AAPC

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

CODERS' SPECIALTY GUIDE

Family Practice & Primary Care

2026

Contents

General Surgical Procedures

+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 Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $42.05, Non Facility Fee: $51.75
RVU (Facility): Work RVU 0.80, Practice Exp. RVU 0.37, Malpractice RVU 0.13, Total RVU 1.30
RVU (Non-Facility): Work RVU 0.80, Practice Exp. RVU 0.67, Malpractice RVU 0.13, Total RVU 1.60
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[1], 0216T[1], 10012[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 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[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.9A, C84.A0, C84.A1, C84.A5, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $70.19, Non Facility Fee: $129.06
RVU (Facility): Work RVU 1.46, Practice Exp. RVU 0.55, Malpractice RVU 0.16, Total RVU 2.17
RVU (Non-Facility): Work RVU 1.46, Practice Exp. RVU 2.37, Malpractice RVU 0.16, Total RVU 3.99
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[1], 0216T[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[0], 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[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

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

+10006

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $47.87, Non Facility Fee: $58.22
RVU (Facility): Work RVU 1.00, Practice Exp. RVU 0.38, Malpractice RVU 0.10, Total RVU 1.48
RVU (Non-Facility): Work RVU 1.00, Practice Exp. RVU 0.70, Malpractice RVU 0.10, Total RVU 1.80
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[1], 0216T[1], 10004[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 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[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

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

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under fluoroscopic 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 +10008 for each additional lesion in addition to the primary code 10007.

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

Integumentary System

10040

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

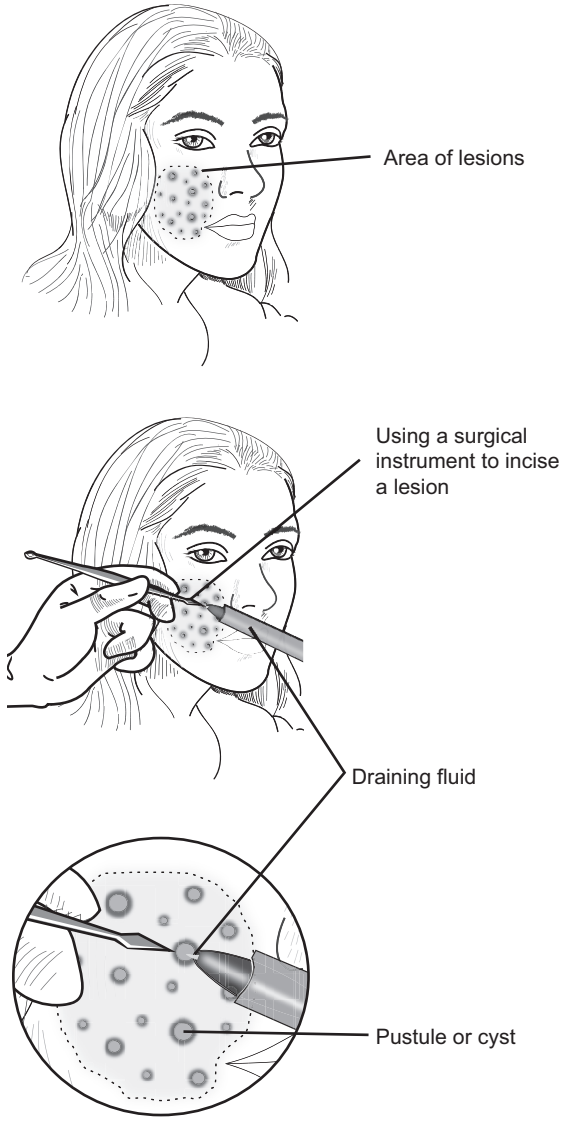
Clinical Responsibility

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

Coding Tips

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

Illustration



10040

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $50.46, Non Facility Fee: $112.57
RVU (Facility): Work RVU 0.91, Practice Exp. RVU 0.55, Malpractice RVU 0.10, Total RVU 1.56
RVU (Non-Facility): Work RVU 0.91, Practice Exp. RVU 2.47, Malpractice RVU 0.10, Total RVU 3.48
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T[0], 0216T[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], 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[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 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], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10-CM Cross References

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

10060

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

Clinical Responsibility

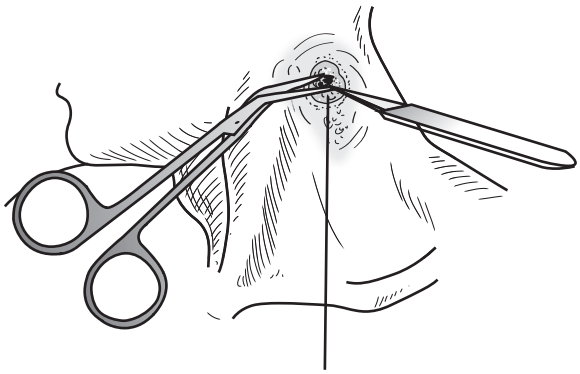
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within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

Coding Tips

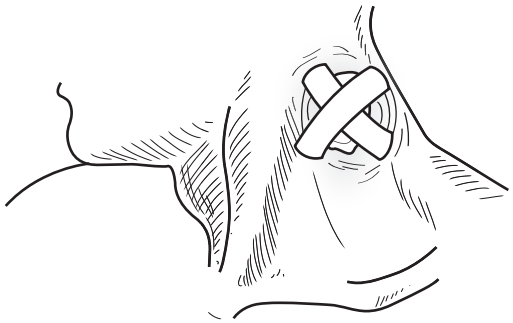
Report this code if the provider performs incision and drainage of an abscess for a simple or single capsule like cyst. For a complicated I&D or multiple I&Ds, report 10061.

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

Illustration



Incision of abscess



10060

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $104.80, Non Facility Fee: $124.21
RVU (Facility): Work RVU 1.22, Practice Exp. RVU 1.89, Malpractice RVU 0.13, Total RVU 3.24
RVU (Non-Facility): Work RVU 1.22, Practice Exp. RVU 2.49, Malpractice RVU 0.13, Total RVU 3.84
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

Male Genital System

54056

Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery

Clinical Responsibility

When the patient is appropriately prepped, draped, and anesthetized, the provider identifies and marks the penile lesion. After marking, he uses a cryosurgical instrument to apply the liquid nitrogen to freeze the lesion. He may also dip a cotton applicator into liquid nitrogen and apply it to the lesion. The provider ensures that he applies the treatment to the specific lesion only and protects the surrounding healthy tissue. The cryosurgical destruction of penile lesions requires no incision or suturing.

Coding Tips

If the provider uses chemicals to destroy the lesions, report 54050.

If the provider destroys the lesion by electrodesiccation, use code 54055.

If the provider destroys the lesion by laser surgery, use code 54057.

If the provider destroys the lesion by surgical excision, use code 54060.

When the lesions are extensive and the provider uses any of a number of techniques, use code 54065.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $111.27, Non Facility Fee: $142.97
RVU (Facility): Work RVU 1.29, Practice Exp. RVU 2.00, Malpractice RVU 0.15, Total RVU 3.44
RVU (Non-Facility): Work RVU 1.29, Practice Exp. RVU 2.98, Malpractice RVU 0.15, Total RVU 4.42
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{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^{0}, 51702^{0}, 51703^{1}, 54050^{1}, 54055^{1}, 54060^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 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}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{0}, J0670^{1}

ICD-10-CM Cross References

A60.01, A63.0, B08.1, C60.0-C60.9, C63.8, C79.82, D07.60, D07.69, D29.0

55200

Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the scrotum. She dissects the surrounding structures to reach the vas deferens. The provider punctures the vas using a needle and inserts a cannula, or tube, to free any blockage. If necessary, she incises the vas to allow free passage of the cannula. The provider repairs any incision made in the vas. The provider then irrigates the area, checks for bleeding, removes any instruments, and closes the incision in layers.

Coding Tips

Code 55200 designates this vasotomy as a separate procedure, so you should not report it when the provider performs it as part of a larger, related service.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $272.68, Non Facility Fee: $370.69
RVU (Facility): Work RVU 4.55, Practice Exp. RVU 3.33, Malpractice RVU 0.55, Total RVU 8.43
RVU (Non-Facility): Work RVU 4.55, Practice Exp. RVU 6.36, Malpractice RVU 0.55, Total RVU 11.46
MPFS Payment Policy Indicators: Global Period 090, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00921[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[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[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 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], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

N44.2, N44.8, N46.01, N46.023, N46.029, N46.11, N46.123, N49.0, N49.9, N50.1, N50.3, N50.811-N50.819, N50.82, N50.89, N52.35-N52.37, N52.9, N53.12, R36.1, T81.41XA-T81.41XS, T81.42XA-T81.42XS, T81.43XA-T81.43XS, T81.49XA-T81.49XS, Z31.42, Z31.49, Z31.89

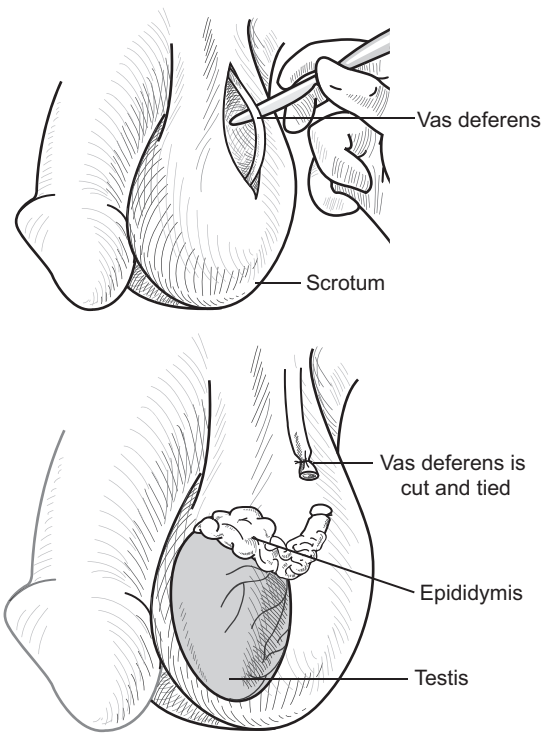
55250

Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

Clinical Responsibility

The surgical site is prepped and draped in a usual sterile manner and a local anesthetic is applied. A small incision on each side of the scrotum is made with the help of a scalpel, allowing access to each vas deferens. The vas deferens is severed, and usually a small piece is removed. It is then tied off and or cauterized to make the seal. The incisions are repaired in layers by sutures. The provider then performs a postoperative semen examination.

Illustration



55250

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $226.10, Non Facility Fee: $323.79
RVU (Facility): Work RVU 3.37, Practice Exp. RVU 3.22, Malpractice RVU 0.40, Total RVU 6.99
RVU (Non-Facility): Work RVU 3.37, Practice Exp. RVU 6.24, Malpractice RVU 0.40, Total RVU 10.01
MPFS Payment Policy Indicators: Global Period 090, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00921[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[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], 54500[0], 54505[0], 55200[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0],

Female Genital System

56501

Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider identifies the lesions on the vulva. She applies an appropriate treatment to each lesion to destroy it, such as laser ablation, electrocauterization, or the application of liquid nitrogen or another chemical.

Coding Tips

Select a code for the treatment of female genital lesions based on the type of treatment, i.e., destruction, incision, or excision, and the location of the lesion and its complexity. Refer to the sections grouped under the code range 56405 through 56740, Surgical Procedures on the Vulva, Perineum, and Introitus.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $130.68, Non Facility Fee: $185.35
RVU (Facility): Work RVU 1.58, Practice Exp. RVU 2.22, Malpractice RVU 0.24, Total RVU 4.04
RVU (Non-Facility): Work RVU 1.58, Practice Exp. RVU 3.91, Malpractice RVU 0.24, Total RVU 5.73
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00940^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{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}, 55815^{1}, 56441^{1}, 56810^{0}, 56820^{0}, 57100^{1}, 57180^{1}, 57410^{0}, 57500^{1}, 57800^{1}, 58100^{0}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 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}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

A60.04, A63.0, B07.8, B07.9, C51.9, C79.82, D07.1, D07.2, D07.30, D07.39, D18.01, D28.0, D39.8, D39.9, D49.59, I86.3, L90.0, L92.9, L94.0, L94.3, L98.9, N75.9, N76.5, N76.6, N76.81, N76.89, N84.3, N89.8, N90.0, N90.1, N90.3, N90.4, N90.61, N90.69, N90.7, N90.89, N90.9, Q52.79, Q52.8

57061

Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Clinical Responsibility

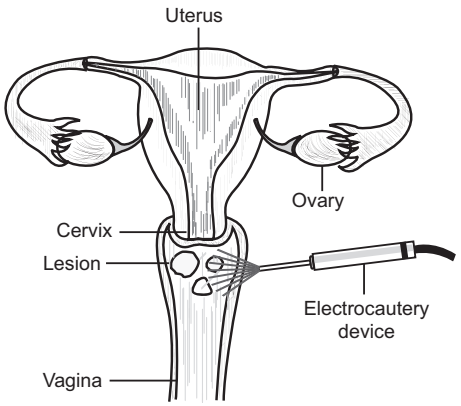
The provider places the patient in the dorsal lithotomy position. The provider applies a local anesthetic to the vaginal mucosa. Once the provider identifies the location of the lesion, he destroys it by using laser surgery, electrosurgery, cryosurgery, or chemosurgery. For laser surgery, he vaporizes the lesion tissue using a high beam of light to kill the lesion or lesions. For electrosurgery, the provider uses a monopolar or bipolar instrument to destroy the lesion or lesions. In cryosurgery, the provider uses an instrument called a cryoprobe to apply liquid nitrogen to the lesion or lesions with repetitive freeze and thaw cycles performed. For chemosurgery, the provider applies a chemical to the lesion or lesions and then removes the destroyed tissue. The provider may also use monopolar surgery, where the current passes through the patient to complete the current cycle, or bipolar surgery, where the current only passes through the tissue between the two electrodes of the instrument.

Coding Tips

The term simple would normally apply to the destruction of small or simple lesions.

Report code 57065 for removal of one or more large or complex lesions requiring significant work.

Illustration



57061

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $112.89, Non Facility Fee: $161.41
RVU (Facility): Work RVU 1.30, Practice Exp. RVU 1.98, Malpractice RVU 0.21, Total RVU 3.49
RVU (Non-Facility): Work RVU 1.30, Practice Exp. RVU 3.48, Malpractice RVU 0.21, Total RVU 4.99
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00940^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{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^{0}, 51702^{0}, 51703^{1}, 57100^{0}, 57150^{0}, 57180^{0}, 57410^{0}, 57415^{0}, 57452^{0}, 57500^{1}, 57800^{1}, 58100^{0}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 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}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{0}, J0670^{1}

ICD-10-CM Cross References

A63.0, C52, C79.82, D07.2, D28.1, D39.8, D39.9, N76.5, N76.81, N76.89, N84.2, N89.0, N89.1, N89.3, N89.4, N89.8, N90.89

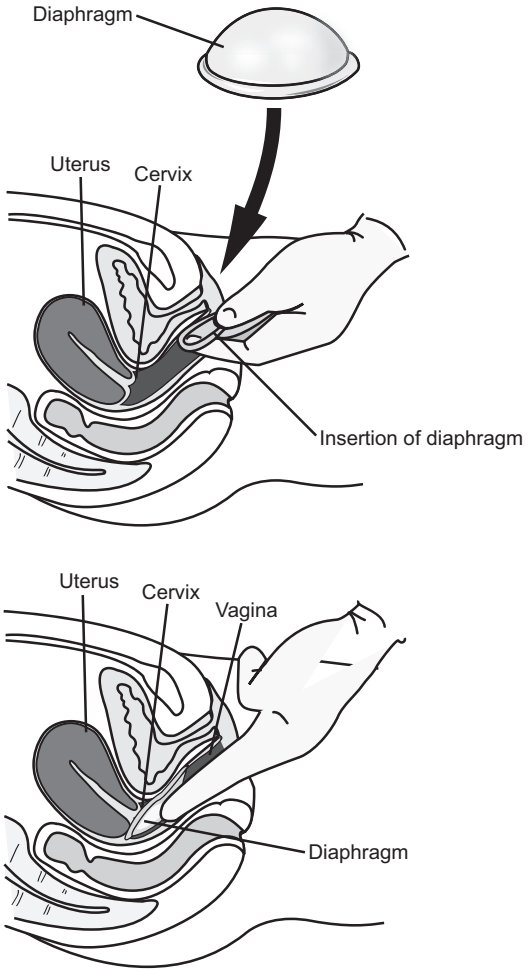
57170

Diaphragm or cervical cap fitting with instructions

Clinical Responsibility

For a diaphragm fitting, the provider inserts a fitting ring into the vagina and covers the opening to the uterus. The largest ring that fits comfortably is usually the one the provider chooses. Different types and sizes of diaphragms are available. A cervical cap is usually fitted to prevent pregnancy; it blocks most sperm from entering the uterus. The provider educates the patient on the proper type and size of diaphragm or cervical cap and provides instructions of how to insert and position the device on her own. Instructions for the diaphragm may include that spermicidal cream or jelly should be used with the diaphragm.

Illustration



57170

Category II Codes

3372F

AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC)

Clinical Responsibility

The medical record includes documentation of the patient's breast cancer as stage I, as defined by the American Joint Committee on Cancer (AJCC). The patient has a subclassification of T1mic, T1a, or T1b. T1mic designates microinvasion, which means a very small tumor of 0.1 cm, or smaller in greatest dimension. T1a designates a tumor larger than 0.1 cm but not more than 0.5 cm in greatest dimension. T1b designates a tumor that is more than 0.5 cm but less than 1 cm, or 10 mm, in greatest dimension.

Like all Category II codes, this is a supplemental tracking code that may be appropriate for data collection and performance measurement. This code is not a substitute for a Category I code describing the procedure or service rendered.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

1P, 2P, 3P, 8P

NCCI Alerts (version 31.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

C44.511, C44.521, C4A.52, C84.7A, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92

3496F

CD4+ cell count >=500 cells/mm3 (HIV)

Clinical Responsibility

The medical record includes documentation of the patient's CD4+ cell count, a key indicator of immune system health in patients with HIV (human immunodeficiency virus). A count of 500 cells/mm3 or higher is generally considered a sign of a stronger immune system. CD4+ cells are a type of white blood cell that fights infection. A cubic millimeter (mm3) equals 0.001 milliliter.

Like all Category II codes, this is a supplemental tracking code that may be appropriate for data collection and performance measurement. This code is not a substitute for a Category I code describing the procedure or service rendered.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

1P, 2P, 3P, 8P

NCCI Alerts (version 31.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

B20, B97.35, O98.711-O98.719, O98.72, O98.73, R75, Z11.4, Z20.6, Z21, Z29.81, Z71.7, Z83.0

3498F

CD4+ cell percentage >=15% (HIV)

Clinical Responsibility

The medical record includes documentation of the patient's CD4+ cell percentage, a key indicator of immune system health in patients with HIV (human immunodeficiency virus). A percentage of 15 percent or higher is generally considered a sign of a stronger immune system. CD4+ cells are a type of white blood cell that fights infection.

Like all Category II codes, this is a supplemental tracking code that may be appropriate for data collection and performance measurement. This code is not a substitute for a Category I code describing the procedure or service rendered.

Coding Tips

Category II codes are not typically used for payer reimbursement and represent statistical and tracking information.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

1P, 2P, 3P, 8P

NCCI Alerts (version 31.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

B20, B97.35, O98.711-O98.719, O98.72, O98.73, R75, Z11.4, Z20.6, Z21, Z29.81, Z71.7, Z83.0

4194F

Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)

Clinical Responsibility

The medical record includes documentation of the patient's prednisone dosage, a medication used to reduce inflammation and suppress the immune system, often used in the treatment of rheumatoid arthritis (RA). RA is an autoimmune disorder (meaning the immune system attacks the body) that causes inflammation of the joints resulting in deformity, pain, and loss of function. The medical record also documents the patient's disease activity, indicating whether there has been improvement or no change over a period of six months or more.

Like all Category II codes, this is a supplemental tracking code that may be appropriate for data collection and performance measurement. This code is not a substitute for a Category I code describing the procedure or service rendered.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: M, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

1P, 2P, 3P, 8P

NCCI Alerts (version 31.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

J44.0, J44.9, J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, M45.A0-M45.AB, T39.4X6A-T39.4X6S

6030F

All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)

Clinical Responsibility

The provider makes certain that he follows current CRIT guidelines for maximal sterile techniques in hand washing; putting on sterile gown, mask, and cap; covering the patient with a sterile drape after sterilizing the patient's skin, and sterile techniques for ultrasound if ultrasound is performed.

The provider documents all the elements of sterile techniques adhered to.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

1P, 2P, 3P, 8P

NCCI Alerts (version 31.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

D78.01, D78.02, D78.81, E36.01, E36.02, E36.8, G97.31, G97.32, G97.81, H59.111-H59.119, H59.121-H59.129, H59.88, H95.21, H95.22, H95.88, I97.410-I97.418, I97.42, I97.710, I97.711, I97.790, I97.791, I97.810, I97.811, I97.88, J95.61, J95.62, J95.862, J95.863, J95.88, K91.61, K91.62, K91.81, L76.01, L76.02, L76.81, M96.810, M96.811, M96.89, N99.61, N99.62, N99.81

HCPCS Level II Codes

Medical and Surgical Supplies

A2011

Supra sdrm, per square centimeter

Clinical Responsibility

This code describes the supply of Supra SDRM®, a skin substitute that is fully synthetic, with polylactic acid (a type of polyester) as the main component. The provider may apply this product on a wound, such as an ulcer or burn, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2012

Suprathel, per square centimeter

Clinical Responsibility

This code describes the supply of Suprathel®, a synthetic skin substitute. The provider may apply this product on a wound, such as an ulcer or burn, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2013

Innovamatrix fs, per square centimeter

Clinical Responsibility

This code describes the supply of InnovaMatrix® FS, a skin substitute made of an extracellular matrix (ECM) derived from pig placenta. ECM is a material secreted by cells that provides a supportive framework for surrounding cells. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2014

Omeza collagen matrix, per 100 mg

Clinical Responsibility

This code represents the supply of Omeza® Collagen Matrix, a collagen-based wound care matrix made of fish collagen, cod liver oil, and other oils and waxes. Collagen is an insoluble fibrous protein that is the chief component of connective tissue. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, as part of wound care. The provider reports this code for each 100 mg.

BETOS

P5A: Ambulatory procedures - skin

A2015

Phoenix wound matrix, per square centimeter

Clinical Responsibility

This code represents the supply of Phoenix Wound Matrix®, a synthetic wound care matrix. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, as part of wound care. The provider reports this code for each square centimeter.

Coding Tips

HCPCS Level II codes that begin with A represent ambulance and transport services and supplies; medical and surgical supplies; and administrative, miscellaneous, and investigational services.

BETOS

P5A: Ambulatory procedures - skin

A2016

Permeaderm b, per square centimeter

Clinical Responsibility

This code represents the supply of PermeaDerm® B, which is a biosynthetic wound covering made of nylon, a slitted silicone membrane, porcine (pig) gelatin, and aloe vera. The provider may apply this product to cover areas such as partial thickness burn wounds, donor sites, or meshed autografts as part of wound care. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2017

Permeaderm glove, each

Clinical Responsibility

This code represents the supply of a PermeaDerm® Glove, which is a biosynthetic wound covering made of nylon, a slitted silicone membrane, porcine (pig) gelatin, and aloe vera. The provider may apply this glove to partial thickness hand burns as part of wound care. The provider reports this code for each glove.

BETOS

P5A: Ambulatory procedures - skin

A2018

Permeaderm c, per square centimeter

Clinical Responsibility

This code represents the supply of PermeaDerm® C, which is a biosynthetic wound covering made of nylon, a slitted silicone membrane, porcine (pig) gelatin, and aloe vera. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, as part of wound care. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A4100

Skin substitute, fda cleared as a device, not otherwise specified

Clinical Responsibility

This code describes the supply of a skin substitute that the Food and Drug Administration (FDA) has cleared as a device. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. As a "not otherwise specified" code, this code applies when no more specific code is appropriate for the skin substitute used.

BETOS

P5A: Ambulatory procedures - skin

A4226

Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week

Clinical Responsibility

This code covers weekly maintenance supplies for an insulin infusion pump with dosage rate adjustment based on therapeutic continuous glucose sensing. An insulin infusion pump delivers solutions containing parenteral insulin under pressure at a regulated flow rate. This code does not represent the drug infused, which the provider reports separately using an appropriate drug code.

Providers prescribe insulin to treat patients with diabetes mellitus.

Coding Tips

For other infusion supply codes, see A4221 to A4232.

BETOS

Z2: Undefined codes

A4238

Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service

Clinical Responsibility

This code represents one month of supplies and accessories for an adjunctive, nonimplanted continuous glucose monitoring (CGM) system. An adjunctive CGM can alert patients when glucose levels are approaching dangerous levels, including while they sleep, but does not replace blood glucose monitors (devices that provide a reading based on a small blood sample, such as from a finger prick). This code applies to a CGM that is not implanted. A CGM system may consist of a sensor placed on the body to measure glucose through the skin and technology to transmit, receive, and display the data so the patient can receive alerts.

Coding Tips

See E2102 to report an adjunctive, nonimplanted CGM or receiver.

See A4239 for supply allowance for nonadjunctive, nonimplanted CGM.

BETOS

D1E: Other DME

A4239

Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service

Clinical Responsibility

This code represents one month of supplies and accessories for a nonadjunctive, nonimplanted continuous glucose monitoring (CGM) system. A nonadjunctive CGM can alert patients when glucose levels are approaching dangerous levels, including while they sleep, and replace blood glucose monitors (devices that provide a reading based on a small blood sample, such as from a finger prick). This code applies to a CGM that is not implanted. A CGM system may consist of a sensor placed on the body to measure glucose through the skin and technology to transmit, receive, and display the data so the patient can receive alerts.

ICD-10-CM Cross Reference Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
A01.01 Typhoid meningitis
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.21 Salmonella meningitis
A03.0 Shigellosis due to Shigella dysenteriae
A03.8 Other shigellosis
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning
A05.4 Foodborne Bacillus cereus intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
A08.0 Rotaviral enteritis
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.02 Tuberculous arthritis of other joints
A18.03 Tuberculosis of other bones
A18.09 Other musculoskeletal tuberculosis
A18.10 Tuberculosis of genitourinary system, unspecified
A18.11 Tuberculosis of kidney and ureter
A18.12 Tuberculosis of bladder
A18.13 Tuberculosis of other urinary organs
A18.14 Tuberculosis of prostate
A18.15 Tuberculosis of other male genital organs
A18.16 Tuberculosis of cervix
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis
A20.3 Plague meningitis
A22.7 Anthrax sepsis
A26.7 Erysipelothrix sepsis
A27.81 Aseptic meningitis in leptospirosis
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
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A38.0 Scarlet fever with otitis media
A38.1 Scarlet fever with myocarditis
A38.8 Scarlet fever with other complications
A38.9 Scarlet fever, uncomplicated
A39.0 Meningococcal meningitis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus

A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.54 Sepsis due to Acinetobacter baumannii
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A42.7 Actinomycotic sepsis
A42.81 Actinomycotic meningitis
A43.0 Pulmonary nocardiosis
A43.1 Cutaneous nocardiosis
A43.8 Other forms of nocardiosis
A43.9 Nocardiosis, unspecified
A48.1 Legionnaires' disease
A48.8 Other specified bacterial diseases
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.2 Hemophilus influenzae infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.41 Late congenital syphilitic meningitis
A50.54 Late congenital cardiovascular syphilis
A51.31 Condyloma latum
A51.41 Secondary syphilitic meningitis
A51.42 Secondary syphilitic female pelvic disease
A52.00 Cardiovascular syphilis, unspecified
A52.05 Other cerebrovascular syphilis
A52.09 Other cardiovascular syphilis
A52.11 Tabes dorsalis
A52.12 Other cerebrospinal syphilis
A52.13 Late syphilitic meningitis
A52.14 Late syphilitic encephalitis
A52.15 Late syphilitic neuropathy
A52.17 General paresis
A52.19 Other symptomatic neurosyphilis
A52.2 Asymptomatic neurosyphilis
A52.73 Symptomatic late syphilis of other respiratory organs
A52.74 Syphilis of liver and other viscera
A52.76 Other genitourinary symptomatic late syphilis
A54.00 Gonococcal infection of lower genitourinary tract, unspecified
A54.01 Gonococcal cystitis and urethritis, unspecified
A54.02 Gonococcal vulvovaginitis, unspecified
A54.03 Gonococcal cervicitis, unspecified
A54.09 Other gonococcal infection of lower genitourinary tract
A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21 Gonococcal infection of kidney and ureter
A54.22 Gonococcal prostatitis
A54.23 Gonococcal infection of other male genital organs
A54.24 Gonococcal female pelvic inflammatory disease
A54.29 Other gonococcal genitourinary infections
A54.30 Gonococcal infection of eye, unspecified
A54.31 Gonococcal conjunctivitis
A54.32 Gonococcal iridocyclitis
A54.33 Gonococcal keratitis
A54.39 Other gonococcal eye infection
A54.40 Gonococcal infection of musculoskeletal system, unspecified
A54.41 Gonococcal spondylopathy
A54.42 Gonococcal arthritis
A54.43 Gonococcal osteomyelitis
A54.49 Gonococcal infection of other musculoskeletal tissue
A54.5 Gonococcal pharyngitis
A54.6 Gonococcal infection of anus and rectum
A54.81 Gonococcal meningitis
A54.82 Gonococcal brain abscess
A54.83 Gonococcal heart infection
A54.84 Gonococcal pneumonia
A54.85 Gonococcal peritonitis
A54.86 Gonococcal sepsis
A54.89 Other gonococcal infections
A54.9 Gonococcal infection, unspecified
A55 Chlamydial lymphogranuloma (venereum)
A56.00 Chlamydial infection of lower genitourinary tract, unspecified
A56.01 Chlamydial cystitis and urethritis
A56.02 Chlamydial vulvovaginitis
A56.09 Other chlamydial infection of lower genitourinary tract
A56.11 Chlamydial female pelvic inflammatory disease
A56.19 Other chlamydial genitourinary infection
A56.2 Chlamydial infection of genitourinary tract, unspecified
A56.3 Chlamydial infection of anus and rectum
A56.4 Chlamydial infection of pharynx
A56.8 Sexually transmitted chlamydial infection of other sites
A59.00 Urogenital trichomoniasis, unspecified
A59.01 Trichomonal vulvovaginitis
A59.03 Trichomonal cystitis and urethritis
A59.09 Other urogenital trichomoniasis
A59.8 Trichomoniasis of other sites
A59.9 Trichomoniasis, unspecified
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.04 Herpesviral vulvovaginitis
A60.9 Anogenital herpesviral infection, unspecified
A63.0 Anogenital (venereal) warts
A63.8 Other specified predominantly sexually transmitted diseases
A64 Unspecified sexually transmitted disease
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
A68.1 Tick-borne relapsing fever
A69.21 Meningitis due to Lyme disease
A71.0 Initial stage of trachoma
A71.1 Active stage of trachoma
A71.9 Trachoma, unspecified
A74.0 Chlamydial conjunctivitis
A74.81 Chlamydial peritonitis
A74.89 Other chlamydial diseases
A74.9 Chlamydial infection, unspecified
A79.82 Anaplasmosis [A. phagocytophilum]
A80.0 Acute paralytic poliomyelitis, vaccine-associated
A80.1 Acute paralytic poliomyelitis, wild virus, imported
A80.2 Acute paralytic poliomyelitis, wild virus, indigenous
A80.30 Acute paralytic poliomyelitis, unspecified
A80.39 Other acute paralytic poliomyelitis
A80.4 Acute nonparalytic poliomyelitis
A80.9 Acute poliomyelitis, unspecified
A81.00 Creutzfeldt-Jakob disease, unspecified
A81.01 Variant Creutzfeldt-Jakob disease
A81.09 Other Creutzfeldt-Jakob disease
A81.1 Subacute sclerosing panencephalitis
A81.2 Progressive multifocal leukoencephalopathy
A81.81 Kuru
A81.82 Gerstmann-Straussler-Scheinker syndrome
A81.83 Fatal familial insomnia
A81.89 Other atypical virus infections of central nervous system
A81.9 Atypical virus infection of central nervous system, unspecified
A82.9 Rabies, unspecified
A84.0 Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]
A84.1 Central European tick-borne encephalitis
A84.89 Other tick-borne viral encephalitis

Modifier Descriptors

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

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

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

Terminology

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

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

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