## (2) PAPC

Your essential illustrated coding guide for dermatology \& plastics, including CPT ${ }^{\circledR}$, HCPCS Level II, tips, CPT $^{\circledR}$ to ICD-10-CM Cross References, NCCI edits, and RVU information

## CODERS' SPECIALTY GUIDE

## Dermatology \& Plastics



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## +10004

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

## Clinical Responsibility

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

## Coding Tips

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

## Fee Schedule

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

0213T ${ }^{1}, 0216 T^{1}, 10012^{1}, 10035^{1}, 19281^{1}, 19283^{1}, 19285^{1}, 19287^{1}$, $36000^{1}, 36410^{1}, 36591^{\circ}, 36592^{0}, 61650^{1}, 62324^{1}, 62325^{1}, 62326^{1}$, $62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}, 64450^{1}, 64454^{1}, 64486^{1}, 64487^{1}$, $64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}, 76000^{1}, 76380^{1}, 76942^{1}, 76998^{1}$, $77001^{1}, 77002^{1}, 77012^{1}, 77021^{11}, 96360^{1}, 96365^{11}, 96372^{1}, 96374^{1}$, $96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}$, J2001 $^{1}$

## ICD-10 CrossRef

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

## 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 18to 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: $\$ 139.22$, OPPS Facility: $\$ 50.94$, OPPS 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 $22,51,52,53,58,59,76,77,78,79,80,81,82$, $99, A G, A Q, A R, A S, G A, G C, G Z, L T, P D, Q 6, Q J, R T, S C, X E, X P, X S, X U$

## CCI Alerts (version 27.3)

$0213 T^{1}, 0216 T^{1}, 10004^{1}, 10008^{1}, 10010^{1}, 10011^{1}, 10012^{1}, 10021^{1}$, $10035^{1}, 11102^{1}, 11103^{1}, 11104^{1}, 11105^{1}, 11106^{1}, 11107^{1}, 19281^{1}$, $19283^{1}, 19285^{1}, 19287^{1}, 36000^{1}, 36410^{1}, 36591^{\circ}, 36592^{\circ}, 61650^{1}$, $62324^{1}, 62325^{1}, 62326^{1}, 62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}, 64450^{1}$, $64454^{1}, 64486^{1}, 64487^{1}, 64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}, 76000^{1}$, $76380^{1}, 76942^{1}, 76998^{1}, 77001^{1}, 77002^{1}, 77012^{1}, 77021^{1}, 96360^{1}$, $96365^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}, \mathrm{J} 2001^{1}$

## ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.
guidance to ensure the correct position of the device, closes the site, and applies a bandage.

## Coding Tips

This code is for the initial placement of a localization device for the first lesion; for each additional device placed, use +10036 in addition to code for primary procedure.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$85.84, Non Facility: $\$ 438.61$, OPPS Facility: $\$ 59.32$, OPPS Non Facility: \$59.32
RVU Facility Work RVU: 1.70, PE RVU: 0.61 , Malpractice RVU: 0.15 , Total RVU: 2.46
RVU Non-Facility Work RVU: 1.70, PE RVU: 10.72, Malpractice RVU: 0.15, Total RVU: 12.57

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, 47, 50, 51, 52, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}$, 12017 ${ }^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}$, 12036¹, 12037 ${ }^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}$, 12051¹, 12052¹, 12053¹, 12054 ${ }^{1}$, 12055¹, 12056¹, 12057¹, 13100¹, $13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}$, $13151^{1}, 13152^{1}, 13153^{1}, 19281^{1}, 19282^{1}, 19283^{1}, 19284^{1}, 19285^{1}$, $19286^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}$, $36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 36680^{1}, 43752^{1}$, $49412^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{0}, 62322^{\circ}, 62323^{0}$, $62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}$, $64416^{\circ}, 64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}$, $64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{1}, 64451^{\circ}, 64454^{1}$, $64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}$, $64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}$, $64495^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 76000^{1}$, $76380^{1}, 76942^{1}, 76998^{1}, 77002^{1}, 77011^{11}, 77012^{1}, 77021^{11}, 92012^{1}$, $92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}$, $93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}$,
 96366¹, $96367^{1}, 96368^{1}, 96372^{1}, 96374^{11}, 96375^{1}, 96376^{1}, 96377^{11}$, $96523^{0}, 99155^{\circ}, 99156^{0}, 99157^{0}, 99211^{11}, 99212^{1}, 99213^{1}, 99214^{1}$, 99215¹, 992171, $99218^{1}, 99219^{1}, 99220^{1}, 99221^{1}, 99222^{1}, 99223^{1}$, 99231¹, 99232 ${ }^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}$, 99241¹, 99242 ${ }^{1}$, $99243^{11}, 99244^{1}, 99245^{1}, 99251^{11}, 99252^{1}, 99253^{1}$, 99254¹, 99255¹, $99291^{11}, 99292^{1}, 99304^{11}, 99305^{1}, 99306^{11}, 99307^{11}$, 99308¹, $99309^{11}, 99310^{1}, 99315^{1}, 99316^{1}, 99334^{1}, 99335^{1}, 99336^{1}$, 99337¹, $99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}$, $99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, \mathrm{G} 0463^{1}$, G0471 ${ }^{1}$, J0670¹, J2001 ${ }^{1}$

## ICD-10 CrossRef

C43.52, C44.501, C44.511, C44.521, C44.591, C44.90, C49.0-C49.6, C49.10-C49.12, C49.20-C49.22, C49.8, C49.9, C4A.52, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C77.0-C77.4, C77.8, C77.9, C79.2, C79.81, C79.89, D03.52, D04.9, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D09.20-D09.22, D21.0-D21.3, D21.10-D21.12, D21.20-D21.22, D21.5, D21.6, D21.9, D23.9, D24.1-D24.9, D31.60-D31.62, D36.0, D48.1-D48.5, D48.60-D48.62, D48.7, D49.2, D49.3, D49.6, D49.89, M79.5

## +10036

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

After placement of the first localization device and at the same session, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place an additional localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

## Coding Tips

Because +10036 is an add-on code, payers will not reimburse you if you report it without the appropriate primary code, 10035 for the first lesion.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: $\$ 375.80$, OPPS Facility: $\$ 29.66$, OPPS Non Facility: \$29.66
RVU Facility Work RVU: 0.85, PE RVU: 0.30 , Malpractice RVU: 0.10 , Total RVU: 1.25
RVU Non-Facility Work RVU: 0.85, PE RVU: 9.82, Malpractice RVU: 0.10 , Total RVU: 10.77

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances $22,47,52,54,55,56,58,59,76,77,78,79,80$, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}$,

## Illustration



11012

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$425.35, Non Facility: $\$ 688.79$, OPPS Facility: $\$ 239.72$, OPPS Non Facility: \$239.72
RVU Facility Work RVU: 6.87, PE RVU: 4.04, Malpractice RVU: 1.28, Total RVU: 12.19
RVU Non-Facility Work RVU: 6.87, PE RVU: 11.59, Malpractice RVU: 1.28, Total RVU: 19.74

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: 2
Modifier Allowances 22, 51, 52, 53, 58, 59, 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

## CCI Alerts (version 27.3)

 $0594 \mathrm{~T}^{1}, 0^{1} 596 \mathrm{~T}^{1}, 0^{2} 597 \mathrm{~T}^{1}, 10030^{1}, 10060^{1}, 10120^{1}, 10121^{1}, 10160^{1}$, $10180^{1}, 11008^{1}, 11010^{1}, 11011^{1}, 11055^{1}, 11102^{1}, 11104^{1}, 11106^{1}$,
$11450^{1}, 11451^{1}, 11462^{1}, 11463^{1}, 11470^{1}, 11471^{1}, 11720^{1}, 11721^{1}$, $12001^{11}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}$, 12014 ${ }^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}$, $12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}$, 12045¹, $^{12046}{ }^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}$, $12056^{1}, 12057^{1}, 13102^{1}, 13122^{1}, 13133^{1}, 13153^{1}, 15002^{1}, 15004^{1}$, $15780^{1}, 15781^{1}, 15782^{1}, 15783^{1}, 15851^{0}, 15852^{1}, 15950^{1}, 16000^{1}$, $16020^{1}, 16025^{1}, 16030^{1}, 16035^{1}, 20101^{1}, 20102^{1}, 20103^{1}, 20200^{1}$,
 $20520^{1}, 20525^{1}, 20551^{1}, 20552^{1}, 20553^{1}, 20560^{1}, 20561^{11}, 20955^{1}$,
 $21025^{1}, 21029^{1}, 21034^{1}, 21044^{1}, 21045^{1}, 21050^{1}, 21060^{1}, 21070^{1}$, $21076^{1}, 21077^{1}, 21079^{1}, 21080^{1}, 21081^{1}, 21082^{1}, 21083^{1}, 21084^{1}$, $21085^{1}, 21086^{1}, 21087^{1}, 21088^{1}, 21121^{1}, 21122^{1}, 21123^{1}, 21125^{1}$, $21127^{1}, 21137^{1}, 21138^{1}, 21139^{1}, 21141^{1}, 21142^{1}, 21143^{1}, 21145^{1}$, $21146^{1}, 21147^{1}, 21150^{1}, 21151^{1}, 21154^{1}, 21155^{1}, 21159^{1}, 21160^{1}$, $21172^{1}, 21175^{1}, 21179^{1}, 21180^{1}, 21181^{1}, 21182^{1}, 21183^{1}, 21184^{1}$,
 $21208^{1}, 21210^{1}, 21215^{1}, 21230^{1}, 21240^{1}, 21242^{1}, 21243^{1}, 21244^{1}$, $21245^{1}, 21246^{1}, 21247^{1}, 21248^{1}, 21249^{1}, 21255^{1}, 21256^{1}, 21260^{1}$, $21261^{1}, 21263^{1}, 21267^{1}, 21268^{1}, 21270^{1}, 21275^{1}, 21501^{1}, 21502^{1}$, $2^{21510^{1}, 21550^{1}, 21610^{1}, 21615^{1}, 21616^{1}, 21630^{1}, 21632^{1}, 21705^{1},}$ $21740^{1}, 21742^{1}, 21743^{1}, 21750^{1}, 22100^{1}, 22101^{1}, 22102^{1}, 22110^{1}$, $22112^{1}, 22114^{1}, 22210^{1}, 22212^{1}, 22214^{1}, 22220^{1}, 22222^{1}, 22224^{1}$, $22548^{1}, 22554^{1}, 22556^{1}, 22558^{1}, 22590^{1}, 22595^{1}, 22600^{1}, 22610^{1}$, $22612^{1}, 22630^{1}, 22800^{1}, 22802^{1}, 22804^{1}, 22808^{1}, 22810^{1}, 22812^{1}$, $22830^{1}, 22840^{1}, 22842^{1}, 22843^{1}, 22844^{1}, 22845^{1}, 22846^{1}, 22847^{1}$, $22849^{1}, 22850^{1}, 22852^{1}, 22855^{1}, 23020^{1}, 23030^{1}, 23035^{1}, 23040^{1}$, $23105^{1}, 23125^{1}, 23130^{1}, 23145^{1}, 23146^{1}, 23150^{1}, 23155^{1}, 23180^{1}$, $23182^{1}, 23184^{1}, 23195^{1}, 23333^{1}, 23334^{1}, 23335^{1}, 23395^{1}, 23397^{1}$, $23400^{1}, 23405^{1}, 23406^{1}, 23410^{1}, 23412^{1}, 23415^{1}, 23420^{1}, 23430^{1}$, $23440^{1}, 23450^{1}, 23455^{1}, 23460^{1}, 23462^{1}, 23465^{1}, 23466^{1}, 23470^{1}$, $23472^{1}, 23480^{1}, 23485^{1}, 23490^{1}, 23491^{1}, 23800^{1}, 23802^{1}, 23900^{1}$, $23920^{1}, 23930^{1}, 23931^{1}, 23935^{1}, 24000^{1}, 24102^{1}, 24300^{1}, 24331^{1}$, $24340^{1}, 24341^{1}, 24342^{1}, 24343^{1}, 24344^{1}, 24345^{1}, 24346^{1}, 24360^{1}$, $24361^{1}, 24362^{1}, 24363^{1}, 24365^{1}, 24366{ }^{1}, 24400^{1}, 24410^{1}, 24420^{1}$, $24430^{1}, 24435^{1}, 24470^{1}, 24495^{1}, 24498^{1}, 25020^{1}, 25028^{1}, 25031^{1}$, 25035 ${ }^{1}, 25040^{1}, 25065^{1}, 25066^{1}, 25101^{1}, 25109^{1}, 25115^{1}, 25125^{1}$, $25126^{1}, 25215^{1}, 25390^{1}, 25391^{1}, 25392^{1}, 25393^{1}, 25400^{1}, 25405^{1}$, $25415^{1}, 25420^{1}, 25425^{1}, 25426^{1}, 25440^{1}, 25441^{1}, 25442^{1}, 25443^{1}$, $25444^{1}, 25445^{1}, 25446^{1}, 25447^{1}, 25449^{1}, 25450^{1}, 25455^{1}, 25490^{1}$, $25491^{1}, 25492^{1}, 25929^{1}, 25931^{1}, 26010^{1}, 26011^{1}, 26035^{1}, 26121^{1}$, $26123^{1}, 26554^{1}, 26555^{1}, 26556^{1}, 26561^{1}, 26562^{1}, 26568^{1}, 26580^{1}$, ${26587^{1}}^{1}, 26590^{1}, 26596^{1}, 26820^{1}, 26842^{1}, 26843^{1}, 26844^{1}, 26852^{1}$, $26862^{1}, 26910^{1}, 26990^{1}, 26991^{1}, 27000^{1}, 27001^{1}, 27003^{1}, 27041^{1}$, 27054 ${ }^{1}, 27066^{1}, 27067^{1}, 27070^{1}, 27071^{11}, 27087^{1}, 27090^{1}, 27091^{1}$, 27097 ${ }^{1}, 27098^{1}, 27100^{1}, 27105^{1}, 27110^{1}, 27111^{1}, 27120^{1}, 27122^{1}$, $27125^{1}, 27130^{1}, 27132^{1}, 27134^{1}, 27137^{1}, 27138^{1}, 27140^{1}, 27146^{1}$,

 27282 ${ }^{1}, 27284^{1}, 27286^{1}, 27290^{1}, 27295^{1}, 27303^{1}, 27310^{1}, 27325^{1}$, $27326^{1}, 27332^{1}, 27334^{1}, 27335^{1}, 27350^{1}, 27355^{1}, 27356^{1}, 27357^{1}$,
 $27396^{1}, 27397^{1}, 27400^{1}, 27403^{1}, 27405^{1}, 27407^{1}, 27409^{1}, 27418^{1}$, $27420^{1}, 27422^{1}, 27424^{1}, 27427^{1}, 27428^{1}, 27429^{1}, 27430^{1}, 27435^{1}$, $27437^{1}, 27440^{1}, 27441^{1}, 27442^{1}, 27443^{1}, 27445^{1}, 27446^{1}, 27447^{1}$, $27448^{1}, 27450^{1}, 27454^{1}, 27455^{1}, 27457^{1}, 27465^{1}, 27466^{1}, 27468^{1}$, $27470^{1}, 27472^{1}, 27475^{1}, 27477^{1}, 27479^{1}, 27485^{1}, 27486^{1}, 27487^{1}$, $27488^{1}, 27495^{1}, 27580^{1}, 27590^{1}, 27591^{1}, 27592^{1}, 27596^{1}, 27598^{1}$,
 $27652^{1}, 27654^{1}, 27676^{1}, 27686^{1}, 27690^{1}, 27691^{11}, 27696^{1}, 27698^{1}$,
 $27722^{1}, 27724^{1}, 27725^{1}, 27727^{1}, 27730^{1}, 27734^{1}, 27740^{1}, 27742^{1}$, $27745^{1}, 27870^{1}, 27871^{11}, 27880^{1}, 27881^{1}, 27882^{1}, 27884^{1}, 27886^{1}$, $27888^{1}, 27889^{1}, 27894^{1}, 28003^{1}, 28005^{1}, 28055^{1}, 28102^{1}, 28114^{1}$,

## $+11105$

Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

With the patient appropriately prepared and anesthetized (typically with local anesthesia) and after punch biopsy of an initial skin lesion, the provider stretches the skin containing another suspicious lesion perpendicular to resting skin lines to change its shape from round to oval and reduce the possibility of a dog-ear defect during suturing. He selects a punch size based on the size of the lesion; typical sizes vary from 3 to 5 mm but can be larger. He uses his thumb and middle finger to support and rotate the punch and his index finger to stabilize and exert pressure on it. He rotates the punch as he pushes it into the skin until he feels the resistance give way, which indicates that he has reached the subcutaneous tissue. He removes the biopsy specimen and may place a suture to close the tissue or allow the wound to heal by secondary intention if the area has good vascularization (blood flow). He sends the specimen to the pathology lab for analysis.

## Coding Tips

For an incisional biopsy of a skin lesion, report 11106 for the initial lesion and +11107 for each additional lesion.

For a tangential biopsy (e.g., shave, scoop, saucerize, curette) using a blade or curette, report 11102 for the initial lesion and +11103 for each separate additional lesion.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$26.17, Non Facility: $\$ 62.46$, OPPS Facility: $\$ 15.70$, OPPS Non Facility: \$15.70
RVU Facility Work RVU: 0.45, PE RVU: 0.25 , Malpractice RVU: 0.05 , Total RVU: 0.75
RVU Non-Facility Work RVU: 0.45 , PE RVU: 1.29 , Malpractice RVU: 0.05, Total RVU: 1.79

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, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, LT, PD, Q5, Q6, QJ, RT, SC, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $11000^{1}, 11001^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}$, 11719¹, 12001¹, 12002 ${ }^{1}$, 12004 ${ }^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}$, $12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}$, $12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}$, 12044 ${ }^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}$, $12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}$, $13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}$, $36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}$,
$36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}$, $62320^{\circ}, 62321^{0}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}$, $64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{0}, 64420^{\circ}$, $64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}$, $64449^{\circ}, 64450^{\circ}, 64451^{\circ}, 64454^{\circ}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64479^{\circ}$, $64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}$, $64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{0}$, $64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}$, $93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}$, $94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}$, 95955¹, $96360^{1}, 96361^{11}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}$, $96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 96931^{1}, 96932^{1}, 96933^{1}$, 96934¹, 96935¹, 96936¹, $97597^{1}, 97598^{1}, 97602^{1}, 99155^{\circ}, 99156^{0}$, $99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, ~ 99215^{1}, ~ 99217^{1}, ~ 99218^{1}$, 99219¹, $99220^{1}, 9921^{11}, 99222^{1}, 99223^{1}, 99231^{1}, ~ 99232^{1}, ~ 99233^{1}$, 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, $99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{\circ}, 99447^{0}$, $99448^{0}, 99449^{\circ}, 99451^{\circ}, 99495^{1}, 99496^{1}, \mathrm{GO}^{1} 7^{1}, \mathrm{G} 0161^{1}, \mathrm{G} 0463^{1}$, G0471 ${ }^{1}$, J0670 ${ }^{1}$, J2001 ${ }^{1}$

## ICD-10 CrossRef

A66.2, B00.1, B08.8, B09, B65.3, C43.52, C43.8, C43.9, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C44.40-C44.49, C44.500-C44.509, C44.510-C44.519, C44.520-C44.529, C44.590-C44.599, C44.601-C44.609, C44.611-C44.619, C44.621-C44.629, C44.691-C44.699, C44.701-C44.709, C44.711-C44.719, C44.721-C44.729, C44.791-C44.799, C44.80-C44.89, C44.90-C44.99, C79.2, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D23.0-D23.5, D23.10, D23.111, D23.112, D23.121, D23.122, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, D48.5, D49.2, E08.620, E08.622, E09.620, E09.622, E10.620, E10.622, E11.620, E11.622, E13.620, E13.622, L01.01, L01.03, L12.0, L12.2, L13.0-L13.9, L14, L20.81, L20.89, L20.9, L21.1-L21.9, L22, L23.0-L23.7, L23.81, L23.89, L23.9, L24.0-L24.7, L24.81, L24.89, L24.9, L24.A0-L24. A9, L24.B0-L24.B3, L25.0-L25.9, L26, L27.2-L27.9, L30.0-L30.3, L30.8, L30.9, L40.2, L43.1, L44.4, L51.0, L56.2-L56.9, L57.0-L57.9, L58.0-L58.9, L59.0-L59.9, L71.0, L72.8, L90.4, L97.101, L97.111, L97.121, L97.201, L97.211, L97.221, L97.301, L97.311, L97.321, L97.401, L97.411, L97.421, L97.501, L97.511, L97.521, L97.801, L97.811, L97.821, L97.901, L97.911, L97.921, L98.1, L98.411, L98.421, L98.491-L98.494, L98.499, Q80.3, S90.851S, S90.852S, S90.859S, S90.869A, S90.871D, S90.871S, S90.872D, S90.872S, S90.879A-S90.879S, S90.911S, S90.912S, S90.921D, S90.921S, S90.922D, S90.922S, S90.929D, S91.311D, S91.312D, S91.319D, Z86.007

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$219.83, Non Facility: $\$ 219.83$, OPPS Facility: $\$ 127.36$, OPPS Non Facility: \$127.36
RVU Facility Work RVU: 3.65, PE RVU: 1.97, Malpractice RVU: 0.68, Total RVU: 6.30
RVU Non-Facility Work RVU: 3.65, PE RVU: 1.97, Malpractice RVU: 0.68, Total RVU: 6.30

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 $22,47,50,52,53,54,55,56,58,59,76,77,78$, 79, 99, AQ, AR, GA, GC, GJ, GR, JC, JD, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{0}$, $36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 55874^{1}, 61650^{1}$, $62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}$, $64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{\circ}, 64420^{\circ}$, $64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}$, $64449^{\circ}, 64450^{1}, 64451^{\circ}, 64454^{1}, 64461^{\circ}, 64463^{\circ}, 64479^{\circ}, 64483^{\circ}$, $64486^{1}, 64487^{1}, 64488^{1}, 64489^{1}, 64490^{\circ}, 64493^{\circ}, 64505^{\circ}, 64510^{\circ}$, $64517^{0}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}$, $93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{11}, 94681^{11}$, $94690^{1}, 95812^{11}, 95813^{1}, 95816^{1}, 95819^{11}, 95822^{1}, 95829^{11}, 95955^{1}$, $96360^{1}, 96365^{11}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{11}, 96523^{0}$, $99155^{\circ}, 99156^{\circ}, 99157^{\circ}, \mathrm{G} 0471^{1}$

## ICD-10 CrossRef

C44.721-C44.729, C50.111-C50.119, C50.211-C50.219, C50.811-C50.819, C50.911-C50.919, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D17.1, D17.20-D17.24, D17.30, D17.39, I70.234, I70.244, I70.334, I70.344, I70.434, I70.444, I70.534, I70.544, I70.634, I70.644, I70.734, I70.744, L90.5, L97.401-L97.404, L97.409, L97.411-L97.414, L97.419, L97.421-L97.424, L97.429, L97.901-L97.904, L97.909, L97.911-L97.914, L97.919, L97.921-L97.924, L97.929, N64.89, N65.0, T85.41XD, T85.41XS, T85.42XD, T85.42XS, T85.43XD, T85.43XS, T85.44XD, T85.44XS, Z40.01, Z42.1, Z85.828, Z90.10-Z90.13

## 15780

Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider starts the procedure of smoothing the skin of the patient's face. He treats conditions such as acne, scarring, fine wrinkles, rhytids, which are grooves or wrinkles in the skin, and keratosis, which presents as bumps and spots of tissues usually on the skin. The provider inserts a wire brush or some other material into a specialized machine that he uses for this procedure. He
holds the machine in his hand throughout the process. As soon as he turns on the machine, the brush starts rotating very fast. He moves the machine over the patient's entire face. Then the provider uses water or saline liquid to clean the remaining blood and tissue. The provider may cover the area with a sterile dressing.

## Coding Tips

Code 15780 is for the total face.
See 15781 for dermabrasion performed on a segment of the face.
See 15782 for regional dermabrasion on an area other than the face.

See 15783 for superficial dermabrasion on any site.

## Illustration



15780

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$674.13, Non Facility: $\$ 884.19$, OPPS Facility: $\$ 304.62$, OPPS Non Facility: \$304.62
RVU Facility Work RVU: 8.73, PE RVU: 9.79, Malpractice RVU: 0.80, Total RVU: 19.32
RVU Non-Facility Work RVU: 8.73, PE RVU: 15.81, Malpractice RVU: 0.80, Total RVU: 25.34

Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,47,51,52,53,54,55,56,58,59,76,77,78$, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, JC, JD, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$0213 \mathrm{~T}^{0}, 0^{216 T}{ }^{0}$, 0596T $^{1}$, 0597T $^{1}, 11010^{1}, 11011^{1}, 12001^{1}, 12002^{1}$, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017 ${ }^{1}$, 12018 ${ }^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}$, $12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}$, $12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}$, $13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}$,


#### Abstract

ICD-10 CrossRef E65, E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, I70.231, I70.241, I70.331, I70.341, I70.431, I70.441, I70.531, I70.541, I70.631, I70.641, I70.731, I70.741, L54, L85.9, L89.91-L89.95, L89.95, L97.101-L97.105, L97.109, L97.111-L97.115, L97.119, L97.121-L97.124, L97.129, L97.909, M79.3, T81.40XA-T81.40XS, Z41.1, Z42.8, Z68.25-Z68.29, Z68.30-Z68.39, Z68.51, Z68.54


## 15833

Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg

## Clinical Responsibility

The physician makes a horizontal incision with a scalpel over the leg area and removes excess fat. The physician can also use a cannula or hollow needles to suction out excess amounts of fat. Excessive loose skin is also elliptically excised using a scalpel and cautery.

## Coding Tips

See code range 15830-15839 for similar procedures on different parts of the body.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$895.71, Non Facility: $\$ 895.71$, OPPS Facility: $\$ 415.23$, OPPS Non Facility: \$415.23
RVU Facility Work RVU: 11.90, PE RVU: 11.66, Malpractice RVU: 2.11, Total RVU: 25.67
RVU Non-Facility Work RVU: 11.90, PE RVU: 11.66, Malpractice RVU: 2.11, Total RVU: 25.67

Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,47,50,51,52,53,54,55,56,58,59,76,77$, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$0213 \mathrm{~T}^{0}, 0^{1} 16 \mathrm{~T}^{0}$, 0596T $^{1}$, 0597T $^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}$, $11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 11102^{1}$ 11104 ${ }^{1}, 11106^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}$, $12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}$, $12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}$, $12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}$, 12054 ${ }^{1}$, 12055 $^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}$, $13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}$, $36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}$, $36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}$, $51703^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}$, $62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{\circ}$, $64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}$, $64448^{0}, 64449^{\circ}, 64450^{1}, 64451^{\circ}, 64454{ }^{1}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}$,
$64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}$, $64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}, 64505^{\circ}, 64510^{\circ}$, $64517^{0}, 64520^{\circ}, 64530^{\circ}, 69990^{\circ}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}$, 93010¹, $93040^{11}, 93041^{1}, 93042^{1}, 93318^{11}, 93355^{1}, 94002^{11}, 94200^{11}$, $94680^{1}, 94681^{11}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}$, 95829¹, 95955¹, 96360¹, $96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}$, $96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{11}, 97598^{1}$, $97602^{1}, 99155^{\circ}, 99156^{\circ}, 99157^{0}, 99211^{11}, 99212^{1}, 99213^{1}, 99214^{1}$, 99215¹, 992171', 99218¹, 99219¹, $99220^{1}, 99221^{1}, 99222^{1}, 99223^{1}$, 99231¹, 99232¹, $99233^{1}, 99234^{1}, 99235^{11}, 99236^{1}, 99238^{11}, 99239^{11}$, $99241^{11}, 99242^{11}, 99243^{1}, 99244^{1}, 99245^{11}, 99251^{11}, 99252^{11}, 99253^{11}$,

 993371, $99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}$, $99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, 99495^{\circ}$, $99496^{\circ}$, G04631, G0471 ${ }^{1}$

## ICD-10 CrossRef

E65, E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, I70.231, I70.241, I70.331, I70.341, I70.431, I70.441, I70.531, I70.541, I70.631, I70.641, I70.731, I70.741, L53.8, L85.9, L89.90-L89.95, L89.94, L89.95, L90.9, L91.9, L97.901-L97.904, L97.909, L97.911-L97.914, L97.919, L97.921-L97.924, L97.929, L98.2, M79.3, T81.40XA-T81.40XS, Z41.1, Z42.8, Z68.25-Z68.29, Z68.30-Z68.39, Z68.51, Z68.54

## 15834

Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip

## Clinical Responsibility

The physician makes a horizontal incision with a scalpel over the hip area and removes excess fat. The physician can also use a cannula or hollow needles to suction out excess amounts of fat. Excessive loose skin is also elliptically excised using a scalpel and cautery.

## Coding Tips

See code range 15830-15839 for similar procedures on different parts of the body.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$911.76, Non Facility: \$911.76, OPPS Facility: \$424.65, OPPS Non Facility: \$424.65
RVU Facility Work RVU: 12.17, PE RVU: 11.81, Malpractice RVU: 2.15, Total RVU: 26.13
RVU Non-Facility Work RVU: 12.17, PE RVU: 11.81, Malpractice RVU: 2.15, Total RVU: 26.13

Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,47,50,51,52,53,54,55,56,58,59,76,77$, $78,79,80,81,82,99, A Q, A R, A S, G A, G C, G J, G R, K X, L T, P D, Q 5, ~ Q 6$, QJ, RT, XE, XP, XS, XU

## 99404

Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes

## Clinical Responsibility

The provider meets with the patient for roughly 60 minutes. She discusses the lab findings from recently performed tests, typically those ordered at a preventive visit. She goes over the clinical findings of that visit, as well. Based on the findings and the patient's age, circumstances, and family history, the provider discusses with the patient how to prevent problems from developing and reduce risky choices and behaviors. For instance, with children, the provider may discuss healthy food choices and relationships. With teens, the provider may discuss prevention of sexually transmitted diseases. With adults, the discussion may focus on preventing heart disease, selecting an exercise program, and healthy nutrition.

## Coding Tips

Choose from 99401-99404 based on the amount of time involved.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$99.79, Non Facility: $\$ 114.80$, OPPS Facility: $\$ 68.04$, OPPS Non Facility: \$68.04
RVU Facility Work RVU: 1.95, PE RVU: 0.76, Malpractice RVU: 0.15, Total RVU: 2.86
RVU Non-Facility Work RVU: 1.95, PE RVU: 1.19, Malpractice RVU: 0.15, Total RVU: 3.29

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: N, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0
Modifier Allowances 24, 25, 33, 99, AF, AG, AK, CR, EP, ET, FP, GA, GC, GJ, GR, GY, GZ, HA, HB, HC, HD, KX, Q5, Q6, QJ

## CCI Alerts (version 27.3)

 $93793^{\circ}, 94002^{\circ}, 94003^{\circ}, 94004^{\circ}, 94660^{\circ}, 94662^{\circ}, 96158^{\circ}, 96159^{\circ}$, $96164^{\circ}, 96165^{\circ}, 96167^{\circ}, 96168^{\circ}, 96170^{\circ}, 96171^{\circ}, 96523^{\circ}, 97151^{1}$, $97153^{1}, 97154^{1}, 97155^{1}, 97156^{1}, 97157^{1}, 97158^{1}, 99091^{\circ}, 99172^{\circ}$, $99173^{1}, 99174^{1}, 99177^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}$, $99452^{\circ}, 99474^{0}$, G0444 $^{1}$

## ICD-10 CrossRef

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

## 99406

Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

## Clinical Responsibility

The provider counsels the patient on steps to stop use of tobacco products. The provider uses the discussion to discover the specific barriers to cessation the patient faces and possible relapse triggers. The provider and patient then discuss practical methods for coping with those issues. The provider may write a prescription for a pharmacologic intervention. The provider also may refer the patient to a support group that matches the patient's needs. The provider documents the discussion as well as the amount of time. Use this code when the provider documents 3 to 10 minutes of smoking and tobacco use cessation counseling.

## Coding Tips

See 99407 for counseling lasting more than 10 minutes.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$12.56, Non Facility: $\$ 15.70$, OPPS Facility: $\$ 8.37$, OPPS Non Facility: $\$ 8.37$ RVU Facility Work RVU: 0.24, PE RVU: 0.10, Malpractice RVU: 0.02, Total RVU: 0.36
RVU Non-Facility Work RVU: 0.24, PE RVU: 0.19, Malpractice RVU: 0.02, Total RVU: 0.45

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 $24,25,33,80,81,82,95,99, ~ A F, ~ A G, ~ A K, ~ A S, ~ C R, ~$ EP, ET, FP, G0, GA, GC, GJ, GQ, GR, GT, HA, HB, HC, HD, KX, PD, Q5, Q6, QJ, SA

## CCI Alerts (version 27.3)

$0362 T^{1}, 0373 T^{1}, 0469 T^{0}, 36591^{0}, 36592^{0}, 92531^{0}, 92532^{0}, 93792^{1}$, $93793^{0}, 94002^{0}, 94003^{0}, 94004^{0}, 94660^{\circ}, 94662^{\circ}, 96105^{1}, 96125^{1}$, $96127^{0}, 96130^{1}, 96132^{1}, 96136^{1}, 96138^{1}, 96146^{1}, 96164^{0}, 96165^{0}$, $96170^{\circ}, 96523^{0}, 97151^{1}, 97153^{1}, 97154^{1}, 97155^{1}, 97156^{1}, 97157^{1}$, $97158^{1}, 99091^{0}, 99172^{0}, 99173^{1}, 99174^{1}, 99177^{1}, 99408^{0}, 99409^{0}$, $99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, 99474^{\circ}, \mathrm{GO}^{1}{ }^{1}{ }^{1}$,



## ICD-10 CrossRef

A79.82, F06.31, F06.32, F17.200, F17.201, F17.210, F17.211, F17.220-F17.229, F17.290-F17.299, F25.1, F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0-I15.9, I20.0-I20.9, I24.8, I24.9, I25.10, I25.110-I25.119, I25.2, I44.30, I44.39, I44.4, I44.5, I44.60, I44.69, I44.7, I45.0, I45.10, I45.19, O99.330-O99.335, P04.2, P96.81, R00.0-R00.9, R01.0-R01.2, R03.0, R03.1, R04.0-R04.2, R04.81, R04.89, R04.9, R05.1-R05.9, R06.00-R06.02, R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, R07.0-R07.2, R07.81-R07.89, R07.9, R09.01, R09.02, R09.1-R09.3, R09.81, R09.82, R12, R13.0, R13.10-R13.19,

## G0378

Hospital observation service, per hour

## Clinical Responsibility

A provider assigns an observation status to a patient who comes to the emergency room and the provider places him in an observation bed to monitor and decide whether he requires admission to the hospital or he can be treated and discharged. This service provides an alternative to inpatient service to the patient, whose clinical status is unstable or at risk of short term deterioration. This service is reported for each hour of hospital observation service.

## Coding Tips

Use one unit of this code for each hour of hospital observation service

There are appropriate observation care codes in $\mathrm{CPT}^{\oplus}$ that you may use when the payer does not accept G code. These codes are; 99234-99236, 99217, 99218-99220, 99224-99226. Check with the individual payer for their reporting requirements.

## BETOS

M2A: Hospital visit - initial

## G0379

Direct admission of patient for hospital observation care

## Clinical Responsibility

An observation status is assigned to a patient when the provider places the patient in to an observation bed for monitoring. This code represents the observation service for a direct patient admission into observation care, for a patient who is directly referred to the hospital by a provider in the community. This observation service is not associated with an emergency room visit, critical care service, or outpatient visit. This service provides an alternative to inpatient admission of the patient whose clinical status is unstable or at risk of short term deterioration allowing for the patient to be monitored to decide whether the patient requires admission to the hospital or he can be discharged.

## Coding Tips

There are appropriate observation care codes in CPT ${ }^{\oplus}$ that you may use when payer do not accept G code. These codes are; 99234 to $99236,99217,99218$ to 99220 , or 99224 to 99226 .

## BETOS

M2A: Hospital visit - initial

## G0406

Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth

## Clinical Responsibility

Telehealth is a service in which the patient communicates with the healthcare provider through interactive means to support the patient's healthcare when the provider and the patient are physically separated. The service includes discussion of symptoms and diagnoses, monitoring of progress, and recommending changes or new plans according to the patient's health status. The provider performs a problem-focused examination and gives straightforward medical advice of low complexity. In this service, the provider typically will take 15 minutes to communicate with the patient.

## Coding Tips

When the provider renders a follow-up inpatient consultation of an intermediate complexity using a telecommunication method and typically spends 25 minutes communicating with the patient, use G0407.

When the provider renders a follow-up inpatient consultation of a complex level using a telecommunication method and spends about 35 minutes communicating with the patient, use G0408.

## BETOS

M6: Consultations

## G0407

Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth

## Clinical Responsibility

Telehealth is a service in which the patient communicates with the healthcare provider through an interactive means to support the patient's healthcare when the provider and the patient are physically separated. The service includes discussion of symptoms and diagnoses, monitoring of progress, and recommending changes or new plans according to the patient's health status. The provider studies the patient's problems in detail and gives medical advice of moderate complexity. In this service, the provider typically will take 25 minutes to communicate with the patient.

## Coding Tips

When the provider renders a follow-up inpatient consultation of a limited complexity using a telecommunication method and spends about 15 minutes communicating with the patient, use G0406.

## ICD-10 CrossRef Details

A01.09 Typhoid fever with other complications
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, 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
A15.8 Other respiratory tuberculosis
A18.01 Tuberculosis of spine
A18.03 Tuberculosis of other bones
A18.2 Tuberculous peripheral lymphadenopathy
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.81 Tuberculosis of thyroid gland
A21.1 Oculoglandular tularemia
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.81 Oculoglandular listeriosis
A36.89 Other diphtheritic complications
A38.8 Scarlet fever with other complications
A39.82 Meningococcal retrobulbar neuritis
A41.3 Sepsis due to Hemophilus influenzae
A42.0 Pulmonary actinomycosis
A42.2 Cervicofacial actinomycosis
A46 Erysipelas
A48.52 Wound botulism
A48.8 Other specified bacterial diseases
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.44 Late congenital syphilitic optic nerve atrophy
A51.39 Other secondary syphilis of skin
A52.15 Late syphilitic neuropathy
A56.02 Chlamydial vulvovaginitis
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.04 Herpesviral vulvovaginitis
A60.1 Herpesviral infection of perianal skin and rectum
A60.9 Anogenital herpesviral infection, unspecified
A63.0 Anogenital (venereal) warts
A66.0 Initial lesions of yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
A79.82 Anaplasmosis [A. phagocytophilum]
A92.39 West Nile virus infection with other complications
B00.1 Herpesviral vesicular dermatitis
B00.50 Herpesviral ocular disease, unspecified
B00.53 Herpesviral conjunctivitis
B00.59 Other herpesviral disease of eye
B00.9 Herpesviral infection, unspecified
B01.89 Other varicella complications

B01.9
B02.0
B02.21
B02.30

Varicella without complication
Zoster encephalitis
Postherpetic geniculate ganglionitis
Zoster ocular disease, unspecified
Zoster conjunctivitis
Zoster scleritis
Other herpes zoster eye disease
Zoster with other complications
Zoster without complications
Smallpox
Monkeypox
Measles complicated by otitis media
Measles with intestinal complications
Other measles complications
Measles without complication
Rubella with neurological complication, unspecified
Other neurological complications of rubella
Other rubella complications
Rubella without complication
Plantar wart
Other viral warts
Viral wart, unspecified
Other orthopoxvirus infections
Molluscum contagiosum
Exanthema subitum [sixth disease] due to human herpesvirus 6

Exanthema subitum [sixth disease] due to human herpesvirus 7

Other specified viral infections characterized by skin and mucous membrane lesions
Unspecified viral infection characterized by skin and mucous membrane lesions
Hepatitis A with hepatic coma
Hepatitis A without hepatic coma
Acute hepatitis $B$ with delta-agent with hepatic coma
Acute hepatitis $B$ with delta-agent without hepatic coma
Acute hepatitis $B$ without delta-agent with hepatic coma
Acute hepatitis B without delta-agent and without hepatic coma
Acute hepatitis C without hepatic coma
Acute hepatitis C with hepatic coma
Unspecified viral hepatitis with hepatic coma
Unspecified viral hepatitis B without hepatic coma
Unspecified viral hepatitis B with hepatic coma Unspecified viral hepatitis C without hepatic coma
Unspecified viral hepatitis C with hepatic coma
Unspecified viral hepatitis without hepatic coma
Human immunodeficiency virus [HIV] disease
Other mumps complications
Mumps without complication
Gammaherpesviral mononucleosis without complication Gammaherpesviral mononucleosis with other complications
Cytomegaloviral mononucleosis without complications Cytomegaloviral mononucleosis with other complication Other infectious mononucleosis without complication Other infectious mononucleosis with other complication Infectious mononucleosis, unspecified without complication Infectious mononucleosis, unspecified with other complication
Coronavirus infection, unspecified
Tinea barbae and tinea capitis
Tinea unguium
Tinea manuum
Tinea pedis
Tinea corporis
Tinea imbricata
Tinea cruris
Other dermatophytoses
Dermatophytosis, unspecified
Tinea nigra

C32.1
C32.2
C32.3
C32.8
C32.9
C33
C34.00
C34.01
C34.02
C34.10

C37

C34.11 Malignant neoplasm of upper lobe, right bronchus or lung
C34.12 Malignant neoplasm of upper lobe, left bronchus or lung
C34.2 Malignant neoplasm of middle lobe, bronchus or lung
C34.30 Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31 Malignant neoplasm of lower lobe, right bronchus or lung
C34.32 Malignant neoplasm of lower lobe, left bronchus or lung
C34.80 Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82 Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91 Malignant neoplasm of unspecified part of right bronchus or lung
C34.92 Malignant neoplasm of unspecified part of left bronchus or lung

C38.0 Malignant neoplasm of heart
C38.1 Malignant neoplasm of anterior mediastinum
C38.2 Malignant neoplasm of posterior mediastinum
C38.3 Malignant neoplasm of mediastinum, part unspecified
C38.4 Malignant neoplasm of pleura
C38.8 Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0 Malignant neoplasm of upper respiratory tract, part unspecified
C39.9 Malignant neoplasm of lower respiratory tract, part unspecified
C40.00 Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01 Malignant neoplasm of scapula and long bones of right upper limb
C40.02 Malignant neoplasm of scapula and long bones of left upper limb
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
Malignant neoplasm of supraglottis
Malignant neoplasm of subglottis
Malignant neoplasm of laryngeal cartilage
Malignant neoplasm of overlapping sites of larynx
Malignant neoplasm of larynx, unspecified
Malignant neoplasm of trachea
位
Malignant neoplasm of right main bronchus
Malignant neoplasm of left main bronchus Malignant neoplasm of upper lobe, unspecified bronchus or lung
alignant neoplasm of upper lobe, left bronchus or lung
C43.39
C43.4 Malignant melanoma of scalp and neck
C43.51 Malignant melanoma of anal skin
C43.52 Malignant melanoma of skin of breast
C43.59 Malignant melanoma of other part of trunk
C43.60 Malignant melanoma of unspecified upper limb, including shoulder
C43.61 Malignant melanoma of right upper limb, including shoulder
C43.62 Malignant melanoma of left upper limb, including shoulder
C43.70 Malignant melanoma of unspecified lower limb, including hip
C43.71 Malignant melanoma of right lower limb, including hip
C43.72 Malignant melanoma of left lower limb, including hip
C43.8 Malignant melanoma of overlapping sites of skin
C43.9 Malignant melanoma of skin, unspecified
C44.00 Unspecified malignant neoplasm of skin of lip
C44.01 Basal cell carcinoma of skin of lip
C44.02 Squamous cell carcinoma of skin of lip
C44.09 Other specified malignant neoplasm of skin of lip
C44.101 Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121 Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.131 Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191 Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus

## Modifier Descriptors

| Modifier | Description |
| :---: | :---: |
| CPT ${ }^{\oplus}$ 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 |  |
| 1 P | 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 |
| :---: | :---: |
| GM | Multiple patients on one ambulance trip |
| GN | Services delivered under an outpatient speech language pathology plan of care |
| GO | Services delivered under an outpatient occupational therapy plan of care |
| GP | Services delivered under an outpatient physical therapy plan of care |
| GQ | Via asynchronous telecommunications system |
| GR | This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy |
| GS | Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level |
| GT | Via interactive audio and video telecommunication systems |
| GU | Waiver of liability statement issued as required by payer policy, routine notice |
| GV | Attending physician not employed or paid under arrangement by the patient's hospice provider |
| GW | Service not related to the hospice patient's terminal condition |
| GX | Notice of liability issued, voluntary under payer policy |
| GY | Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for NonMedicare insurers, is not a contract benefit |
| GZ | Item or service expected to be denied as not reasonable and necessary |
| H9 | Court-ordered |
| HA | Child/adolescent program |
| HB | Adult program, non-geriatric |
| HC | Adult program, geriatric |
| HD | Pregnant/parenting women's program |
| HE | Mental health program |
| HF | Substance abuse program |
| HG | Opioid addiction treatment program |
| HH | Integrated mental health/substance abuse program |
| HI | Integrated mental health and intellectual disability/ developmental disabilities program |
| HJ | Employee assistance program |
| HK | Specialized mental health programs for high-risk populations |
| HL | Intern |
| HM | Less than bachelor degree level |
| HN | Bachelor's degree level |
| HO | Master's degree level |
| HP | Doctoral level |


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

## Terminology

| Terminology | Explanation |
| :---: | :---: |
| Abbe Estlander operation | Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft. |
| Abdominal wall | May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity. |
| Ablate | To remove tissue, a body part, or an organ or destroy its function. |
| Ablation | Surgical destruction of abnormal tissue or organ growth. |
| Abrasion | Removal of superficial layers of skin. |
| Abscess | A collection of pus in a walled off sac or pocket, the result of infection. |
| 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. |
| Acne | Eruptions of small oil secreting glands below the skin surface due to infection or inflammation; also known as pimples. |
| Actinic keratoses | Rough, scaly patches of skin that develop from prolonged exposure to sun. |
| Actinotherapy | Therapeutic use of ultraviolet light rays to treat various skin diseases. |
| Acute | A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic. |
| Allergenic extract | A protein containing an extract purified from a substance to which a patient may be allergic. |
| 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. |
| Alopecia | Hair loss. |
| Alveolar cleft | Congenital defect in which a cleft, or gap, occurs in the alveolar arch, the tooth bearing portion of the jaw bone. |
| Alveolar ridge | A ridge like border on the upper and lower jaw containing tooth sockets. |
| Ambulatory care | Medical care rendered in an outpatient setting, i.e., not requiring an overnight stay in a hospital. |
| Anagen | The active phase of the hair growth cycle; in this phase, the hair grows about 1 cm every 28 days. |
| Anaphylactic / Anaphylaxis | The body's severe allergic reaction towards a specific substance which acts as an allergen. |
| Anesthesia | A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body. |
| Anesthetic | Substance that reduces sensitivity to pain. |
| 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. |
| Anterior | Closer to the front part of the body. |
| Anterior intrusion | Abnormal projection of a structure in a frontward direction. |
| Anteroposterior or AP view | The X-ray beam travels from front to back. |
| Antibiotic | Substance that inhibits infection. |
| Antiretroviral therapy | Drug treatment for patients with HIV, which can prolong their life. |
| Antrotomy | An incision through the wall of the antrum, or the pyramid shaped maxillary sinus. |
| Anus | External opening of the rectum where gastrointestinal tract ends. |
| Apert syndrome | Rare congenital disorder resulting in significant facial deformity, or craniofacial dysostosis, and webbing deformities of the hands and feet. |
| Apocrine sweat gland | A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat. |
| Articular disk | An oval of flexible cartilage separating two bones that form a joint. |
| Aseptic | Conditions characterized by freedom from contamination by any microorganism. |


| Clinical staff member | A person who works under the supervision of a provider or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but does not individually report that professional service; other policies may also affect who may report specified services. |
| :---: | :---: |
| Closed reduction | Restoration of normal anatomy without a surgical incision; typically relates to fractures, dislocations, or hernias. |
| Clot | A semisolid mass, as of blood or lymph. |
| Clue cells | Epithelial cells that contain rod shaped bacteria implicated as the cause of bacterial vaginosis. |
| Coccygectomy | Surgical removal of the coccyx. |
| Coccyx | Small bone at the end of the vertebral column, referred to as the tailbone. |
| Collagen | Insoluble fibrous protein, chief constituent of connective tissue. |
| Collagenase | Enzymes responsible for breakdown of peptide bonds in collagen, a structural protein of connective tissues in animals. |
| Collimator | A device that helps to shape the beam of radiation emerging from the machine and it limits the maximum field size of a beam. |
| Columellar strut | A column shaped graft of cartilage used to support the nasal tip in a nasal reconstruction. |
| Communicating veins | Superficial veins found in the subcutaneous tissue such as the long or short saphenous vein that connect to the deep venous system, or the veins found underneath the deep fascia of the lower limb that travel along with the major arteries. |
| Complex repairs | These are often reconstructive procedures and include the creation of a defect to be repaired (for instance, excision of the scar and subsequent closure). Such repairs do not, however, include lesion excision, which is separately reportable. |
| Composite skin graft | Graft consisting of skin as well as underlying cartilage or other any tissue. |
| Computed tomography | Computed tomography, or CT, is when the provider rotates an X-ray tube and X-ray detectors around a patient, which produces a tomogram, a computer generated cross sectional image; providers use CT to diagnose, manage, and treat diseases. |
| Computer algorithm analysis | Formulas used to calculate the final image of the X-ray data. |
| Concha bullosa | An air filled cavity within the concha or the groove located high up in the bones comprising the nasal passage. |
| Condyloma | A raised growth on the skin commonly found in the genital region; it is caused by viral infection and is transmitted by contact. |
| Congenital | Present at birth. |
| Congestive heart failure | Excessive fluid collects in the tissues of the lungs, trunk, or extremities due to heart disease; it results in difficulty breathing and increased blood pressure; too much salt intake contributes to this condition. |
| Conjunctiva | The transparent membrane covering the front of the eye and lining the eyelids. |
| Connective tissue | One of four types of body tissues, it connects and protects other tissues and structures; other tissue types are epithelial, muscle, and nervous; connective tissue can be loose or fibrous. |
| Contralateral | Occurring on, affecting, or acting in conjunction with a part on the opposite side of the body. |
| Contrast | A special dye used in radiology imaging to improve the visibility of internal structures or organs of the body, which providers administer to patients through various routes, including oral and intravenously; also called contrast material, contrast medium, contrast media, contrast agent, or contrast dye. |
| Corn | Caused by skin friction; mainly appears on top or side of toes as a small thickened area with a dense central area. |
| Coronal incision | An incision across the scalp on the crown, or corona, of the head from one side to the other; used synonymously with bicoronal and bitemporal incision. |
| Costochondral | Referring to the rib bone and rib cartilage. |
| Cranial suture | Area of union between bones of the skull, consisting of strong fibrous tissue. |
| Craniectomy | Surgical excision of a portion of the cranium, or skull. |
| Craniofacial | Referring to the cranium, or skull, and face. |

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