



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

CODERS' SPECIALTY GUIDE

Radiology



2024

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10035

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, 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 the 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

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)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹,

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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)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹,

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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

19000

Puncture aspiration of cyst of breast

Clinical Responsibility

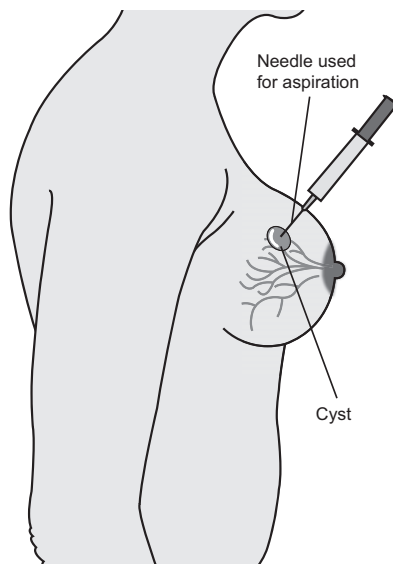
When the patient is appropriately prepped and anesthetized, typically by local anesthesia, the provider inserts a sterile needle into the cyst. He then withdraws the fluid from the cyst. The provider may also employ separately reportable imaging guidance for the procedure. Finally, he ensures hemostasis, which is stoppage of bleeding, and applies pressure on the site to prevent the accumulation of blood outside the blood vessels.

Coding Tips

Use +19001 for aspiration of each additional cyst of the breast with 19000.

If the provider performs the procedure under image guidance, use the appropriate code such as 76942 for ultrasound or 77021 for magnetic resonance imaging along with 19000.

Illustration



19000

Fee Schedule

Medicare Fees National Conversion Factor:

34.8931, Facility: \$43.97, Non Facility: \$110.61, OPPS Facility: \$29.31, OPPS Non Facility: \$29.31

RVU Facility Work RVU: 0.84, PE RVU: 0.31, Malpractice RVU: 0.11, Total RVU: 1.26

RVU Non-Facility Work RVU: 0.84, PE RVU: 2.22, Malpractice RVU: 0.11, Total RVU: 3.17

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, 58, 59, 76, 77, 78, 79, 99, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹,

20500

Injection of sinus tract; therapeutic (separate procedure)

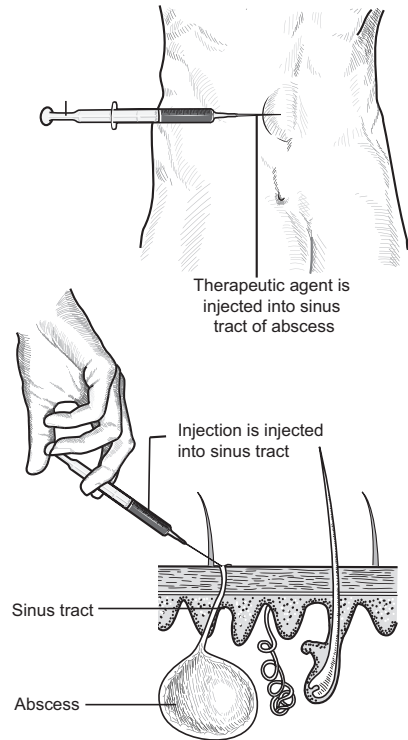
Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider identifies the opening of the sinus tract. She injects the appropriate amount of a therapeutic agent directly into the sinus tract. She may use imaging guidance as an aid in the injection process.

Coding Tips

The provider may perform a sinogram to examine the extent of a patient's sinus tract. For this service, you should report 20501, Injection of sinus tract; diagnostic, sinogram. If the provider also performs a radiological study, report 76080, Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation.

Illustration



20500, 20501

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$88.98, Non Facility: \$121.78, OPPS Facility: \$44.66, OPPS Non Facility: \$44.66

RVU Facility Work RVU: 1.28, PE RVU: 1.13, Malpractice RVU: 0.14, Total RVU: 2.55

RVU Non-Facility Work RVU: 1.28, PE RVU: 2.07, Malpractice RVU: 0.14, Total RVU: 3.49

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11010¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 29540¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 77001¹, 77002¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 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,

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ICD-10 CrossRef

J86.0, K04.6, K11.4, K12.2, K31.6, K50.013, K50.113, K50.813, K50.913, K51.013, K51.213, K51.313, K51.413, K51.513, K51.813, K51.913, K60.3-K60.5, K63.2, K65.0-K65.2, K68.12, K68.19, K68.9, K82.3, K83.3, L05.01, L05.02, L05.91, L05.92, L08.9, L88, M25.10, M25.111-M25.119, M25.121-M25.129, M25.131-M25.139, M25.141-M25.149, M25.151-M25.159, M25.161-M25.169, M25.171-M25.176, M25.18, M46.20-M46.28, M86.30-M86.39, M86.311-M86.319, M86.321-M86.329, M86.331-M86.339, M86.341-M86.349, M86.351-M86.359, M86.361-M86.369, M86.371-M86.379, M86.40-M86.49, M86.411-M86.419, M86.421-M86.429, M86.431-M86.439, M86.441-M86.449, M86.451-M86.459, M86.461-M86.469, M86.471-M86.479, M86.50-M86.59, M86.511-M86.519, M86.521-M86.529, M86.531-M86.539, M86.541-M86.549, M86.551-M86.559, M86.561-M86.569, M86.571-M86.579, M86.60-M86.69, M86.611-M86.619, M86.621-M86.629, M86.631-M86.639, M86.641-M86.649, M86.651-M86.659, M86.661-M86.669, M86.671-M86.679, M86.8X0-M86.8X9, M86.9, N32.1, N32.2, N36.0, N82.0-N82.9, Q18.0, Q18.1, Q64.4, T81.83XA

20501

Injection of sinus tract; diagnostic (sinogram)

Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider identifies the opening of the sinus tract. She injects a diagnostic agent, such as fluoroscopic dye or contrast material, directly into the sinus tract. She may make use of imaging guidance as an aid in the injection process.

Coding Tips

If a provider inserts a catheter into a percutaneous orifice, such as for a PEG tube, and injects contrast, report

atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Clinical Responsibility

The patient is appropriately prepped, which includes antibiotic prophylaxis to prevent postoperative infection, and placed under general anesthesia. He incises the skin over the femoral vein and introduces a catheter into the vein to obtain vascular access. He threads the catheter up through the vein and into the heart using fluoroscopic guidance. He uses a standard transeptal needle and sheath to pierce the septum (the wall between the chambers of the heart) to introduce the delivery system and access the left atrial appendage (LAA), a small ear-shaped sac in the wall of the atrium where blood can collect and clots form when the patient's heart does not contract properly. He may administer a large dose (bolus) of heparin to help prevent clots during the procedure. He may also use contrast angiography to visualize the left atrium and measure LAA dimensions (opening, width of neck, and depth), which he uses to choose the size of the implant device. There are several devices that he can choose to use; two are the Watchman® and Amplatzer™ cardiac plug (ACP) devices. Exact technique varies with the different devices, but the basic steps are the same. He again uses fluoroscopy to position the device properly in the LAA cavity. He withdraws the sheath over the device and deploys the device in position. He performs a 'tug test' to confirm stability and verifies seating of the device. He releases the device from the delivery cable and rules out possible complications, such as bleeding, clot, and pericardial effusion. Upon completion of the procedure, the provider withdraws the catheter and closes the incision.

Coding Tips

This code includes imaging and supervision and interpretation when performed, so the coder should typically not separately code for the radiology service. Refer to CPT® and payer-specific guidelines to review requirements.

In addition, heart catheterization is included in this procedure unless performed for distinctly different indications than the left atrial appendage closure. Check with payer to ascertain their policies.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$804.63, Non Facility: \$804.63, OPPS Facility: \$488.50, OPPS Non Facility: \$488.50

RVU Facility Work RVU: 14.00, PE RVU: 5.96, Malpractice RVU: 3.10, Total RVU: 23.06

RVU Non-Facility Work RVU: 14.00, PE RVU: 5.96, Malpractice RVU: 3.10, Total RVU: 23.06

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, 54, 55, 56, 58, 59, 62, 63, 66, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q0, Q5, Q6, QJ, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0632T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 32551¹, 32556¹, 32557¹, 33020¹, 33140⁰, 33141¹, 33210⁰, 33211⁰, 33310¹, 33315¹, 35201¹, 35206¹, 35207¹, 35211¹, 35216¹, 35221¹, 35226¹, 35231¹, 35236¹, 35241¹, 35246¹, 35251¹, 35256¹, 35261¹, 35266¹, 35271¹, 35276¹, 35281¹, 35286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 92960¹, 92961¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355⁰, 93451¹, 93452¹, 93453¹, 93456¹, 93458¹, 93459¹, 93460¹, 93461¹, 93462¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹,

96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹

ICD-10 CrossRef

C38.0, C38.8, C45.2, C79.89, C79.9, I23.1, I23.6, I25.5, I25.6, I25.89, I25.9, I27.20-I27.29, I27.83, I27.89, I31.3-I31.9, I40.0, I40.8, I42.0-I42.5, I42.8, I42.9, I48.0-I48.4, I48.11, I48.19, I48.20, I48.21, I48.91, I48.92, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, I97.0, I97.110, I97.111, I97.120, I97.121, I97.130, I97.131, I97.190, I97.191, Q20.6, Q20.9, Q21.1, Q24.9

34707

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

Clinical Responsibility

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

After the patient is appropriately prepped and anesthetized, the provider makes an incision in the groin and dissects down to expose the aorta and iliac arteries. He may perform angioplasty or place a stent to open up or widen the lumen of the iliac artery. Then, under imaging guidance, he inserts a catheter into the iliac artery. The

50430

Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, using ultrasound or fluoroscopic guidance, imaging technologies that display live images on a video monitor, the provider makes a small incision in the patient's skin over the kidneys. He places a needle through the incision and inserts a guide wire through the needle into the ureters and/or renal pelvis, the funnel-like structure of the kidney, where urine collects and drains into the ureter and on to the bladder. He advances a catheter over the guide wire, removes the wire, and injects contrast material through the catheter into the areas he wants to image. The provider then takes images of the kidney, renal pelvis, and/or ureter and interprets the images.

Coding Tips

This code includes imaging and supervision and interpretation when performed, so the coder should typically not separately code for the radiology service. Refer to CPT® and payer specific guidelines to review requirements.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$155.27, Non Facility: \$648.31, OPPS Facility: \$101.19, OPPS Non Facility: \$101.19

RVU Facility Work RVU: 2.90, PE RVU: 1.28, Malpractice RVU: 0.27, Total RVU: 4.45

RVU Non-Facility Work RVU: 2.90, PE RVU: 15.41, Malpractice RVU: 0.27, Total RVU: 18.58

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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36011¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 50431¹, 50436¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 74425¹, 76000¹, 76942¹, 76998¹, 77001¹, 77002¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 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, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

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

50431

Injection procedure for antegrade nephrostogram and/or ureterogram,

complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, using ultrasound or fluoroscopic guidance (imaging technologies that display live images on a video monitor) the provider inserts a catheter through an existing access route into the ureters or renal pelvis, the funnel-like structure of the kidney, where urine collects and drains into the ureter and on to the bladder. He injects contrast material through the catheter into the areas he wants to image. The provider then takes images of the kidney, renal pelvis, and/or ureter and interprets the images.

Coding Tips

This code includes imaging and supervision and interpretation when performed, so the coder should not separately code for the radiology service. Refer to CPT® and payer specific guidelines to review requirements.

If the provider uses a new access, report code 50430, Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$65.95, Non Facility: \$318.23, OPPS Facility: \$38.38, OPPS Non Facility: \$38.38

RVU Facility Work RVU: 1.10, PE RVU: 0.69, Malpractice RVU: 0.10, Total RVU: 1.89

RVU Non-Facility Work RVU: 1.10, PE RVU: 7.92, Malpractice RVU: 0.10, Total RVU: 9.12

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

RVU Facility Work RVU: 2.78, PE RVU: 1.31, Malpractice RVU: 0.27, Total RVU: 4.36
RVU Non-Facility Work RVU: 2.78, PE RVU: 1.31, Malpractice RVU: 0.27, Total RVU: 4.36
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, 50, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 50390¹, 50431¹, 50435¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 74485¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹,

99446⁰, 99447⁰, 99448⁰, 99449⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

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

50437

Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system

Clinical Responsibility

With the patient appropriately prepped and the area anesthetized with 1% lidocaine solution, the provider inserts a series of rigid dilators in increasing sizes through the existing nephrostomy tract, gradually enlarging it. Alternatively, he may insert a balloon catheter into the nephrostomy tract and expand the balloon until satisfied with the diameter of the tract.

After this, the provider selects another site for creation of a new percutaneous nephrostomy. He may sedate the patient for this procedure. The patient is placed prone on the table. He anesthetizes the new site with 1% lidocaine. Using anatomic landmarks or prior imaging, the provider selects a puncture site. Typically, under ultrasound or fluoroscopic guidance, he inserts a needle through the skin and into the renal collecting system, which is confirmed by two pops, one on entering the renal capsule and a second on entering the renal pelvis. He withdraws the needle along with a urine sample. He injects iodine contrast material, air, or carbon dioxide to define the renal calices. He selects another point above this site, again administers local anesthesia, and incises the skin, making an opening appropriate to the size of the nephrostomy tube. He inserts a needle through the incision into the renal calyx and inserts a guidewire through the needle. He inserts dilators of increasing size over the guidewire. After sufficient dilation, he inserts a nephrostomy tube over the

guidewire to a point just beyond the edge of the collecting system and then removes the guidewire. He confirms position of the tube with contrast and decompresses the collecting system. He may leave a nephrostomy tube in place to keep the tract open in preparation for a procedure such as fragmentation and extraction of kidney stones through the tract.

Coding Tips

For dilation of existing percutaneous nephrostomy tract with postprocedure tube placement under imaging guidance, when performed, see 50436.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$252.28, Non Facility: \$252.28, OPFS Facility: \$169.23, OPFS Non Facility: \$169.23
RVU Facility Work RVU: 4.85, PE RVU: 1.93, Malpractice RVU: 0.45, Total RVU: 7.23
RVU Non-Facility Work RVU: 4.85, PE RVU: 1.93, Malpractice RVU: 0.45, Total RVU: 7.23
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, 50, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 50384¹, 50390¹, 50430¹, 50431¹, 50434¹, 50435¹, 51701¹, 51702¹, 51703¹, 52334¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰,

74712

Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation

Clinical Responsibility

During the diagnostic procedure, the provider places the patient on a scanning table that slides the whole body into a large tunnel-shaped magnetic scanner, which passes a magnetic field through the patient and fetus. The provider instructs the patient to hold her breath and stay still for 10 to 15 seconds while the machine takes the images. The magnetic field produced by MRI temporarily realigns the hydrogen atoms present in the human body, which in turn produces radiofrequency signals. A computer receives these radio signals, analyzes them, and converts them to three-dimensional digital images that display the baby's development. The provider may also choose to image the placenta and pelvis of the mother.

Coding Tips

If the provider performs magnetic resonance imaging for each additional fetus, report the add-on code 74713 with the primary code.

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

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.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$470.01, Non Facility: \$470.01, OPPS Facility: \$377.89, OPPS Non Facility: \$377.89

RVU Facility Work RVU: 3.00, PE RVU: 10.29, Malpractice RVU: 0.18, Total RVU: 13.47

RVU Non-Facility Work RVU: 3.00, PE RVU: 10.29, Malpractice RVU: 0.18, Total RVU: 13.47

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 88, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 26, 51, 52, 59, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GR, GY, GZ, KX, MA, MB, MC, MD, ME, MF, MG, MH, PD, Q5, Q6, QQ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

01922⁰, 36591⁰, 36592⁰, 72195⁰, 72196⁰, 72197⁰, 96523⁰

ICD-10 CrossRef

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

+74713

Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)

Clinical Responsibility

During the diagnostic procedure, the provider places the patient on a scanning table that slides the whole body into a large tunnel-shaped magnetic scanner, which passes a magnetic field through the fetus. The provider instructs the patient to hold her breath and stay still for 10 to 15 seconds while the machine takes the images. The magnetic field produced by MRI temporarily realigns the hydrogen atoms present in the human body, which in turn produces radiofrequency signals. A computer receives these radio signals, analyzes them, and converts them to three-dimensional digital images that display the baby's development. The provider may also choose to image the placenta and pelvis of the mother.

Coding Tips

Because +74713 is an add-on code, payers will not reimburse you if you report it without the primary code, 74712, for a single or first gestation.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$227.15, Non Facility: \$227.15, OPPS Facility: \$64.55, OPPS Non Facility: \$64.55

RVU Facility Work RVU: 1.85, PE RVU: 4.56, Malpractice RVU: 0.10, Total RVU: 6.51

RVU Non-Facility Work RVU: 1.85, PE RVU: 4.56, Malpractice RVU: 0.10, Total RVU: 6.51

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, GY, GZ, KX, MA, MB, MC, MD, ME, MF, MG, MH, PD, Q5, Q6, QQ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

01922⁰, 36591⁰, 36592⁰, 72195⁰, 72196⁰, 96523⁰

ICD-10 CrossRef

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

74740

Hysterosalpingography, radiological supervision and interpretation

Clinical Responsibility

This code represents the technical and professional components of a service in which the provider positions the patient on her back with her knees bent or her feet held up with stirrups. He takes a scout film of the pelvis before he continues with the fluoroscopic imaging of the uterus and tubes. He inserts a speculum into the vagina, cleans the cervix, and then inserts a catheter into the cervix. Next, he injects contrast material through the cervix to image the uterine cavity and fallopian tubes fluoroscopically. He continues to

take images as the contrast material flows from the uterus into the tubes and out into the pelvic cavity. If any abnormalities are detected, he takes additional films of those areas. On completion, the provider removes the catheter, and allows the patient to sit up. The provider who performs imaging supervision and interpretation for this procedure reports this code.

Coding Tips

The provider reporting the procedure for instillation of contrast material into the uterine cavity should report 58340, Catheterization and introduction of saline or contrast material for saline infusion sonohysterography, SIS, or hysterosalpingography.

For services paid under OPSS, Medicare does not pay hospitals separately for supervision and interpretation codes deemed to be ancillary and supportive services to primary diagnostic or therapeutic services. OPSS hospitals should still report the code when performed for statistical purposes.

If you are reporting only the professional component for the service, you should append professional component modifier 26 to the radiology code.

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.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$99.79, Non Facility: \$99.79, OPSS Facility: \$249.14, OPSS Non Facility: \$249.14

RVU Facility Work RVU: 0.38, PE RVU: 2.45, Malpractice RVU: 0.03, Total RVU: 2.86

RVU Non-Facility Work RVU: 0.38, PE RVU: 2.45, Malpractice RVU: 0.03, Total RVU: 2.86

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: 1, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, FX, FY, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

00952⁰, 0567T⁰, 0568T⁰, 36591⁰, 36592⁰, 76000¹, 77001¹, 77002¹, 96523⁰, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰

ICD-10 CrossRef

D25.0-D25.9, D78.11, D78.12, E28.2, E28.8, E30.9, E34.9, N70.11-N70.13, N70.91-N70.93, N73.6, N80.0-N80.3, N80.9, N83.53, N84.1, N85.01, N85.02, N85.2, N85.3, N91.0-N91.5, N92.0, N92.1, N92.5, N92.6, N94.4-N94.6, N94.89, N94.9, N96, N97.0-N97.2, N97.9, N99.71, N99.72, Q51.10, Q51.11, Q51.20-Q51.22, Q51.28, R10.9, R13.0, R13.10, R19.00, R68.82, Z01.89, Z03.6, Z03.89, Z30.9, Z31.0, Z31.41, Z31.42, Z31.49, Z48.816, Z87.42, Z87.59

74742

Transcervical catheterization of fallopian tube, radiological supervision and interpretation

Clinical Responsibility

This code describes radiological supervision and interpretation for a procedure in which the physician performs transcervical catheterization of the fallopian tube. First the patient is placed on a fluoroscopic table. The physician then inserts a hysteroscope through the external cervix and then to the uterus. He inserts a catheter through the scope and injects dye into the fallopian tube orifice to identify any obstruction. If the physician finds any obstruction, he inserts the catheter into the tubal opening and may inject a fluid to open up the obstruction. The catheter may have a balloon on its tip which can be expanded inside the tube to help open it up. If necessary, the provider may insert a wire through the catheter and into the tube if the fluid and balloon didn't open the tube. Once catheterization of fallopian tube is successfully accomplished, the provider withdraws the catheter and interprets the findings of catheterization and prepares a report.

Coding Tips

Do not apply modifier 26 to this code as the descriptor states that this code is for radiological supervision and interpretation.

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.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPSS Facility: \$0.00, OPSS 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: 2

Modifier Allowances 22, 26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, FX, FY, GA, GC, GJ, GR, GY, GZ, KX, LT, PD, Q5, Q6, QJ, RT, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

36591⁰, 36592⁰, 74740¹, 76000¹, 77001¹, 77002¹, 96523⁰, 99446¹, 99447¹, 99448¹, 99449¹, 99451¹, 99452¹

ICD-10 CrossRef

E28.2, E28.8, N70.11-N70.13, N70.91-N70.93, N73.6, N80.2, N83.6, N83.8, N85.01, N87.0-N87.9, N88.2, N88.8, N97.1-N97.9, N99.83, O86.04, Q50.6, R68.82, Z31.41, Z31.42, Z31.49

74775

Perineogram (eg, vaginogram, for sex determination or extent of anomalies)

ICD-10 CrossRef Details

A01.00	Typhoid fever, unspecified	A17.81	Tuberculoma of brain and spinal cord
A01.01	Typhoid meningitis	A17.82	Tuberculous meningoencephalitis
A01.02	Typhoid fever with heart involvement	A17.83	Tuberculous neuritis
A01.03	Typhoid pneumonia	A17.89	Other tuberculosis of nervous system
A01.04	Typhoid arthritis	A17.9	Tuberculosis of nervous system, unspecified
A01.05	Typhoid osteomyelitis	A18.01	Tuberculosis of spine
A01.09	Typhoid fever with other complications	A18.02	Tuberculous arthritis of other joints
A01.1	Paratyphoid fever A	A18.03	Tuberculosis of other bones
A01.2	Paratyphoid fever B	A18.09	Other musculoskeletal tuberculosis
A01.3	Paratyphoid fever C	A18.10	Tuberculosis of genitourinary system, unspecified
A01.4	Paratyphoid fever, unspecified	A18.11	Tuberculosis of kidney and ureter
A02.0	Salmonella enteritis	A18.12	Tuberculosis of bladder
A02.1	Salmonella sepsis	A18.13	Tuberculosis of other urinary organs
A02.20	Localized salmonella infection, unspecified	A18.14	Tuberculosis of prostate
A02.21	Salmonella meningitis	A18.15	Tuberculosis of other male genital organs
A02.22	Salmonella pneumonia	A18.16	Tuberculosis of cervix
A02.29	Salmonella with other localized infection	A18.17	Tuberculous female pelvic inflammatory disease
A02.8	Other specified salmonella infections	A18.18	Tuberculosis of other female genital organs
A02.9	Salmonella infection, unspecified	A18.2	Tuberculous peripheral lymphadenopathy
A04.0	Enteropathogenic Escherichia coli infection	A18.31	Tuberculous peritonitis
A04.1	Enterotoxigenic Escherichia coli infection	A18.32	Tuberculous enteritis
A04.2	Enteroinvasive Escherichia coli infection	A18.39	Retroperitoneal tuberculosis
A04.3	Enterohemorrhagic Escherichia coli infection	A18.50	Tuberculosis of eye, unspecified
A04.4	Other intestinal Escherichia coli infections	A18.51	Tuberculous episcleritis
A04.5	Campylobacter enteritis	A18.52	Tuberculous keratitis
A04.6	Enteritis due to Yersinia enterocolitica	A18.53	Tuberculous chorioretinitis
A04.71	Enterocolitis due to Clostridium difficile, recurrent	A18.54	Tuberculous iridocyclitis
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent	A18.59	Other tuberculosis of eye
A04.8	Other specified bacterial intestinal infections	A18.6	Tuberculosis of (inner) (middle) ear
A04.9	Bacterial intestinal infection, unspecified	A18.7	Tuberculosis of adrenal glands
A05.0	Foodborne staphylococcal intoxication	A18.81	Tuberculosis of thyroid gland
A05.1	Botulism food poisoning	A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication	A18.84	Tuberculosis of heart
A05.3	Foodborne Vibrio parahaemolyticus intoxication	A18.85	Tuberculosis of spleen
A05.4	Foodborne Bacillus cereus intoxication	A21.1	Oculoglandular tularemia
A05.5	Foodborne Vibrio vulnificus intoxication	A22.7	Anthrax sepsis
A05.8	Other specified bacterial foodborne intoxications	A25.9	Rat-bite fever, unspecified
A05.9	Bacterial foodborne intoxication, unspecified	A26.7	Erysipelothrix sepsis
A06.0	Acute amebic dysentery	A27.0	Leptospirosis icterohemorrhagica
A06.1	Chronic intestinal amebiasis	A27.81	Aseptic meningitis in leptospirosis
A06.2	Amebic nondysenteric colitis	A27.89	Other forms of leptospirosis
A06.3	Ameboma of intestine	A31.0	Pulmonary mycobacterial infection
A06.4	Amebic liver abscess	A31.1	Cutaneous mycobacterial infection
A06.5	Amebic lung abscess	A31.8	Other mycobacterial infections
A06.6	Amebic brain abscess	A31.9	Mycobacterial infection, unspecified
A06.7	Cutaneous amebiasis	A32.7	Listerial sepsis
A06.81	Amebic cystitis	A32.81	Oculoglandular listeriosis
A06.82	Other amebic genitourinary infections	A36.0	Pharyngeal diphtheria
A06.89	Other amebic infections	A36.1	Nasopharyngeal diphtheria
A06.9	Amebiasis, unspecified	A36.2	Laryngeal diphtheria
A07.1	Giardiasis [lamblia]s]	A36.84	Diphtheritic tubulo-interstitial nephropathy
A08.0	Rotaviral enteritis	A37.00	Whooping cough due to Bordetella pertussis without pneumonia
A08.11	Acute gastroenteropathy due to Norwalk agent	A37.01	Whooping cough due to Bordetella pertussis with pneumonia
A08.19	Acute gastroenteropathy due to other small round viruses	A37.10	Whooping cough due to Bordetella parapertussis without pneumonia
A08.2	Adenoviral enteritis	A37.11	Whooping cough due to Bordetella parapertussis with pneumonia
A08.31	Calicivirus enteritis	A37.80	Whooping cough due to other Bordetella species without pneumonia
A08.32	Astrovirus enteritis	A37.81	Whooping cough due to other Bordetella species with pneumonia
A08.39	Other viral enteritis	A37.90	Whooping cough, unspecified species without pneumonia
A08.4	Viral intestinal infection, unspecified	A37.91	Whooping cough, unspecified species with pneumonia
A08.8	Other specified intestinal infections	A38.0	Scarlet fever with otitis media
A09	Infectious gastroenteritis and colitis, unspecified	A38.1	Scarlet fever with myocarditis
A15.0	Tuberculosis of lung	A38.8	Scarlet fever with other complications
A15.4	Tuberculosis of intrathoracic lymph nodes	A38.9	Scarlet fever, uncomplicated
A15.5	Tuberculosis of larynx, trachea and bronchus	A39.1	Waterhouse-Friderichsen syndrome
A15.7	Primary respiratory tuberculosis		
A15.8	Other respiratory tuberculosis		
A17.0	Tuberculous meningitis		
A17.1	Meningeal tuberculoma		

B95.62	Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere	C14.0	Malignant neoplasm of pharynx, unspecified
B96.0	Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified elsewhere	C14.2	Malignant neoplasm of Waldeyer's ring
B96.1	Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere	C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere	C15.3	Malignant neoplasm of upper third of esophagus
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	C15.4	Malignant neoplasm of middle third of esophagus
C00.0	Malignant neoplasm of external upper lip	C15.5	Malignant neoplasm of lower third of esophagus
C00.1	Malignant neoplasm of external lower lip	C15.8	Malignant neoplasm of overlapping sites of esophagus
C00.2	Malignant neoplasm of external lip, unspecified	C15.9	Malignant neoplasm of esophagus, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect	C16.0	Malignant neoplasm of cardia
C00.4	Malignant neoplasm of lower lip, inner aspect	C16.1	Malignant neoplasm of fundus of stomach
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	C16.2	Malignant neoplasm of body of stomach
C00.6	Malignant neoplasm of commissure of lip, unspecified	C16.3	Malignant neoplasm of pyloric antrum
C00.8	Malignant neoplasm of overlapping sites of lip	C16.4	Malignant neoplasm of pylorus
C00.9	Malignant neoplasm of lip, unspecified	C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C01	Malignant neoplasm of base of tongue	C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C02.0	Malignant neoplasm of dorsal surface of tongue	C16.8	Malignant neoplasm of overlapping sites of stomach
C02.1	Malignant neoplasm of border of tongue	C16.9	Malignant neoplasm of stomach, unspecified
C02.2	Malignant neoplasm of ventral surface of tongue	C17.0	Malignant neoplasm of duodenum
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	C17.1	Malignant neoplasm of jejunum
C02.4	Malignant neoplasm of lingual tonsil	C17.2	Malignant neoplasm of ileum
C02.8	Malignant neoplasm of overlapping sites of tongue	C17.3	Meckel's diverticulum, malignant
C02.9	Malignant neoplasm of tongue, unspecified	C17.8	Malignant neoplasm of overlapping sites of small intestine
C03.0	Malignant neoplasm of upper gum	C17.9	Malignant neoplasm of small intestine, unspecified
C03.1	Malignant neoplasm of lower gum	C18.0	Malignant neoplasm of cecum
C03.9	Malignant neoplasm of gum, unspecified	C18.1	Malignant neoplasm of appendix
C04.0	Malignant neoplasm of anterior floor of mouth	C18.2	Malignant neoplasm of ascending colon
C04.1	Malignant neoplasm of lateral floor of mouth	C18.3	Malignant neoplasm of hepatic flexure
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	C18.4	Malignant neoplasm of transverse colon
C04.9	Malignant neoplasm of floor of mouth, unspecified	C18.5	Malignant neoplasm of splenic flexure
C05.0	Malignant neoplasm of hard palate	C18.6	Malignant neoplasm of descending colon
C05.1	Malignant neoplasm of soft palate	C18.7	Malignant neoplasm of sigmoid colon
C05.2	Malignant neoplasm of uvula	C18.8	Malignant neoplasm of overlapping sites of colon
C05.8	Malignant neoplasm of overlapping sites of palate	C18.9	Malignant neoplasm of colon, unspecified
C05.9	Malignant neoplasm of palate, unspecified	C19	Malignant neoplasm of rectosigmoid junction
C06.0	Malignant neoplasm of cheek mucosa	C20	Malignant neoplasm of rectum
C06.1	Malignant neoplasm of vestibule of mouth	C21.0	Malignant neoplasm of anus, unspecified
C06.2	Malignant neoplasm of retromolar area	C21.1	Malignant neoplasm of anal canal
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	C21.2	Malignant neoplasm of cloacogenic zone
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C06.9	Malignant neoplasm of mouth, unspecified	C22.0	Liver cell carcinoma
C07	Malignant neoplasm of parotid gland	C22.1	Intrahepatic bile duct carcinoma
C08.0	Malignant neoplasm of submandibular gland	C22.2	Hepatoblastoma
C08.1	Malignant neoplasm of sublingual gland	C22.3	Angiosarcoma of liver
C08.9	Malignant neoplasm of major salivary gland, unspecified	C22.4	Other sarcomas of liver
C09.0	Malignant neoplasm of tonsillar fossa	C22.7	Other specified carcinomas of liver
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C09.8	Malignant neoplasm of overlapping sites of tonsil	C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C09.9	Malignant neoplasm of tonsil, unspecified	C23	Malignant neoplasm of gallbladder
C10.0	Malignant neoplasm of vallecula	C24.0	Malignant neoplasm of extrahepatic bile duct
C10.1	Malignant neoplasm of anterior surface of epiglottis	C24.1	Malignant neoplasm of ampulla of Vater
C10.2	Malignant neoplasm of lateral wall of oropharynx	C24.8	Malignant neoplasm of overlapping sites of biliary tract
C10.3	Malignant neoplasm of posterior wall of oropharynx	C24.9	Malignant neoplasm of biliary tract, unspecified
C10.4	Malignant neoplasm of branchial cleft	C25.0	Malignant neoplasm of head of pancreas
C10.8	Malignant neoplasm of overlapping sites of oropharynx	C25.1	Malignant neoplasm of body of pancreas
C10.9	Malignant neoplasm of oropharynx, unspecified	C25.2	Malignant neoplasm of tail of pancreas
C11.0	Malignant neoplasm of superior wall of nasopharynx	C25.3	Malignant neoplasm of pancreatic duct
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C25.4	Malignant neoplasm of endocrine pancreas
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C25.7	Malignant neoplasm of other parts of pancreas
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C25.8	Malignant neoplasm of overlapping sites of pancreas
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	C25.9	Malignant neoplasm of pancreas, unspecified
C11.9	Malignant neoplasm of nasopharynx, unspecified	C26.0	Malignant neoplasm of intestinal tract, part unspecified
C12	Malignant neoplasm of pyriform sinus	C26.1	Malignant neoplasm of spleen
C13.0	Malignant neoplasm of postcricoid region	C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	C30.0	Malignant neoplasm of nasal cavity
C13.2	Malignant neoplasm of posterior wall of hypopharynx	C30.1	Malignant neoplasm of middle ear
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	C31.0	Malignant neoplasm of maxillary sinus
C13.9	Malignant neoplasm of hypopharynx, unspecified	C31.1	Malignant neoplasm of ethmoidal sinus
		C31.2	Malignant neoplasm of frontal sinus
		C31.3	Malignant neoplasm of sphenoid sinus
		C31.8	Malignant neoplasm of overlapping sites of accessory sinuses

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

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

Terminology

Terminology	Explanation
Abdominal aorta	Largest artery that supplies the abdominal cavity, part of the aorta and a continuation of the descending aorta from the thorax; it divides further into iliac arteries, which supply blood to the abdominal wall, pelvis, and lower extremities.
Ablation	Removal of tissue, a body part, or an organ or destruction of its function.
Abscess	Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissues.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adrenal	Refers to the adrenal glands, located at the top of each kidney, or their secretions.
Adrenal veins	Veins branching off of the left or right 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.
Afterloading	Placing catheters, which are subsequently loaded with radioactive substance, at the treatment site.
Amniotic fluid	Fluid present in the amniotic sac that surrounds the fetus thereby preventing the fetus from any external injury or shock.
Amniotic sac	A sac in the uterus that has fluid which protects the fetus from any external shock during pregnancy.
A-mode, amplitude mode	A one-dimensional ultrasonic measurement.
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
Anatomy	Branch of science that deals with the study of the structure of an organism.
Anesthesia	A medication that reduces or eliminates sensitivity to pain; 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.
Angiogram	A general term for radiographic images of arteries or veins following the administration of a contrast material; more specific terms include aortogram, arteriogram, and venogram.
Angiography	Imaging of internal organs including blood vessels, arteries, veins, and heart chambers.
Angioplasty	A surgical procedure to widen a narrowed or blocked artery.
Angioscope	A catheter with a camera mounted on its one end that a provider uses to examine the interior of a blood vessel.
Anomaly	Not normal structurally or functionally, out of place; typically describes a congenital deformity, one present at birth.
Anterior	Closer to the front part of the body or a structure.
Anteroposterior, or AP, view	The X-ray beam travels from front to back abbreviated as AP.
Antibiotic	Substance that inhibits infection.
Antibody	An immune system related protein that can detect a harmful substance called an antigen.
Anticoagulant	A drug that prevents the clotting of the blood.
Antigen	A harmful substance that can stimulate the production of antibodies or combine with them.
Antispasmodic	Substance that reduces or eliminates muscle spasms.
Aorta	The main artery that comes out of the top of the left ventricle of the heart and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.
Aortography	Study of the aorta by taking X-ray images after injecting contrast material.
AP (Anteroposterior)	Front to back.
Appendicular skeleton	Extremity bones, including the clavicles, scapulae, and hips.
Arachnoid membrane	The middle of the three meninges, or membranes, that protect the spinal cord and brain.

Terminology	Explanation
Coronary artery bypass graft	Placing a vein graft between the aorta and one or more of the obstructed main arteries of the heart to reestablish blood flow to the portion of the heart served by that artery; providers sometimes anastomose, or join, the coronary artery to a mammary or other artery instead of the aorta.
Coronary artery disease, or CAD	A condition in which the vessels that supply blood to the heart muscle become stenosed, or narrowed, due to the deposit of plaques or fatty substances on the inner walls of the blood vessels, resulting in decreased blood flow and ultimately heart failure, if not treated; also known as coronary heart disease or atherosclerotic heart disease.
Coronary heart disease, or CHD	Obstructed flow to the arteries of the heart that can lead to heart attack and sudden death.
Coronary sinus	A short vein but larger in diameter than others located posteriorly between the left ventricle and left atrium that collects blood from most of the veins of the heart; because of its large diameter, it makes an ideal route to deliver medications and contrast for diagnostic imaging as well as a safe route for catheters with instrumentation for surgery on the mitral valve.
Coronary sinus ostium	Opening between inferior vena cava and tricuspid valve that opens the coronary venous system into the right atrium.
Corpora cavernosa	Spongelike expandable tissue in the penile region that contains most of the blood present in the penis during an erection.
Cortex	Outer layer of an organ or body structure, as of the kidney or adrenal gland.
Crohn's disease	A type of inflammatory bowel disease, IBD, that may affect any part of the gastrointestinal tract, causing inflammation of the lining of the digestive tract; symptoms include abdominal pain, persistent diarrhea, and rectal bleeding.
Cryotherapy	Form of therapy in which the provider destroys an abnormal tissue using extreme cold, commonly using liquid nitrogen that freezes the lesion, thereby destroying it.
CSF leak	Escape of cerebrospinal fluid due to a tear in the membrane that surrounds the brain and spinal cord.
CSF shunt	A shunt provides an alternative fluid pathway through which CSF bypasses an obstruction in the fluid compartments of the brain, thereby preventing excess fluid buildup.
CT (Computed Tomography)	A special kind of X-ray machine that sends several X-ray beams simultaneously from different angles towards the human body to create thin, cross sectional views of anatomical layers or slices of the body.
Cushing's syndrome	A hormonal disorder of the body caused by prolonged exposure to high levels of the hormone cortisol.
Custom blocking	Customized blocks made for the individual patient; used with the aim of limiting the radiation field to the target area only.
Cyst	A closed capsule like structure; filled with fluid.
Cystogram	Radiological imaging to view the urinary bladder.
Cystography	A technique to visualize the urinary bladder.
Dacryocystography	Radiographic examination, using contrast material, of the tear ducts and sacs.
Decubitus view	A view taken with a patient lying on his side, abbreviated as DEC.
Dentofacial	Pertaining to the teeth and face.
Deposition	The giving of sworn testimony under oath.
Descending thoracic aorta	Part of the aorta that runs down the chest and the abdomen.
Developmental dysplasia of the hip, or DDH	A dislocation of the hip joint that is present from birth.
Diabetes mellitus	Disease in which the body's production or utilization of insulin, the primary hormone involved in glucose metabolism, is insufficient, leading to high levels of blood glucose and subsequent complications, including significant damage to nerves, vessels, and multiple organs.
Diagnostic	Refers to procedures performed for the purpose of determining the type of disease and its causes, as opposed to therapeutic.
Diagnostic agent	Substance that aids in the identification of the cause or extent of a medical condition.
Dialysis	The process of purification of blood by using a dialysis machine as a substitute for the normal function of the kidneys, which are paired organs found in the back of the abdomen that filter waste products from the blood and then excrete the toxins in the form of urine.
Diaphragm	The membrane dividing the abdominal and chest, or thoracic, cavities.
Dilation	Widening or expanding the diameter of an opening or tubular structure, typically with an instrument that can be expanded inside a space, or with a balloon on the tip of a catheter.
Dilator	Device used to dilate, or widen.
Discography	A non-surgical diagnostic procedure used to identify the particular vertebrae which are causing neck or back pain.

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