



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

CODERS' SPECIALTY GUIDE

# Otolaryngology & Allergy



# 2026

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# 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<sup>1</sup>, 0216T<sup>1</sup>, 10012<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

### 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<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10008<sup>1</sup>, 10010<sup>1</sup>, 10011<sup>1</sup>, 10012<sup>1</sup>, 10021<sup>1</sup>, 10035<sup>1</sup>, 11102<sup>1</sup>, 11103<sup>1</sup>, 11104<sup>1</sup>, 11105<sup>1</sup>, 11106<sup>1</sup>, 11107<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## 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<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## 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

## 10060

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

### Clinical Responsibility

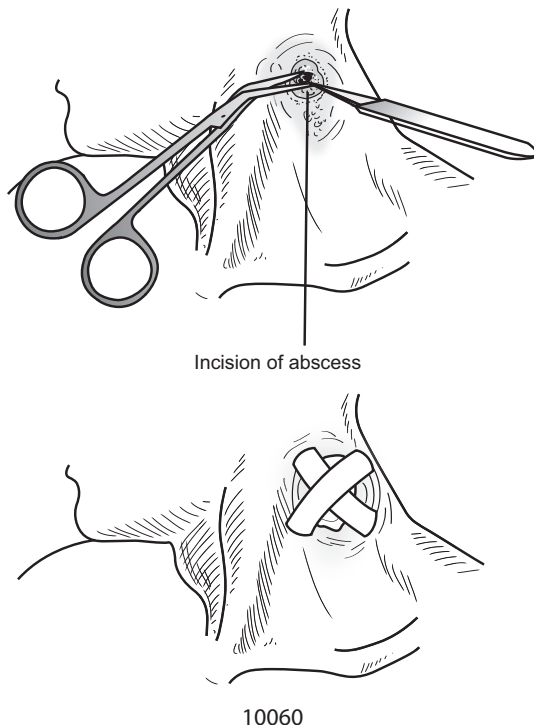
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within 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



### 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

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11055<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11401<sup>1</sup>, 11402<sup>1</sup>, 11403<sup>1</sup>, 11404<sup>1</sup>, 11406<sup>1</sup>, 11421<sup>1</sup>, 11422<sup>1</sup>, 11423<sup>1</sup>, 11424<sup>1</sup>, 11426<sup>1</sup>, 11441<sup>1</sup>, 11442<sup>1</sup>, 11443<sup>1</sup>, 11444<sup>1</sup>, 11446<sup>1</sup>, 11450<sup>1</sup>, 11451<sup>1</sup>, 11462<sup>1</sup>, 11463<sup>1</sup>, 11470<sup>1</sup>, 11471<sup>1</sup>, 11600<sup>1</sup>, 11601<sup>1</sup>, 11602<sup>1</sup>, 11603<sup>1</sup>, 11604<sup>1</sup>, 11606<sup>1</sup>, 11620<sup>1</sup>, 11621<sup>1</sup>, 11622<sup>1</sup>, 11623<sup>1</sup>, 11624<sup>1</sup>, 11626<sup>1</sup>, 11640<sup>1</sup>, 11641<sup>1</sup>, 11642<sup>1</sup>, 11643<sup>1</sup>, 11644<sup>1</sup>, 11646<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11730<sup>1</sup>, 11740<sup>1</sup>, 11765<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 20500<sup>1</sup>, 29580<sup>1</sup>, 29581<sup>1</sup>, 30000<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 97605<sup>1</sup>, 97606<sup>1</sup>, 97607<sup>1</sup>, 97608<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0127<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

## ICD-10-CM Cross References

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

### 10061

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

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He deepens the incision through the vascular inner layer of skin and down to the deep level of abscess cavity. The provider then opens the abscess and excises 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. The provider may repeat this procedure for additional lesions. Some lesions may require placement of a drain for continued drainage. This procedure takes more time than a simple I&D and requires more extensive incisions and/or a more complicated closure.

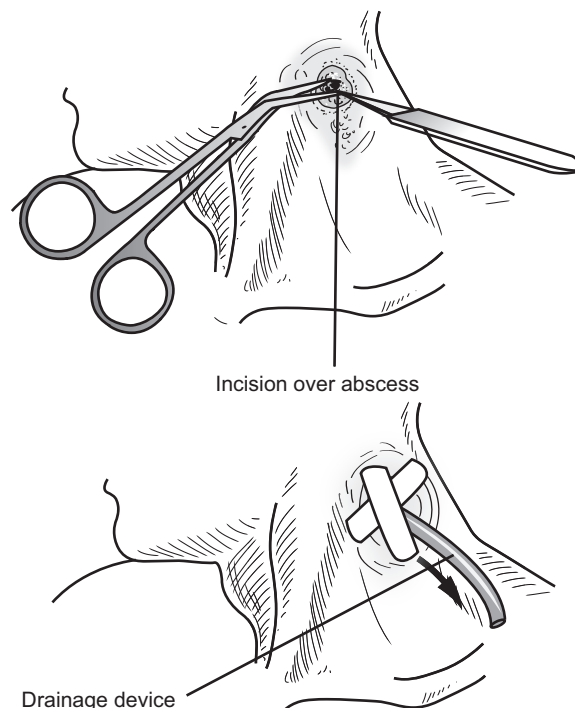
## Coding Tips

Report this code if the provider performs incision and drainage of an abscess for complex or severe and multiple capsules like cysts. A complicated I&D takes more time than usual and involves multiple incisions, drain placements, extensive packing, and subsequent wound closure.

For a simple or single I&D of the same types of lesions, report 10060.

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 over abscess

Drainage device

10061

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$179.85, Non Facility Fee: \$208.31

**RVU (Facility):** Work RVU 2.45, Practice Exp. RVU 2.81, Malpractice RVU 0.30, Total RVU 5.56

**RVU (Non-Facility):** Work RVU 2.45, Practice Exp. RVU 3.69, Malpractice RVU 0.30, Total RVU 6.44

**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

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 10060<sup>1</sup>, 11055<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11406<sup>1</sup>, 11424<sup>1</sup>, 11426<sup>1</sup>, 11440<sup>1</sup>, 11444<sup>1</sup>, 11446<sup>1</sup>, 11450<sup>1</sup>, 11451<sup>1</sup>, 11463<sup>1</sup>, 11470<sup>1</sup>, 11471<sup>1</sup>, 11604<sup>1</sup>, 11606<sup>1</sup>, 11623<sup>1</sup>, 11624<sup>1</sup>, 11626<sup>1</sup>, 11643<sup>1</sup>, 11644<sup>1</sup>, 11646<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11730<sup>1</sup>, 11740<sup>1</sup>, 11750<sup>1</sup>, 11760<sup>1</sup>, 11765<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>,

**11640**

Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less

**Clinical Responsibility**

After appropriate preparation and local anesthesia, a margin of healthy tissue is identified and outlined with a marking pen. The provider makes a full-thickness incision through the skin. He excises (cuts out) the entire lesion including the margins previously outlined. All margins are cleaned, bleeding is controlled, and the wound is closed with sutures. The lesion may be sent to a laboratory for further evaluation or a frozen section performed and additional excision of margins performed if needed.

The provider performs this excision on a malignant lesion, such as melanoma, squamous cell carcinoma, or basal cell carcinoma, with excision diameter of 0.5 cm or less, including the margins, from the face, ears, eyelids, nose, lips.

Malignant lesions are locally invasive, can destroy healthy tissue as they grow, and can possibly metastasize (spread from one body part to another).

**Coding Tips**

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11641.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11642.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11643.

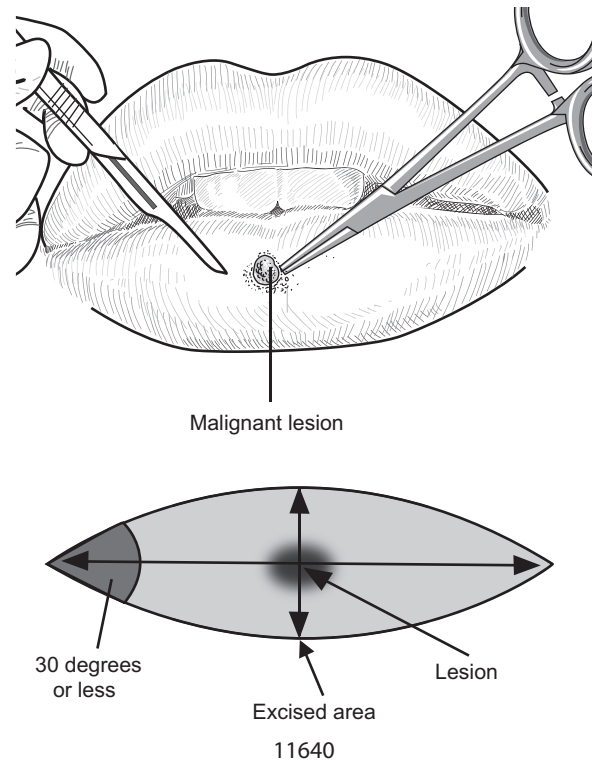
For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11644.

For the same procedure on a lesion with a diameter of over 4.0 cm, see 11646.

If a provider excises multiple lesions of different diameters, apply modifier 59, Distinct procedural service, to the code for the second lesion.

If the provider performs a second excision on the same lesion area because the pathology report came back with positive margins during the global period of the first excision, you will need to append modifier 58 to the second procedure. You should append modifier 58 when a procedure or service is planned or anticipated at the time of the original procedure (staged), and is more extensive than the original procedure.

Also, be sure to use the same malignant diagnosis again, even if the most recent excision shows no cancer cells in the specimen.

**Illustration****Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$123.89, Non Facility Fee: \$196.99

**RVU (Facility):** Work RVU 1.67, Practice Exp. RVU 1.95, Malpractice RVU 0.21, Total RVU 3.83

**RVU (Non-Facility):** Work RVU 1.67, Practice Exp. RVU 4.21, Malpractice RVU 0.21, Total RVU 6.09

**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:** 2

**Modifier Allowances**

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, E1, E2, E3, E4, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

**NCCI Alerts (version 31.0)**

00170<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 10061<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 11102<sup>1</sup>, 11104<sup>1</sup>, 11106<sup>1</sup>, 11900<sup>1</sup>, 11901<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 17000<sup>1</sup>, 17004<sup>1</sup>, 17250<sup>1</sup>, 17262<sup>1</sup>, 17263<sup>1</sup>, 17264<sup>1</sup>, 17266<sup>1</sup>, 17272<sup>1</sup>, 17273<sup>1</sup>, 17274<sup>1</sup>, 17276<sup>1</sup>, 17281<sup>1</sup>, 17282<sup>1</sup>, 17283<sup>1</sup>, 17284<sup>1</sup>, 17286<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 41826<sup>1</sup>, 41827<sup>1</sup>, 42107<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>,

64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 67810<sup>1</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0168<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

## ICD-10-CM Cross References

C00.0-C00.9, C14.8, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20-C43.22, C43.30-C43.39, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C47.0, C49.0, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20-C4A.22, C4A.30-C4A.39, C76.0, D00.00-D00.08, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20-D03.22, D03.30, D03.39, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20-D04.22, D04.30, D04.39, H01.00A, T81.40XA-T81.40XS, Z86.007

## 11641

Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

## Clinical Responsibility

After appropriate preparation and local anesthesia, a margin of healthy tissue is identified and outlined with a marking pen. The provider makes a full-thickness incision through the skin. He excises (cuts out) the entire lesion including the margins previously outlined. All margins are cleaned, bleeding is controlled, and the wound is closed with sutures. The lesion may be sent to a laboratory for further evaluation or a frozen section performed and additional excision of margins performed if needed.

The provider performs this excision on a malignant lesion, such as melanoma, squamous cell carcinoma, or basal cell carcinoma, with excision diameter of 0.6 to 1.0 cm, including the margins, from the face, ears, eyelids, nose, lips.

Malignant lesions are locally invasive, can destroy healthy tissue as they grow, and can possibly metastasize (spread from one body part to another).

## Coding Tips

For the same procedure on a lesion with a diameter of 0.5 cm or less, see 11640.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11642.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11643.

For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11644.

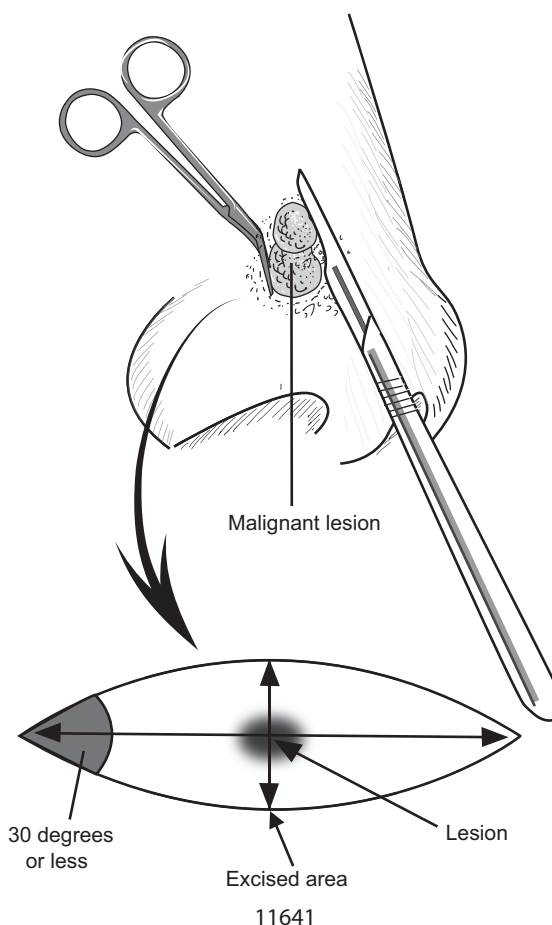
For the same procedure on a lesion with a diameter of over 4.0 cm, see 11646.

If a provider excises multiple lesions of different diameters, apply modifier 59, Distinct procedural service, to the code for the second lesion.

If the provider performs a second excision on the same lesion area because the pathology report came back with positive margins during the global period of the first excision, you will need to append modifier 58 to the second procedure. You should append modifier 58 when a procedure or service is planned or anticipated at the time of the original procedure (staged), and is more extensive than the original procedure.

Also, be sure to use the same malignant diagnosis again, even if the most recent excision shows no cancer cells in the specimen.

## Illustration



## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$152.03, Non Facility Fee: \$229.98

**RVU (Facility):** Work RVU 2.17, Practice Exp. RVU 2.25, Malpractice RVU 0.28, Total RVU 4.70



**35701**

Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider incises the skin in front of the sternomastoid muscle and over the carotid and subclavian artery. The provider dissects down, being careful to preserve the vessels and structures surrounding the artery. The provider then frees the carotid and subclavian artery from any surrounding adhesions and examines the artery. In this service, the provider finds no vessel injury needing repair and closes the incision in layers. If, however, the provider finds that the artery needs further repair or revision, she performs and documents the separately reportable procedure.

The provider may explore the affected area for a variety of reasons. The risk of bleeding, pain, or other postoperative complications may necessitate the need to explore, repair, or otherwise revise cardiothoracic surgeries such as bypass.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$424.06, Non Facility Fee: \$424.06

**RVU (Facility):** Work RVU 7.50, Practice Exp. RVU 4.27, Malpractice RVU 1.34, Total RVU 13.11

**RVU (Non-Facility):** Work RVU 7.50, Practice Exp. RVU 4.27, Malpractice RVU 1.34, Total RVU 13.11

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 35800<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 75600<sup>1</sup>, 75605<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>,

99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10-CM Cross References**

G45.1, G45.2, G45.8, G46.0-G46.2, I65.21-I65.29, I65.8, I67.2, I76, I77.1, I77.71, R09.89, R40.4, R55, R56.00

**35800**

Exploration for postoperative hemorrhage, thrombosis or infection; neck

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider incises the skin of the patient's neck over the area for examination. She dissects down being careful to preserve underlying vessels and structures. She examines the site of hemorrhage, thrombosis, or infection related to blood vessels and controls the source of the bleeding or removes the thrombus or area of infection. For instance, for hemorrhage, she locates the hemorrhaging vessel and uses manual compression to keep the bleeding under control until she can apply clamps and then cauterizes, ligates, or sutures the vessel. She checks for additional areas of bleeding in the neck, particularly those near or related to the previous surgery. If a thrombosis is found, she incises the vessel and removes the blood clot. For an infection, the provider drains the area and may place a drain for ongoing removal of fluid. Upon completion of the procedure, she checks for return of normal blood flow in repaired vessels, irrigates the area, and closes the surgical wound, except when leaving the wound open for ongoing drainage of the infection.

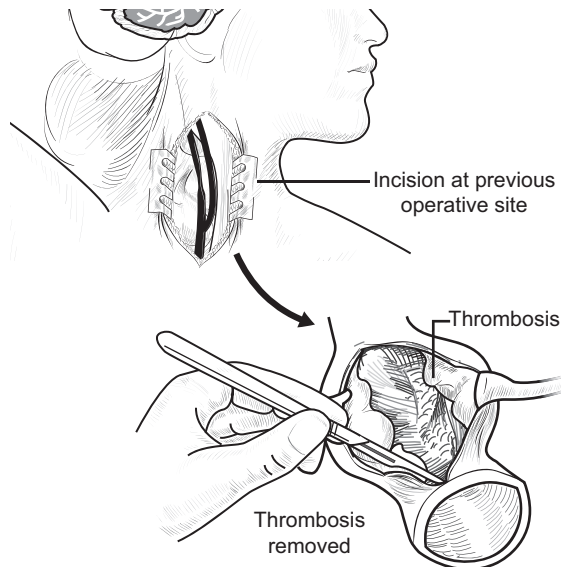
**Coding Tips**

Code 35800 differs from other excision or repair codes because it takes place in the circulatory system. This means the provider's concern is with managing a hemorrhage via the blood vessels, rather than by exploring the source of the bleeding.

Use codes 35800 to 35860 when the provider has to return the patient to the operating room for exploration for postoperative hemorrhage. That means you cannot use these codes for bleeding that occurs during the initial operative session.

You may need to attach modifier 78, Unplanned return to the operating room by the same physician following initial procedure for a related procedure during the postoperative period, to 35800 to indicate that the service represents a return to the operating room for a related procedure during the postoperative period.

## Illustration



35800

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$712.59, Non Facility Fee: \$712.59

**RVU (Facility):** Work RVU 12.00, Practice Exp. RVU 7.67, Malpractice RVU 2.36, Total RVU 22.03

**RVU (Non-Facility):** Work RVU 12.00, Practice Exp. RVU 7.67, Malpractice RVU 2.36, Total RVU 22.03

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 2

## Modifier Allowances

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

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36595<sup>1</sup>, 36596<sup>1</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>,

96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10-CM Cross References

I63.019, I63.119, I63.139, I63.219, I63.239, I63.59, I65.01-I65.09, I65.21-I65.29, I65.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.620-I97.622, I97.630-I97.638, I97.640-I97.648, T79.8XXA, T80.219A, T81.31XA, T81.328A, T81.329A, T81.40XA-T81.40XS, T81.719A, T81.72XA, T81.89XA, T82.391A, T82.590A, T82.591A, T82.593A, T82.595A, T82.598A, T85.79XA, T88.8XXA

## 36415

Collection of venous blood by venipuncture

## Clinical Responsibility

The provider cleanses the venipuncture site, usually on the upper arm or elbow, with an appropriate antiseptic, usually 70% alcohol. He allows the area to dry. The provider wraps an elastic band tightly around the upper arm so that the vein at the arm swells. Next, the provider inserts a needle slowly into the vein, taking care not to puncture the posterior wall of the vein. He draws around 5 mL of blood into a collection tube. Then he removes the needle and applies direct pressure onto the puncture site to stop the bleeding.

## 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: X, PC/TC Indicator: 9, Endoscopic Base Code: None

**Practitioner MUE:** 2

## Modifier Allowances

33, 52, 53, 59, 76, 77, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

36591<sup>0</sup>, 36592<sup>0</sup>, 96523<sup>0</sup>, 99211<sup>1</sup>

## ICD-10-CM Cross References

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



# Digestive System

## 40490

Biopsy of lip

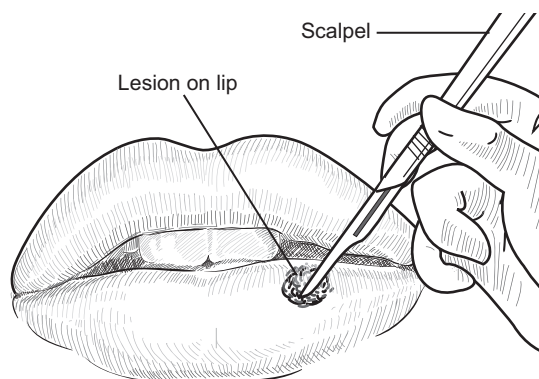
### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the lip and removes the lesion including margins of healthy tissue. He does this by making an elliptical incision using a scalpel. The provider then continues the dissection using scissors, identifying the lesion and removing it. The provider stops the bleeding possibly using chemo or electrocautery.

### Coding Tips

For other excision procedures on the lip, see range 40500-40530.

### Illustration



40490

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$67.28, Non Facility Fee: \$118.39

**RVU (Facility):** Work RVU 1.22, Practice Exp. RVU 0.73, Malpractice RVU 0.13, Total RVU 2.08

**RVU (Non-Facility):** Work RVU 1.22, Practice Exp. RVU 2.31, Malpractice RVU 0.13, Total RVU 3.66

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 2

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

00170<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 10005<sup>1</sup>, 10007<sup>1</sup>, 10009<sup>1</sup>, 10011<sup>1</sup>, 10021<sup>1</sup>, 11102<sup>1</sup>, 11104<sup>1</sup>, 11106<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>,

12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92502<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>1</sup>, 99496<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

### ICD-10-CM Cross References

C00.0-C00.9, C14.8, C43.0, C44.00-C44.09, C76.0, D03.0, D04.0, D23.0, D37.01, K13.0, K13.1, S00.522S, S00.532D, S00.532S, S00.542S, S00.552S, S00.562D, S00.562S, S00.572D, S00.572S, Z85.818, Z85.819

## 40500

Vermilionectomy (lip shave), with mucosal advancement

### Clinical Responsibility

The provider anesthetizes the area he will excise. He removes the vermilion border of the lip and the diseased areas. He separates the skin from the underlying muscle and removes it. He advances the skin and sutures the remaining labial mucosa to the skin, thereby creating a new vermilion.

### Coding Tips

Most of the time, the reason for performing vermilionectomy is actinic cheilitis. A wedge resection with margins, other the other hand, may be used to remove squamous cell carcinoma. Vermilionectomy may be performed as a preventative maneuver or for other lesions. If a wedge resection and lip shave are performed for the same reason, code only 40520.

If two procedures are performed for two different lesions or problems, then this should be clearly stated in the operative report. If this is the case, then, code both 40500, Vermilionectomy (lip shave), with mucosal advancement, and 40520 with modifier 59, Distinct procedural service, appended to the code which has fewer RVUs.

Modifier: 0 = not allowed, 1 = allowed

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## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$364.55, Non Facility Fee: \$513.34

**RVU (Facility):** Work RVU 4.47, Practice Exp. RVU 6.20, Malpractice RVU 0.60, Total RVU 11.27

**RVU (Non-Facility):** Work RVU 4.47, Practice Exp. RVU 10.80, Malpractice RVU 0.60, Total RVU 15.87

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE: 2**

## 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)

00170<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92502<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

## ICD-10-CM Cross References

C00.0-C00.9, C43.0, C44.00-C44.09, D00.01, D03.0, D10.0, D22.0, D23.0, K13.0, K13.1, Q38.0, Z41.1, Z42.8

### 40510

Excision of lip; transverse wedge excision with primary closure

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider perpendicularly incises the lip area and mucosa, creating

a wedge shape of lip and surrounding tissue. The wedge-shaped excision may remove mucosa, submucosa, submucosal glandular tissue, and sometimes orbicularis muscle tissue. After he removes the affected area, he extends the wound below the incision and creates a tissue flap to cover and repair the exposed tissue. He then sutures the wound closed.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$343.84, Non Facility Fee: \$475.82

**RVU (Facility):** Work RVU 4.82, Practice Exp. RVU 5.15, Malpractice RVU 0.66, Total RVU 10.63

**RVU (Non-Facility):** Work RVU 4.82, Practice Exp. RVU 9.23, Malpractice RVU 0.66, Total RVU 14.71

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE: 2**

## 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)

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## ICD-10-CM Cross References

C00.0-C00.9, C43.0, C44.00-C44.09, C76.0, D03.0, D04.0, D10.0, D17.0, D21.0, D22.0, D23.0, D37.01, K13.0, T81.40XA-T81.40XS, Z42.8

**99499**

Unlisted evaluation and management service

**Clinical Responsibility**

The provider performs an evaluation and management service that is not represented by any of the standard and active CPT® codes available. Consult the provider, if possible, to ensure that proper documentation has been done before billing for an unlisted procedure.

**Coding Tips**

CPT® guidelines instruct that you should not choose a code that merely approximates the service provided. You should report the service using only the appropriate unlisted procedure code if no such specific procedure or service code exists.

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

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

**Fee Schedule Information**

**Medicare Fees (National):** 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: C, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

**Modifier Allowances**

80, 81, 82, AS, CS, FS, FT, GV, GW, GY, GZ, KX, PD

**NCCI Alerts (version 31.0)**

96523<sup>0</sup>, 99452<sup>1</sup>

**ICD-10-CM Cross References**

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

# HCPCS Level II Codes

## Outpatient PPS

### C7503

Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the skin of the neck and dissects the tissue overlying the target node or nodes, taking care to preserve critical nerves and other structures in the area. The provider then excises or takes biopsy specimens from the lymph node or nodes. The provider may use a method of identifying lymph nodes for excision by injecting a nonradioactive dye into a known area of disease and allowing the dye to drain into the lymphatic system. The node that picks up the most dye is the first (sentinel) node to filter fluids from the diseased area. If the results show no disease, then the provider excises no further lymph nodes. If, however, the lymph node shows the presence of disease, the provider may remove additional nodes as necessary. The provider then completes the procedure, including closing surgical wounds as appropriate.

#### BETOS

**P5E:** Ambulatory procedures - other

### C7509

Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a flexible or rigid tube, called a bronchoscope, through the nose or mouth and moves the scope down into the throat. The provider advances the scope to the bronchus, the main passageway to the lung. The provider examines the mucus lining or covering of these airways and looks for any abnormality that may be present. The provider may pass saline solution through the tube to wash the airways and to obtain a sample of suspicious cells, one or more times. The provider uses computer-assisted image-guided navigation, also called navigational bronchoscopy. Typically during a planning phase, software reconstructs three-dimensional images of target areas. During the procedure, the bronchoscope tip is guided to those target areas. The provider also may use fluoroscopic guidance to perform this procedure. In fluoroscopic guidance, the provider injects a dye and uses X-ray imaging of moving structures to guide the passage of the scope. The provider removes the scope and completes the procedure.

#### BETOS

**P8F:** Endoscopy - bronchoscopy

### C7510

Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a flexible or rigid tube, called a bronchoscope, through the nose or mouth and moves the scope down into the throat. The provider advances the scope to the bronchus, the main passageway to the lung. The provider examines the mucus lining or covering of these airways and looks for any abnormality that may be present. The provider passes saline solution through the tube to wash cells from alveoli, the air sacs at the end of tiny air passages in the lungs called bronchioles. This may involve repeated instillations. The provider aspirates this fluid for inspection. The provider uses computer-assisted image-guided navigation, also called navigational bronchoscopy. Typically during a planning phase, software reconstructs three-dimensional images of target areas. During the procedure, the bronchoscope tip is guided to those target areas. The provider also may use fluoroscopic guidance to perform this procedure. In fluoroscopic guidance, the provider injects a dye and uses X-ray imaging of moving structures to guide the passage of the scope. The provider removes the scope and completes the procedure.

#### BETOS

**P8F:** Endoscopy - bronchoscopy

### C7511

Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a flexible or rigid tube, called a bronchoscope, through the nose or mouth and moves the scope down into the throat. The provider advances the scope to the bronchus, the main passageway to the lung. The provider examines the mucus lining or covering of these airways and looks for any abnormality that may be present. The provider then introduces an instrument for biopsy, such as forceps, through the channel in the scope and takes one or more biopsies from the bronchi (airways leading

# Procedures/Professional Services

## G0031

Palliative care services given to patient any time during the measurement period

### Clinical Responsibility

Documentation for a patient indicates the patient received palliative care at any time during the relevant program measure's measurement period. Palliative care is the treatment or relief of symptoms of a condition that does not cure the disease or condition.

This is a tracking code for performance measurement.

### BETOS

**Z2:** Undefined codes

## G0034

Patients receiving palliative care during the measurement period

### Clinical Responsibility

Documentation for a patient indicates the patient received palliative care during the relevant program measure's measurement period. Palliative care is the treatment or relief of symptoms of a condition that does not cure the disease or condition.

This is a tracking code for performance measurement.

### BETOS

**Z2:** Undefined codes

## G0048

Patients who receive palliative care services any time during the intake period through the end of the measurement year

### Clinical Responsibility

Documentation for a patient indicates the patient received palliative care at any time during the intake period through the end of the relevant program measure's measurement year. Palliative care is the treatment or relief of symptoms of a condition that does not cure the disease or condition.

This is a tracking code for performance measurement.

### BETOS

**Z2:** Undefined codes

## G0060

Allergy/immunology mips specialty set

### Clinical Responsibility

This code is specific to the Allergy/Immunology MIPS Specialty Set. Medicare develops and maintains specialty measure sets to assist Merit-based Incentive Payment System (MIPS) eligible clinicians with selecting quality measures that are most relevant to their scope of practice.

### BETOS

**Z2:** Undefined codes

## G0062

Audiology mips specialty set

### Clinical Responsibility

This code is specific to the Audiology MIPS Specialty Set. Medicare develops and maintains specialty measure sets to assist Merit-based Incentive Payment System (MIPS) eligible clinicians with selecting quality measures that are most relevant to their scope of practice.

### BETOS

**Z2:** Undefined codes

## G0067

Dentistry mips specialty set

### Clinical Responsibility

This code is specific to the Dentistry MIPS Specialty Set. Medicare develops and maintains specialty measure sets to assist Merit-based Incentive Payment System (MIPS) eligible clinicians with selecting quality measures that are most relevant to their scope of practice.

### BETOS

**Z2:** Undefined codes

## G0268

Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing

### Clinical Responsibility

When the patient has difficulty hearing and presents for an audiologic function test, the provider examines the external auditory canal. Use this code when the provider identifies an ear canal blocked with wax and removes it on the same day as the



audiologic function test. The removal of wax from the ears requires a provider's skill.

## Coding Tips

Use G codes to represent temporary procedures and professional services. Medicare covers G codes for services that replace CPT® codes.

## BETOS

**P6C:** Minor procedures - other (Medicare fee schedule)

### G0316

Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT® codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (do not report g0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (do not report g0316 for any time unit less than 15 minutes)

## Clinical Responsibility

In addition to the required total time for an inpatient or observation evaluation and management (E/M) service, the physician or qualified healthcare professional spends additional time on that E/M service. The primary service (99223, 99233, or 99236) is one coded based on total time with and without patient contact. This code applies to each 15 minutes of prolonged service time. Do not report this code for any time unit of less than 15 minutes.

## Coding Tips

You must report this code in addition to an appropriate primary service code.

Confirm whether payers accept this code rather than a similar code, such as +99418.

Check payer rules regarding minimum time required to report the code (such as 30 minutes beyond the primary service's minimum time requirement) and the relevant time period for counting total time (such as the encounter date or within three days following the encounter).

## BETOS

**Y1:** Other - Medicare fee schedule

### G0317

Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT® codes 99306, 99310 for nursing

facility evaluation and management services). (do not report g0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (do not report g0317 for any time unit less than 15 minutes)

## Clinical Responsibility

In addition to the required total time for a nursing facility evaluation and management (E/M) service, the physician or qualified healthcare professional spends additional time on that E/M service. The primary service (99306 or 99310) is one coded based on total time with and without patient contact. This code applies to each 15 minutes of prolonged service time. Do not report this code for any time unit of less than 15 minutes.

## Coding Tips

You must report this code in addition to an appropriate primary service code.

Confirm whether payers accept this code rather than a similar code, such as +99418.

Check payer rules regarding minimum time required to report the code (such as 50 minutes beyond the primary service's minimum time requirement) and the relevant time period for counting total time (such as from one day before to three days following the encounter).

## BETOS

**Y1:** Other - Medicare fee schedule

### G0318

Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT® codes 99345, 99350 for home or residence evaluation and management services). (do not report g0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (do not report g0318 for any time unit less than 15 minutes)

## Clinical Responsibility

In addition to the required total time for a home or residence evaluation and management (E/M) service, the physician or qualified healthcare professional spends additional time on that E/M service. The primary service (99345 or 99350) is one coded based on total time with and without patient contact. This code applies to each 15 minutes of prolonged service time. Do not report this code for any time unit of less than 15 minutes.

## Coding Tips

You must report this code in addition to an appropriate primary service code.

Confirm whether payers accept this code rather than a similar code, such as +99417.

Check payer rules regarding minimum time required to report the code (such as 66 minutes beyond the primary service's minimum



# ICD-10-CM Cross Reference Details

<b>A01.01</b>	Typhoid meningitis	<b>A87.1</b>	Adenoviral meningitis
<b>A02.21</b>	Salmonella meningitis	<b>A87.2</b>	Lymphocytic choriomeningitis
<b>A05.1</b>	Botulism food poisoning	<b>A87.8</b>	Other viral meningitis
<b>A06.5</b>	Amebic lung abscess	<b>A87.9</b>	Viral meningitis, unspecified
<b>A15.4</b>	Tuberculosis of intrathoracic lymph nodes	<b>B00.1</b>	Herpesviral vesicular dermatitis
<b>A15.5</b>	Tuberculosis of larynx, trachea and bronchus	<b>B00.3</b>	Herpesviral meningitis
<b>A15.8</b>	Other respiratory tuberculosis	<b>B00.50</b>	Herpesviral ocular disease, unspecified
<b>A15.9</b>	Respiratory tuberculosis unspecified	<b>B00.53</b>	Herpesviral conjunctivitis
<b>A17.0</b>	Tuberculous meningitis	<b>B00.59</b>	Other herpesviral disease of eye
<b>A17.89</b>	Other tuberculosis of nervous system	<b>B00.82</b>	Herpes simplex myelitis
<b>A18.03</b>	Tuberculosis of other bones	<b>B01.0</b>	Varicella meningitis
<b>A18.50</b>	Tuberculosis of eye, unspecified	<b>B01.11</b>	Varicella encephalitis and encephalomyelitis
<b>A18.51</b>	Tuberculous episcleritis	<b>B01.12</b>	Varicella myelitis
<b>A18.52</b>	Tuberculous keratitis	<b>B01.89</b>	Other varicella complications
<b>A18.54</b>	Tuberculous iridocyclitis	<b>B01.9</b>	Varicella without complication
<b>A18.59</b>	Other tuberculosis of eye	<b>B02.0</b>	Zoster encephalitis
<b>A18.6</b>	Tuberculosis of (inner) (middle) ear	<b>B02.1</b>	Zoster meningitis
<b>A20.3</b>	Plague meningitis	<b>B02.21</b>	Postherpetic geniculate ganglionitis
<b>A21.1</b>	Oculoglandular tularemia	<b>B02.22</b>	Postherpetic trigeminal neuralgia
<b>A22.1</b>	Pulmonary anthrax	<b>B02.23</b>	Postherpetic polyneuropathy
<b>A27.81</b>	Aseptic meningitis in leptospirosis	<b>B02.24</b>	Postherpetic myelitis
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>B02.29</b>	Other postherpetic nervous system involvement
<b>A32.11</b>	Listerial meningitis	<b>B02.30</b>	Zoster ocular disease, unspecified
<b>A32.12</b>	Listerial meningoencephalitis	<b>B02.31</b>	Zoster conjunctivitis
<b>A32.7</b>	Listerial sepsis	<b>B02.34</b>	Zoster scleritis
<b>A32.81</b>	Oculoglandular listeriosis	<b>B02.39</b>	Other herpes zoster eye disease
<b>A35</b>	Other tetanus	<b>B02.7</b>	Disseminated zoster
<b>A36.0</b>	Pharyngeal diphtheria	<b>B02.8</b>	Zoster with other complications
<b>A36.1</b>	Nasopharyngeal diphtheria	<b>B02.9</b>	Zoster without complications
<b>A36.2</b>	Laryngeal diphtheria	<b>B03</b>	Smallpox
<b>A36.86</b>	Diphtheritic conjunctivitis	<b>B04</b>	Monkeypox
<b>A36.89</b>	Other diphtheritic complications	<b>B05.1</b>	Measles complicated by meningitis
<b>A37.01</b>	Whooping cough due to Bordetella pertussis with pneumonia	<b>B05.3</b>	Measles complicated by otitis media
<b>A37.11</b>	Whooping cough due to Bordetella parapertussis with pneumonia	<b>B05.81</b>	Measles keratitis and keratoconjunctivitis
<b>A37.81</b>	Whooping cough due to other Bordetella species with pneumonia	<b>B05.89</b>	Other measles complications
<b>A37.91</b>	Whooping cough, unspecified species with pneumonia	<b>B05.9</b>	Measles without complication
<b>A39.0</b>	Meningococcal meningitis	<b>B06.00</b>	Rubella with neurological complication, unspecified
<b>A39.82</b>	Meningococcal retrobulbar neuritis	<b>B06.02</b>	Rubella meningitis
<b>A40.3</b>	Sepsis due to Streptococcus pneumoniae	<b>B06.89</b>	Other rubella complications
<b>A41.51</b>	Sepsis due to Escherichia coli [E. coli]	<b>B06.9</b>	Rubella without complication
<b>A41.54</b>	Sepsis due to Acinetobacter baumannii	<b>B07.0</b>	Plantar wart
<b>A42.81</b>	Actinomycotic meningitis	<b>B07.8</b>	Other viral warts
<b>A48.1</b>	Legionnaires' disease	<b>B07.9</b>	Viral wart, unspecified
<b>A50.41</b>	Late congenital syphilitic meningitis	<b>B08.09</b>	Other orthopoxvirus infections
<b>A50.43</b>	Late congenital syphilitic polyneuropathy	<b>B08.1</b>	Molluscum contagiosum
<b>A50.44</b>	Late congenital syphilitic optic nerve atrophy	<b>B08.21</b>	Exanthema subitum [sixth disease] due to human herpesvirus 6
<b>A50.49</b>	Other late congenital neurosyphilis	<b>B08.22</b>	Exanthema subitum [sixth disease] due to human herpesvirus 7
<b>A51.41</b>	Secondary syphilitic meningitis	<b>B08.8</b>	Other specified viral infections characterized by skin and mucous membrane lesions
<b>A52.12</b>	Other cerebrospinal syphilis	<b>B09</b>	Unspecified viral infection characterized by skin and mucous membrane lesions
<b>A52.13</b>	Late syphilitic meningitis	<b>B10.01</b>	Human herpesvirus 6 encephalitis
<b>A52.15</b>	Late syphilitic neuropathy	<b>B10.09</b>	Other human herpesvirus encephalitis
<b>A52.19</b>	Other symptomatic neurosyphilis	<b>B10.81</b>	Human herpesvirus 6 infection
<b>A54.31</b>	Gonococcal conjunctivitis	<b>B10.82</b>	Human herpesvirus 7 infection
<b>A54.81</b>	Gonococcal meningitis	<b>B10.89</b>	Other human herpesvirus infection
<b>A56.4</b>	Chlamydial infection of pharynx	<b>B20</b>	Human immunodeficiency virus [HIV] disease
<b>A66.0</b>	Initial lesions of yaws	<b>B25.0</b>	Cytomegaloviral pneumonitis
<b>A66.2</b>	Other early skin lesions of yaws	<b>B26.1</b>	Mumps meningitis
<b>A66.3</b>	Hyperkeratosis of yaws	<b>B26.84</b>	Mumps polyneuropathy
<b>A67.0</b>	Primary lesions of pinta	<b>B26.89</b>	Other mumps complications
<b>A67.1</b>	Intermediate lesions of pinta	<b>B26.9</b>	Mumps without complication
<b>A67.2</b>	Late lesions of pinta	<b>B27.00</b>	Gammaherpesviral mononucleosis without complication
<b>A67.3</b>	Mixed lesions of pinta	<b>B27.01</b>	Gammaherpesviral mononucleosis with polyneuropathy
<b>A69.21</b>	Meningitis due to Lyme disease	<b>B27.02</b>	Gammaherpesviral mononucleosis with meningitis
<b>A74.0</b>	Chlamydial conjunctivitis	<b>B27.09</b>	Gammaherpesviral mononucleosis with other complications
<b>A79.82</b>	Anaplasmosis [A. phagocytophilum]		
<b>A87.0</b>	Enteroviral meningitis		

<b>B27.11</b>	Cytomegaloviral mononucleosis with polyneuropathy	<b>B97.4</b>	Respiratory syncytial virus as the cause of diseases classified elsewhere
<b>B27.12</b>	Cytomegaloviral mononucleosis with meningitis	<b>B99.8</b>	Other infectious disease
<b>B27.80</b>	Other infectious mononucleosis without complication	<b>B99.9</b>	Unspecified infectious disease
<b>B27.81</b>	Other infectious mononucleosis with polyneuropathy	<b>C00.0</b>	Malignant neoplasm of external upper lip
<b>B27.82</b>	Other infectious mononucleosis with meningitis	<b>C00.1</b>	Malignant neoplasm of external lower lip
<b>B27.91</b>	Infectious mononucleosis, unspecified with polyneuropathy	<b>C00.2</b>	Malignant neoplasm of external lip, unspecified
<b>B27.92</b>	Infectious mononucleosis, unspecified with meningitis	<b>C00.3</b>	Malignant neoplasm of upper lip, inner aspect
<b>B30.0</b>	Keratoconjunctivitis due to adenovirus	<b>C00.4</b>	Malignant neoplasm of lower lip, inner aspect
<b>B30.1</b>	Conjunctivitis due to adenovirus	<b>C00.5</b>	Malignant neoplasm of lip, unspecified, inner aspect
<b>B30.2</b>	Viral pharyngoconjunctivitis	<b>C00.6</b>	Malignant neoplasm of commissure of lip, unspecified
<b>B30.3</b>	Acute epidemic hemorrhagic conjunctivitis (enteroviral)	<b>C00.8</b>	Malignant neoplasm of overlapping sites of lip
<b>B30.8</b>	Other viral conjunctivitis	<b>C00.9</b>	Malignant neoplasm of lip, unspecified
<b>B30.9</b>	Viral conjunctivitis, unspecified	<b>C01</b>	Malignant neoplasm of base of tongue
<b>B34.2</b>	Coronavirus infection, unspecified	<b>C02.0</b>	Malignant neoplasm of dorsal surface of tongue
<b>B35.1</b>	Tinea unguium	<b>C02.1</b>	Malignant neoplasm of border of tongue
<b>B35.8</b>	Other dermatophytoses	<b>C02.2</b>	Malignant neoplasm of ventral surface of tongue
<b>B35.9</b>	Dermatophytosis, unspecified	<b>C02.3</b>	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
<b>B37.2</b>	Candidiasis of skin and nail	<b>C02.4</b>	Malignant neoplasm of lingual tonsil
<b>B37.49</b>	Other urogenital candidiasis	<b>C02.8</b>	Malignant neoplasm of overlapping sites of tongue
<b>B37.5</b>	Candidal meningitis	<b>C02.9</b>	Malignant neoplasm of tongue, unspecified
<b>B38.3</b>	Cutaneous coccidioidomycosis	<b>C03.0</b>	Malignant neoplasm of upper gum
<b>B38.4</b>	Coccidioidomycosis meningitis	<b>C03.1</b>	Malignant neoplasm of lower gum
<b>B40.3</b>	Cutaneous blastomycosis	<b>C03.9</b>	Malignant neoplasm of gum, unspecified
<b>B42.1</b>	Lymphocutaneous sporotrichosis	<b>C04.0</b>	Malignant neoplasm of anterior floor of mouth
<b>B43.0</b>	Cutaneous chromomycosis	<b>C04.1</b>	Malignant neoplasm of lateral floor of mouth
<b>B43.2</b>	Subcutaneous phaeomycotic abscess and cyst	<b>C04.8</b>	Malignant neoplasm of overlapping sites of floor of mouth
<b>B44.0</b>	Invasive pulmonary aspergillosis	<b>C04.9</b>	Malignant neoplasm of floor of mouth, unspecified
<b>B45.1</b>	Cerebral cryptococcosis	<b>C05.0</b>	Malignant neoplasm of hard palate
<b>B45.2</b>	Cutaneous cryptococcosis	<b>C05.1</b>	Malignant neoplasm of soft palate
<b>B45.8</b>	Other forms of cryptococcosis	<b>C05.2</b>	Malignant neoplasm of uvula
<b>B45.9</b>	Cryptococcosis, unspecified	<b>C05.8</b>	Malignant neoplasm of overlapping sites of palate
<b>B46.3</b>	Cutaneous mucormycosis	<b>C05.9</b>	Malignant neoplasm of palate, unspecified
<b>B46.9</b>	Zygomycosis, unspecified	<b>C06.0</b>	Malignant neoplasm of cheek mucosa
<b>B55.1</b>	Cutaneous leishmaniasis	<b>C06.1</b>	Malignant neoplasm of vestibule of mouth
<b>B55.2</b>	Mucocutaneous leishmaniasis	<b>C06.2</b>	Malignant neoplasm of retromolar area
<b>B57.41</b>	Meningitis in Chagas' disease	<b>C06.80</b>	Malignant neoplasm of overlapping sites of unspecified parts of mouth
<b>B60.12</b>	Conjunctivitis due to Acanthamoeba	<b>C06.89</b>	Malignant neoplasm of overlapping sites of other parts of mouth
<b>B60.13</b>	Keratoconjunctivitis due to Acanthamoeba	<b>C06.9</b>	Malignant neoplasm of mouth, unspecified
<b>B65.3</b>	Cercarial dermatitis	<b>C07</b>	Malignant neoplasm of parotid gland
<b>B66.4</b>	Paragonimiasis	<b>C08.0</b>	Malignant neoplasm of submandibular gland
<b>B67.32</b>	Echinococcus granulosus infection, multiple sites	<b>C08.1</b>	Malignant neoplasm of sublingual gland
<b>B67.39</b>	Echinococcus granulosus infection, other sites	<b>C08.9</b>	Malignant neoplasm of major salivary gland, unspecified
<b>B67.4</b>	Echinococcus granulosus infection, unspecified	<b>C09.0</b>	Malignant neoplasm of tonsillar fossa
<b>B77.81</b>	Ascariasis pneumonia	<b>C09.1</b>	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
<b>B78.1</b>	Cutaneous strongyloidiasis	<b>C09.8</b>	Malignant neoplasm of overlapping sites of tonsil
<b>B87.0</b>	Cutaneous myiasis	<b>C09.9</b>	Malignant neoplasm of tonsil, unspecified
<b>B87.81</b>	Genitourinary myiasis	<b>C10.0</b>	Malignant neoplasm of vallecula
<b>B90.1</b>	Sequelae of genitourinary tuberculosis	<b>C10.1</b>	Malignant neoplasm of anterior surface of epiglottis
<b>B91</b>	Sequelae of poliomyelitis	<b>C10.2</b>	Malignant neoplasm of lateral wall of oropharynx
<b>B95.2</b>	Enterococcus as the cause of diseases classified elsewhere	<b>C10.3</b>	Malignant neoplasm of posterior wall of oropharynx
<b>B95.3</b>	Streptococcus pneumoniae as the cause of diseases classified elsewhere	<b>C10.4</b>	Malignant neoplasm of branchial cleft
<b>B96.20</b>	Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere	<b>C10.8</b>	Malignant neoplasm of overlapping sites of oropharynx
<b>B96.21</b>	Shiga toxin-producing Escherichia coli [E. coli] [STEC] O157 as the cause of diseases classified elsewhere	<b>C10.9</b>	Malignant neoplasm of oropharynx, unspecified
<b>B96.22</b>	Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere	<b>C11.0</b>	Malignant neoplasm of superior wall of nasopharynx
<b>B96.23</b>	Unspecified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere	<b>C11.1</b>	Malignant neoplasm of posterior wall of nasopharynx
<b>B96.29</b>	Other Escherichia coli [E. coli] as the cause of diseases classified elsewhere	<b>C11.2</b>	Malignant neoplasm of lateral wall of nasopharynx
<b>B96.83</b>	Acinetobacter baumannii as the cause of diseases classified elsewhere	<b>C11.3</b>	Malignant neoplasm of anterior wall of nasopharynx
<b>B97.10</b>	Unspecified enterovirus as the cause of diseases classified elsewhere	<b>C11.8</b>	Malignant neoplasm of overlapping sites of nasopharynx
<b>B97.19</b>	Other enterovirus as the cause of diseases classified elsewhere	<b>C11.9</b>	Malignant neoplasm of nasopharynx, unspecified
<b>B97.21</b>	SARS-associated coronavirus as the cause of diseases classified elsewhere	<b>C12</b>	Malignant neoplasm of pyriform sinus
<b>B97.29</b>	Other coronavirus as the cause of diseases classified elsewhere	<b>C13.0</b>	Malignant neoplasm of postcricoid region
<b>B97.35</b>	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	<b>C13.1</b>	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
		<b>C13.2</b>	Malignant neoplasm of posterior wall of hypopharynx
		<b>C13.8</b>	Malignant neoplasm of overlapping sites of hypopharynx
		<b>C13.9</b>	Malignant neoplasm of hypopharynx, unspecified
		<b>C14.0</b>	Malignant neoplasm of pharynx, unspecified
		<b>C14.2</b>	Malignant neoplasm of Waldeyer's ring

# Modifier Descriptors

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

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

Modifier	Description
<b>AB</b>	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
<b>AD</b>	Medical supervision by a physician: more than four concurrent anesthesia procedures
<b>AE</b>	Registered dietician
<b>AF</b>	Specialty physician
<b>AG</b>	Primary physician
<b>AH</b>	Clinical psychologist
<b>AI</b>	Principal physician of record
<b>AJ</b>	Clinical social worker
<b>AK</b>	Non participating physician
<b>AM</b>	Physician, team member service
<b>AO</b>	Alternate payment method declined by provider of service
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)
<b>AR</b>	Physician provider services in a physician scarcity area
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
<b>AW</b>	Item furnished in conjunction with a surgical dressing
<b>AX</b>	Item furnished in conjunction with dialysis services
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
<b>BL</b>	Special acquisition of blood and blood products
<b>BO</b>	Orally administered nutrition, not by feeding tube
<b>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item

Modifier	Description
<b>BU</b>	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>CB</b>	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
<b>CC</b>	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>CE</b>	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
<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>CG</b>	Policy criteria applied
<b>CH</b>	0 percent impaired, limited or restricted
<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>CN</b>	100 percent impaired, limited or restricted
<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>CR</b>	Catastrophe/disaster related
<b>CS</b>	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
<b>Abbe Estlander operation</b>	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
<b>Ablation</b>	Surgical destruction of abnormal tissue or organ growth.
<b>Abscess</b>	A collection of pus in a walled off sac or pocket, the result of infection.
<b>Abutment</b>	The part of an implant that protrudes from its anchor point; or the point where two structures meet.
<b>Accessory nasal sinuses</b>	Paranasal sinuses present as a hollow cavity within the skull but open into the nasal cavity; these are lined with a mucosal membrane.
<b>Accessory spinal nerve</b>	One of the 12 cranial nerves; it supplies the sternocleidomastoid muscle and the trapezius muscle, a flat triangular shaped muscle that covers most of the upper back.
<b>Acoustic immittance testing</b>	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
<b>Acoustic reflex</b>	A measurement of the contraction of the stapedius muscle in response to loud sound.
<b>Acoustic testing</b>	Assessment of the perception or production of sound waves, in hearing and or speaking.
<b>Adenoids</b>	Lymph tissue at the back of the throat near the base of the nose.
<b>Adhesions</b>	Fibrous bands, which typically result from inflammation or injury during surgery that form between tissues and organs; they may be thought of as internal scar tissue.
<b>Adhesive material</b>	Cotton or a fabric coated with a covering that is used to cover minor skin injuries.
<b>Adipose tissue</b>	Loose connective tissue which stores the fat cells in the form of droplets.
<b>Aerodynamic testing</b>	Assessment of the pressure and flow of air into the larynx, or voice box.
<b>Air conduction mode</b>	Using tones at various frequencies, typically with the patient wearing headphones, to test hearing ability.
<b>Algorithm</b>	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
<b>Allergen</b>	A substance, such as pollen, dust, dander, or venom, which triggers an allergic response.
<b>Allergen immunotherapy</b>	A treatment that involves periodic, gradual administration of purified allergen extracts via injection, aimed at overcoming or minimizing allergic reactions so that a patient develops tolerance to the allergens with fewer or no symptoms when exposed; allergy shots decrease the sensitivity to allergens and often lead to lasting relief of allergy symptoms.
<b>Allergenic extract</b>	Protein containing an extract purified from a substance that causes an allergic reaction in some individuals.
<b>Allergic reaction</b>	The result of the body's reaction to a specific substance that otherwise seems to be harmless but causes a severe reaction in a person allergic to the substance; also called anaphylaxis.
<b>Allergy</b>	An adverse reaction that the body has in response to a particular food or substance.
<b>Allograft</b>	Transplant of a graft from one person to another person of the same species; the two individuals should not be of the same genes in this type of transplant.
<b>Alveolar bone</b>	A thick bone that makes up the bony process of the upper jaw, called the maxilla, and the lower jaw, called the mandible; includes sockets for the teeth; the bone has small blood vessels and a nerve supply, and it provides support to the teeth.
<b>Alveolar ridge</b>	A ridge like border on the upper and lower jaw from where the teeth arise.
<b>Alveoli</b>	Air sacs that are a continuation of bronchioles and are responsible for exchange of gases.
<b>Amplification</b>	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.
<b>Analgesic</b>	Medicines that give relief from pain.
<b>Anaphylactic / Anaphylaxis</b>	The body's severe allergic reaction towards a specific substance which acts as an allergen.
<b>Anastomosis</b>	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomosis include end to side and side to side.



Terminology	Explanation
<b>Anesthesia</b>	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.
<b>Anesthetic</b>	Substance that reduces sensitivity to pain.
<b>Aneurysm</b>	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.
<b>Ankyloglossia</b>	Also called tongue tie, is a minor defect present from birth in which the frenum is too short and it limits the movement of the tongue.
<b>Ankylosis</b>	A condition which leads to stiffness or fusion, or permanent joining, of a joint, following an injury, surgery, or infection.
<b>Anterior</b>	Closer to the front part of the body or a structure.
<b>Anterior nasal bone</b>	Two small bones that form a bridge of bones in the front.
<b>Anterior rhinoscopy</b>	Examination of front part of the nose.
<b>Anteroposterior, or AP, view</b>	The X-ray beam travels from front to back.
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Anticoagulant</b>	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
<b>Antigen</b>	Foreign bodies, such as bacteria, that enter the human body or substances that form within the body that cause an immune response and possibly infection.
<b>Antrochoanal polyp</b>	A solitary polyp that arises in the maxillary sinus and enlarges the sinus ostium, which is the natural opening into the sinus.
<b>Antrostomy</b>	A surgical break into the antrum, that refers to a cavity.
<b>Antrum</b>	A cavity or a chamber in a bone or any anatomical structure.
<b>Arachnoid membrane</b>	The middle of the three meninges, or membranes, that protect the spinal cord and brain.
<b>Arteries</b>	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
<b>Arteriovenous malformation</b>	Abnormal connection of the arteries and veins along with the absence of capillaries that may cause intense pain and bleeding.
<b>Arthralgia</b>	Pain in a joint.
<b>Arthritis</b>	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
<b>Arthrography</b>	A radiographic contrast joint study; the provider injects contrast into the joint and then takes X-rays in multiple projections; the contrast allows the provider to see more details than a conventional X-ray.
<b>Articular disk</b>	A fibrocartilaginous ligament cushion between the bones of a joint.
<b>Articulate</b>	Join, come together, as in a joint.
<b>Articulation</b>	Correct pronunciation of sounds.
<b>Articulators</b>	Jaw, lips and tongue.
<b>Aryepiglottic fold</b>	The entrance of the larynx, or the voice box, which is narrow in the front and wide behind.
<b>Arytenoid</b>	Cartilage present at the back of the voice box, responsible for production of specific voice sounds.
<b>Arytenoidectomy</b>	Surgical procedure in which the provider excises the arytenoids cartilage; it is generally performed to improve air flow through the airway.
<b>Arytenoidopexy</b>	Fixation or suspension of the arytenoid cartilage.
<b>Aspirate</b>	Small amount of cells or fluid from a cyst or mass.
<b>Aspiration</b>	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.
<b>Asthma</b>	Inflammation of bronchioles of lungs; cause breathing difficulty.



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