



Your essential illustrated coding guide for cardiology & cardiothoracic surgery, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross Reference, NCCI edits, and RVU information

CODERS' SPECIALTY GUIDE

Cardiology & Cardiothoracic Surgery



2024

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33016

Pericardiocentesis, including imaging guidance, when performed

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider selects a site typically between the xiphoid process and the left sternocostal margin. The provider may create a small incision to reduce needle resistance and then advances a needle attached to a syringe or suction device into the pericardial space. The provider often uses fluoroscopic or ultrasound imaging guidance to ensure accuracy of the needle placement. The provider identifies the proper location and then aspirates fluid from the pericardial sac into the syringe, after which he withdraws the needle.

Pericardiocentesis may be performed to relieve pericardial effusion or cardiac tamponade as well as for diagnostic, palliative, or prophylactic purposes.

Coding Tips

Imaging guidance, if performed, is included with this code. Do not report separately.

For percutaneous pericardial drainage with insertion of an indwelling catheter, with or without fluoroscopy and/or ultrasound guidance, in a patient 6 years old and older without congenital cardiac anomaly, report 33017, and for the same procedure in a newborn through 5 years of age or in a patient of any age with congenital cardiac anomaly, report 33018.

For percutaneous pericardial drainage with insertion of indwelling catheter under computed tomography (CT) imaging guidance, report 33019.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$240.41, Non Facility: \$240.41, OPPS Facility: \$153.53, OPPS Non Facility: \$153.53

RVU Facility Work RVU: 4.40, PE RVU: 1.55, Malpractice RVU: 0.94, Total RVU: 6.89

RVU Non-Facility Work RVU: 4.40, PE RVU: 1.55, Malpractice RVU: 0.94, Total RVU: 6.89

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00,

Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CG, CR, ET, GA, GC, GJ, GR, GZ, KX, PD, Q5, Q6, QJ, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 33210⁰, 33211⁰, 35201¹, 35206¹, 35211¹, 35216¹, 35226¹, 35241¹, 35251¹, 35261¹, 35266¹, 35271¹, 35276¹, 35286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 39000¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76376¹, 76377¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93303¹, 93304¹, 93306¹, 93307¹, 93308¹, 93312¹, 93313¹, 93314¹, 93315¹, 93316¹, 93317¹, 93318¹, 93320¹, 93321¹, 93325¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

A18.84, C38.0, C45.2, C79.89, C79.9, D15.1, D48.7, I01.0, I09.2, I25.10, I30.0-I30.9, I31.0-I31.9, I32, I47.0, I47.2, I51.7, I97.110, I97.111, I97.120, I97.121, I97.130, I97.131, I97.190, I97.191, I97.710, I97.711, I97.790, I97.791, I97.88, I97.89, M32.12, R06.00-R06.03, R06.09, R06.3, R06.83, R06.89, R07.82, R07.89, R07.9

33017

Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly

Clinical Responsibility

This procedure is performed on a patient who is 6 years old or older and who does not have a congenital cardiac anomaly. When the patient is appropriately prepped and anesthetized, the provider selects a site typically between the xiphoid process and the left sternocostal margin. The provider may create a small incision to reduce needle resistance and then advances a needle attached to a syringe or suction device into the pericardial space. The provider often uses fluoroscopic or ultrasound imaging guidance to ensure accuracy of the needle placement. The provider identifies the proper location and then aspirates fluid from the pericardial sac into the syringe, after which he withdraws the needle. He then inserts a catheter through the same puncture site, which he leaves indwelling for further drainage in case the fluid builds up again.

Pericardial drainage may be performed to relieve pericardial effusion or cardiac tamponade as well as for diagnostic, palliative, or prophylactic purposes.

Coding Tips

Ultrasound or fluoroscopic imaging is included with this procedure, so do not report it separately.

For the same procedure in a newborn through 5 years of age or in a patient of any age with congenital cardiac anomaly, report 33018.

For pericardiocentesis including imaging guidance when performed, report 33016.

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, G0463¹, G0471¹

RVU Non-Facility Work RVU: 45.00, PE RVU: 17.04, Malpractice RVU: 10.32, Total RVU: 72.36

Indicators Preoperative: 9.00, Intraoperative: 84.00, Postoperative: 7.00, 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, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

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, G0463¹, G0471¹

ICD-10 CrossRef

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

33031

Pericardiectomy, subtotal or complete; with cardiopulmonary bypass

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision over the sternum, dividing it, and enters into the chest cavity. He gains access to the pericardium, which is the outer most covering of the heart. The provider may excise the layer either completely or partially. During the procedure the provider uses a device called a cardiopulmonary bypass unit, which temporarily takes on the functions of heart and lung so that the heart and lungs are motionless while the provider performs the procedure. After the procedure, the provider restores the natural circulation of blood via the heart, wires the sternum to let it join naturally, and closes the incision with sutures.

Coding Tips

For the same procedure without CPB, see 33030.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$2,524.86, Non Facility: \$2,524.86, OPPS Facility: \$1,570.19, OPPS Non Facility: \$1,570.19
RVU Facility Work RVU: 45.00, PE RVU: 17.04, Malpractice RVU: 10.32, Total RVU: 72.36

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0632T¹, 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, 20680⁰, 21750⁰, 32100¹, 32551¹, 32554¹, 32555¹, 32556¹, 32557¹, 33020¹, 33025¹, 33030¹, 33050¹, 33140⁰, 33141¹, 33210⁰, 33211⁰, 33254⁰, 33255⁰, 33256⁰, 33310¹, 33315¹, 35226¹, 36000¹, 36010¹, 36011¹, 36012¹, 36013¹, 36014¹, 36140¹, 36160¹, 36200¹, 36215¹, 36216¹, 36217¹, 36245¹, 36246¹, 36247¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 39000¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355⁰, 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,

ICD-10 CrossRef

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

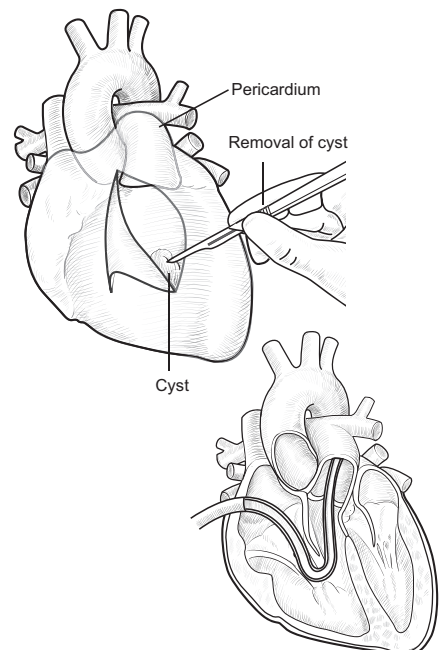
33050

Resection of pericardial cyst or tumor

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision, typically on the front of the chest, known as median sternotomy, or on the side, known as anterolateral thoracotomy, to approach the pericardium. She excises the mass with margins. She may use a bovine pericardial patch to close the defect. The provider closes the surgical incisions and dresses the sternal wound.

Illustration



33050

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the patient's abdomen to access the lower aorta. He then locates and exposes the second anastomosis site by making a separate incision on the thigh over the femoral artery. He then clears tissue between the target anastomosis sites. He makes additional incisions as necessary, and creates a tunnel between the two sites. He prepares the graft. He then applies clamps above the blockage or defect in the aorta and ligates or incises the lower aorta. He then creates an opening in the aorta and sutures one end of a synthetic graft to the aorta. He passes the graft through the tunnel and applies clamps to a femoral artery. He creates an opening in the femoral artery and attaches the other end of the graft to the artery. He attaches the graft in an end to end or side to side manner. He releases the clamps and checks for leaks. Finally, he may check the patency of the grafts through an arteriography or ultrasound probe. The bypass grafts cause the blood to flow smoothly by avoiding the clotted area. When the procedure is complete, he closes the incision in layers and may place a drain.

Coding Tips

The aorta is the major artery that leaves the heart. Near the patient's midsection, at about the level of the belly button, the aorta divides into two iliac arteries. Then, near the groin, the iliac arteries become the femoral arteries.

During a bypass, the provider places artificial tubes, or grafts, near a section of a blockage or narrowing in a vessel. The graft allows blood to move around the blockage or narrowing. In an aorto-bi-iliac bypass graft procedure, the provider places the graft on the aorta and the iliac arteries. The graft forms an upside down y shape, with the top part attaching to the aorta and the lower parts attaching to each of the iliac arteries.

Depending on the location of the procedure, report certain vascular catheterizations to include introduction of the catheter and all lesser order selective catheterizations the provider uses in the approach. For example, CPT® defines a selective right middle cerebral artery catheterization by the introduction and placement catheterization of the right common and internal carotid arteries.

Use 36218, Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family or 36248, Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family, if additional second and or third order arterial catheterizations occur within the same group of arteries, if their supply is by a single first order artery. Report additional first order vessels or higher catheterizations separately, if their vascular family supplies are different from the previous vessels.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$1,575.07, Non Facility: \$1,575.07, OPPS Facility: \$1,037.37, OPPS Non Facility: \$1,037.37

RVU Facility Work RVU: 29.73, PE RVU: 8.27, Malpractice RVU: 7.14, Total RVU: 45.14

RVU Non-Facility Work RVU: 29.73, PE RVU: 8.27, Malpractice RVU: 7.14, Total RVU: 45.14

Indicators Preoperative: 9.00, Intraoperative: 84.00, Postoperative: 7.00, 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, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T⁰, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 34715¹, 34716¹, 34820¹, 34833¹, 34834¹, 35221¹, 35226¹, 35256¹, 35286¹, 35702¹, 35703¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰,

64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹

ICD-10 CrossRef

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

35650

Bypass graft, with other than vein; axillary-axillary

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the patient's skin over the axillae arteries. He prepares the graft. He then applies clamps to the axillary artery. He creates an opening on either side of the clamps and sutures one end of a synthetic graft to the one side of the axillary artery. He then passes the graft around the blockage and sutures it to the other side. Alternatively, he may incise the axillary artery and connect the end of the synthetic graft to the end of the axillary artery and then pass the graft through a tunnel the provider creates under the skin. He then makes an opening in the other side of the axillary artery and attaches the graft to the other side of the axillary artery. He attaches the graft in an end to side or side to side manner. He releases the clamps and checks for leaks. Finally, he may check the patency of the graft through

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

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 35702¹, 35703¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 96523⁰

ICD-10 CrossRef

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

+35686

Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)

Clinical Responsibility

As the patient is already anesthetized, the provider dissects the skin over the vessel harvest location, such as the tibial artery and or vein. She then removes a portion of the vessel after occluding or ligating the vessel ends and branches. The provider then makes a longitudinal incision in the vein and attaches the vessel to the tibial or peroneal artery and a vein at or beyond the distal bypass site. After securing the fistula with sutures, the provider irrigates the vessel harvest location and achieves hemostasis. She then closes the incision over the harvest site in layers. The provider then continues on with the bypass procedure.

Coding Tips

Because this is an add-on code, it must be reported in conjunction with a code for primary graft procedure.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$162.60, Non Facility: \$162.60, OPPS Facility: \$116.54, OPPS Non Facility: \$116.54
RVU Facility Work RVU: 3.34, PE RVU: 0.53, Malpractice RVU: 0.79, Total RVU: 4.66

RVU Non-Facility Work RVU: 3.34, PE RVU: 0.53, Malpractice RVU: 0.79, Total RVU: 4.66
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: 1

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

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 35702¹, 35703¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 96523⁰

ICD-10 CrossRef

I70.201-I70.203, I70.211-I70.213, I70.221-I70.223, I70.231-I70.239, I70.241-I70.249, I70.261-I70.263, I70.291-I70.293, I70.301-I70.303, I70.311-I70.313, I70.321-I70.323, I70.331, I70.341, I70.361-I70.363, I70.391-I70.393, I70.461-I70.463, I70.501-I70.503, I70.511-I70.513, I70.521-I70.523, I70.531, I70.541, I70.561-I70.563, I70.591-I70.593, I70.601-I70.603, I70.611-I70.613, I70.621-I70.623, I70.631, I70.639, I70.641, I70.661-I70.663, I70.691-I70.693, I70.701-I70.703, I70.711-I70.713, I70.721-I70.723, I70.731, I70.741, I70.749, I70.761-I70.763, I70.791-I70.793, I70.92, I72.4, I73.89, I73.9, I74.3, I75.021-I75.029, I76, I77.1, I77.2, I77.5, I77.89, I79.8, S75.001A, S75.002A, S75.009A, S75.011A, S75.012A, S75.019A, S75.021A, S75.022A, S75.029A, S75.091A, S75.092A, S75.099A

35691

Transposition and/or reimplantation; vertebral to carotid artery

Clinical Responsibility

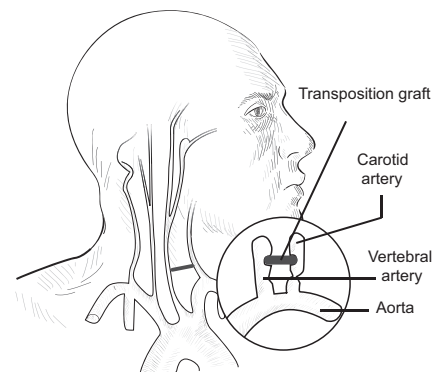
When the patient is appropriately prepped and anesthetized, the provider incises above the clavicular area over the vertebral and carotid arteries. He then fully exposes the arteries being careful to preserve the vessels and structures surrounding them. Next, he divides the vertebral artery above the stenosis, after occluding or ligating the vessel end. He then re implants the

vertebral artery to the subclavian artery at the chosen site to avoid the area of blockage of blood flow. The provider does this by clamping the location on the subclavian and anatomizing the healthy portion of the vertebral artery into the subclavian artery to bypass the blocked portion of the vertebral artery. He attaches the arteries in an end to side manner. This allows blood to flow normally. Finally, he may check the patency of the graft through an arteriography or ultrasound probe. He then closes the incisions and places a drain.

Coding Tips

Arterial transposition and or reimplantation procedures are meant to improve blood flow within the arteries. Codes 35691 to 35697 describe the two arteries that connected provider connects to each other during the procedure. For example, if the provider performs a transposition procedure to anastomose the vertebral and carotid arteries, use 35691.

Illustration



35691

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$959.21, Non Facility: \$959.21, OPPS Facility: \$642.38, OPPS Non Facility: \$642.38
RVU Facility Work RVU: 18.41, PE RVU: 4.64, Malpractice RVU: 4.44, Total RVU: 27.49
RVU Non-Facility Work RVU: 18.41, PE RVU: 4.64, Malpractice RVU: 4.44, Total RVU: 27.49
Indicators Preoperative: 9.00, Intraoperative: 84.00, Postoperative: 7.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier: 0 = not allowed, 1 = allowed

93603

Right ventricular recording

Clinical Responsibility

When the patient is appropriately prepped and anesthetized and with electrocardiogram leads on the patient's arms and legs, the provider makes a small incision over the femoral vein in the groin. He advances a catheter through the vein up into the heart, visualizing the area with fluoroscopic guidance. A sensor at the end of the catheter measures the electrical activity in the right ventricle. He withdraws the catheter and applies pressure to the wound.

Coding Tips

Recording means the provider, an electrophysiologist, places an electrode in a certain location in the heart and assesses the electrical activity in that area. For instance, you would report 93600 if the provider placed an electrode at the bundle of His and records electrical activity. You would report 93602 when the provider records activity within an atrium and 93603 when the provider records activity in the right ventricle.

Pacing means the provider administers electrical impulses to specific areas in the heart. Pacing allows the provider to assess how various portions of the heart react to electrical impulses. Specifically, the provider may perform pacing to evaluate whether certain pathways of the heart carry electrical impulses to appropriate locations and the speed of the conducted impulses. For instance, you would report 93610 when the provider paces from the atrium and 93612 for intraventricular pacing. For both pacing and recording, you'll need to check the note carefully to assess what the provider did.

In many cases, the provider will perform a comprehensive electrophysiologic (EP) study, such as 93619 with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia, or 93620 with induction or attempted induction of arrhythmia, with right atrial pacing and recording, right ventricular pacing and recording, and

His bundle recording. These package codes include pacing from the atrium and ventricle as well as recording from the atrium, ventricle, and His bundle, so you should not report the component codes separately. You're likely to see the 93620 services performed more often than the 93619 services, but let the documentation guide your code choice.

Fee Schedule

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

RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 26, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

00410⁰, 00537⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0632T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 35201¹, 35206¹, 35226¹, 35231¹, 35236¹, 35256¹, 35261¹, 35266¹, 35286¹, 36000¹, 36005¹, 36010¹, 36011¹, 36012¹, 36013¹, 36140¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36555¹, 36556¹, 36568¹, 36569¹, 36572¹, 36573¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505¹, 64510¹, 64517¹, 64520¹, 64530¹, 76000¹, 76942¹, 76998¹, 77001¹,

77002¹, 92012¹, 92014¹, 92960¹, 92961¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93050⁰, 93318¹, 93355⁰, 93451¹, 93452¹, 93453¹, 93454¹, 93455¹, 93456¹, 93457¹, 93458¹, 93459¹, 93460¹, 93461¹, 93563¹, 93565¹, 93566¹, 93567¹, 93568¹, 93613¹, 93624¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

I23.2, I23.6, I42.8, I44.0-I44.2, I44.30, I44.39, I45.4-I45.6, I45.89, I45.9, I47.0-I47.2, I49.01, I49.02, I49.3, I49.9, I61.5, P10.2, P52.0, P52.1, P52.21, P52.22, P52.3, P91.1, Q20.1-Q20.5, Q20.5, Q21.0, Q21.2, R00.0-R00.2, R06.02, R07.2, R07.89, R07.9, R10.13, R40.4, R42, R55, R61, R94.30-R94.39, T82.817A, T82.827A, T82.837A, T82.847A, T82.855A, T82.857A, T82.867A, T82.897A, T82.9XXA, Z05.0, Z13.6, Z82.49, Z86.74, Z86.79, Z95.1, Z95.5, Z95.810-Z95.818, Z98.61

+93609

Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider places a catheter with electrodes at its tip using a standard percutaneous technique. He maps the endocardial surface from within the chambers of the heart. He moves the mapping catheter from point to point to record endocardial activation during tachycardia or during sinus rhythm and

ICD-10 CrossRef

F45.8, I44.0-I44.2, I44.30, I44.4, I44.5, I44.60, I44.69, I44.7, I45.10, I45.2, I45.3, I45.5, I45.6, I45.89, I46.9, I47.1, I47.2, I48.91, I48.92, I49.01, I49.02, I49.5, I49.9, P29.81, R00.0-R00.2, R06.02, R07.2, R07.89, R07.9, R10.13, R40.4, R42, R55, R61, R94.30-R94.39, T82.817A, T82.827A, T82.837A, T82.847A, T82.855A, T82.857A, T82.867A, T82.897A, T82.9XXA, Z05.0, Z13.6, Z82.49, Z86.74, Z86.79, Z95.1, Z95.5, Z95.810-Z95.818, Z98.61

+93623

Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized for an electrophysiology study, the provider accesses the subject chamber via an arterial or venous sheath. He inserts a catheter with a sensing electrode through the sheath into the subject chamber under fluoroscopic guidance. He administers a drug to stimulate the heart. He then attaches the catheter to an electrical pacing device, stimulating the heart in an attempt to induce arrhythmia.

Coding Tips

Report this code when a patient undergoes a comprehensive electrophysiologic study (EPS) and receives intravenous agents to induce arrhythmia. If this is the case, you should add 93623 to the appropriate comprehensive code.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 26, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0632T¹, 33210⁰, 33211⁰, 36000¹, 36005¹, 36010¹, 36011¹, 36012¹, 36013¹, 36140¹, 36410¹, 36555¹, 36556¹, 36568¹, 36569¹, 36572¹, 36573¹, 36591⁰, 36592⁰, 92960¹, 92961¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93050⁰, 96523⁰, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰

ICD-10 CrossRef

F45.8, I44.0-I44.2, I44.30, I44.4, I44.5, I44.60, I44.69, I44.7, I45.10, I45.2, I45.3, I45.5, I45.6, I45.89, I46.9, I47.1, I47.2, I48.91, I48.92, I49.01, I49.02, I49.5, I49.9, P29.81, R00.0-R00.2, R06.02, R07.2, R07.89, R07.9, R10.13, R40.4, R42, R55, R61, R94.30-R94.39, T82.817A, T82.827A, T82.837A, T82.847A, T82.855A, T82.857A, T82.867A, T82.897A, T82.9XXA, Z05.0, Z13.6, Z82.49, Z86.74, Z86.79, Z95.1, Z95.5, Z95.810-Z95.818, Z98.61

93624

Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a sheath, or port, through the femoral vein in the groin. He then inserts an electrode catheter, which is threaded through the venous sheath under fluoroscopic guidance and advanced into the right or left atrium, His bundle, and right ventricle. He then inserts an additional catheter and moves it to the left ventricle in a similar manner. He performs left ventricle pacing and recording. The provider uses the catheter to transfer electrical signals to the heart tissue to initiate an abnormal heart rhythm. The provider then records the spread of the electrical signal during the abnormal heart rhythm and tries to localize the source of the abnormal heart rhythm. Finally, when the pacing and recording are complete, the provider withdraws the catheters and removes the venous sheath.

Coding Tips

Code 93624 is designed to report a follow-up electrophysiologic study (EPS) on a patient who has previously had corrective therapy for arrhythmias. If 93624 is performed in a completely separate operative session on the same day, it could be reported with modifier 59, Distinct procedural service, to indicate why the study had to be performed separately.

In most cases, however, follow-up studies are performed after ablations, which, in turn, follow initial EPS during the same session and are incidental to the ablation. Testing the effectiveness of the therapy, the ablation, during the same session is part of the treatment and part of the diagnostic EPS, 93621, Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with left atrial pacing and recording from coronary sinus or left atrium; list separately in addition to code for primary procedure, and it would not be reasonable for the provider to conclude the ablation without checking to see if it was successful. Therefore, 93624 should not be reported in these cases.

Use code 93624 for a follow-up EPS on a patient who has previously had corrective therapy for arrhythmias.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 26, 51, 52, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

00410⁰, 00537⁰, 0213T⁰, 0216T⁰, 0577T⁰, 0596T¹, 0597T¹, 0632T¹, 12001¹, 12002¹,

0030U

Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)

Clinical Responsibility

The lab analyst performs the technical lab test to detect the presence of common changes in CYP2C9, CYP4F2, VKORC1, rs12777823, genes related to how a patient responds to the anticoagulant drug warfarin. The lab analyst performs all technical steps, from extracting the nucleic acids by methods such as digestion and cell lysis (using an agent or substance to break down cells into their components), to increasing and stabilizing the quantity of nucleic acid for analysis by amplification (making more copies of the gene), to detecting the target genes by methods such as nucleic acid probes.

Although not limited to testing for a specific condition, clinicians may order this test for patients being initiated on warfarin, those who have required multiple adjustments in dosage, or those with a history of thrombosis despite being on warfarin.

Coding Tips

Use this code only for the appropriate proprietary test, Warfarin Response Genotype test from the Mayo Clinic; report one unit of this code for a single specimen analyzed on a single date of service. This test is not yet approved by the FDA, and that may affect payment.

Some payers may pay separately for collection of the specimen; check with the appropriate payer.

Fee Schedule

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

RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 0, Radiology Diagnostic Test: 0, Code Status: 0, PC/TC

Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 52, 59, 90, 91, 99, CC, CR, EY, GR, GU, GY, GZ, KX, Q0, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 27.3)

0009U¹, 0068U¹, 0086U¹, 0112U¹, 0115U¹, 0140U¹, 0141U¹, 0142U¹, 0151U¹, 0202U¹, 0500T¹, 81227⁰, 81355⁰, 81513¹, 84311¹, 87140¹, 87143¹, 87147¹, 87149¹, 87150¹, 87152¹, 87153¹, 87158¹, 87471¹, 87472¹, 87475¹, 87476¹, 87480¹, 87481¹, 87482¹, 87483¹, 87485¹, 87486¹, 87487¹, 87490¹, 87491¹, 87492¹, 87493¹, 87495¹, 87496¹, 87497¹, 87498¹, 87500¹, 87501¹, 87502¹, 87503¹, 87505¹, 87506¹, 87507¹, 87510¹, 87511¹, 87512¹, 87516¹, 87517¹, 87520¹, 87521¹, 87522¹, 87525¹, 87526¹, 87527¹, 87528¹, 87529¹, 87530¹, 87531¹, 87532¹, 87533¹, 87534¹, 87535¹, 87536¹, 87537¹, 87538¹, 87539¹, 87540¹, 87541¹, 87542¹, 87550¹, 87551¹, 87552¹, 87555¹, 87556¹, 87557¹, 87560¹, 87561¹, 87562¹, 87580¹, 87581¹, 87582¹, 87590¹, 87591¹, 87592¹, 87623¹, 87624¹, 87625¹, 87631¹, 87632¹, 87633¹, 87640¹, 87641¹, 87650¹, 87651¹, 87652¹, 87653¹, 87660¹, 87661¹, 87797¹, 87798¹, 87799¹, 87800¹, 87801¹, 88271¹, 88272¹, 88273¹, 88274¹, 88275¹, 88291¹, 88364¹, 88365¹, 88366¹, 88367¹, 88368¹, 88369¹, 88373¹, 88374¹, 88377¹, 96523⁰, G0452¹, G0476¹

ICD-10 CrossRef

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

0051U

Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service

Advice

CPT® revises 0051U to be reported only for UCompliDx from Elite Medical Laboratory Solutions LLC. The revised definition states that the specimen may be urine or blood, while the former definition specified only urine as the specimen source. The revision

also spells out the lab method rather than simply stating the abbreviation, LC-MS/MS.

Effective date of this revision: October 1, 2021.

Clinical Responsibility

The test uses liquid chromatography and tandem mass spectrometry (LC-MS/MS) to precisely identify and determine the concentration of analyte(s) in a urine or blood sample. The test includes all drug(s) and metabolite(s) evaluated on a single date of service. Although not limited to testing for a specific condition, clinicians may order this test to evaluate whether a patient is at steady-state for prescription medications.

Coding Tips

Use this code only for the appropriate proprietary test; report one unit of this code for a single specimen analyzed on a single date of service. Some payers may pay separately for collecting the specimen.

Fee Schedule

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

RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

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

Modifier Allowances 22, 26, 59, 90, 91, 92, 99, AR, CC, CG, CR, EY, GA, GC, GK, GR, GU, GX, GY, GZ, LR, QJ, QP, SC, TC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0054U⁰, 0093U⁰, 0110U⁰, 0116U⁰, 0119U¹, 80150⁰, 80155⁰, 80156⁰, 80157⁰, 80158⁰, 80159⁰, 80162⁰, 80163⁰, 80164⁰, 80165⁰, 80168⁰, 80169⁰, 80170⁰, 80171⁰, 80173⁰, 80175⁰, 80176⁰, 80177⁰, 80178⁰, 80180⁰, 80183⁰, 80184⁰, 80185⁰, 80186⁰, 80188⁰, 80190⁰, 80192⁰, 80194⁰, 80195⁰, 80197⁰, 80198⁰, 80199⁰, 80200⁰, 80201⁰, 80202⁰, 80203⁰, 80305⁰, 80306⁰, 80307⁰, 80320⁰, 80321⁰, 80322⁰, 80323⁰, 80324⁰, 80325⁰, 80326⁰, 80327⁰, 80328⁰, 80329⁰, 80330⁰, 80331⁰, 80332⁰, 80333⁰, 80334⁰, 80335⁰,

C1761

Catheter, transluminal intravascular lithotripsy, coronary

Clinical Responsibility

Transluminal intravascular lithotripsy of a coronary vessel involves passing a specially designed catheter into the vascular system to reach a coronary (heart) vessel. The procedure fractures calcified lesions, such as by sonic (sound) waves, to increase the luminal diameter. The lumen is the interior of the vessel. Report this code for the supply of a catheter for coronary intravascular lithotripsy.

BETOS

D1A: Medical/surgical supplies

C1824

Generator, cardiac contractility modulation (implantable)

Clinical Responsibility

Report this code for the supply of an implantable generator that delivers electrical pulses to the right ventricular septum of the heart during the myocardial absolute refractory period, the period of time between electrical impulses that cause the heart to contract. The device treats chronic, moderate-to-severe heart failure in patients who are not suited for treatment with other devices such as cardiac resynchronization therapy (CRT).

Coding Tips

This device may be considered investigational or not medically necessary by some payers; check with the payer to determine coverage.

BETOS

D1A: Medical/surgical supplies

C1825

Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)

Clinical Responsibility

This code is for a neurostimulator generator that a provider implants along with one or more carotid sinus baroreceptor stimulation electrode leads. The battery in this generator is nonrechargeable with long life.

A carotid sinus is a dilated area where the carotid artery divides. The carotid artery is a large, main artery in the neck that supplies the head and neck with oxygenated blood. The carotid sinus contains baroreceptors, or sensors, that are innervated by the carotid sinus nerve. Activating the baroreceptors sends signals to the brain to initiate the body's control mechanisms to reduce elevated blood pressure.

BETOS

D1A: Medical/surgical supplies

C1833

Monitor, cardiac, including intracardiac lead and all system components (implantable)

Clinical Responsibility

Report this code for an implantable monitoring device that can help monitor patients suffering from high-risk acute coronary (heart) events. The device can detect events such as silent myocardial infarctions by monitoring the patient's heart. For instance, the device may monitor for changes in the ST segment, the period when the heart muscle is contracted to expel blood from the ventricles, and alert the patient to cardiac events. The system includes a lead placed in the heart; the lead connects to an implanted device that analyzes the data from the lead. An external device may receive information from the implanted device to alert the patient.

BETOS

D1A: Medical/surgical supplies

C1982

Catheter, pressure-generating, one-way valve, intermittently occlusive

Clinical Responsibility

Report this code for the supply of an intermittently occlusive, pressure-generating catheter with a one-way valve, such as might be used with an infusion pump. The design helps prevent catheter obstruction by fibrin clots.

Coding Tips

See also C1724 to C1759 Catheters for Multiple Applications.

BETOS

D1A: Medical/surgical supplies

C9758

Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study

Clinical Responsibility

With the patient appropriately prepped and under suitable anesthesia, the provider inserts a catheter into the heart through which he places an interatrial shunt or not (if the patient is a placebo control); he may or may not use imaging guidance. He performs right heart catheterization and transesophageal echo or intracardiac echo. The procedure is part of an FDA-approved clinical trial for an investigational device exemption. If the provider inserts the interatrial shunt device, he effectively decompresses the left atrium while preserving left ventricular filling and cardiac output, which relieves symptoms in patients with heart failure.

A blinded procedure means that one or more parties involved are unaware of which treatment a patient was assigned to or received. In this case, patients may have received an interatrial shunt implanted via a catheter or placebo.

An investigational device exemption is granted by the FDA to allow a company to conduct a clinical trial to collect safety and

ICD-10 CrossRef Details

A01.00	Typhoid fever, unspecified	A39.51	Meningococcal endocarditis
A01.01	Typhoid meningitis	A39.52	Meningococcal myocarditis
A01.02	Typhoid fever with heart involvement	A39.53	Meningococcal pericarditis
A01.03	Typhoid pneumonia	A39.89	Other meningococcal infections
A01.04	Typhoid arthritis	A39.9	Meningococcal infection, unspecified
A01.05	Typhoid osteomyelitis	A40.0	Sepsis due to streptococcus, group A
A01.09	Typhoid fever with other complications	A40.1	Sepsis due to streptococcus, group B
A01.1	Paratyphoid fever A	A40.3	Sepsis due to Streptococcus pneumoniae
A01.2	Paratyphoid fever B	A40.8	Other streptococcal sepsis
A01.3	Paratyphoid fever C	A40.9	Streptococcal sepsis, unspecified
A01.4	Paratyphoid fever, unspecified	A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A02.1	Salmonella sepsis	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A02.20	Localized salmonella infection, unspecified	A41.1	Sepsis due to other specified staphylococcus
A02.22	Salmonella pneumonia	A41.2	Sepsis due to unspecified staphylococcus
A02.29	Salmonella with other localized infection	A41.3	Sepsis due to Hemophilus influenzae
A02.8	Other specified salmonella infections	A41.4	Sepsis due to anaerobes
A02.9	Salmonella infection, unspecified	A41.50	Gram-negative sepsis, unspecified
A04.0	Enteropathogenic Escherichia coli infection	A41.51	Sepsis due to Escherichia coli [E. coli]
A04.1	Enterotoxigenic Escherichia coli infection	A41.52	Sepsis due to Pseudomonas
A04.2	Enteroinvasive Escherichia coli infection	A41.53	Sepsis due to Serratia
A04.3	Enterohemorrhagic Escherichia coli infection	A41.59	Other Gram-negative sepsis
A04.4	Other intestinal Escherichia coli infections	A41.81	Sepsis due to Enterococcus
A04.8	Other specified bacterial intestinal infections	A41.89	Other specified sepsis
A04.9	Bacterial intestinal infection, unspecified	A41.9	Sepsis, unspecified organism
A06.89	Other amebic infections	A42.0	Pulmonary actinomycosis
A08.4	Viral intestinal infection, unspecified	A42.7	Actinomycotic sepsis
A08.8	Other specified intestinal infections	A43.0	Pulmonary nocardiosis
A15.0	Tuberculosis of lung	A43.1	Cutaneous nocardiosis
A15.4	Tuberculosis of intrathoracic lymph nodes	A43.8	Other forms of nocardiosis
A15.5	Tuberculosis of larynx, trachea and bronchus	A43.9	Nocardiosis, unspecified
A15.6	Tuberculous pleurisy	A48.2	Nonpneumonic Legionnaires' disease [Pontiac fever]
A15.8	Other respiratory tuberculosis	A48.3	Toxic shock syndrome
A18.11	Tuberculosis of kidney and ureter	A48.4	Brazilian purpuric fever
A18.84	Tuberculosis of heart	A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A21.2	Pulmonary tularemia	A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A22.1	Pulmonary anthrax	A49.1	Streptococcal infection, unspecified site
A22.7	Anthrax sepsis	A49.2	Hemophilus influenzae infection, unspecified site
A25.9	Rat-bite fever, unspecified	A49.3	Mycoplasma infection, unspecified site
A26.7	Erysipelothrix sepsis	A49.8	Other bacterial infections of unspecified site
A31.0	Pulmonary mycobacterial infection	A49.9	Bacterial infection, unspecified
A31.1	Cutaneous mycobacterial infection	A50.04	Early congenital syphilitic pneumonia
A31.8	Other mycobacterial infections	A50.54	Late congenital cardiovascular syphilis
A31.9	Mycobacterial infection, unspecified	A52.00	Cardiovascular syphilis, unspecified
A32.7	Listerial sepsis	A52.01	Syphilitic aneurysm of aorta
A32.82	Listerial endocarditis	A52.02	Syphilitic aortitis
A36.81	Diphtheritic cardiomyopathy	A52.03	Syphilitic endocarditis
A36.89	Other diphtheritic complications	A52.06	Other syphilitic heart involvement
A37.00	Whooping cough due to Bordetella pertussis without pneumonia	A52.09	Other cardiovascular syphilis
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	A52.75	Syphilis of kidney and ureter
A37.10	Whooping cough due to Bordetella parapertussis without pneumonia	A54.21	Gonococcal infection of kidney and ureter
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	A54.40	Gonococcal infection of musculoskeletal system, unspecified
A37.80	Whooping cough due to other Bordetella species without pneumonia	A54.49	Gonococcal infection of other musculoskeletal tissue
A37.81	Whooping cough due to other Bordetella species with pneumonia	A54.83	Gonococcal heart infection
A37.90	Whooping cough, unspecified species without pneumonia	A54.84	Gonococcal pneumonia
A37.91	Whooping cough, unspecified species with pneumonia	A54.86	Gonococcal sepsis
A38.0	Scarlet fever with otitis media	A54.89	Other gonococcal infections
A38.1	Scarlet fever with myocarditis	A54.9	Gonococcal infection, unspecified
A38.8	Scarlet fever with other complications	A56.8	Sexually transmitted chlamydial infection of other sites
A38.9	Scarlet fever, uncomplicated	A60.1	Herpesviral infection of perianal skin and rectum
A39.50	Meningococcal carditis, unspecified	A60.9	Anogenital herpesviral infection, unspecified
		A68.0	Louse-borne relapsing fever
		A68.1	Tick-borne relapsing fever
		A68.9	Relapsing fever, unspecified
		A69.1	Other Vincent's infections

C40.10	Malignant neoplasm of short bones of unspecified upper limb	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C40.11	Malignant neoplasm of short bones of right upper limb	C50.111	Malignant neoplasm of central portion of right female breast
C40.12	Malignant neoplasm of short bones of left upper limb	C50.112	Malignant neoplasm of central portion of left female breast
C40.20	Malignant neoplasm of long bones of unspecified lower limb	C50.119	Malignant neoplasm of central portion of unspecified female breast
C40.21	Malignant neoplasm of long bones of right lower limb	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C40.22	Malignant neoplasm of long bones of left lower limb	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C40.30	Malignant neoplasm of short bones of unspecified lower limb	C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C40.31	Malignant neoplasm of short bones of right lower limb	C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C40.32	Malignant neoplasm of short bones of left lower limb	C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C41.0	Malignant neoplasm of bones of skull and face	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C41.1	Malignant neoplasm of mandible	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C41.2	Malignant neoplasm of vertebral column	C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C41.3	Malignant neoplasm of ribs, sternum and clavicle	C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	C50.611	Malignant neoplasm of axillary tail of right female breast
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	C50.612	Malignant neoplasm of axillary tail of left female breast
C44.40	Unspecified malignant neoplasm of skin of scalp and neck	C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C44.41	Basal cell carcinoma of skin of scalp and neck	C50.811	Malignant neoplasm of overlapping sites of right female breast
C44.42	Squamous cell carcinoma of skin of scalp and neck	C50.812	Malignant neoplasm of overlapping sites of left female breast
C44.49	Other specified malignant neoplasm of skin of scalp and neck	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C45.0	Mesothelioma of pleura	C53.0	Malignant neoplasm of endocervix
C45.1	Mesothelioma of peritoneum	C53.1	Malignant neoplasm of exocervix
C45.2	Mesothelioma of pericardium	C56.1	Malignant neoplasm of right ovary
C45.7	Mesothelioma of other sites	C56.2	Malignant neoplasm of left ovary
C45.9	Mesothelioma, unspecified	C56.9	Malignant neoplasm of unspecified ovary
C46.50	Kaposi's sarcoma of unspecified lung	C57.4	Malignant neoplasm of uterine adnexa, unspecified
C46.51	Kaposi's sarcoma of right lung	C64.1	Malignant neoplasm of right kidney, except renal pelvis
C46.52	Kaposi's sarcoma of left lung	C64.2	Malignant neoplasm of left kidney, except renal pelvis
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	C65.1	Malignant neoplasm of right renal pelvis
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	C65.2	Malignant neoplasm of left renal pelvis
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	C65.9	Malignant neoplasm of unspecified renal pelvis
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	C69.40	Malignant neoplasm of unspecified ciliary body
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	C69.41	Malignant neoplasm of right ciliary body
C47.3	Malignant neoplasm of peripheral nerves of thorax	C69.42	Malignant neoplasm of left ciliary body
C48.0	Malignant neoplasm of retroperitoneum	C70.0	Malignant neoplasm of cerebral meninges
C48.1	Malignant neoplasm of specified parts of peritoneum	C70.1	Malignant neoplasm of spinal meninges
C48.2	Malignant neoplasm of peritoneum, unspecified	C70.9	Malignant neoplasm of meninges, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	C71.1	Malignant neoplasm of frontal lobe
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	C71.2	Malignant neoplasm of temporal lobe
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	C71.3	Malignant neoplasm of parietal lobe
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	C71.4	Malignant neoplasm of occipital lobe
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	C71.5	Malignant neoplasm of cerebral ventricle
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	C71.6	Malignant neoplasm of cerebellum
C49.3	Malignant neoplasm of connective and soft tissue of thorax	C71.7	Malignant neoplasm of brain stem
C49.A0	Gastrointestinal stromal tumor, unspecified site	C71.8	Malignant neoplasm of overlapping sites of brain
C49.A1	Gastrointestinal stromal tumor of esophagus	C71.9	Malignant neoplasm of brain, unspecified
C49.A2	Gastrointestinal stromal tumor of stomach	C72.0	Malignant neoplasm of spinal cord
C49.A3	Gastrointestinal stromal tumor of small intestine	C72.1	Malignant neoplasm of cauda equina
C49.A4	Gastrointestinal stromal tumor of large intestine	C72.9	Malignant neoplasm of central nervous system, unspecified
C49.A5	Gastrointestinal stromal tumor of rectum	C73	Malignant neoplasm of thyroid gland
C49.A9	Gastrointestinal stromal tumor of other sites	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C4A.4	Merkel cell carcinoma of scalp and neck	C74.01	Malignant neoplasm of cortex of right adrenal gland
C4A.8	Merkel cell carcinoma of overlapping sites	C74.02	Malignant neoplasm of cortex of left adrenal gland
C4A.9	Merkel cell carcinoma, unspecified	C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C50.011	Malignant neoplasm of nipple and areola, right female breast	C74.11	Malignant neoplasm of medulla of right adrenal gland
C50.012	Malignant neoplasm of nipple and areola, left female breast	C74.12	Malignant neoplasm of medulla of left adrenal gland

Modifier Descriptors

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

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

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

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

Terminology

Terminology	Explanation
Abdominal aorta	Largest artery that supplies the abdominal cavity, part of the aorta and a continuation of the descending aorta from the thorax; it divides further into iliac arteries, which supply blood to the abdominal wall, pelvis, and lower extremities.
Aberrant vessel	Blood vessel having an unusual origin or course.
Ablation	A surgical technique that destroys abnormal tissue, removes a body part, or destroys its function using heat, electric current, or by freezing.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Acute respiratory distress syndrome, or ARDS	A buildup of fluid, or an inflammation, in the lungs due to trauma or disease.
Acyanotic	Absence of the bluish tint associated with deoxygenated blood.
Adam's apple	The lump that sticks out in the front of a person's neck formed by the large cartilage of the throat.
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.
Adrenal glands	A small endocrine gland found on top of the kidney that secretes hormones into the blood.
Adrenal veins	Veins branching off of the left or right adrenal gland.
Adventitia	The outermost layer or covering of a vessel or organ.
Air cuff	An inflatable band worn around an extremity to regulate the flow of blood.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Alkanes and non methylated alkanes	Oxidative stress products that are excreted in the breath; hydrocarbon compounds identified by the chemical compound nomenclature C4-C20.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft.
Ambulatory blood pressure monitoring	Automatic recording of blood pressure readings over a 24 hour period while a patient participates in activities of daily living, away from the provider's office.
Amniotic cavity	Sac filled with amniotic fluid where the fetus develops.
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.
Amplitude	Measure of change in a periodic variable with time.
Analysis	A systematic examination and evaluation of data or information.
Anastomosis	Connection between two structures, anatomically or surgically created, such as between two blood vessels after resection of a part; types of anastomoses include end to side and side to side.
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.
Angina pectoris	Episodes of severe chest pain due to insufficient blood supply within the heart.
Angioaccess	A group of procedures in which a vascular provider places a catheter, shunt, or graft in the patient's arm or neck for easy access the blood vessels to perform procedures such as hemodialysis.
Angiocatheter	A catheter inserted into a blood vessel, typically to instill fluids or medicine, to withdraw blood, or to deliver instruments or devices such as a pressure transducer or balloon.
Angiogram	A general term for radiographic images of arteries or veins following the administration of a contrast material; more specific terms include aortogram, arteriogram, and venogram.
Angiography	A medical imaging technique in which the provider injects a dye into blood vessels and uses plain X-rays, computed tomography, or magnetic resonance imaging to visualize the inside, or lumen, of the vessels; more specific terms include arteriography when performed on the arteries or venography when performed on the veins; angiography can also be used to study blood supply to organs such as the heart, kidneys, and liver.

Terminology	Explanation
Atherosclerotic burden	The sum or extent of atherosclerotic disease.
Atria	Upper two chambers of the heart.
Atrial	Referring to one of the two upper chambers of the heart.
Atrial appendage	Projecting part of the atrium.
Atrial blood pressure	The force that the blood exerts on the walls of those chambers of the heart that receive blood from all parts of the body.
Atrial fibrillation	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
Atrial septal defect, or ASD	An opening in the interatrial septum, the wall that divides the atrial chambers in the heart, present in a developing fetus but fails to close normally at birth, ultimately causing damage to the heart and lungs; also known as patent foramen ovale, or PFO, and commonly known as a hole in the heart.
Atrial septum	A wall of tissue that separates the right and left atrium, or upper chambers of the heart.
Atrioventricular (AV) canal defect	In simple terms, this is a large hole in the center of the heart. It's located where the wall (septum) between the two atria joins the wall between the two ventricles. This septal defect involves both upper and lower chambers. Also, the tricuspid and mitral valves that normally separate the heart's upper and lower chambers aren't formed as individual valves. There are two common types of atrioventricular canal defects - partial and complete. The partial form involves only the two upper chambers of the heart. The complete form allows blood to travel freely among all four chambers of the heart.
Atrioventricular block	A heart condition characterized by impairment of the conduction between the atrias and the ventricles of the heart.
Atrioventricular node	The group of cardiac muscle fibers that conducts electrical impulses that regulate the heartbeat; also called bundle of HIS or AV bundle.
Atrioventricular node re entry	A type of supraventricular tachycardia, or increased heart beat caused by extra electrical pathways that develop in the atrioventricular node, or specialized cardiac muscle fibers located in the center of the heart, that conducts the electrical impulse from the upper chamber to the lower chamber of heart.
Atrioventricular, or AV, annulus	A ring shaped structure of fibrous cells around the right AV opening that serves as an alternative connection between the atria and the ventricles.
Atrium (pl. atria)	One of two upper chambers of the heart that receives blood returning to the heart from the veins and sends it to the ventricles.
Atrium or auricle of heart	There are four chambers in the human heart; two upper auricles, or atria and two lower ventricles; auricles supply blood to the ventricles and the ventricles pump blood to the organs of the body through blood vessels called arteries.
Attenuation	Sending of signals from one point to another.
Augmentation	Adding to, such as by placing a graft.
Autogenous graft	A skin graft or a patch of skin transplanted from one site to another in the same individual.
Autogenous tissue graft, autologous tissue graft	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
Autograft	Tissue take from the patient in one location and grafted, or positioned, in a new location.
Axillary artery	An artery that begins at the lateral border of the first rib as a continuation of the subclavian artery; in the general region of the armpit; becomes the brachial artery of the arm.
Axillary vein	A large blood vessel in the upper limb that carries blood from the thorax, armpit, and upper limb to the heart.
Azygous vein	A blood vessel that runs up the right side of the spine and serves as an alternative path for blood to return to the right atrium.
B mode, or B scan ultrasound	Imaging technique that uses high frequency sound waves to provide a cross sectional, two dimensional view in gray scale imaging; also known as bright scan.
Balloon angioplasty	A procedure in which the provider opens the narrowed artery by using a balloon to open the blockage.
Balloon catheter	A type of catheter that has a balloon at its tip, which the provider inflates to dilate, or open up, narrow passages in a vessel or tubular structure like the colon.

Code Index

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0235T	800	0516T	824	0624T	853	33130	12	33251	45
0236T	801	0517T	825	0625T	854	33140	12	33254	46
0237T	801	0518T	826	0626T	854	+33141	13	33255	47
0238T	802	0519T	827	0643T	855	33202	14	33256	48
0266T	802	0520T	827	0644T	855	33203	14	+33257	49
0267T	803	0521T	828	0645T	856	33206	15	+33258	49
0268T	803	0522T	829	0646T	856	33207	16	+33259	50
0269T	804	+0523T	829	0650T	857	33208	17	33261	50
0270T	804	0524T	830	0659T	857	33210	18	33262	51
0271T	805	0525T	830	0674T	858	33211	19	33263	52
0272T	805	0526T	831	0675T	858	33212	19	33264	53
0273T	806	0527T	832	+0676T	859	33213	20	33265	54
0331T	806	0528T	833	0677T	860	33214	21	33266	55
0332T	807	0529T	833	+0678T	860	33215	22	33267	55
0345T	807	0530T	834	0679T	861	33216	23	+33268	56
0408T	808	0531T	834	0680T	861	33217	23	33269	56
0409T	809	0532T	835	0681T	862	33218	24	33270	57
0410T	809	0541T	836	0682T	863	33220	25	33271	58
0411T	810	0542T	836	0683T	863	33221	26	33272	58
0412T	811	0543T	837	0684T	864	33222	27	33273	59
0413T	812	0544T	838	0685T	865	33223	28	33274	60
0414T	813	0545T	838	0695T	865	33224	28	33275	61
0415T	813	0553T	839	0696T	866	+33225	29	33285	62
0416T	814	0569T	840	0710T	866	33226	30	33286	62
0417T	815	+0570T	841	0711T	867	33227	31	33289	63
0418T	816	0571T	841	0712T	867	33228	31	33300	64
+0439T	816	0572T	842	0713T	868	33229	32	33305	65
0475T	816	0573T	843	0030U	869	33230	33	33310	66
0476T	817	0574T	844	0051U	869	33231	34	33315	66
0477T	817	0575T	844	0054U	870	33233	35	33320	67
0478T	818	0576T	845	0055U	870	33234	35	33321	68
0483T	818	0577T	846	33016	5	33235	36	33322	69
0484T	819	0578T	847	33017	5	33236	37	33330	69
0497T	820	0579T	847	33018	6	33237	38	33335	70
0498T	820	0580T	848	33019	7	33238	39	33340	71
0501T	821	0600T	849	33020	7	33240	40	33361	72
0502T	821	0601T	850	33025	8	33241	40	33362	72
0503T	822	0608T	850	33030	9	33243	41	33363	73
0504T	822	0613T	851	33031	10	33244	42	33364	74
0505T	823	0614T	852	33050	10	33249	43	33365	74

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