



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



2024

Contents

Introduction	3
General	5
Integumentary System	11
Musculoskeletal System	132
Respiratory System	174
Cardiovascular System	338
Hemic and Lymphatic System	342
Digestive System	343
Endocrine System	467
Nervous System	469
Eye and Ocular Adnexa	492
Auditory System	493
Operating Microscope	567
Radiology	568
Pathology and Laboratory	605
Medicine	608
Evaluation and Management	703
Category III Codes	747
HCPCS Level II Codes	
• Outpatient PPS	760
• Procedures/Professional Services	761
• Durable Medical Equipment (DME)	773
• Prosthetic Procedures	774
• Medical Services	776
• Temporary Codes	778
• Temporary National Codes (Non-Medicare)	779
• Hearing Services	782
ICD-10 CrossRef Details	787
Modifier Descriptors	963
Terminology	973
Code Index	1003

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule

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

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

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

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

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

CCI Alerts (version 27.3)

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

ICD-10 CrossRef

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

C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule

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

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

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

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

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

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10004¹, 10008¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$51.29, Non Facility: \$61.76, OPPS Facility: \$34.89, OPPS Non Facility: \$34.89

RVU Facility Work RVU: 1.00, PE RVU: 0.37, Malpractice RVU: 0.10, Total RVU: 1.47

RVU Non-Facility Work RVU: 1.00, PE RVU: 0.67, Malpractice RVU: 0.10, Total RVU: 1.77

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

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

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10004¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

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.

10060

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

Clinical Responsibility

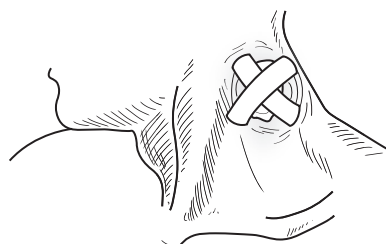
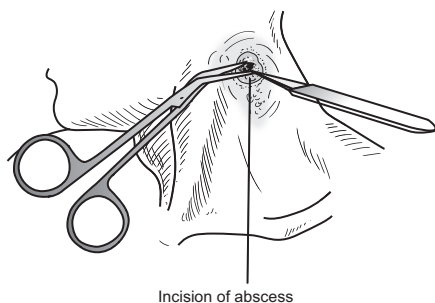
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within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



10060

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$105.03, Non Facility: \$126.31, OPPS Facility: \$42.57, OPPS Non Facility: \$42.57

RVU Facility Work RVU: 1.22, PE RVU: 1.66, Malpractice RVU: 0.13, Total RVU: 3.01

RVU Non-Facility Work RVU: 1.22, PE RVU: 2.27, Malpractice RVU: 0.13, Total RVU: 3.62

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹, 11642¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 30000¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

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

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.

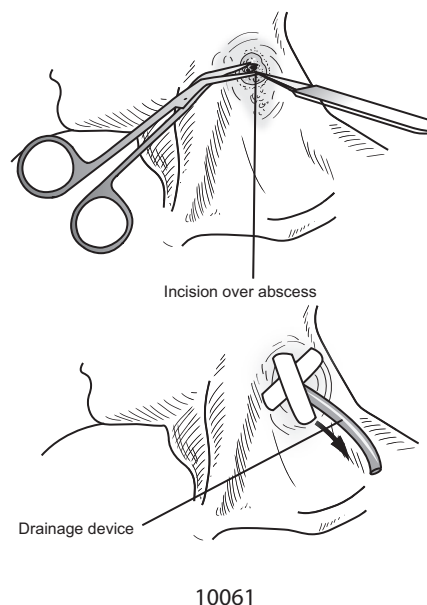
Coding Tips

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



Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$185.98, Non Facility: \$216.69, OPPS Facility: \$85.49, OPPS Non Facility: \$85.49

RVU Facility Work RVU: 2.45, PE RVU: 2.57, Malpractice RVU: 0.31, Total RVU: 5.33

RVU Non-Facility Work RVU: 2.45, PE RVU: 3.45, Malpractice RVU: 0.31, Total RVU: 6.21

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 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

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10060¹, 11055¹, 11056¹, 11057¹, 11406¹, 11424¹, 11426¹, 11440¹, 11444¹, 11446¹, 11450¹, 11451¹, 11463¹, 11470¹, 11471¹, 11604¹, 11606¹, 11623¹, 11624¹, 11626¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11750¹, 11760¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰,

11624

Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 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 3.1 to 4.0 cm, including the margins, from the scalp, neck, hands, feet, or genitalia.

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 11620.

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11621.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11622.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11623.

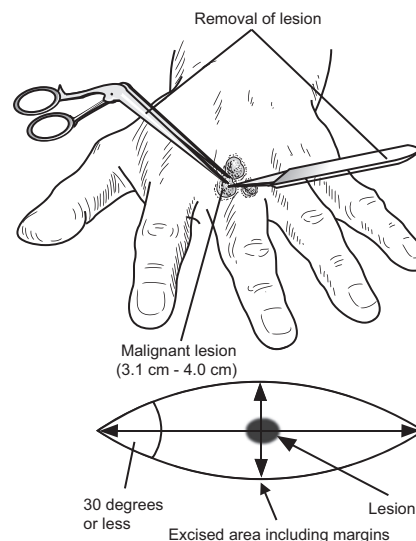
For the same procedure on a lesion with a diameter of over 4.0 cm, see 11626.

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



11624

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$240.76, Non Facility: \$347.54, OPPS Facility: \$126.31, OPPS Non Facility: \$126.31

RVU Facility Work RVU: 3.62, PE RVU: 2.80, Malpractice RVU: 0.48, Total RVU: 6.90

RVU Non-Facility Work RVU: 3.62, PE RVU: 5.86, Malpractice RVU: 0.48, Total RVU: 9.96

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

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

CCI Alerts (version 27.3)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 11102¹, 11104¹, 11106¹, 11900¹, 11901¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 17000¹, 17004¹, 17250¹, 17286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰,

99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0168¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

C43.4-C43.9, C44.40-C44.49, C44.80-C44.89, C44.90-C44.99, C47.0-C47.9, C49.0-C49.9, C4A.4-C4A.9, C51.0-C51.9, C52, C57.7-C57.9, C60.0-C60.9, C62.10-C62.12, C62.90-C62.92, C63.2-C63.8, C76.0, C79.2, C79.82, C79.89, C79.9, C7B.1, D03.4-D03.9, D04.4, D04.8, D07.1, D07.2, D07.30, D07.39, D07.4, D07.60-D07.69, D09.3-D09.9, T81.40XA-T81.40XS, Z86.007

11626

Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 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 over 4.0 cm, including the margins, from the scalp, neck, hands, feet, or genitalia.

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 11620.

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11621.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11622.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11623.

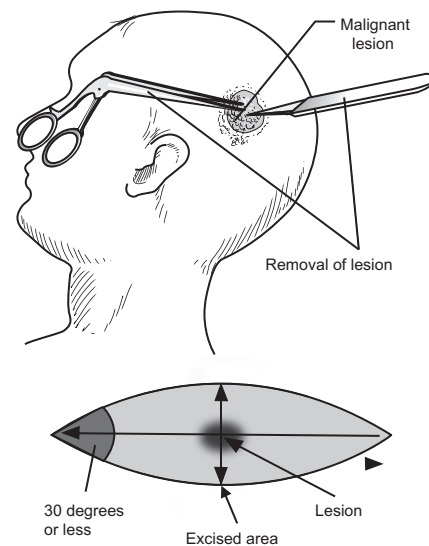
For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11624.

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



11626

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$297.29, Non Facility: \$420.11, OPPS Facility: \$160.86, OPPS Non Facility: \$160.86

RVU Facility Work RVU: 4.61, PE RVU: 3.17, Malpractice RVU: 0.74, Total RVU: 8.52

RVU Non-Facility Work RVU: 4.61, PE RVU: 6.69, Malpractice RVU: 0.74, Total RVU: 12.04

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

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

CCI Alerts (version 27.3)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 11102¹, 11104¹, 11106¹, 11900¹, 11901¹, 12001¹, 12002¹, 12004¹,

61580

Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration

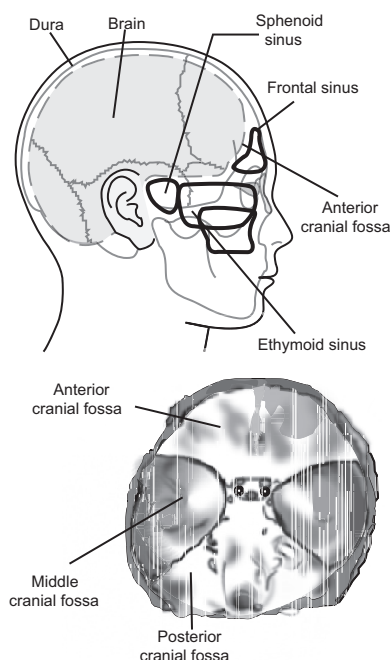
Clinical Responsibility

The provider focusses on the skull and facial bones (as the anatomical location) to access the hollow area (bounded by orbital plates of the frontal bone, cribriform plate of the ethmoid, and frontal portion of the sphenoid bone) containing a tissue defect outside the dura mater. Multiple procedures like incision into the side of the nose (lateral rhinotomy), excision of the entire (or a portion of) the cube-shaped ethmoid bone, and partial or complete removal of sphenoid bone (situated at the base of the skull) are performed to access the diseased tissue.

Coding Tips

In choosing a procedure code to report for a skull base surgical approach, you need to first determine whether the approach was via the anterior (61580 to 61586), the middle (61590 to 61592), or the posterior (61595 to 61598) cranial fossa. Next, determine whether the approach was intradural or extradural, and finally was the procedure with or without internal fixation and with or without bone graft. If the documentation does not allow you to make a correct determination, query the provider for more information.

Report other surgeries, repairs, or reconstructions separately.

Illustration

61580

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$2,578.25, Non Facility: \$2,578.25, OPPS Facility: \$1,204.16, OPPS Non Facility: \$1,204.16

RVU Facility Work RVU: 34.51, PE RVU: 32.10, Malpractice RVU: 7.28, Total RVU: 73.89

RVU Non-Facility Work RVU: 34.51, PE RVU: 32.10, Malpractice RVU: 7.28, Total RVU: 73.89

Indicators Preoperative: 11.00, Intraoperative: 76.00, Postoperative: 13.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 66, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0333T⁰, 0464T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 61586⁰, 61618⁰, 61619⁰, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 92012¹, 92014¹, 92652⁰, 92653⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822⁰, 95829¹, 95860⁰, 95861⁰, 95863⁰, 95864⁰, 95865⁰, 95866⁰, 95867⁰, 95868⁰, 95869⁰, 95870⁰, 95907⁰, 95908⁰, 95909⁰, 95910⁰, 95911⁰, 95912⁰, 95913⁰, 95925⁰, 95926⁰, 95927⁰, 95928⁰, 95929⁰, 95930⁰, 95933⁰, 95937⁰, 95938⁰, 95939⁰, 95940⁰, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0453⁰, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

C30.0, C31.1-C31.3, C31.8, C41.0, C71.0, C78.30, C78.39, C79.32, C79.40, C79.49, D42.0-D42.9, G06.0, H57.89, H59.361-H59.369, I67.1

61581

Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy

Clinical Responsibility

The provider focusses on the skull and facial bones (as the anatomical location) to access the hollow area (bounded by orbital plates of the frontal bone, cribriform plate of the ethmoid, and the frontal portion of the sphenoid bone) containing a tissue defect outside the dura mater. Multiple procedures like incision into the side of the nose (lateral rhinotomy), excision of the entire (or a portion of) cube-shaped ethmoid bone, partial or complete removal of sphenoid bone (situated at the base of the skull), surgical removal of diseased maxilla, and evacuation of the contents pertaining to the orbit are performed to access the diseased tissue.

Coding Tips

In choosing a procedure code to report for a skull base surgical approach, you need to first determine whether the approach was via the anterior (61580 to 61586), the middle (61590 to 61592), or the posterior (61595 to 61598) cranial fossa. Next, determine whether the approach was intradural or extradural, and finally was the procedure with or without internal fixation and with or without bone graft. If the documentation does not allow you to make a correct determination, query the provider for more information.

Report other surgeries, repairs, or reconstructions separately.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$2,963.12, Non Facility: \$2,963.12, OPPS Facility: \$1,365.37, OPPS Non Facility: \$1,365.37

RVU Facility Work RVU: 39.13, PE RVU: 37.93, Malpractice RVU: 7.86, Total RVU: 84.92

RVU Non-Facility Work RVU: 39.13, PE RVU: 37.93, Malpractice RVU: 7.86, Total RVU: 84.92

Indicators Preoperative: 11.00, Intraoperative: 76.00, Postoperative: 13.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 66, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0333T⁰, 0464T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹,

36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 61580⁰, 61586⁰, 61618⁰, 61619⁰, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 92012¹, 92014¹, 92652⁰, 92653⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822⁰, 95829¹, 95860⁰, 95861⁰, 95863⁰, 95864⁰, 95865⁰, 95866⁰, 95867⁰, 95868⁰, 95869⁰, 95870⁰, 95907⁰, 95908⁰, 95909⁰, 95910⁰, 95911⁰, 95912⁰, 95913⁰, 95925⁰, 95926⁰, 95927⁰, 95928⁰, 95929⁰, 95930⁰, 95933⁰, 95937⁰, 95938⁰, 95939⁰, 95940⁰, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0453⁰, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

C30.0, C31.1-C31.3, C31.8, C41.0, C71.0, C78.30, C78.39, C79.32, C79.40, C79.49, D42.0-D42.9, G06.0, H57.89, H59.361-H59.369, I67.1

61582

Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

Clinical Responsibility

The provider focusses on the skull and facial bones (as the anatomical location) to access a hollow area (bounded by orbital plates of the frontal bone, cribriform plate of the ethmoid, and frontal portion of the sphenoid bone) containing a tissue defect outside the dura mater. Multiple procedures like incision into the cranium (skull) and base of the anterior cranial fossa and separation of the frontal lobe (of the brain) are performed to access the diseased tissue.

Coding Tips

In choosing a procedure code to report for a skull base surgical approach, you need to first determine whether the approach was via the anterior (61580 to 61586), the middle (61590 to 61592), or the posterior (61595 to 61598) cranial fossa. Next, determine whether the approach was intradural or extradural, and finally was the procedure with or without internal fixation and with or without bone graft. If the documentation does not allow you to make a correct determination, query the provider for more information.

Report other surgeries, repairs, or reconstructions separately.

ICD-10 CrossRef Details

A01.01	Typhoid meningitis	A41.81	Sepsis due to Enterococcus
A02.1	Salmonella sepsis	A41.89	Other specified sepsis
A02.21	Salmonella meningitis	A41.9	Sepsis, unspecified organism
A05.1	Botulism food poisoning	A42.0	Pulmonary actinomycosis
A06.5	Amebic lung abscess	A42.2	Cervicofacial actinomycosis
A15.0	Tuberculosis of lung	A42.7	Actinomycotic sepsis
A15.4	Tuberculosis of intrathoracic lymph nodes	A42.81	Actinomycotic meningitis
A15.5	Tuberculosis of larynx, trachea and bronchus	A48.1	Legionnaires' disease
A15.6	Tuberculous pleurisy	A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A15.8	Other respiratory tuberculosis	A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A15.9	Respiratory tuberculosis unspecified	A50.41	Late congenital syphilitic meningitis
A17.0	Tuberculous meningitis	A50.43	Late congenital syphilitic polyneuropathy
A17.89	Other tuberculosis of nervous system	A50.44	Late congenital syphilitic optic nerve atrophy
A18.01	Tuberculosis of spine	A50.49	Other late congenital neurosyphilis
A18.03	Tuberculosis of other bones	A51.41	Secondary syphilitic meningitis
A18.2	Tuberculous peripheral lymphadenopathy	A52.12	Other cerebrospinal syphilis
A18.50	Tuberculosis of eye, unspecified	A52.13	Late syphilitic meningitis
A18.51	Tuberculous episcleritis	A52.15	Late syphilitic neuropathy
A18.52	Tuberculous keratitis	A52.17	General paresis
A18.54	Tuberculous iridocyclitis	A52.19	Other symptomatic neurosyphilis
A18.59	Other tuberculosis of eye	A54.31	Gonococcal conjunctivitis
A18.6	Tuberculosis of (inner) (middle) ear	A54.81	Gonococcal meningitis
A18.81	Tuberculosis of thyroid gland	A54.86	Gonococcal sepsis
A20.3	Plague meningitis	A56.4	Chlamydial infection of pharynx
A21.1	Oculoglandular tularemia	A66.0	Initial lesions of yaws
A22.1	Pulmonary anthrax	A66.2	Other early skin lesions of yaws
A22.7	Anthrax sepsis	A66.3	Hyperkeratosis of yaws
A26.7	Erysipelothrix sepsis	A67.0	Primary lesions of pinta
A27.81	Aseptic meningitis in leptospirosis	A67.1	Intermediate lesions of pinta
A31.0	Pulmonary mycobacterial infection	A67.2	Late lesions of pinta
A32.11	Listerial meningitis	A67.3	Mixed lesions of pinta
A32.12	Listerial meningoencephalitis	A69.0	Necrotizing ulcerative stomatitis
A32.7	Listerial sepsis	A69.21	Meningitis due to Lyme disease
A32.81	Oculoglandular listeriosis	A74.0	Chlamydial conjunctivitis
A35	Other tetanus	A79.82	Anaplasmosis [A. phagocytophilum]
A36.0	Pharyngeal diphtheria	A81.00	Creutzfeldt-Jakob disease, unspecified
A36.1	Nasopharyngeal diphtheria	A81.01	Variant Creutzfeldt-Jakob disease
A36.2	Laryngeal diphtheria	A81.09	Other Creutzfeldt-Jakob disease
A36.86	Diphtheritic conjunctivitis	A87.0	Enteroviral meningitis
A36.89	Other diphtheritic complications	A87.1	Adenoviral meningitis
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	A87.2	Lymphocytic choriomeningitis
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	A87.8	Other viral meningitis
A37.81	Whooping cough due to other Bordetella species with pneumonia	A87.9	Viral meningitis, unspecified
A37.91	Whooping cough, unspecified species with pneumonia	B00.1	Herpesviral vesicular dermatitis
A39.0	Meningococcal meningitis	B00.3	Herpesviral meningitis
A39.82	Meningococcal retrobulbar neuritis	B00.50	Herpesviral ocular disease, unspecified
A40.0	Sepsis due to streptococcus, group A	B00.53	Herpesviral conjunctivitis
A40.1	Sepsis due to streptococcus, group B	B00.59	Other herpesviral disease of eye
A40.3	Sepsis due to Streptococcus pneumoniae	B00.82	Herpes simplex myelitis
A40.8	Other streptococcal sepsis	B01.0	Varicella meningitis
A40.9	Streptococcal sepsis, unspecified	B01.11	Varicella encephalitis and encephalomyelitis
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	B01.12	Varicella myelitis
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus	B01.89	Other varicella complications
A41.1	Sepsis due to other specified staphylococcus	B01.9	Varicella without complication
A41.2	Sepsis due to unspecified staphylococcus	B02.0	Zoster encephalitis
A41.3	Sepsis due to Hemophilus influenzae	B02.1	Zoster meningitis
A41.4	Sepsis due to anaerobes	B02.21	Postherpetic geniculate ganglionitis
A41.50	Gram-negative sepsis, unspecified	B02.22	Postherpetic trigeminal neuralgia
A41.51	Sepsis due to Escherichia coli [E. coli]	B02.23	Postherpetic polyneuropathy
A41.52	Sepsis due to Pseudomonas	B02.24	Postherpetic myelitis
A41.53	Sepsis due to Serratia	B02.29	Other postherpetic nervous system involvement
A41.59	Other Gram-negative sepsis	B02.30	Zoster ocular disease, unspecified
		B02.31	Zoster conjunctivitis
		B02.34	Zoster scleritis

B02.39	Other herpes zoster eye disease	B30.9	Viral conjunctivitis, unspecified
B02.7	Disseminated zoster	B34.2	Coronavirus infection, unspecified
B02.8	Zoster with other complications	B35.1	Tinea unguium
B02.9	Zoster without complications	B35.8	Other dermatophytoses
B03	Smallpox	B35.9	Dermatophytosis, unspecified
B04	Monkeypox	B37.2	Candidiasis of skin and nail
B05.1	Measles complicated by meningitis	B37.49	Other urogenital candidiasis
B05.3	Measles complicated by otitis media	B37.5	Candidal meningitis
B05.81	Measles keratitis and keratoconjunctivitis	B37.7	Candidal sepsis
B05.89	Other measles complications	B38.0	Acute pulmonary coccidioidomycosis
B05.9	Measles without complication	B38.1	Chronic pulmonary coccidioidomycosis
B06.00	Rubella with neurological complication, unspecified	B38.2	Pulmonary coccidioidomycosis, unspecified
B06.02	Rubella meningitis	B38.3	Cutaneous coccidioidomycosis
B06.89	Other rubella complications	B38.4	Coccidioidomycosis meningitis
B06.9	Rubella without complication	B40.0	Acute pulmonary blastomycosis
B07.0	Plantar wart	B40.1	Chronic pulmonary blastomycosis
B07.8	Other viral warts	B40.2	Pulmonary blastomycosis, unspecified
B07.9	Viral wart, unspecified	B40.3	Cutaneous blastomycosis
B08.09	Other orthopoxvirus infections	B40.7	Disseminated blastomycosis
B08.1	Molluscum contagiosum	B40.81	Blastomycotic meningoencephalitis
B08.21	Exanthema subitum [sixth disease] due to human herpesvirus 6	B40.89	Other forms of blastomycosis
B08.22	Exanthema subitum [sixth disease] due to human herpesvirus 7	B40.9	Blastomycosis, unspecified
B08.8	Other specified viral infections characterized by skin and mucous membrane lesions	B41.0	Pulmonary paracoccidioidomycosis
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	B41.7	Disseminated paracoccidioidomycosis
B10.01	Human herpesvirus 6 encephalitis	B41.8	Other forms of paracoccidioidomycosis
B10.09	Other human herpesvirus encephalitis	B41.9	Paracoccidioidomycosis, unspecified
B10.81	Human herpesvirus 6 infection	B42.0	Pulmonary sporotrichosis
B10.82	Human herpesvirus 7 infection	B42.1	Lymphocutaneous sporotrichosis
B10.89	Other human herpesvirus infection	B42.7	Disseminated sporotrichosis
B15.0	Hepatitis A with hepatic coma	B42.81	Cerebral sporotrichosis
B15.9	Hepatitis A without hepatic coma	B42.82	Sporotrichosis arthritis
B16.0	Acute hepatitis B with delta-agent with hepatic coma	B42.89	Other forms of sporotrichosis
B16.1	Acute hepatitis B with delta-agent without hepatic coma	B42.9	Sporotrichosis, unspecified
B16.2	Acute hepatitis B without delta-agent with hepatic coma	B43.0	Cutaneous chromomycosis
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	B43.1	Pheomycotic brain abscess
B17.10	Acute hepatitis C without hepatic coma	B43.2	Subcutaneous pheomycotic abscess and cyst
B17.11	Acute hepatitis C with hepatic coma	B43.8	Other forms of chromomycosis
B17.9	Acute viral hepatitis, unspecified	B43.9	Chromomycosis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma	B44.0	Invasive pulmonary aspergillosis
B19.10	Unspecified viral hepatitis B without hepatic coma	B44.1	Other pulmonary aspergillosis
B19.11	Unspecified viral hepatitis B with hepatic coma	B44.2	Tonsillar aspergillosis
B19.20	Unspecified viral hepatitis C without hepatic coma	B44.7	Disseminated aspergillosis
B19.21	Unspecified viral hepatitis C with hepatic coma	B44.81	Allergic bronchopulmonary aspergillosis
B19.9	Unspecified viral hepatitis without hepatic coma	B44.89	Other forms of aspergillosis
B20	Human immunodeficiency virus [HIV] disease	B44.9	Aspergillosis, unspecified
B25.0	Cytomegaloviral pneumonitis	B45.0	Pulmonary cryptococcosis
B25.2	Cytomegaloviral pancreatitis	B45.1	Cerebral cryptococcosis
B26.1	Mumps meningitis	B45.2	Cutaneous cryptococcosis
B26.84	Mumps polyneuropathy	B45.3	Osseous cryptococcosis
B26.89	Other mumps complications	B45.7	Disseminated cryptococcosis
B26.9	Mumps without complication	B45.8	Other forms of cryptococcosis
B27.00	Gammaherpesviral mononucleosis without complication	B45.9	Cryptococcosis, unspecified
B27.01	Gammaherpesviral mononucleosis with polyneuropathy	B46.3	Cutaneous mucormycosis
B27.02	Gammaherpesviral mononucleosis with meningitis	B46.9	Zygomycosis, unspecified
B27.09	Gammaherpesviral mononucleosis with other complications	B55.1	Cutaneous leishmaniasis
B27.11	Cytomegaloviral mononucleosis with polyneuropathy	B55.2	Mucocutaneous leishmaniasis
B27.12	Cytomegaloviral mononucleosis with meningitis	B57.41	Meningitis in Chagas' disease
B27.80	Other infectious mononucleosis without complication	B60.12	Conjunctivitis due to Acanthamoeba
B27.81	Other infectious mononucleosis with polyneuropathy	B60.13	Keratoconjunctivitis due to Acanthamoeba
B27.82	Other infectious mononucleosis with meningitis	B65.3	Cercarial dermatitis
B27.91	Infectious mononucleosis, unspecified with polyneuropathy	B66.4	Paragonimiasis
B27.92	Infectious mononucleosis, unspecified with meningitis	B67.32	Echinococcus granulosus infection, multiple sites
B30.0	Keratoconjunctivitis due to adenovirus	B67.39	Echinococcus granulosus infection, other sites
B30.1	Conjunctivitis due to adenovirus	B67.4	Echinococcus granulosus infection, unspecified
B30.2	Viral pharyngoconjunctivitis	B77.81	Ascariasis pneumonia
B30.3	Acute epidemic hemorrhagic conjunctivitis (enteroviral)	B78.1	Cutaneous strongyloidiasis
B30.8	Other viral conjunctivitis	B87.0	Cutaneous myiasis
		B87.81	Genitourinary myiasis
		B90.1	Sequelae of genitourinary tuberculosis
		B91	Sequelae of poliomyelitis
		B95.2	Enterococcus as the cause of diseases classified elsewhere

Modifier Descriptors

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

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

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

Modifier	Description
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy

Terminology

Terminology	Explanation
Abbe Estlander operation	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
Ablation	Surgical destruction of abnormal tissue or organ growth.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
Abutment	The part of an implant that protrudes from its anchor point; or the point where two structures meet.
Accessory nasal sinuses	Paranasal sinuses present as a hollow cavity within the skull but open into the nasal cavity; these are lined with a mucosal membrane.
Accessory spinal nerve	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.
Acoustic immittance testing	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
Acoustic reflex	A measurement of the contraction of the stapedius muscle in response to loud sound.
Acoustic testing	Assessment of the perception or production of sound waves, in hearing and or speaking.
Adenoids	Lymph tissue at the back of the throat near the base of the nose.
Adhesions	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.
Adhesive material	Cotton or a fabric coated with a covering that is used to cover minor skin injuries.
Adipose tissue	Loose connective tissue which stores the fat cells in the form of droplets.
Aerodynamic testing	Assessment of the pressure and flow of air into the larynx, or voice box.
Air conduction mode	Using tones at various frequencies, typically with the patient wearing headphones, to test hearing ability.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Allergen	A substance, such as pollen, dust, dander, or venom, which triggers an allergic response.
Allergen immunotherapy	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.
Allergenic extract	Protein containing an extract purified from a substance that causes an allergic reaction in some individuals.
Allergic reaction	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.
Allergy	An adverse reaction that the body has in response to a particular food or substance.
Allograft	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.
Alveolar bone	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.
Alveolar ridge	A ridge like border on the upper and lower jaw from where the teeth arise.
Alveoli	Air sacs that are a continuation of bronchioles and are responsible for exchange of gases.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Analgesic	Medicines that give relief from pain.
Anaphylactic / Anaphylaxis	The body's severe allergic reaction towards a specific substance which acts as an allergen.

Terminology	Explanation
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomosis include end to side and side to side.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
Anesthetic	Substance that reduces sensitivity to pain.
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Ankyloglossia	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.
Ankylosis	A condition which leads to stiffness or fusion, or permanent joining, of a joint, following an injury, surgery, or infection.
Anterior	Closer to the front part of the body or a structure.
Anterior nasal bone	Two small bones that form a bridge of bones in the front.
Anterior rhinoscopy	Examination of front part of the nose.
Anteroposterior, or AP, view	The X-ray beam travels from front to back.
Antibiotic	Substance that inhibits infection.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antigen	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.
Antrochoanal polyp	A solitary polyp that arises in the maxillary sinus and enlarges the sinus ostium, which is the natural opening into the sinus.
Antrostomy	A surgical break into the antrum, that refers to a cavity.
Antrum	A cavity or a chamber in a bone or any anatomical structure.
Arachnoid membrane	The middle of the three meninges, or membranes, that protect the spinal cord and brain.
Arteries	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
Arteriovenous malformation	Abnormal connection of the arteries and veins along with the absence of capillaries that may cause intense pain and bleeding.
Arthralgia	Pain in a joint.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Arthrography	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.
Articular disk	A fibrocartilaginous ligament cushion between the bones of a joint.
Articulate	Join, come together, as in a joint.
Articulation	Correct pronunciation of sounds.
Articulators	Jaw, lips and tongue.
Aryepiglottic fold	The entrance of the larynx, or the voice box, which is narrow in the front and wide behind.
Arytenoid	Cartilage present at the back of the voice box, responsible for production of specific voice sounds.
Arytenoidectomy	Surgical procedure in which the provider excises the arytenoids cartilage; it is generally performed to improve air flow through the airway.
Arytenoidopexy	Fixation or suspension of the arytenoid cartilage.
Aspirate	Small amount of cells or fluid from a cyst or mass.
Aspiration	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
Asthma	Inflammation of bronchioles of lungs; cause breathing difficulty.

Code Index

Codes	Page No.	Codes	Page No.	Codes	Page No.	Codes	Page No.	Codes	Page No.
0208T	747	11106	19	12041	62	15260	108	21335	142
0209T	747	+11107	20	12042	63	+15261	109	21336	143
0210T	747	11420	21	12044	64	15275	110	21337	144
0211T	748	11421	22	12045	66	+15276	110	21338	145
0212T	748	11422	23	12046	67	15574	111	21339	146
0424T	749	11423	24	12047	68	15576	112	21340	147
0425T	750	11424	25	12051	70	15610	113	21343	148
0426T	751	11426	26	12052	71	15620	114	21344	149
0427T	751	11440	27	12053	73	15630	115	21345	150
0428T	752	11441	28	12054	74	15650	116	21346	151
0429T	753	11442	29	12055	76	15730	117	21347	152
0430T	753	11443	31	12056	77	15731	117	21348	153
0431T	754	11444	32	12057	79	15733	118	21355	154
0432T	755	11446	33	13131	80	15740	119	21356	155
0433T	756	11620	34	13132	82	15750	120	21360	156
0434T	756	11621	35	+13133	83	15756	121	21365	157
0435T	757	11622	37	13151	84	15757	122	21366	158
0436T	757	11623	38	13152	85	15758	123	21385	159
0485T	758	11624	39	+13153	86	15760	124	21386	160
0486T	758	11626	40	13160	87	15770	125	21387	160
0583T	759	11640	41	14040	87	17280	126	21390	161
+10004	5	11641	42	14041	89	17281	126	21395	162
10005	5	11642	43	14060	90	17282	127	21499	163
+10006	6	11643	45	14061	91	17283	128	21501	164
10007	6	11644	46	14301	92	17311	128	21502	165
+10008	7	11646	47	+14302	93	+17312	130	21550	166
10009	7	12001	48	15004	94	+17315	130	21552	166
+10010	8	12002	49	+15005	95	17999	131	21554	167
10011	8	12004	50	15040	96	20670	132	21555	168
+10012	9	12005	51	15050	96	20910	132	21556	169
10021	9	12006	52	15115	97	20912	133	21557	170
10060	11	12007	53	+15116	98	21060	134	21558	171
10061	12	12011	54	15120	99	21070	135	21685	172
10120	13	12013	55	+15121	100	21073	136	21899	173
10140	14	12014	55	15135	100	21086	136	30000	174
10160	14	12015	56	+15136	102	21087	137	30020	174
10180	15	12016	57	15155	103	21299	138	30100	175
11102	16	12017	58	+15156	104	21315	138	30110	176
+11103	17	12018	59	+15157	105	21320	139	30115	177
11104	17	12020	60	15240	106	21325	140	30117	177
+11105	18	12021	61	+15241	107	21330	141	30118	178

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2024 Coders' Specialty Guide
Otolaryngology/Allergy



ISBN: 978-1-646319-336

eBook ISBN: 978-1-646319-558