definition are usually a component of a more complex service and are not identified separately. They may be reported when performed alone or with other unrelated

procedures or services. If performed alone, list the code; if performed with other unrelated procedures or services, list the code and append modifier 59, Distinct procedural service.

According to CPT® guidelines, cast application or strapping, including removal, is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See application of casts and strapping in the CPT® book in the surgery section, under musculoskeletal system. Casting supplies used when providing this procedure may be reported with HCPCS codes Q4025 to Q4040.

Illustration



27605

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$174.22, Non Facility Fee: \$338.70; Non-QP Conversion Factor \$33.4009, Facility Fee: \$173.35, Non Facility Fee: \$337.02

RVU (Facility): Work 2.85, PE 2.06, Mal 0.28, Total 5.19

RVU (Non-Facility): Work 2.85, PE 6.96, Mal 0.28, Total 10.09

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

22, 50, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS,

CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0903T¹, 0904T¹, 0905T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11010¹, 11011¹, 11012¹, 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, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 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, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

M67.00-M67.02, M76.60-M76.62, M96.842, M96.843, S86.001D, S86.002D, S86.009D, S86.021D, S86.022D, S86.029D, S86.091D, S86.092D, S86.099D

ICD-10-CM Cross Reference Details

A01.04	Typhoid arthritis	C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
A01.05	Typhoid osteomyelitis	C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
A18.01	Tuberculosis of spine	C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
A18.02	Tuberculous arthritis of other joints	C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
A18.03	Tuberculosis of other bones	C41.0	Malignant neoplasm of bones of skull and face
A18.09	Other musculoskeletal tuberculosis	C41.1	Malignant neoplasm of mandible
A39.83	Meningococcal arthritis	C41.2	Malignant neoplasm of vertebral column
A39.84	Postmeningococcal arthritis	C41.3	Malignant neoplasm of ribs, sternum and clavicle
A41.2	Sepsis due to unspecified staphylococcus	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
A52.16	Charcot's arthropathy (tabetic)	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
A54.41	Gonococcal spondylopathy	C43.0	Malignant melanoma of lip
A54.42	Gonococcal arthritis	C43.20	Malignant melanoma of unspecified ear and external auricular canal
A54.49	Gonococcal infection of other musculoskeletal tissue	C43.21	Malignant melanoma of right ear and external auricular canal
A69.23	Arthritis due to Lyme disease	C43.22	Malignant melanoma of left ear and external auricular canal
A79.82	Anaplasmosis [<i>A. phagocytophilum</i>]	C43.30	Malignant melanoma of unspecified part of face
A80.30	Acute paralytic poliomyelitis, unspecified	C43.31	Malignant melanoma of nose
A80.39	Other acute paralytic poliomyelitis	C43.39	Malignant melanoma of other parts of face
A80.9	Acute poliomyelitis, unspecified	C43.4	Malignant melanoma of scalp and neck
B06.82	Rubella arthritis	C43.51	Malignant melanoma of anal skin
B26.85	Mumps arthritis	C43.59	Malignant melanoma of other part of trunk
B42.82	Sporotrichosis arthritis	C43.60	Malignant melanoma of unspecified upper limb, including shoulder
B90.2	Sequelae of tuberculosis of bones and joints	C43.61	Malignant melanoma of right upper limb, including shoulder
B91	Sequelae of poliomyelitis	C43.62	Malignant melanoma of left upper limb, including shoulder
B95.2	Enterococcus as the cause of diseases classified elsewhere	C43.70	Malignant melanoma of unspecified lower limb, including hip
B96.22	Other specified Shiga toxin-producing <i>Escherichia coli</i> [<i>E. coli</i>] [STEC] as the cause of diseases classified elsewhere	C43.71	Malignant melanoma of right lower limb, including hip
B96.89	Other specified bacterial agents as the cause of diseases classified elsewhere	C43.72	Malignant melanoma of left lower limb, including hip
C05.0	Malignant neoplasm of hard palate	C45.0	Mesothelioma of pleura
C05.8	Malignant neoplasm of overlapping sites of palate	C45.1	Mesothelioma of peritoneum
C05.9	Malignant neoplasm of palate, unspecified	C45.2	Mesothelioma of pericardium
C15.3	Malignant neoplasm of upper third of esophagus	C45.7	Mesothelioma of other sites
C15.4	Malignant neoplasm of middle third of esophagus	C45.9	Mesothelioma, unspecified
C15.5	Malignant neoplasm of lower third of esophagus	C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C15.8	Malignant neoplasm of overlapping sites of esophagus	C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C15.9	Malignant neoplasm of esophagus, unspecified	C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C16.9	Malignant neoplasm of stomach, unspecified	C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C17.9	Malignant neoplasm of small intestine, unspecified	C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C18.8	Malignant neoplasm of overlapping sites of colon	C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C18.9	Malignant neoplasm of colon, unspecified	C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C19	Malignant neoplasm of rectosigmoid junction	C47.3	Malignant neoplasm of peripheral nerves of thorax
C20	Malignant neoplasm of rectum	C47.4	Malignant neoplasm of peripheral nerves of abdomen
C21.0	Malignant neoplasm of anus, unspecified	C47.5	Malignant neoplasm of peripheral nerves of pelvis
C23	Malignant neoplasm of gallbladder	C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C24.9	Malignant neoplasm of biliary tract, unspecified	C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C25.9	Malignant neoplasm of pancreas, unspecified	C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified	C48.0	Malignant neoplasm of retroperitoneum
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	C48.1	Malignant neoplasm of specified parts of peritoneum
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	C48.2	Malignant neoplasm of peritoneum, unspecified
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C40.10	Malignant neoplasm of short bones of unspecified upper limb		
C40.11	Malignant neoplasm of short bones of right upper limb		
C40.12	Malignant neoplasm of short bones of left upper limb		
C40.20	Malignant neoplasm of long bones of unspecified lower limb		
C40.21	Malignant neoplasm of long bones of right lower limb		
C40.22	Malignant neoplasm of long bones of left lower limb		
C40.30	Malignant neoplasm of short bones of unspecified lower limb		
C40.31	Malignant neoplasm of short bones of right lower limb		
C40.32	Malignant neoplasm of short bones of left lower limb		
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb		
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb		

C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	C72.1	Malignant neoplasm of cauda equina
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	C73	Malignant neoplasm of thyroid gland
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	C74.01	Malignant neoplasm of cortex of right adrenal gland
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	C74.02	Malignant neoplasm of cortex of left adrenal gland
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C49.3	Malignant neoplasm of connective and soft tissue of thorax	C74.11	Malignant neoplasm of medulla of right adrenal gland
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	C74.12	Malignant neoplasm of medulla of left adrenal gland
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	C75.0	Malignant neoplasm of parathyroid gland
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	C75.1	Malignant neoplasm of pituitary gland
C4A.71	Merkel cell carcinoma of right lower limb, including hip	C75.2	Malignant neoplasm of craniopharyngeal duct
C4A.72	Merkel cell carcinoma of left lower limb, including hip	C75.3	Malignant neoplasm of pineal gland
C50.011	Malignant neoplasm of nipple and areola, right female breast	C75.4	Malignant neoplasm of carotid body
C50.012	Malignant neoplasm of nipple and areola, left female breast	C75.5	Malignant neoplasm of aortic body and other paraganglia
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C50.111	Malignant neoplasm of central portion of right female breast	C75.9	Malignant neoplasm of endocrine gland, unspecified
C50.112	Malignant neoplasm of central portion of left female breast	C76.1	Malignant neoplasm of thorax
C50.119	Malignant neoplasm of central portion of unspecified female breast	C76.2	Malignant neoplasm of abdomen
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	C76.3	Malignant neoplasm of pelvis
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	C76.40	Malignant neoplasm of unspecified upper limb
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	C76.41	Malignant neoplasm of right upper limb
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	C76.42	Malignant neoplasm of left upper limb
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	C76.50	Malignant neoplasm of unspecified lower limb
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	C76.51	Malignant neoplasm of right lower limb
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	C76.52	Malignant neoplasm of left lower limb
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	C79.2	Secondary malignant neoplasm of skin
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	C79.49	Secondary malignant neoplasm of other parts of nervous system
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	C79.51	Secondary malignant neoplasm of bone
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	C79.52	Secondary malignant neoplasm of bone marrow
C50.611	Malignant neoplasm of axillary tail of right female breast	C79.81	Secondary malignant neoplasm of breast
C50.612	Malignant neoplasm of axillary tail of left female breast	C79.89	Secondary malignant neoplasm of other specified sites
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	C79.9	Secondary malignant neoplasm of unspecified site
C50.621	Malignant neoplasm of axillary tail of right male breast	C7B.03	Secondary carcinoid tumors of bone
C50.622	Malignant neoplasm of axillary tail of left male breast	C7B.1	Secondary Merkel cell carcinoma
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C50.811	Malignant neoplasm of overlapping sites of right female breast	C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C50.812	Malignant neoplasm of overlapping sites of left female breast	C83.390	Primary central nervous system lymphoma
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C50.911	Malignant neoplasm of unspecified site of right female breast	C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C50.912	Malignant neoplasm of unspecified site of left female breast	C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C70.1	Malignant neoplasm of spinal meninges	C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C72.0	Malignant neoplasm of spinal cord	C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
		C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
		C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
		C90.00	Multiple myeloma not having achieved remission
		C90.01	Multiple myeloma in remission
		C90.02	Multiple myeloma in relapse
		D03.60	Melanoma in situ of unspecified upper limb, including shoulder
		D03.61	Melanoma in situ of right upper limb, including shoulder
		D03.62	Melanoma in situ of left upper limb, including shoulder
		D03.70	Melanoma in situ of unspecified lower limb, including hip
		D03.71	Melanoma in situ of right lower limb, including hip
		D03.72	Melanoma in situ of left lower limb, including hip

Modifier Descriptors

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

Modifier	Description
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
CPT® Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietitian
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item

Modifier	Description
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

Terminology

Terminology	Explanation
Abduction	Movement of the body part away from the medial line of the body.
Abduction pillow or splint	A medical device used to immobilize an extremity after a surgical procedure to help decrease the risk of a dislocation.
Abductor	Muscle that draws a body part away from the midline of the body.
Abductor hallucis muscle	Muscle of the great toe which draws it away from the body.
Abductor muscle of hip	A group of muscles in the buttock that lifts the thigh out to the side.
Ablation	Removal of tissue, a body part, or an organ or destruction of its function.
Abrasion arthroplasty	Refinishing the surfaces of a joint through a grinding process.
Abscess	A collection of pus in a walled off sac or pocket, caused by infection.
Abscess cavity	Pocket formed due to the accumulation of purulent material, pus.
Accessory navicular bone	An extra bone on the inner side of the foot that can cause irritation and require removal.
Acetabular rim	Margin of the acetabulum.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Achilles	Tendon at the heel, or calcaneal tendon.
Achilles tendon	Large tendon at the back the heel that connects the muscles of the calf to the calcaneal bone, or heel; also called tendo calcaneus.
Acromioclavicular joint	A joint between the acromion process of the scapula, or shoulder blade, and the clavicle, or collar bone.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Acromion	A bony process, or projection, on the scapula, or shoulder blade, that extends over the joint.
Acromionectomy	Surgical excision of the acromion, a bony projection on scapula, or shoulder blade, that extends over the joint.
Acromioplasty	Surgical revision of the acromion, a bony projection on the end of the shoulder blade, to relieve compression on the rotator cuff.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adductor	A muscle that helps a body part to move toward the centerline of the body or limb.
Adductor aponeurosis	A thin band of tissue that separates the two ends of ulnar collateral ligaments.
Adductor muscle	Group of muscles that pulls the body part towards the midline of the body.
Adductors	A group of muscles of the thigh that moves the thigh toward the midline of the body.
Adductors of hip	Group of muscles that moves the thigh toward the midline of the body.
Adhesiolysis	Freeing up adhesions by cutting and dividing, typically with a combination of sharp and blunt dissection.
Adhesions	Fibrous bands, which typically result from inflammation or injury during surgery, that form between tissues and organs; they may be thought of as internal scar tissue.
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.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
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.
Alveolar bone	The alveolar bone contains the tooth sockets; also called the alveolar ridge or alveolar process.
Alveolar cleft	Congenital defect in which a cleft, or gap, occurs in the alveolar arch, the tooth bearing portion of the jaw bone.

Terminology	Explanation
Ambulatory	The ability to walk or suitability for walking.
Ambulatory care	Medical care rendered in an outpatient setting, i.e., not requiring an overnight stay in a hospital.
Amputate	Removal of a limb or digit.
Amputation	Surgical removal of a body extremity, commonly to control pain or progression of a disease in the affected limb.
Analgesic	Medicines that give relief from pain.
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.
Anatomic alignment	Normal position; refers primarily to skeletal structures; malalignment refers to skeletal structures that are out of their normal position.
Anatomical neck humerus	The portion of the humerus that separates the greater and lesser tubercles from the humeral head, or the forearm muscles.
Anatomical position	The position of human body taken as a reference while explaining the orientation of body parts amongst themselves, the position includes the person standing with neck and spine erect, looking in front, square shoulders, arms by the side, and palms rotated to face forwards.
Anconeus	A small muscle near the elbow.
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 reduces sensation to pain in specific areas of the body.
Anesthetic	Substance that reduces sensitivity to pain.
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Ankle joint	Joint composed by the tibia, the fibula, and the talus.
Ankylosis	A condition following an injury, surgery, or infection, which leads to stiffness or fusion, or permanent fixation, of a joint.
Annulus fibrosus	Fibrous outer ring of the intervertebral disk, the cartilage cushion between the interlocking bones in the spine; also known as the annular ring.
Anterior	Closer to the front part of the body or a structure.
Anterior approach	Surgical approach from the front, in this case from the front of the spine.
Anterior capsule	The front part of the joint capsule that envelopes the elbow joint.
Anterior cruciate ligament, or ACL	Strong fibrous tissue that connects the upper tibia, one of the lower leg bones, to the base of the femur, or thigh bone, holding the patella, or knee cap, in place and ensuring stability of the knee joint; the ACL passes diagonally in front of the posterior cruciate ligament, or PCL.
Anterior inferior iliac spine	Bony projection in the front border of the hip bone.
Anterior instrumentation	Spinal fixation device that attaches to the front of the spine.
Anterior interbody technique	Spinal fusion through an anterior, or front, approach, through the neck for cervical vertebrae, the chest for thoracic vertebrae, the abdomen for lumbar vertebrae.
Anterior intrusion	Abnormal projection of a structure in a forward direction.
Anterior superior iliac spine	Front projection of the iliac crest in the hip.
Anterior technique	Spinal fusion from the anterior, or front, portion of the vertebrae.
Anterior tibial extensors	Muscle of anterior part of leg.
Anteroposterior view	The X-ray projection travels from front to back, abbreviated as AP.
Anterosuperior iliac spine	Front projection of the iliac crest in the hip.
Antibiotic	A substance that inhibits infection.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antiinflammatory	Substance that reduces pain, swelling, and inflammation.
Antimicrobial agent	Substance that repels or destroys microorganisms.

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