CODERS' SPECIALTY GUIDE

Otolaryngology & Allergy

2027

AAPC

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

Contents

Integumentary System

11102

Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider uses a flexible blade to shave off the portion of a lesion, such as a seborrheic keratosis, that is above the level of the surrounding skin. Alternatively, using a similar blade but holding it so that it is bent into an arc, he passes the blade through the thicker inner layer of the skin and possibly into subcutaneous tissue to remove a vesicular or bullous lesion, keeping the capsule intact. Additionally, he may use an angled scalpel or a curette, a spoon or scoop-shaped surgical instrument, to scrape a lesion from the skin. Sutures are generally not needed for this type of biopsy. He places an adhesive bandage and sends the specimen to the pathology lab for analysis.

Coding Tips

Report +11103 for each additional lesion in addition to the primary code 11102.

If the provider performs a punch biopsy of a skin lesion, report 11104 for the initial lesion and +11105 for each additional lesion, and if he performs an incisional biopsy of a skin lesion, report 11106 for the initial lesion and +11107 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $30.21, Non Facility Fee: $96.00; Non-QP Conversion Factor $33.4009, Facility Fee: $30.06, Non Facility Fee: $95.53
RVU (Facility): Work 0.64, PE 0.2, Mal 0.06, Total 0.90
RVU (Non-Facility): Work 0.64, PE 2.16, Mal 0.06, Total 2.86
MPFS Payment Policy Indicators: Global Period 0, 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

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

NCCI Alerts (version 32.0)

00170^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0700T^{1}, 0701T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 10011^{1}, 11000^{1}, 11001^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 11055^{1}, 11056^{1}, 11057^{1}, 11200^{1}, 11300^{1}, 11719^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 15824^{1}, 15825^{1}, 15826^{1}, 15828^{1}, 15829^{1}, 16000^{1}, 16020^{1}, 17000^{1}, 17250^{1}, 17260^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{0}, 64474^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 96931^{1}, 96932^{1}, 96933^{1}, 96934^{1}, 96935^{1}, 96936^{1}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99495^{1}, 99496^{1}, G0127^{1}, G0168^{1}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

A66.2, B00.1, B08.8, B09, B65.3, B88.01, C43.52, C43.8, C43.9, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C44.40-C44.49, C44.500-C44.509, C44.510-C44.519, C44.520-C44.529, C44.590-C44.599, C44.601-C44.609, C44.611-C44.619, C44.621-C44.629, C44.691-C44.699, C44.701-C44.709, C44.711-C44.719, C44.721-C44.729, C44.791-C44.799, C44.80-C44.89, C44.90-C44.99, C79.2, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D23.0-D23.5, D23.10, D23.111, D23.112, D23.121, D23.122, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, D48.5, D49.2, E08.620, E08.622, E09.620, E09.622, E10.620, E10.622, E11.620, E11.622, E13.620, E13.622, L01.01, L01.03, L12.0, L12.2, L13.0-L13.9, L14, L20.81, L20.89, L20.9, L21.1-L21.9, L22, L23.0-L23.7, L23.81, L23.89, L23.9, L24.0-L24.7, L24.81, L24.89, L24.9, L24.A0-L24.A9, L24.B0-L24.B3, L25.0-L25.9, L26, L27.2-L27.9, L29.89, L30.0-L30.3, L30.8, L30.9, L40.2, L43.1, L44.4, L51.0, L56.2-L56.9, L57.0-L57.9, L58.0-L58.9, L59.0-L59.9, L66.10-L66.19, L66.81, L66.89, L71.0, L72.8, L90.4, L97.101, L97.111, L97.121, L97.201, L97.211, L97.221, L97.301, L97.311, L97.321, L97.401, L97.411, L97.421, L97.501, L97.511, L97.521, L97.801, L97.811, L97.821, L97.901, L97.911, L97.921, L98.1, L98.411, L98.421, L98.431, L98.441, L98.451-L98.459, L98.461, L98.471, L98.491-L98.494, L98.499, L98.A111, L98.A121, L98.A191, L98.A211, L98.A221, L98.A291, L98.A311-L98.A319, L98.A321-L98.A329, L98.A391-L98.A399, Q80.3, Q89.89, S90.851S, S90.852S, S90.859S, S90.869A, S90.871D, S90.871S, S90.872D, S90.872S, S90.879A-S90.879S, S90.911S, S90.912S, S90.921D, S90.921S, S90.922D, S90.922S, S90.929D, S91.311D, S91.312D, S91.319D, Z86.007

+11103

Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/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 biopsy of an initial lesion, the provider uses a flexible blade to shave off the portion of a separate lesion above the level of the surrounding skin. Alternatively, using a similar blade but holding it so that it is bent into an arc, he passes the blade through the thicker inner layer of the skin and possibly into subcutaneous tissue to remove a vesicular or bullous lesion, keeping the capsule intact. Additionally, he may use an angled scalpel or a curette, a spoon or scoop-shaped surgical instrument, to scrape a lesion from the skin. Sutures are generally not needed for this type of biopsy. He places an adhesive bandage and sends the specimen to the pathology lab for analysis.

Coding Tips

If the provider performs a punch biopsy of a skin lesion, report 11104 for the initial lesion and +11105 for each additional lesion, and if he performs an incisional biopsy of a skin lesion, report 11106 for the initial lesion and +11107 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $17.79, Non Facility Fee: $49.01; Non-QP Conversion Factor $33.4009, Facility Fee: $17.70, Non Facility Fee: $48.77
RVU (Facility): Work 0.37, PE 0.12, Mal 0.04, Total 0.53
RVU (Non-Facility): Work 0.37, PE 1.05, Mal 0.04, Total 1.46
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: 6

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, LT, PD, Q5, Q6, QJ, RT, SC, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00170[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0700T[1], 0701T[1], 10011[1], 11000[1], 11001[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11719[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99495[1], 99496[1], G0127[1], G0168[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

A66.2, B00.1, B08.8, B09, B65.3, B88.01, C43.52, C43.8, C43.9, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C44.40-C44.49, C44.500-C44.509, C44.510-C44.519, C44.520-C44.529, C44.590-C44.599, C44.601-C44.609, C44.611-C44.619, C44.621-C44.629, C44.691-C44.699, C44.701-C44.709, C44.711-C44.719, C44.721-C44.729, C44.791-C44.799, C44.80-C44.89, C44.90-C44.99, C79.2, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D23.0-D23.5, D23.10, D23.111, D23.112, D23.121, D23.122, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, D48.5, D49.2, E08.620, E08.622, E09.620, E09.622, E10.620, E10.622, E11.620, E11.622, E13.620, E13.622, L01.01, L01.03, L12.0, L12.2, L13.0-L13.9, L14, L20.81, L20.89, L20.9, L21.1-L21.9, L22, L23.0-L23.7, L23.81, L23.89, L23.9, L24.0-L24.7, L24.81, L24.89, L24.9, L24.A0-L24.A9, L24.B0-L24.B3, L25.0-L25.9, L26, L27.2-L27.9, L29.89, L30.0-L30.3, L30.8, L30.9, L40.2, L43.1, L44.4, L51.0, L56.2-L56.9, L57.0-L57.9, L58.0-L58.9, L59.0-L59.9, L66.10-L66.19, L66.81, L66.89, L71.0, L72.8, L90.4, L97.101, L97.111, L97.121, L97.201, L97.211, L97.221, L97.301, L97.311, L97.321, L97.401, L97.411, L97.421, L97.501, L97.511, L97.521, L97.801, L97.811, L97.821, L97.901, L97.911, L97.921, L98.1, L98.411, L98.421, L98.431, L98.441, L98.451-L98.459, L98.461, L98.471, L98.491-L98.494, L98.499, L98.A111, L98.A121, L98.A191, L98.A211, L98.A221, L98.A291, L98.A311-L98.A319, L98.A321-L98.A329, L98.A391-L98.A399, Q80.3, Q89.89, S90.851S, S90.852S, S90.859S, S90.869A, S90.871D, S90.871S, S90.872D, S90.872S, S90.879A-S90.879S, S90.911S, S90.912S, S90.921D, S90.921S, S90.922D, S90.922S, S90.929D, S91.311D, S91.312D, S91.319D, Z86.007

11104

Punch biopsy of skin (including simple closure, when performed); single lesion

Clinical Responsibility

With the patient appropriately prepared and anesthetized (typically with local anesthesia), the provider stretches the skin with the lesion perpendicular to resting skin lines to change its shape from round to oval and reduce the possibility of a dog-ear defect during suturing. He selects a punch size based on the size of

For a tangential biopsy (e.g., shave, scoop, saucerize, curette) using a blade or curette, report 11102 for the initial lesion and +11103 for each separate additional lesion, and for a punch biopsy of the skin, report 11104 for the initial lesion and +11105 for each additional separate lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $46.66, Non Facility Fee: $152.06; Non-QP Conversion Factor $33.4009, Facility Fee: $46.43, Non Facility Fee: $151.31
RVU (Facility): Work 0.98, PE 0.29, Mal 0.12, Total 1.39
RVU (Non-Facility): Work 0.98, PE 3.43, Mal 0.12, Total 4.53
MPFS Payment Policy Indicators: Global Period 0, 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

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

NCCI Alerts (version 32.0)

00170^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0700T^{1}, 0701T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 10011^{1}, 10021^{1}, 11000^{1}, 11001^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 11055^{1}, 11056^{1}, 11057^{1}, 11102^{0}, 11104^{0}, 11200^{1}, 11300^{1}, 11301^{1}, 11305^{1}, 11306^{1}, 11310^{1}, 11311^{1}, 11400^{1}, 11440^{1}, 11719^{1}, 11755^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 15824^{1}, 15825^{1}, 15826^{1}, 15828^{1}, 15829^{1}, 16000^{1}, 16020^{1}, 17000^{1}, 17110^{1}, 17111^{1}, 17250^{1}, 17260^{1}, 17261^{1}, 17280^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{0}, 64474^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69100^{1}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 96931^{1}, 96932^{1}, 96933^{1}, 96934^{1}, 96935^{1}, 96936^{1}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99495^{1}, 99496^{1}, G0127^{1}, G0168^{1}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

A66.2, B00.1, B08.8, B09, B65.3, C43.52, C43.8, C43.9, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C44.40-C44.49, C44.500-C44.509, C44.510-C44.519, C44.520-C44.529, C44.590-C44.599, C44.601-C44.609, C44.611-C44.619, C44.621-C44.629, C44.691-C44.699, C44.701-C44.709, C44.711-C44.719, C44.721-C44.729, C44.791-C44.799, C44.80-C44.89, C44.90-C44.99, C46.0, C46.1, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C79.2, C79.81, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D23.0-D23.5, D23.10, D23.111, D23.112, D23.121, D23.122, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, D24.1-D24.9, D48.5, D48.60-D48.62, D49.2, D49.3, E08.620, E08.622, E09.620, E09.622, E10.620, E10.622, E11.620, E11.622, E13.620, E13.622, E88.13, E88.19, L01.01, L01.03, L12.0, L12.2, L13.0-L13.9, L14, L20.81, L20.89, L20.9, L21.1-L21.9, L22, L23.0-L23.7, L23.81, L23.89, L23.9, L24.0-L24.7, L24.81, L24.89, L24.9, L24.A0-L24.A9, L24.B0-L24.B3, L25.0-L25.9, L26, L27.2-L27.9, L29.89, L30.0-L30.3, L30.8, L30.9, L40.2, L43.1, L44.4, L51.0, L56.2-L56.9, L57.0-L57.9, L58.0-L58.9, L59.0-L59.9, L66.10-L66.19, L66.81, L66.89, L71.0, L72.8, L90.4, L97.101, L97.111, L97.121, L97.201, L97.211, L97.221, L97.301, L97.311, L97.321, L97.401, L97.411, L97.421, L97.501, L97.511, L97.521, L97.801, L97.811, L97.821, L97.901, L97.911, L97.921, L98.1, L98.411, L98.421, L98.431, L98.441, L98.451-L98.459, L98.461, L98.471, L98.491-L98.494, L98.499, L98.A111, L98.A121, L98.A191, L98.A211, L98.A221, L98.A291, L98.A311-L98.A319, L98.A321-L98.A329, L98.A391-L98.A399, Q80.3, S90.851S, S90.852S, S90.859S, S90.869A, S90.871D, S90.871S, S90.872D, S90.872S, S90.879A-S90.879S, S90.911S, S90.912S, S90.921D, S90.921S, S90.922D, S90.922S, S90.929D, S91.311D, S91.312D, S91.319D, Z86.007

+11107

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

Clinical Responsibility

After the patient is appropriately prepared and anesthetized (typically with local anesthesia) and after incisional biopsy of a first lesion, the provider incises the skin from the center of another lesion out to and including normal surrounding skin margin. He removes a portion of the lesion for pathological analysis. If he performs a wedge incisional biopsy, he makes a triangular or V-shaped incision using a #11 or larger scalpel blade to extract a wedge-shaped portion of tissue. He may place a suture to close the tissue or allow the wound to heal by secondary intention if the area has good vascularization (blood flow). He sends the specimen to the pathology lab for analysis.

Coding Tips

For a tangential biopsy (e.g., shave, scoop, saucerize, curette) using a blade or curette, report 11102 for the initial lesion and +11103 for each separate additional lesion, and for a punch biopsy of the skin, report 11104 for the initial lesion and +11105 for each additional separate lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $25.18, Non Facility Fee: $71.16; Non-QP Conversion Factor $33.4009, Facility Fee: $25.05, Non Facility Fee: $70.81
RVU (Facility): Work 0.53, PE 0.16, Mal 0.06, Total 0.75
RVU (Non-Facility): Work 0.53, PE 1.53, Mal 0.06, Total 2.12
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: 2

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, LT, PD, Q5, Q6, QJ, RT, SC, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00170[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0700T[1], 0701T[1], 10011[1], 11000[1], 11001[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11719[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99495[1], 99496[1], G0127[1], G0168[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

A66.2, B00.1, B08.8, B09, B65.3, C43.52, C43.8, C43.9, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C44.40-C44.49, C44.500-C44.509, C44.510-C44.519, C44.520-C44.529, C44.590-C44.599, C44.601-C44.609, C44.611-C44.619, C44.621-C44.629, C44.691-C44.699, C44.701-C44.709, C44.711-C44.719, C44.721-C44.729, C44.791-C44.799, C44.80-C44.89, C44.90-C44.99, C46.0, C46.1, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C79.2, C79.81, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D23.0-D23.5, D23.10, D23.111, D23.112, D23.121, D23.122, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, D24.1-D24.9, D48.5, D48.60-D48.62, D49.2, D49.3, E08.620, E08.622, E09.620, E09.622, E10.620, E10.622, E11.620, E11.622, E13.620, E13.622, E88.13, E88.19, L01.01, L01.03, L12.0, L12.2, L13.0-L13.9, L14, L20.81, L20.89, L20.9, L21.1-L21.9, L22, L23.0-L23.7, L23.81, L23.89, L23.9, L24.0-L24.7, L24.81, L24.89, L24.9, L24.A0-L24.A9, L24.B0-L24.B3, L25.0-L25.9, L26, L27.2-L27.9, L29.89, L30.0-L30.3, L30.8, L30.9, L40.2, L43.1, L44.4, L51.0, L56.2-L56.9, L57.0-L57.9, L58.0-L58.9, L59.0-L59.9, L66.10-L66.19, L66.81, L66.89, L71.0, L72.8, L90.4, L97.101, L97.111, L97.121, L97.201, L97.211, L97.221, L97.301, L97.311, L97.321, L97.401, L97.411, L97.421, L97.501, L97.511, L97.521, L97.801, L97.811, L97.821, L97.901, L97.911, L97.921, L98.1, L98.411, L98.421, L98.431, L98.441, L98.451-L98.459, L98.461, L98.471, L98.491-L98.494, L98.499, L98.A111, L98.A121, L98.A191, L98.A211, L98.A221, L98.A291, L98.A311-L98.A319, L98.A321-L98.A329, L98.A391-L98.A399, Q80.3, S90.851S, S90.852S, S90.859S, S90.869A, S90.871D, S90.871S, S90.872D, S90.872S, S90.879A-S90.879S, S90.911S, S90.912S, S90.921D, S90.921S, S90.922D, S90.922S, S90.929D, S91.311D, S91.312D, S91.319D, Z86.007

11420

Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less

Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.5 cm or less in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

Coding Tips

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11421.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11422.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11423.

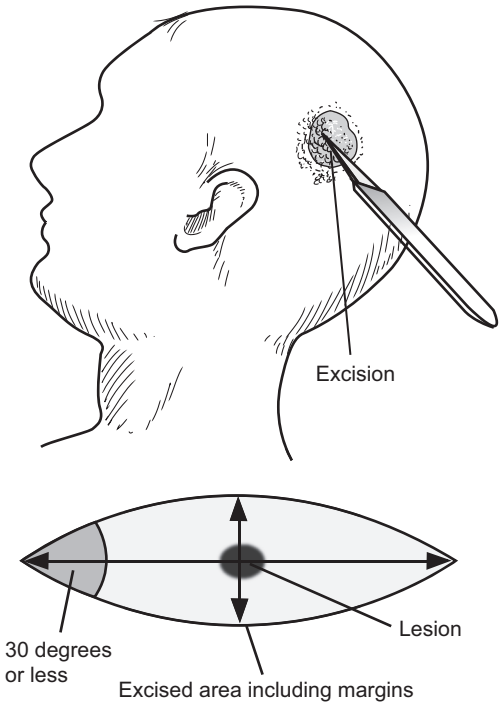
For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11424.

For the same procedure on a lesion with a diameter of over 4 cm, see 11426.

If a provider excises multiple lesions of the same or different diameters during the same session, apply modifier 59, Distinct procedural service, to the code(s) for the additional lesion(s).

To differentiate between codes for shaving and excision, look at the removal's depth. Technically, any time a provider removes skin tissue, it is an excision. For coding purposes, however, excision is narrowly defined as involving full thickness, or through the dermis. Shaving, in contrast, involves sharp removal without a full-thickness dermal excision.

Illustration



11420

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $76.53, Non Facility Fee: $125.54; Non-QP Conversion Factor $33.4009, Facility Fee: $76.15, Non Facility Fee: $124.92
RVU (Facility): Work 1, PE 1.17, Mal 0.11, Total 2.28
RVU (Non-Facility): Work 1, PE 2.63, Mal 0.11, Total 3.74
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

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

NCCI Alerts (version 32.0)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0700T[1], 0701T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 10030[1], 10060[1], 10061[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11102[1], 11104[1], 11106[1], 11719[1], 11900[1], 11901[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 17000[1], 17250[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96405[1], 96406[1], 96523[0], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0168[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

A66.0-A66.3, A67.0-A67.3, B00.1, B02.21, B03, B04, B05.89, B05.9, B06.00, B06.89, B06.9, B07.0-B07.9, B08.09, B08.1, B08.21, B08.22, B08.8, B09, B26.89, B26.9, B27.00, B27.09, B27.80, B35.8, B35.9, B37.2, B37.49, B38.3, B40.3, B42.1, B43.0, B43.2, B45.2, B46.3, B55.1, B55.2, B65.3, B67.32, B67.39, B67.4, B78.1, B87.0, B87.81, B90.1, B99.8, B99.9, D17.39, D18.01, D19.7, D22.4, D22.9, D23.4, D28.0-D28.7, D28.9, D29.0, D29.4, D36.7, D48.5, D49.2, E08.628, E09.628, I78.1, K13.24, L11.0, L11.1, L12.30-L12.35, L40.0, L40.1, L40.4, L40.50, L40.8, L40.9, L41.3-L41.5, L41.8, L41.9, L44.4-L44.9, L45, L51.2, L51.3, L56.5, L57.0, L57.3, L72.0-L72.3, L72.11, L72.12, L72.8, L72.9, L81.0-L81.9, L82.0, L82.1, L83, L85.0-L85.2, L85.8, L85.9, L86, L87.0-L87.2, L87.8, L87.9, L90.5, L91.0, L94.2, L94.4, L98.8, L99, N90.3-N90.7, N90.89, N90.9, N94.89, O26.86, Q77.6, Q81.0-Q81.9, Q82.1-Q82.5, Q82.8, R21, R22.0, R22.1, R23.8, T21.67XD, T21.67XS, T21.77XD, T21.77XS, T81.40XA-T81.40XS, Z86.007

11421

Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.6 to 1.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

Coding Tips

For the same procedure on a lesion with a diameter of 0.5 cm or less, see 11420.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11422.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11423.

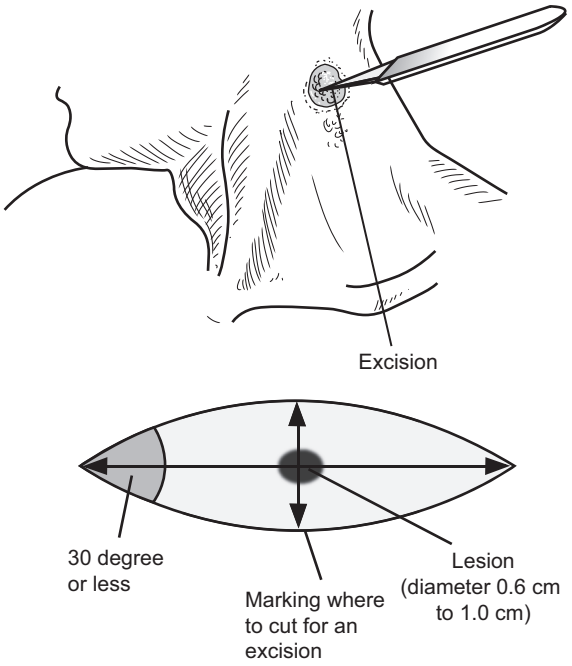
For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11424.

For the same procedure on a lesion with a diameter of over 4 cm, see 11426.

If a provider excises multiple lesions of the same or different diameters during the same session, apply modifier 59, Distinct procedural service, to the code(s) for the additional lesion(s).

To differentiate between codes for shaving and excision, look at the removal's depth. Technically, any time a provider removes skin tissue, it is an excision. For coding purposes, however, excision is narrowly defined as involving full thickness, or through the dermis. Shaving, in contrast, involves sharp removal without a full-thickness dermal excision.

Illustration



11421

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $99.36, Non Facility Fee: $160.12; Non-QP Conversion Factor $33.4009, Facility Fee: $98.87, Non Facility Fee: $159.32
RVU (Facility): Work 1.43, PE 1.36, Mal 0.17, Total 2.96
RVU (Non-Facility): Work 1.43, PE 3.17, Mal 0.17, Total 4.77
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

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

NCCI Alerts (version 32.0)

00400^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0700T^{1}, 0701T^{1}, 0708T^{1}, 0709T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 10061^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 11102^{1}, 11104^{1}, 11106^{1}, 11719^{1}, 11900^{1}, 11901^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 17000^{1}, 17004^{1}, 17250^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{0}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{1}, 64474^{1}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1},

93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96405[1], 96406[1], 96523[0], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0168[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

A66.0-A66.3, A67.0-A67.3, B00.1, B02.21, B03, B04, B05.89, B05.9, B06.00, B06.89, B06.9, B07.0-B07.9, B08.09, B08.1, B08.21, B08.22, B08.8, B09, B26.89, B26.9, B27.00, B27.09, B27.80, B35.8, B35.9, B37.2, B37.49, B38.3, B40.3, B42.1, B43.0, B43.2, B45.2, B46.3, B55.1, B55.2, B65.3, B67.32, B67.39, B67.4, B78.1, B87.0, B87.81, B90.1, B99.8, B99.9, D17.39, D18.01, D19.7, D19.9, D22.4, D23.4, D28.0-D28.7, D28.9, D29.0, D29.4, D36.7, D48.5, E08.628, E09.628, I78.1, K13.24, L08.9, L11.0, L11.1, L12.30-L12.35, L40.0, L40.1, L40.4, L40.50, L40.8, L40.9, L41.3-L41.5, L41.8, L41.9, L44.4-L44.9, L45, L51.2, L51.3, L56.5, L57.0, L57.3, L72.0-L72.3, L72.11, L72.12, L72.8, L72.9, L81.0-L81.9, L82.0, L82.1, L83, L85.0-L85.2, L85.8, L85.9, L86, L87.0-L87.2, L87.8, L87.9, L90.5, L90.9, L91.0, L91.9, L92.9, L94.2-L94.4, L94.9, L98.8, L98.9, L99, N90.3-N90.7, N90.89, N90.9, N94.89, O26.86, Q77.6, Q81.0-Q81.9, Q82.1-Q82.5, Q82.8, Q82.9, R21, R22.0, R22.1, R22.9, R23.8, R23.9, T21.67XD, T21.67XS, T21.77XD, T21.77XS, T81.40XA-T81.40XS, Z86.007

11422

Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm

Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 1.1 to 2.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

Coding Tips

For the same procedure on a lesion with a diameter of 0.5 cm or less, see 11420.

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11421.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11423.

For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11424.

For the same procedure on a lesion with a diameter of over 4 cm, see 11426.

If a provider excises multiple lesions of the same or different diameters during the same session, apply modifier 59, Distinct procedural service, to the code(s) for the additional lesion(s).

To differentiate between codes for shaving and excision, look at the removal's depth. Technically, any time a provider removes skin tissue, it is an excision. For coding purposes, however, excision is narrowly defined as involving full thickness, or through the dermis. Shaving, in contrast, involves sharp removal without a full-thickness dermal excision.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $124.87, Non Facility Fee: $180.59; Non-QP Conversion Factor $33.4009, Facility Fee: $124.25, Non Facility Fee: $179.70
RVU (Facility): Work 1.64, PE 1.87, Mal 0.21, Total 3.72
RVU (Non-Facility): Work 1.64, PE 3.53, Mal 0.21, Total 5.38
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

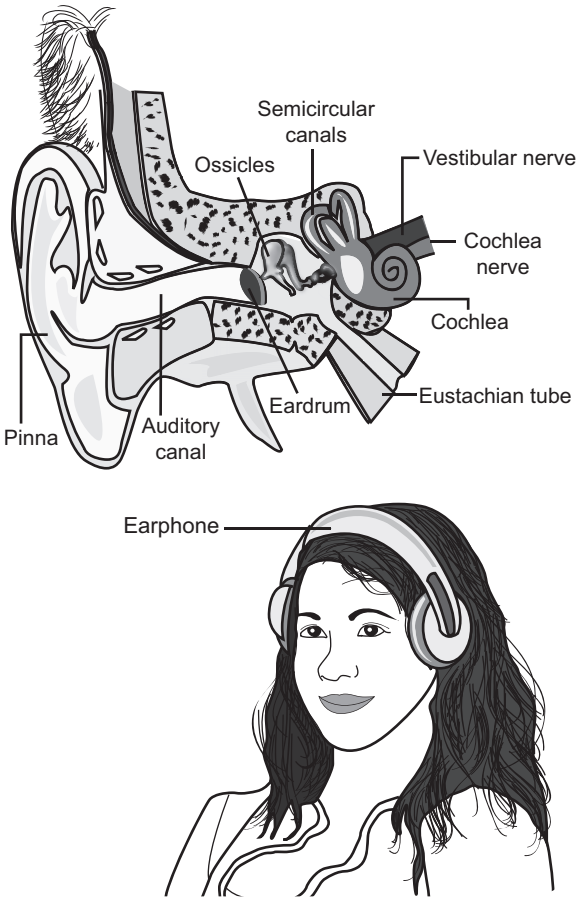
Modifier Allowances

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

NCCI Alerts (version 32.0)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0700T[1], 0701T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 10061[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11102[1], 11104[1], 11106[1], 11900[1], 11901[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 17000[1], 17004[1], 17250[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96405[1], 96406[1], 96523[0], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0168[1], G0463[1], G0471[1], J0670[1]

Illustration



92576

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $42.63, Non Facility Fee: $42.63; Non-QP Conversion Factor $33.4009, Facility Fee: $42.42, Non Facility Fee: $42.42
RVU (Facility): Work 0, PE 1.26, Mal 0.01, Total 1.27
RVU (Non-Facility): Work 0, PE 1.26, Mal 0.01, Total 1.27
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AB, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

36591[0], 36592[0], 69209[0], 69210[0], 96523[0]

ICD-10-CM Cross References

A18.03, B02.21-B02.23, B02.29, B02.8, B10.01, B10.09, C72.50, C79.32, C79.49, D43.3-D43.9, D49.7, G08, G09, H61.309, H61.319, H61.329, H61.399, H65.20, H65.30, H66.13, H66.23, H66.3X9, H68.109, H70.819, H70.90, H71.03, H71.13, H71.23, H71.33, H72.00, H72.2X9, H72.819, H72.829, H72.90, H73.10, H73.819, H74.09, H74.19, H74.20, H74.319, H74.329, H74.399, H74.40, H74.8X9, H74.90, H80.03, H80.23, H80.83, H80.93, H81.09, H83.3X9, H90.0-H90.3, H90.11, H90.12, H90.41, H90.42, H90.5, H90.6, H90.71, H90.72, H90.8, H91.01-H91.09, H91.10-H91.13, H91.20-H91.23, H91.3, H91.8X1-H91.8X3, H91.8X9, H91.90-H91.93, H93.011-H93.019, H93.099, H93.11-H93.19, H93.211-H93.219, H93.221-H93.229, H93.231-H93.239, H93.241-H93.249, H93.291-H93.299, H93.3X1-H93.3X3, H93.3X9, H93.8X1-H93.8X3, H93.8X9, H93.90-H93.93, H93.A1-H93.A9, H94.00-H94.03, H94.80-H94.83, R68.89, T70.0XXA, Z00.00, Z00.01, Z01.10, Z01.110, Z01.118, Z01.12, Z73.82

92577

Stenger test, speech

Clinical Responsibility

The provider administers this functional hearing test delivering words of the same frequency simultaneously to both ears then increasing the intensity level of the worse ear and gauging the patient's response. In this service, the patient wears earphones, and the provider first determines the hearing threshold of both ears. The provider then gives the speech to both ears at a level over the threshold in the good ear and below the level of the good ear in the suspected deficient ear. The provider continues the test by increasing the intensity level of the suspected deficient ear. If the patient keeps responding to the signal, the hearing loss is genuine, as he is responding to the words being heard in the better ear. If the patient stops responding when the level of the suspected deficient ear exceeds the signal in the good ear, the patient is simulating the hearing loss. The provider knows this because when the same type of sound is given simultaneously to both ears, the patient only perceives the louder of the two similar tones. The patient does not respond because he thinks this is the correct reaction to the louder sound he hears in the allegedly bad ear. The patient may be simulating the hearing loss due to a psychogenic or malingering condition.

Coding Tips

This service includes testing of both ears. Use modifier 52, reduced services, if a test is applied to one ear instead of both.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $22.83, Non Facility Fee: $22.83; Non-QP Conversion Factor $33.4009, Facility Fee: $22.71, Non Facility Fee: $22.71
RVU (Facility): Work 0, PE 0.67, Mal 0.01, Total 0.68
RVU (Non-Facility): Work 0, PE 0.67, Mal 0.01, Total 0.68
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AB, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

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 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): QP Conversion Factor $: 33.5675, Facility Fee: $0.00, Non Facility Fee: $0.00; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 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

76, 77, 79, 80, 81, 82, AR, AS, GY, GZ, KX, PD

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

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

95782

Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Clinical Responsibility

The provider uses a diagnostic sleep test service called polysomnography to assess a patient under age 6 for various sleep disorders. The test described by this code is attended, meaning a provider such as a technologist is present with the patient at the time of recording. This test requires sleep staging, which identifies the patient's sleep levels using 3-lead electroencephalography or EEG, electromyography or EMG, and electrooculography or EOG. The test additionally requires a minimum of four additional parameters. One typical parameter is electrocardiogram, or ECG, which records the heart's electrical activity. Another possibility is airflow from the nose and/or mouth as the patient breathes.

A third option is respiratory effort measured by transducers or EMG. The provider may request monitoring of oxyhemoglobin saturation, which is the amount of oxygen combined with hemoglobin in the blood, or capnography, which measures carbon dioxide levels. You may also see bilateral anterior tibialis EMG, which records the electrical activity of the anterior tibialis muscles in both legs to identify leg movement during sleep.

Coding Tips

Code 95782 requires at least seven hours of recording. You may report the code for less than six hours, but you must append reduced services modifier 52.

If a provider also initiates continuous positive airway pressure therapy or bi-level ventilation, see 95783.

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

If you are reporting only the technical component for the service, you should append technical component modifier TC to the code unless the hospital provided the technical component. In that case, do not append modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the code when reporting a global service in which one provider renders both the professional and technical components.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $1,015.42, Non Facility Fee: $1,015.42; Non-QP Conversion Factor $33.4009, Facility Fee: $1,010.38, Non Facility Fee: $1,010.38
RVU (Facility): Work 2.54, PE 27.38, Mal 0.33, Total 30.25
RVU (Non-Facility): Work 2.54, PE 27.38, Mal 0.33, Total 30.25
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

26, 52, 53, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC

NCCI Alerts (version 32.0)

0903T[1], 0904T[1], 0905T[1], 36591[0], 36592[0], 54250[0], 91034[0], 92270[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93224[1], 93225[1], 93226[1], 93227[1], 93241[1], 93242[1], 93243[1], 93244[1], 93245[1], 93246[1], 93247[1], 93248[1], 94200[1], 94617[1], 94618[1], 94660[1], 94681[0], 94726[0], 94728[0], 94760[0], 94761[0], 94762[0], 95700[1], 95705[0], 95706[0], 95707[0], 95708[1], 95709[1], 95710[1], 95711[0], 95712[0], 95713[0], 95714[1], 95715[1], 95716[1], 95717[0], 95718[0], 95719[1], 95720[1], 95721[1], 95722[1], 95723[1], 95724[1], 95725[1], 95726[1], 95800[0], 95801[0], 95803[0], 95806[0], 95807[0], 95808[0], 95810[0], 95811[0], 95812[0], 95813[0], 95816[0], 95819[0], 95822[0], 95824[0], 95860[1], 95861[1], 95863[1], 95864[1], 95867[1], 95868[0], 95870[1], 95872[1], 95905[1], 95907[1], 95908[1], 95909[1], 95910[1], 95911[1], 95912[1], 95913[1], 95962[1], 96523[0], G0398[0], G0399[0], G0400[0]

ICD-10-CM Cross References

E66.2, F51.01-F51.03, F51.09, F51.11, F51.12, F51.19, F51.3-F51.5, F51.8, F51.9, G47.00-G47.09, G47.10-G47.19, G47.20-G47.24, G47.27, G47.29, G47.30-G47.39, G47.411, G47.419, G47.421, G47.429, G47.50-G47.59, G47.61-G47.69, G47.8, G47.9, Q87.86, Q93.52

95867

Needle electromyography; cranial nerve supplied muscle(s), unilateral

Clinical Responsibility

Once the provider sterilizes the specific area of muscle, he inserts a needle electrode through the skin into the muscle or muscles on one side of the body controlled by the cranial nerve. He then monitors the electrical activity of the muscle at rest and during contractions. The electrode connects to a computer, which displays the response shown by the muscles at rest and during contractions. The provider can also hear the electrical activity in the form of popping sounds with the help of the loudspeaker connected to the computer.

Coding Tips

Use 95868 for bilateral needle electromyography.

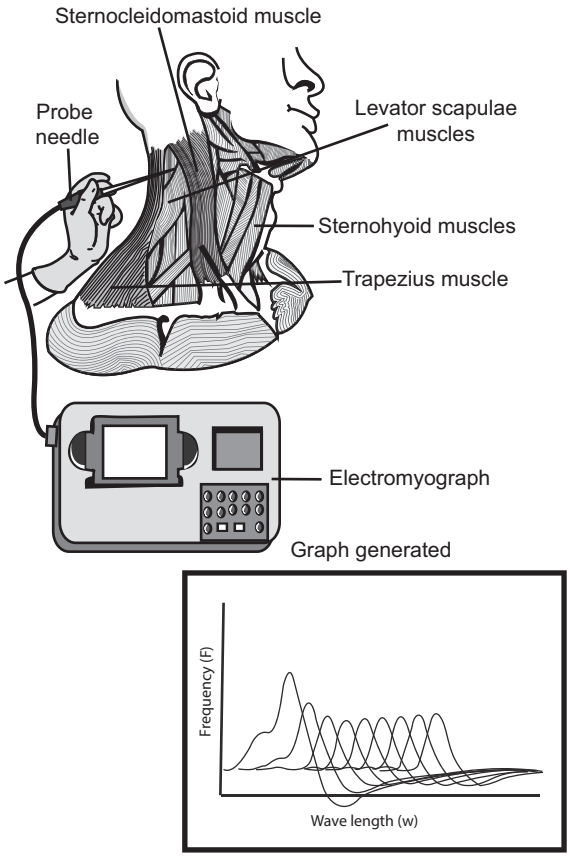
Report 95867 only when the provider does not perform a nerve conduction study on the same day as electromyography. See +95885-+95887 to report EMG services performed with nerve conduction studies.

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

If you are reporting only the technical component for the service, you should append technical component modifier TC to the code unless the hospital provided the technical component. In that case, do not append modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the code when reporting a global service in which one provider renders both the professional and technical components.

Illustration



95867

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $108.09, Non Facility Fee: $108.09; Non-QP Conversion Factor $33.4009, Facility Fee: $107.55, Non Facility Fee: $107.55
RVU (Facility): Work 0.77, PE 2.41, Mal 0.04, Total 3.22
RVU (Non-Facility): Work 0.77, PE 2.41, Mal 0.04, Total 3.22
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 32.0)

36591^0, 36592^0, 95869^1, 95870^1, 95873^0, 95874^0, 95887^1, 95907^0, 95908^0, 95909^0, 95910^0, 95911^0, 95912^0, 95913^0, 96523^0, 99446^0, 99447^0, 99448^0, 99449^0, 99451^0, 99452^0

ICD-10-CM Cross References

A39.82, E08.40-E08.49, E09.40-E09.49, E10.40-E10.49, E11.40-E11.49, E13.40-E13.49, F48.2, G12.0, G12.1, G12.20-G12.29, G12.8, G12.9, G35.A, G35.B0-G35.B2, G35.C0-G35.C2, G35.D, G51.31-G51.39, G71.036, G71.20, G71.21, G71.220, G71.228,

ICD-10-CM Cross Reference Details

A01.01 Typhoid meningitis
A02.21 Salmonella meningitis
A05.1 Botulism food poisoning
A06.5 Amebic lung abscess
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.89 Other tuberculosis of nervous system
A18.03 Tuberculosis of other bones
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A20.3 Plague meningitis
A21.1 Oculoglandular tularemia
A22.1 Pulmonary anthrax
A27.81 Aseptic meningitis in leptospirosis
A31.0 Pulmonary mycobacterial infection
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A32.81 Oculoglandular listeriosis
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A39.0 Meningococcal meningitis
A39.82 Meningococcal retrobulbar neuritis
A40.3 Sepsis due to Streptococcus pneumoniae
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.54 Sepsis due to Acinetobacter baumannii
A42.81 Actinomycotic meningitis
A48.1 Legionnaires' disease
A50.41 Late congenital syphilitic meningitis
A50.43 Late congenital syphilitic polyneuropathy
A50.44 Late congenital syphilitic optic nerve atrophy
A50.49 Other late congenital neurosyphilis
A51.41 Secondary syphilitic meningitis
A52.12 Other cerebrospinal syphilis
A52.13 Late syphilitic meningitis
A52.15 Late syphilitic neuropathy
A52.19 Other symptomatic neurosyphilis
A54.31 Gonococcal conjunctivitis
A54.81 Gonococcal meningitis
A66.0 Initial lesions of yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
A69.21 Meningitis due to Lyme disease
A74.0 Chlamydial conjunctivitis
A79.82 Anaplasmosis [A. phagocytophilum]
A80.0 Acute paralytic poliomyelitis, vaccine-associated
A80.1 Acute paralytic poliomyelitis, wild virus, imported
A80.2 Acute paralytic poliomyelitis, wild virus, indigenous
A80.30 Acute paralytic poliomyelitis, unspecified
A80.39 Other acute paralytic poliomyelitis
A80.4 Acute nonparalytic poliomyelitis
A80.9 Acute poliomyelitis, unspecified
A87.0 Enteroviral meningitis
A87.1 Adenoviral meningitis
A87.2 Lymphocytic choriomeningitis
A87.8 Other viral meningitis
A87.9 Viral meningitis, unspecified
B00.1 Herpesviral vesicular dermatitis
B00.3 Herpesviral meningitis
B00.50 Herpesviral ocular disease, unspecified
B00.53 Herpesviral conjunctivitis
B00.59 Other herpesviral disease of eye
B00.82 Herpes simplex myelitis
B01.0 Varicella meningitis
B01.11 Varicella encephalitis and encephalomyelitis
B01.12 Varicella myelitis
B01.89 Other varicella complications
B01.9 Varicella without complication
B02.0 Zoster encephalitis
B02.1 Zoster meningitis
B02.21 Postherpetic geniculate ganglionitis
B02.22 Postherpetic trigeminal neuralgia
B02.23 Postherpetic polyneuropathy
B02.24 Postherpetic myelitis
B02.29 Other postherpetic nervous system involvement
B02.30 Zoster ocular disease, unspecified
B02.31 Zoster conjunctivitis
B02.34 Zoster scleritis
B02.39 Other herpes zoster eye disease
B02.7 Disseminated zoster
B02.8 Zoster with other complications
B02.9 Zoster without complications
B03 Smallpox
B04 Monkeypox
B05.1 Measles complicated by meningitis
B05.3 Measles complicated by otitis media
B05.81 Measles keratitis and keratoconjunctivitis
B05.89 Other measles complications
B05.9 Measles without complication
B06.00 Rubella with neurological complication, unspecified
B06.02 Rubella meningitis
B06.89 Other rubella complications
B06.9 Rubella without complication
B07.0 Plantar wart
B07.8 Other viral warts
B07.9 Viral wart, unspecified
B08.09 Other orthopoxvirus infections
B08.1 Molluscum contagiosum
B08.21 Exanthema subitum [sixth disease] due to human herpesvirus 6
B08.22 Exanthema subitum [sixth disease] due to human herpesvirus 7
B08.8 Other specified viral infections characterized by skin and mucous membrane lesions
B09 Unspecified viral infection characterized by skin and mucous membrane lesions
B10.01 Human herpesvirus 6 encephalitis
B10.09 Other human herpesvirus encephalitis
B10.81 Human herpesvirus 6 infection
B10.82 Human herpesvirus 7 infection
B10.89 Other human herpesvirus infection
B20 Human immunodeficiency virus [HIV] disease
B25.0 Cytomegaloviral pneumonitis
B26.1 Mumps meningitis
B26.84 Mumps polyneuropathy

B26.89 Other mumps complications
B26.9 Mumps without complication
B27.00 Gammaherpesviral mononucleosis without complication
B27.01 Gammaherpesviral mononucleosis with polyneuropathy
B27.02 Gammaherpesviral mononucleosis with meningitis
B27.09 Gammaherpesviral mononucleosis with other complications
B27.11 Cytomegaloviral mononucleosis with polyneuropathy
B27.12 Cytomegaloviral mononucleosis with meningitis
B27.80 Other infectious mononucleosis without complication
B27.81 Other infectious mononucleosis with polyneuropathy
B27.82 Other infectious mononucleosis with meningitis
B27.91 Infectious mononucleosis, unspecified with polyneuropathy
B27.92 Infectious mononucleosis, unspecified with meningitis
B30.0 Keratoconjunctivitis due to adenovirus
B30.1 Conjunctivitis due to adenovirus
B30.2 Viral pharyngoconjunctivitis
B30.3 Acute epidemic hemorrhagic conjunctivitis (enteroviral)
B30.8 Other viral conjunctivitis
B30.9 Viral conjunctivitis, unspecified
B34.2 Coronavirus infection, unspecified
B35.8 Other dermatophytoses
B35.9 Dermatophytosis, unspecified
B37.2 Candidiasis of skin and nail
B37.49 Other urogenital candidiasis
B37.5 Candidal meningitis
B37.81 Candidal esophagitis
B38.3 Cutaneous coccidioidomycosis
B38.4 Coccidioidomycosis meningitis
B40.3 Cutaneous blastomycosis
B42.1 Lymphocutaneous sporotrichosis
B43.0 Cutaneous chromomycosis
B43.2 Subcutaneous pheomycotic abscess and cyst
B44.0 Invasive pulmonary aspergillosis
B45.1 Cerebral cryptococcosis
B45.2 Cutaneous cryptococcosis
B45.8 Other forms of cryptococcosis
B45.9 Cryptococcosis, unspecified
B46.3 Cutaneous mucormycosis
B46.9 Zygomycosis, unspecified
B55.1 Cutaneous leishmaniasis
B55.2 Mucocutaneous leishmaniasis
B57.31 Megaesophagus in Chagas' disease
B57.41 Meningitis in Chagas' disease
B60.12 Conjunctivitis due to Acanthamoeba
B60.13 Keratoconjunctivitis due to Acanthamoeba
B65.3 Cercarial dermatitis
B66.4 Paragonimiasis
B67.31 Echinococcus granulosus infection, thyroid gland
B67.32 Echinococcus granulosus infection, multiple sites
B67.39 Echinococcus granulosus infection, other sites
B67.4 Echinococcus granulosus infection, unspecified
B77.81 Ascariasis pneumonia
B78.1 Cutaneous strongyloidiasis
B87.0 Cutaneous myiasis
B87.81 Genitourinary myiasis
B88.01 Infestation by Demodex mites
B90.1 Sequelae of genitourinary tuberculosis
B91 Sequelae of poliomyelitis
B95.3 Streptococcus pneumoniae as the cause of diseases classified elsewhere
B96.20 Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere
B96.21 Shiga toxin-producing Escherichia coli [E. coli] [STEC] O157 as the cause of diseases classified elsewhere
B96.22 Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
B96.23 Unspecified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
B96.29 Other Escherichia coli [E. coli] as the cause of diseases classified elsewhere
B96.83 Acinetobacter baumannii as the cause of diseases classified elsewhere
B97.10 Unspecified enterovirus as the cause of diseases classified elsewhere
B97.19 Other enterovirus as the cause of diseases classified elsewhere
B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29 Other coronavirus as the cause of diseases classified elsewhere
B97.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B97.4 Respiratory syncytial virus as the cause of diseases classified elsewhere
B99.8 Other infectious disease
B99.9 Unspecified infectious disease
C00.0 Malignant neoplasm of external upper lip
C00.1 Malignant neoplasm of external lower lip
C00.2 Malignant neoplasm of external lip, unspecified
C00.3 Malignant neoplasm of upper lip, inner aspect
C00.4 Malignant neoplasm of lower lip, inner aspect
C00.5 Malignant neoplasm of lip, unspecified, inner aspect
C00.6 Malignant neoplasm of commissure of lip, unspecified
C00.8 Malignant neoplasm of overlapping sites of lip
C00.9 Malignant neoplasm of lip, unspecified
C01 Malignant neoplasm of base of tongue
C02.0 Malignant neoplasm of dorsal surface of tongue
C02.1 Malignant neoplasm of border of tongue
C02.2 Malignant neoplasm of ventral surface of tongue
C02.3 Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4 Malignant neoplasm of lingual tonsil
C02.8 Malignant neoplasm of overlapping sites of tongue
C02.9 Malignant neoplasm of tongue, unspecified
C03.0 Malignant neoplasm of upper gum
C03.1 Malignant neoplasm of lower gum
C03.9 Malignant neoplasm of gum, unspecified
C04.0 Malignant neoplasm of anterior floor of mouth
C04.1 Malignant neoplasm of lateral floor of mouth
C04.8 Malignant neoplasm of overlapping sites of floor of mouth
C04.9 Malignant neoplasm of floor of mouth, unspecified
C05.0 Malignant neoplasm of hard palate
C05.1 Malignant neoplasm of soft palate
C05.2 Malignant neoplasm of uvula
C05.8 Malignant neoplasm of overlapping sites of palate
C05.9 Malignant neoplasm of palate, unspecified
C06.0 Malignant neoplasm of cheek mucosa
C06.1 Malignant neoplasm of vestibule of mouth
C06.2 Malignant neoplasm of retromolar area
C06.80 Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89 Malignant neoplasm of overlapping sites of other parts of mouth
C06.9 Malignant neoplasm of mouth, unspecified
C07 Malignant neoplasm of parotid gland
C08.0 Malignant neoplasm of submandibular gland
C08.1 Malignant neoplasm of sublingual gland
C08.9 Malignant neoplasm of major salivary gland, unspecified
C09.0 Malignant neoplasm of tonsillar fossa
C09.1 Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8 Malignant neoplasm of overlapping sites of tonsil
C09.9 Malignant neoplasm of tonsil, unspecified
C10.0 Malignant neoplasm of vallecula
C10.1 Malignant neoplasm of anterior surface of epiglottis
C10.2 Malignant neoplasm of lateral wall of oropharynx
C10.3 Malignant neoplasm of posterior wall of oropharynx
C10.4 Malignant neoplasm of branchial cleft
C10.8 Malignant neoplasm of overlapping sites of oropharynx
C10.9 Malignant neoplasm of oropharynx, unspecified
C11.0 Malignant neoplasm of superior wall of nasopharynx
C11.1 Malignant neoplasm of posterior wall of nasopharynx
C11.2 Malignant neoplasm of lateral wall of nasopharynx
C11.3 Malignant neoplasm of anterior wall of nasopharynx
C11.8 Malignant neoplasm of overlapping sites of nasopharynx
C11.9 Malignant neoplasm of nasopharynx, unspecified
C12 Malignant neoplasm of pyriform sinus

Modifier Descriptors

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

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

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

Terminology

Terminology	Explanation
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.
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.

Terminology	Explanation
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.

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