



Your essential illustrated coding guide for internal medicine/endocrinology/wound care, including CPT®, HCPCS Level II, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

CODERS' SPECIALTY GUIDE

Internal Medicine, Endocrinology, & Wound Care



2023

Contents

Introduction	3
General	5
Integumentary System	15
Musculoskeletal System	53
Cardiovascular System	60
Female Genital System	62
Endocrine System	63
Operating Microscope	84
Radiology	85
Pathology and Laboratory	137
Medicine	205
Evaluation and Management	325
Category III Codes	430
Proprietary Laboratory Analyses	452
HCPCS Level II Codes	
• Medical and Surgical Supplies	454
• Administrative, Miscellaneous and Investigational	476
• Outpatient PPS	477
• Durable Medical Equipment	480
• Procedures/Professional Services	483
• Durable Medical Equipment (DME)	551
• Medical Services	552
• Pathology and Laboratory Services	565
• Temporary Codes	566
• Temporary National Codes (Non-Medicare)	598
• National Codes Established For State Medicaid Agencies	604
• Coronavirus Diagnostic Panel	605
ICD-10 CrossRef Details	607
Modifier Descriptors	885
Terminology	895
Code Index	921

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: \$52.34, OPPI Facility: \$27.91, OPPI Non Facility: \$27.91

RVU Facility Work RVU: 0.80, PE RVU: 0.34, Malpractice RVU: 0.11, Total RVU: 1.25

RVU Non-Facility Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

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

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

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-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$73.62, Non Facility: \$139.22, OPFS Facility: \$50.94, OPFS Non Facility: \$50.94

RVU Facility Work RVU: 1.46, PE RVU: 0.50, Malpractice RVU: 0.15, Total RVU: 2.11

RVU Non-Facility Work RVU: 1.46, PE RVU: 2.38, Malpractice RVU: 0.15, Total RVU: 3.99

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

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, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

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

H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M71.30, M79.4, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+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.

11000

Debridement of extensive eczematous or infected skin; up to 10% of body surface

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider performs debridement until he 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 10 percent of the body surface.

Coding Tips

Use +11001 as an add-on code for each additional 10 percent of the body surface.

This code is for surgical debridement. For removal of devitalized tissue (nonselective debridement) from wound(s), without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), ... per session, see 97602. Larval therapy refers to maggot therapy.

This code also does not include dermabrasion; for dermabrasion services, see codes 15780 to 15787.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$28.26, Non Facility: \$58.97, OPPS Facility: \$20.94, OPPS Non Facility: \$20.94

RVU Facility Work RVU: 0.60, PE RVU: 0.16, Malpractice RVU: 0.05, Total RVU: 0.81

RVU Non-Facility Work RVU: 0.60, PE RVU: 1.04, Malpractice RVU: 0.05, Total RVU: 1.69

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0552T¹, 10030¹, 10060¹, 10061¹, 11008¹, 11010¹, 11011¹, 11012¹, 11056¹, 11057¹, 11719¹, 11720¹, 11721¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13102¹, 13122¹, 13133¹, 13153¹, 17110¹, 17250¹, 20552¹, 20553¹, 20560¹, 20561¹, 20600¹, 20604¹, 24300¹, 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, 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, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 66988¹, 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, 97607¹, 97608¹, 97610¹, 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, 99495¹, 99496¹, G0127¹, G0463¹, G0471¹, J2001¹

ICD-10 CrossRef

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

+11001

Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

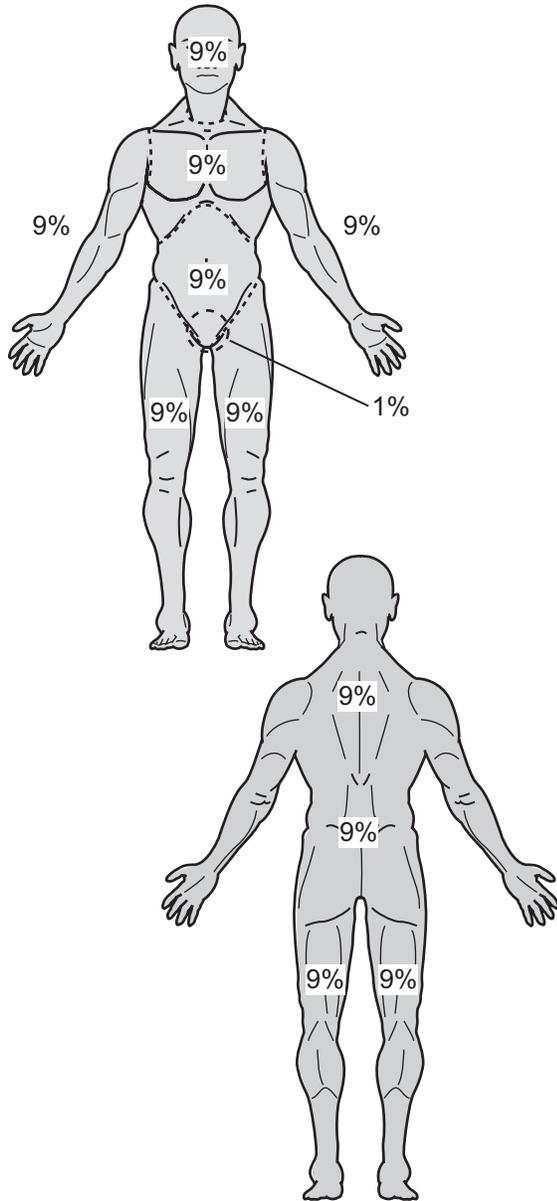
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses surgical instruments to debride the infected skin. Add-on code +11001 represents debridement of each additional 10 percent, or portion of that, after the initial 10 percent, which you report using 11000. The provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider does debridement until he sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound.

Coding Tips

Because +11001 is an add-on code, payers will not reimburse you if you report it without an appropriate primary code (11000) for the initial 10 percent.

Illustration



11001

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$14.66, Non Facility: \$25.82, OPPS Facility: \$10.47, OPPS Non Facility: \$10.47

RVU Facility Work RVU: 0.30, PE RVU: 0.08, Malpractice RVU: 0.04, Total RVU: 0.42

RVU Non-Facility Work RVU: 0.30, PE RVU: 0.40, Malpractice RVU: 0.04, Total RVU: 0.74

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: 1

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

CCI Alerts (version 27.3)

11008¹, 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, 36591⁰, 36592⁰, 66988¹, 96523⁰

ICD-10 CrossRef

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.

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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 26, 59, 79, 80, 81, 82, AR, AS, GY, GZ, KX, PD, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

96523⁰

ICD-10 CrossRef

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

+77001

Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

Clinical Responsibility

The fluoroscopic guidance technique is used for imaging the route or pathway through which the catheter tip of a central venous access device (CVAD) is inserted. A CVAD can consist of different types of catheters, without a subcutaneous port. The catheters can be tunneled catheters (Groshong®, Powerline®, dialysis), non-tunneled catheters such as peripherally inserted central catheters (PICCs), and implantable ports.

First, the physician administers the proper anesthesia to the patient. Next, the entry location for the catheter on the skin is washed extensively with antibiotic solution. The skin is also cleaned with chlorhexidine and 70% alcohol. An incision is made, typically on the skin above the selected vein to be punctured. Usually, the subclavian or jugular vein is selected to insert a tunneled or non-tunneled central venous catheter (CVC). Sometimes the basilic vein, brachial vein, cephalic vein, or long saphenous veins are also accessed to insert PICC catheters.

Fluoroscopy is used to get an image of the route, and a guidewire is placed through the vein. The catheter tip is then guided up until the tip reaches the central venous position. The application of any contrast injection through the access site and mapping of the subcutaneous path for catheter placement is also included. Fluoroscopy is used throughout the procedure involving CVAD. Finally, the fluoroscope is removed, and the skin incision is closed to hold the catheter at the proper place.

Central venous access devices (CVADs): Small, flexible tubes placed in large veins for people who require frequent access to the bloodstream. Usually, these devices remain in place for a long time, weeks and even months; CVADs consist of different types of catheters, such as tunneled, non-tunneled, and single-, double-, or triple-lumen catheters.

Coding Tips

This code is used *only* as an add-on code with the primary procedure code because the physician performing the primary procedure is the physician providing the fluoroscopic imaging service.

Application of any contrast material injection for better viewing is included.

Spot films or other radiographic images obtained to confirm the final catheter position are also included in 77001.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$105.03, Non Facility: \$105.03, OPPS Facility: \$13.26, OPPS Non Facility: \$13.26
RVU Facility Work RVU: 0.38, PE RVU: 2.58, Malpractice RVU: 0.05, Total RVU: 3.01
RVU Non-Facility Work RVU: 0.38, PE RVU: 2.58, Malpractice RVU: 0.05, Total RVU: 3.01
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 26, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GR, KX, LT, PD, Q5, Q6, RT, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

36005¹, 36591⁰, 36592⁰, 36598⁰, 71045¹, 71046¹, 71047¹, 75820¹, 75822¹, 75825¹, 75827¹, 76000¹, 76942¹, 76998¹, 77002¹, 96523⁰, 99446¹, 99447¹, 99448¹, 99449¹, 99451¹, 99452¹

ICD-10 CrossRef

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

+77002

Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

Clinical Responsibility

When the patient is appropriately prepped and draped, the patient is placed under the fluoroscope in the supine or prone position. The provider then places the tip of the needle or catheter at the introduction site. Using fluoroscopy to guide him, he inserts the needle into the desired region, advancing it slowly to the designated location inside the body. Once the needle reaches the appropriate level, he injects contrast material at the site to confirm the proper needle placement. The provider then may perform diagnostic or therapeutic procedures via the needle or catheter, such as localizing or identifying a specific area of interest or location of a structure in the body, taking samples of tissue or withdrawing small amounts of cells or fluid to send for further analysis, or injecting a substance to treat a condition such as acute or chronic pain.

Fluoroscopy displays live X-ray images on a fluorescent screen television monitor; providers often use fluoroscopy to view body structures while performing procedures.

Coding Tips

Because +77002 is an add-on code, payers will not reimburse it unless it is reported with an appropriate primary code. However, fluoroscopic guidance is included with many procedure codes, so do not report for any procedure code that includes fluoroscopic guidance. Do not report with arthrography radiological supervision and interpretation codes.

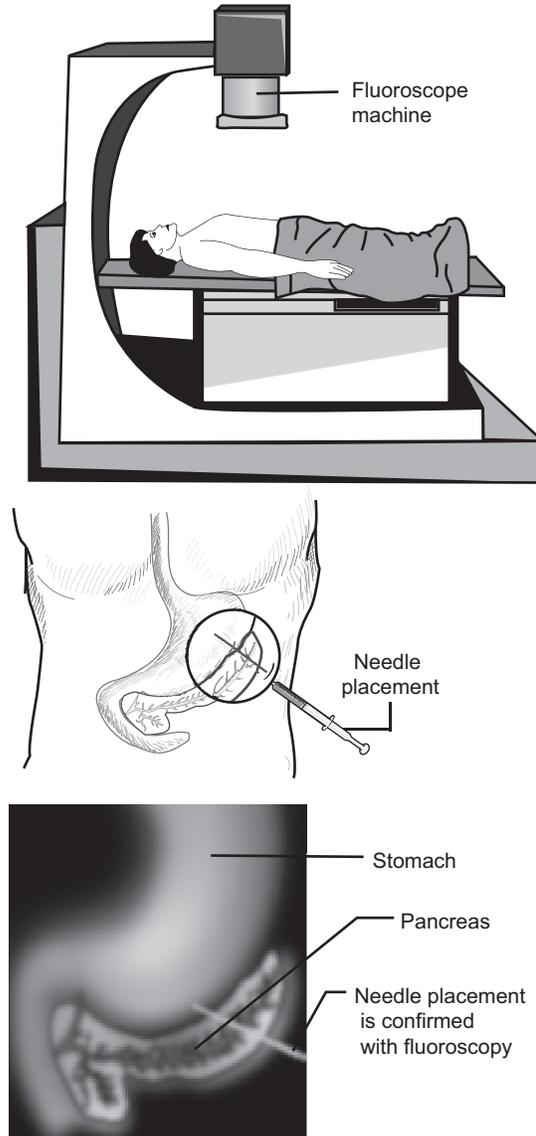
If the provider uses fluoroscopic guidance for placement of a needle or catheter tip in the spine or paraspinal region, use 77003.

There may be rare instances where one provider supervises the radiology service and another provider interprets it. According to Medicare guidelines, each provider should report the radiology code and append modifier 52 (Reduced services). Each should also append modifier 26 to the code to indicate they are reporting only the professional portion of the service.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

Illustration



77002

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$118.99, Non Facility: \$118.99, OPPS Facility: \$18.84, OPPS Non Facility: \$18.84

RVU Facility Work RVU: 0.54, PE RVU: 2.82, Malpractice RVU: 0.05, Total RVU: 3.41

RVU Non-Facility Work RVU: 0.54, PE RVU: 2.82, Malpractice RVU: 0.05, Total RVU: 3.41

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 26, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GR, KX, LT, PD, Q5, Q6, RT, SC, TC, XE, XP, XS, XU

ICD-10 CrossRef Details

A00.0 Cholera due to *Vibrio cholerae* 01, biovar cholerae
A00.1 Cholera due to *Vibrio cholerae* 01, biovar eltor
A00.9 Cholera, unspecified
A01.01 Typhoid meningitis
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.20 Localized salmonella infection, unspecified
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A02.23 Salmonella arthritis
A02.24 Salmonella osteomyelitis
A02.25 Salmonella pyelonephritis
A02.29 Salmonella with other localized infection
A02.8 Other specified salmonella infections
A02.9 Salmonella infection, unspecified
A03.0 Shigellosis due to *Shigella dysenteriae*
A03.1 Shigellosis due to *Shigella flexneri*
A03.2 Shigellosis due to *Shigella boydii*
A03.3 Shigellosis due to *Shigella sonnei*
A03.8 Other shigellosis
A03.9 Shigellosis, unspecified
A04.0 Enteropathogenic *Escherichia coli* infection
A04.1 Enterotoxigenic *Escherichia coli* infection
A04.2 Enteroinvasive *Escherichia coli* infection
A04.3 Enterohemorrhagic *Escherichia coli* infection
A04.4 Other intestinal *Escherichia coli* infections
A04.5 *Campylobacter* enteritis
A04.6 Enteritis due to *Yersinia enterocolitica*
A04.71 Enterocolitis due to *Clostridium difficile*, recurrent
A04.72 Enterocolitis due to *Clostridium difficile*, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning
A05.2 Foodborne *Clostridium perfringens* [*Clostridium welchii*] intoxication
A05.3 Foodborne *Vibrio parahaemolyticus* intoxication
A05.4 Foodborne *Bacillus cereus* intoxication
A05.5 Foodborne *Vibrio vulnificus* intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.1 Chronic intestinal amebiasis
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.6 Amebic brain abscess
A06.7 Cutaneous amebiasis
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
A06.9 Amebiasis, unspecified
A07.0 Balantidiasis
A07.1 Giardiasis [lamblia]s
A07.2 Cryptosporidiosis
A07.3 Isosporiasis
A07.4 Cyclosporiasis
A07.8 Other specified protozoal intestinal diseases
A07.9 Protozoal intestinal disease, unspecified
A08.0 Rotaviral enteritis
A08.11 Acute gastroenteropathy due to Norwalk agent
A08.19 Acute gastroenteropathy due to other small round viruses
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis

A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A08.4 Viral intestinal infection, unspecified
A08.8 Other specified intestinal infections
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.02 Tuberculous arthritis of other joints
A18.03 Tuberculosis of other bones
A18.09 Other musculoskeletal tuberculosis
A18.10 Tuberculosis of genitourinary system, unspecified
A18.11 Tuberculosis of kidney and ureter
A18.12 Tuberculosis of bladder
A18.13 Tuberculosis of other urinary organs
A18.14 Tuberculosis of prostate
A18.15 Tuberculosis of other male genital organs
A18.16 Tuberculosis of cervix
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis
A19.9 Miliary tuberculosis, unspecified
A20.1 Cellulocutaneous plague
A20.2 Pneumonic plague
A20.3 Plague meningitis
A20.7 Septicemic plague
A20.8 Other forms of plague
A21.1 Oculoglandular tularemia
A21.2 Pulmonary tularemia
A21.3 Gastrointestinal tularemia
A21.7 Generalized tularemia

A21.8	Other forms of tularemia	A39.3	Chronic meningococcemia
A22.0	Cutaneous anthrax	A39.4	Meningococcemia, unspecified
A22.1	Pulmonary anthrax	A39.50	Meningococcal carditis, unspecified
A22.2	Gastrointestinal anthrax	A39.51	Meningococcal endocarditis
A22.7	Anthrax sepsis	A39.52	Meningococcal myocarditis
A22.8	Other forms of anthrax	A39.53	Meningococcal pericarditis
A23.8	Other brucellosis	A39.81	Meningococcal encephalitis
A24.0	Glanders	A39.82	Meningococcal retrobulbar neuritis
A24.2	Subacute and chronic melioidosis	A39.83	Meningococcal arthritis
A24.3	Other melioidosis	A39.84	Postmeningococcal arthritis
A24.9	Melioidosis, unspecified	A39.89	Other meningococcal infections
A25.1	Streptobacillosis	A39.9	Meningococcal infection, unspecified
A26.7	Erysipelothrix sepsis	A40.0	Sepsis due to streptococcus, group A
A26.8	Other forms of erysipeloid	A40.1	Sepsis due to streptococcus, group B
A26.9	Erysipeloid, unspecified	A40.3	Sepsis due to Streptococcus pneumoniae
A27.81	Aseptic meningitis in leptospirosis	A40.8	Other streptococcal sepsis
A28.0	Pasteurellosis	A40.9	Streptococcal sepsis, unspecified
A28.1	Cat-scratch disease	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A28.2	Extraintestinal yersiniosis	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A28.8	Other specified zoonotic bacterial diseases, not elsewhere classified	A41.1	Sepsis due to other specified staphylococcus
A28.9	Zoonotic bacterial disease, unspecified	A41.2	Sepsis due to unspecified staphylococcus
A31.0	Pulmonary mycobacterial infection	A41.3	Sepsis due to Hemophilus influenzae
A31.1	Cutaneous mycobacterial infection	A41.4	Sepsis due to anaerobes
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)	A41.50	Gram-negative sepsis, unspecified
A31.8	Other mycobacterial infections	A41.51	Sepsis due to Escherichia coli [E. coli]
A31.9	Mycobacterial infection, unspecified	A41.52	Sepsis due to Pseudomonas
A32.0	Cutaneous listeriosis	A41.53	Sepsis due to Serratia
A32.11	Listerial meningitis	A41.59	Other Gram-negative sepsis
A32.12	Listerial meningoencephalitis	A41.81	Sepsis due to Enterococcus
A32.7	Listerial sepsis	A41.89	Other specified sepsis
A32.81	Oculoglandular listeriosis	A41.9	Sepsis, unspecified organism
A32.82	Listerial endocarditis	A42.0	Pulmonary actinomycosis
A32.89	Other forms of listeriosis	A42.1	Abdominal actinomycosis
A32.9	Listeriosis, unspecified	A42.2	Cervicofacial actinomycosis
A33	Tetanus neonatorum	A42.7	Actinomycotic sepsis
A34	Obstetrical tetanus	A42.81	Actinomycotic meningitis
A35	Other tetanus	A42.82	Actinomycotic encephalitis
A36.0	Pharyngeal diphtheria	A42.89	Other forms of actinomycosis
A36.1	Nasopharyngeal diphtheria	A42.9	Actinomycosis, unspecified
A36.2	Laryngeal diphtheria	A43.0	Pulmonary nocardiosis
A36.3	Cutaneous diphtheria	A43.1	Cutaneous nocardiosis
A36.81	Diphtheritic cardiomyopathy	A43.8	Other forms of nocardiosis
A36.82	Diphtheritic radiculomyelitis	A43.9	Nocardiosis, unspecified
A36.83	Diphtheritic polyneuritis	A44.0	Systemic bartonellosis
A36.84	Diphtheritic tubulo-interstitial nephropathy	A44.1	Cutaneous and mucocutaneous bartonellosis
A36.85	Diphtheritic cystitis	A44.8	Other forms of bartonellosis
A36.86	Diphtheritic conjunctivitis	A44.9	Bartonellosis, unspecified
A36.89	Other diphtheritic complications	A46	Erysipelas
A36.9	Diphtheria, unspecified	A48.0	Gas gangrene
A37.00	Whooping cough due to Bordetella pertussis without pneumonia	A48.1	Legionnaires' disease
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	A48.2	Nonpneumonic Legionnaires' disease [Pontiac fever]
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia	A48.52	Wound botulism
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	A48.8	Other specified bacterial diseases
A37.80	Whooping cough due to other Bordetella species without pneumonia	A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A37.81	Whooping cough due to other Bordetella species with pneumonia	A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A37.90	Whooping cough, unspecified species without pneumonia	A49.1	Streptococcal infection, unspecified site
A37.91	Whooping cough, unspecified species with pneumonia	A49.2	Hemophilus influenzae infection, unspecified site
A38.0	Scarlet fever with otitis media	A49.3	Mycoplasma infection, unspecified site
A38.1	Scarlet fever with myocarditis	A49.8	Other bacterial infections of unspecified site
A38.8	Scarlet fever with other complications	A49.9	Bacterial infection, unspecified
A38.9	Scarlet fever, uncomplicated	A50.01	Early congenital syphilitic osteopathy
A39.0	Meningococcal meningitis	A50.02	Early congenital syphilitic osteochondropathy
A39.1	Waterhouse-Friderichsen syndrome	A50.03	Early congenital syphilitic pharyngitis
A39.2	Acute meningococcemia	A50.04	Early congenital syphilitic pneumonia
		A50.05	Early congenital syphilitic rhinitis
		A50.06	Early cutaneous congenital syphilis
		A50.07	Early mucocutaneous congenital syphilis
		A50.08	Early visceral congenital syphilis
		A50.09	Other early congenital syphilis, symptomatic
		A50.1	Early congenital syphilis, latent

Modifier Descriptors

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

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

Modifier	Description
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

Modifier	Description
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
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
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

Terminology

Terminology	Explanation
11 deoxycortisol	A precursor of cortisol; a steroid hormone, also known as Compound S.
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Acellular	Containing no cells.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetic acid	A substance with antibacterial and antifungal qualities.
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.
Acute care	A level of service where a patient is actively treated for a brief but severe episode of illness, or injury
Adenoma	Blood filled growth.
Adenosine triphosphate, or ATP	ATP occurs when simple sugar glucose is broken down; it is a cell's main energy source.
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.
Adrenal gland	A small gland located on the upper pole of each kidney that secretes hormones directly into the blood.
Adrenalectomy	Removal of one or both adrenal glands.
Adrenocorticotrophic hormone, or ACTH	A hormone secreted by the pituitary gland in the brain that acts to regulate the cortex, or outer region, of the adrenal gland.
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.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Agar	A gelatinous material derived from algae that labs often mix with nutrients and other desired substances for use as a solid substrate on which to culture or grow microorganisms or other cells.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
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 known as an allogeneic graft or homograft.
Amnion	Inner membrane of the sac that covers the fetus.
Amniotic membrane	The thin layer of tissue that surrounds a fetus (developing baby) during pregnancy.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Amplitude	Strength, range or extent.
Amputation	Surgical removal of a complete or partial appendage of the body.
Anemia	Decrease in the amount of red blood cells, which results in a lack of oxygen in the blood.
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.

Terminology	Explanation
Anterior	Closer to the front part of the body.
Anterior pituitary gland	The frontal lobe of the small pituitary gland located near the middle of the head, also known as the master gland.
Anterolateral	Present in front and to the side of the body.
Antibiotic	Substance that inhibits or treats bacterial infections.
Antibodies	Proteins produced in blood that are activated as part of the immune response to neutralize specific invaders such as bacteria or viruses, also called immunoglobulins.
Antibody	An immune system related protein that can detect a harmful substance called an antigen.
Anticoagulant drug	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 harmful substance that can stimulate the production of antibodies or combine with them.
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 that counterbalances the toxin secreted by the antigen.
Aortic valve	The cardiac valve connecting the heart to the aorta.
Apheresis	Technique to collect blood from the patient and separate it into individual components and reinfuse some of the blood, plasma, or components into the patient; also called pheresis or therapeutic pheresis.
Arginine	An essential and basic amino acid nutrient.
Arrhythmia	Irregular rate or rhythm of the heartbeat.
Arterial ulcer	Ulcers in lower leg or ankle due to reduction in blood supply to the lower limb.
Arteries	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
Ascites	An abnormal collection of fluid in the abdomen.
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 disease that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.
Atherosclerosis	Buildup of plaque, or fatty deposits, on the walls of an artery; hardening and thickening the artery walls, which can lead to coronary artery disease.
Atherosclerotic burden	The extent and severity of atherosclerosis.
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.
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.
Autograft	Any tissue from one part of the body moved to another location on the same patient; also known as an autologous graft.
Autologous	Surgical placement of any tissue from one part of the body to another location in the same patient.
Axial skeleton	The bones of the skull, spine, rib cage, and sternum.
B mode or B scan ultrasound	Imaging technique using high frequency sound waves to provide a cross sectional, two dimensional view in gray scale imaging; also known as bright scan.
Bacterial vaginosis	Increased number of bacteria in the vagina causing a shift in the normal pH, leading to infection.
Bacterium, pl. bacteria	Single celled microorganism, i.e., visible only with a microscope, some of which cause infection.

Code Index

Codes	Page No.								
0001A	314	0593T	451	15941	43	60540	78	76978	115
0002A	314	0178U	452	15944	43	60545	79	+76979	116
0003A	315	0202U	452	15945	44	60600	80	76981	116
0004A	316	+10004	5	15946	45	60605	81	76982	117
0011A	316	10005	5	15950	45	60650	81	+76983	118
0012A	317	+10006	6	15951	46	60659	82	76999	118
0013A	318	10007	7	15952	47	60699	82	+77001	119
0021A	318	+10008	8	15953	47	+69990	84	+77002	120
0022A	319	10009	9	15956	48	70543	85	+77003	121
0031A	319	+10010	10	15958	48	70551	86	77012	121
0041A	320	10011	11	15999	49	70553	87	77021	122
0042A	321	+10012	12	16020	50	71045	87	+77063	123
0051A	321	10021	13	16025	50	71046	88	77065	123
0052A	322	11000	15	16030	51	71047	89	77066	124
0053A	323	+11001	15	+20932	53	71048	89	77067	125
0054A	323	11042	16	+20933	54	74018	90	77078	125
0064A	324	11043	17	+20934	55	74019	91	77080	126
0102T	430	11044	18	29445	56	74021	91	77081	126
0106T	430	+11045	19	29580	57	74022	92	77085	127
0107T	431	+11046	20	29581	58	74150	93	77086	127
0108T	432	+11047	20	29584	58	74160	94	78012	128
0109T	432	11102	21	36415	60	74170	94	78013	129
0110T	433	+11103	21	36591	60	74174	95	78014	129
0312T	433	11104	22	36592	60	74175	96	78018	130
0313T	434	+11105	23	58970	62	74176	97	78070	130
0314T	434	11106	24	60000	63	74177	98	78099	131
0315T	435	+11107	25	60100	63	74178	99	78264	132
0316T	436	15002	26	60200	64	74181	99	78300	132
0317T	436	+15003	27	60210	64	74182	101	78350	133
0342T	437	15004	28	60212	65	74183	102	78351	134
0358T	437	+15005	29	60220	66	75989	103	78803	135
0403T	438	15271	30	60225	67	76000	104	79005	135
0446T	438	+15272	31	60240	67	76377	104	80047	137
0447T	439	15273	32	60252	68	76380	105	80048	137
0448T	440	+15274	33	60254	69	76390	105	80050	138
0479T	442	15275	34	60260	70	76496	106	80051	138
+0480T	442	+15276	35	60270	70	76497	106	80053	139
0488T	443	15277	35	60271	71	76498	107	80061	140
0489T	443	+15278	36	60280	72	76499	108	80069	140
0490T	444	15920	37	60281	72	76536	108	80074	141
0491T	445	15922	38	60300	73	76700	109	80076	142
+0492T	446	15931	38	60500	74	76705	110	80305	143
0493T	447	15933	39	60502	75	76856	111	80400	143
0508T	448	15934	40	60505	75	76857	111	80402	144
0512T	448	15935	40	+60512	76	76881	112	80406	145
+0513T	449	15936	41	60520	76	76882	113	80408	145
0591T	450	15937	42	60521	77	76942	113	80410	146
0592T	450	15940	42	60522	78	76977	114	80412	146

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