



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

**CODERS' SPECIALTY GUIDE**

# **Urology & Nephrology**



# **2026**

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# General Surgical Procedures

## +10004

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

### Clinical Responsibility

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

### Coding Tips

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

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$42.05, Non Facility Fee: \$51.75

**RVU (Facility):** Work RVU 0.80, Practice Exp. RVU 0.37, Malpractice RVU 0.13, Total RVU 1.30

**RVU (Non-Facility):** Work RVU 0.80, Practice Exp. RVU 0.67, Malpractice RVU 0.13, Total RVU 1.60

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

**Practitioner MUE:** 3

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10012<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

### ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99,

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

## 10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

### Clinical Responsibility

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

### Coding Tips

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

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

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

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

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$70.19, Non Facility Fee: \$129.06

**RVU (Facility):** Work RVU 1.46, Practice Exp. RVU 0.55, Malpractice RVU 0.16, Total RVU 2.17

**RVU (Non-Facility):** Work RVU 1.46, Practice Exp. RVU 2.37, Malpractice RVU 0.16, Total RVU 3.99

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

**Practitioner MUE: 1**

## Modifier Allowances

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

## NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10008<sup>1</sup>, 10010<sup>1</sup>, 10011<sup>1</sup>, 10012<sup>1</sup>, 10021<sup>1</sup>, 10035<sup>1</sup>, 11102<sup>1</sup>, 11103<sup>1</sup>, 11104<sup>1</sup>, 11105<sup>1</sup>, 11106<sup>1</sup>, 11107<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## ICD-10-CM Cross References

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

## +10006

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

## Clinical Responsibility

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

## Coding Tips

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

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

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$47.87, Non Facility Fee: \$58.22

**RVU (Facility):** Work RVU 1.00, Practice Exp. RVU 0.38, Malpractice RVU 0.10, Total RVU 1.48

**RVU (Non-Facility):** Work RVU 1.00, Practice Exp. RVU 0.70, Malpractice RVU 0.10, Total RVU 1.80

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

**Practitioner MUE: 3**

## Modifier Allowances

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

## NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## ICD-10-CM Cross References

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

## 10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

## Clinical Responsibility

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

## Coding Tips

Report +10008 for each additional lesion in addition to the primary code 10007.

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



**11000**

Debridement of extensive eczematous or infected skin; up to 10% of body surface

**Clinical Responsibility**

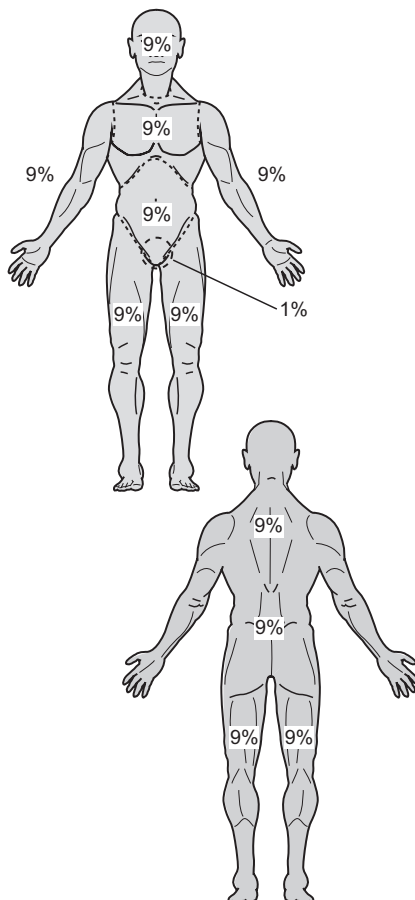
When the patient is appropriately prepped and anesthetized, the provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider performs debridement until he sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to 10 percent of the body surface.

**Coding Tips**

Use +11001 as an add-on code for each additional 10 percent of the body surface.

This code is for surgical debridement. For removal of devitalized tissue (nonselective debridement) from wound(s), without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), ... per session, see 97602. Larval therapy refers to maggot therapy.

This code also does not include dermabrasion; for dermabrasion services, see codes 15780 to 15787.

**Illustration**

11000, +11001

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$25.88, Non Facility Fee: \$56.93

**RVU (Facility):** Work RVU 0.60, Practice Exp. RVU 0.16, Malpractice RVU 0.04, Total RVU 0.80

**RVU (Non-Facility):** Work RVU 0.60, Practice Exp. RVU 1.12, Malpractice RVU 0.04, Total RVU 1.76

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

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0552T<sup>1</sup>, 10030<sup>1</sup>, 10060<sup>1</sup>, 10061<sup>1</sup>, 11008<sup>1</sup>, 11010<sup>1</sup>, 11011<sup>1</sup>, 11012<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13102<sup>1</sup>, 13122<sup>1</sup>, 13133<sup>1</sup>, 13153<sup>1</sup>, 17110<sup>1</sup>, 17250<sup>1</sup>, 20552<sup>1</sup>, 20553<sup>1</sup>, 20560<sup>1</sup>, 20561<sup>1</sup>, 20600<sup>1</sup>, 20604<sup>1</sup>, 24300<sup>1</sup>, 29000<sup>1</sup>, 29010<sup>1</sup>, 29015<sup>1</sup>, 29035<sup>1</sup>, 29040<sup>1</sup>, 29044<sup>1</sup>, 29046<sup>1</sup>, 29049<sup>1</sup>, 29055<sup>1</sup>, 29058<sup>1</sup>, 29065<sup>1</sup>, 29075<sup>1</sup>, 29085<sup>1</sup>, 29086<sup>1</sup>, 29105<sup>1</sup>, 29125<sup>1</sup>, 29126<sup>1</sup>, 29130<sup>1</sup>, 29131<sup>1</sup>, 29200<sup>1</sup>, 29240<sup>1</sup>, 29260<sup>1</sup>, 29280<sup>1</sup>, 29305<sup>1</sup>, 29325<sup>1</sup>, 29345<sup>1</sup>, 29355<sup>1</sup>, 29358<sup>1</sup>, 29365<sup>1</sup>, 29405<sup>1</sup>, 29425<sup>1</sup>, 29435<sup>1</sup>, 29440<sup>1</sup>, 29445<sup>1</sup>, 29450<sup>1</sup>, 29505<sup>1</sup>, 29515<sup>1</sup>, 29520<sup>1</sup>, 29530<sup>1</sup>, 29540<sup>1</sup>, 29550<sup>1</sup>, 29580<sup>1</sup>, 29581<sup>1</sup>, 29584<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 66988<sup>1</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97607<sup>1</sup>, 97608<sup>1</sup>, 97610<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>1</sup>, 99496<sup>1</sup>, G0127<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10-CM Cross References**

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

**+11001**

Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider uses surgical instruments to debride the infected skin. Add-on code +11001 represents debridement of each additional 10 percent, or portion of that, after the initial 10 percent, which you report using 11000. The provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider does debridement until he sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound.

**Coding Tips**

Because +11001 is an add-on code, payers will not reimburse you if you report it without an appropriate primary code (11000) for the initial 10 percent.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$14.23, Non Facility Fee: \$26.20

**RVU (Facility):** Work RVU 0.30, Practice Exp. RVU 0.11, Malpractice RVU 0.03, Total RVU 0.44

**RVU (Non-Facility):** Work RVU 0.30, Practice Exp. RVU 0.48, Malpractice RVU 0.03, Total RVU 0.81

**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:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

11008<sup>1</sup>, 29000<sup>1</sup>, 29010<sup>1</sup>, 29015<sup>1</sup>, 29035<sup>1</sup>, 29040<sup>1</sup>, 29044<sup>1</sup>, 29046<sup>1</sup>, 29049<sup>1</sup>, 29055<sup>1</sup>, 29058<sup>1</sup>, 29065<sup>1</sup>, 29075<sup>1</sup>, 29085<sup>1</sup>, 29086<sup>1</sup>, 29105<sup>1</sup>, 29125<sup>1</sup>, 29126<sup>1</sup>, 29130<sup>1</sup>, 29131<sup>1</sup>, 29200<sup>1</sup>, 29240<sup>1</sup>, 29260<sup>1</sup>, 29280<sup>1</sup>, 29305<sup>1</sup>, 29325<sup>1</sup>, 29345<sup>1</sup>, 29355<sup>1</sup>, 29358<sup>1</sup>, 29365<sup>1</sup>, 29405<sup>1</sup>, 29425<sup>1</sup>, 29435<sup>1</sup>, 29440<sup>1</sup>, 29445<sup>1</sup>, 29450<sup>1</sup>, 29505<sup>1</sup>, 29515<sup>1</sup>, 29520<sup>1</sup>, 29530<sup>1</sup>, 29540<sup>1</sup>, 29550<sup>1</sup>, 29580<sup>1</sup>, 29581<sup>1</sup>, 29584<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 66988<sup>1</sup>, 96523<sup>0</sup>

**ICD-10-CM Cross References**

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

**11004**

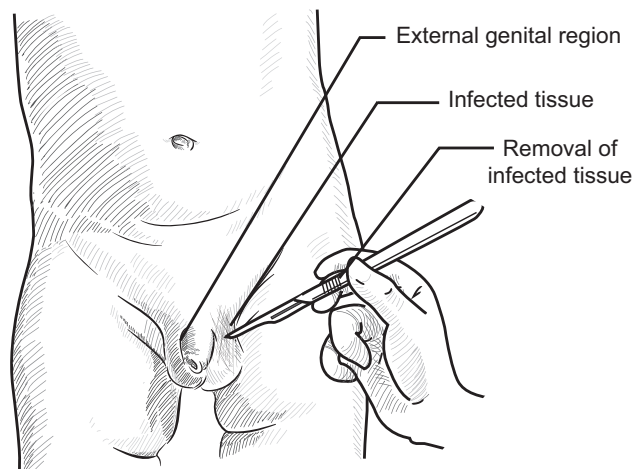
Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider evaluates the extent of the necrotic tissue in the external genitalia and perineum. The provider, by using surgical instruments such as a scalpel or scissors, resects and debrides the infected necrotic skin, subcutaneous tissue, fat, and muscle. The provider tries to preserve as much viable skin and subcutaneous tissue as possible. The provider by doing this allows the remaining healthy tissues to heal properly. The provider then controls bleeding, applies an antibiotic, and packs the open wound with saline soaked gauze.

**Coding Tips**

See 11005 when the service involves the abdominal wall and see 11006 when the service involves the external genitalia, perineum, and abdominal wall.

**Illustration**

11004

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$546.98, Non Facility Fee: \$546.98

**RVU (Facility):** Work RVU 10.80, Practice Exp. RVU 4.05, Malpractice RVU 2.06, Total RVU 16.91

**RVU (Non-Facility):** Work RVU 10.80, Practice Exp. RVU 4.05, Malpractice RVU 2.06, Total RVU 16.91

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

**Practitioner MUE:** 1

**Modifier Allowances**

22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 99, AG, AQ, AR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

**38564**

Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider makes an upper midline laparotomy incision and explores the abdomen for indications of cancer in the retroperitoneum. The provider excises lymph nodes in the retroperitoneum which may include near the spleen and aorta and sends the samples to pathology for examination. Using the pathology results, he identifies the number and location of nodes with metastatic cancer and stages the cancer using this information. In cases of extensive metastatic cancer, the provider may sample lymph nodes in adjacent areas in order to identify the extent of the disease and plan treatment. The provider then approximates the tissues in layers and closes the abdominal wound.

**Coding Tips**

Code 38564 describes a sampling of the lymph nodes specifically for the purposes of staging. A provider typically performs this staging service at a separate operative session.

Do not use code 38564 in addition to other excisions to describe lymphadenectomy to treat disease. Code 38564 bundles into other procedures that include lymphadenectomy.

If the staging procedure occurs in the global period of a previous procedure to remove or debulk a tumor, you may need to add modifier 58, Staged or related procedure or service by the same physician or other qualified healthcare professional during the postoperative period, to indicate that this is a staged activity.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$687.69, Non Facility Fee: \$687.69

**RVU (Facility):** Work RVU 11.38, Practice Exp. RVU 7.43, Malpractice RVU 2.45, Total RVU 21.26

**RVU (Non-Facility):** Work RVU 11.38, Practice Exp. RVU 7.43, Malpractice RVU 2.45, Total RVU 21.26

**MPFS Payment Policy Indicators:** Global Period 090, Preop 11.00%, Intraop 73.00%, Postop 16.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>,

36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 38570<sup>0</sup>, 43752<sup>1</sup>, 44602<sup>1</sup>, 44603<sup>1</sup>, 44604<sup>1</sup>, 44605<sup>1</sup>, 44950<sup>0</sup>, 44970<sup>0</sup>, 49000<sup>0</sup>, 49002<sup>1</sup>, 49320<sup>1</sup>, 49321<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 52000<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10-CM Cross References**

C16.1-C16.5, C16.8, C18.5, C19, C20, C24.0, C25.7-C25.9, C26.1, C45.1, C48.0, C48.1, C48.8, C53.0-C53.9, C54.0-C54.9, C56.1, C56.2, C56.9, C57.00-C57.02, C57.10-C57.12, C57.20-C57.22, C57.3, C57.4, C58, C60.0-C60.9, C61, C62.10-C62.12, C62.90-C62.92, C63.00-C63.02, C63.10-C63.12, C63.2-C63.9, C63.9, C64.1-C64.9, C66.1-C66.9, C67.0-C67.6, C67.8, C67.9, C68.0-C68.9, C76.3, C77.2, C77.5, C78.5-C78.7, C78.80, C78.89, C79.51, C79.52, C79.89, C79.9, C7A.093, C81.00-C81.03, C81.06, C81.07, C81.08, C81.09, C81.10-C81.13, C81.16, C81.17, C81.18, C81.19, C81.20-C81.29, C81.30-C81.33, C81.36, C81.37, C81.38, C81.39, C81.40-C81.43, C81.46, C81.47, C81.48, C81.49, C81.70-C81.73, C81.76, C81.77, C81.78, C81.79, C81.90-C81.93, C81.96, C81.97, C81.98, C81.99, C82.00-C82.03, C82.06, C82.07, C82.08, C82.09, C82.10-C82.13, C82.16, C82.17, C82.18, C82.19, C82.20-C82.23, C82.26, C82.27, C82.28, C82.29, C82.30-C82.33, C82.36, C82.37, C82.38, C82.39, C82.40-C82.43, C82.46, C82.47, C82.48, C82.49, C82.50-C82.53, C82.59, C82.60-C82.63, C82.66, C82.67, C82.68, C82.69, C82.80-C82.83, C82.86, C82.87, C82.88, C82.89, C82.90-C82.93, C82.96, C82.97, C82.98, C82.99, C83.00-C83.02, C83.06, C83.07, C83.08, C83.09, C83.10-C83.13, C83.16, C83.18, C83.19, C83.30-C83.33, C83.36, C83.37, C83.38, C83.39, C83.50-C83.53, C83.56, C83.58, C83.59, C83.72, C83.73, C83.76, C83.77, C83.78, C83.80-C83.83, C83.86, C83.87, C83.88, C83.89, C83.90-C83.92, C83.96, C83.97, C83.98, C83.99, C84.00-C84.03, C84.06, C84.07, C84.08, C84.09, C84.10-C84.12, C84.16, C84.17, C84.18, C84.19, C84.43-C84.48, C84.60-C84.63, C84.66, C84.67, C84.69, C84.70-C84.73, C84.76, C84.77, C84.79, C84.90-C84.93, C84.99, C84.A0-C84.A3, C84.A9, C84.Z0-C84.Z3, C84.Z9, C85.10-C85.13, C85.19, C85.20-C85.23, C85.26, C85.27, C85.28, C85.29, C85.80-C85.83, C85.89, C85.90-C85.93, C85.99, C86.20, C86.30, C86.40, C86.50, C86.60, C91.40-C91.42, C96.0-C96.4, C96.20-C96.29, C96.9, C96.A, C96.Z, D01.1, D01.2, D12.7-D12.9, D37.1-D37.5, D37.8, D37.9, D3A.026

# Urinary System

## 50010

Renal exploration, not necessitating other specific procedures

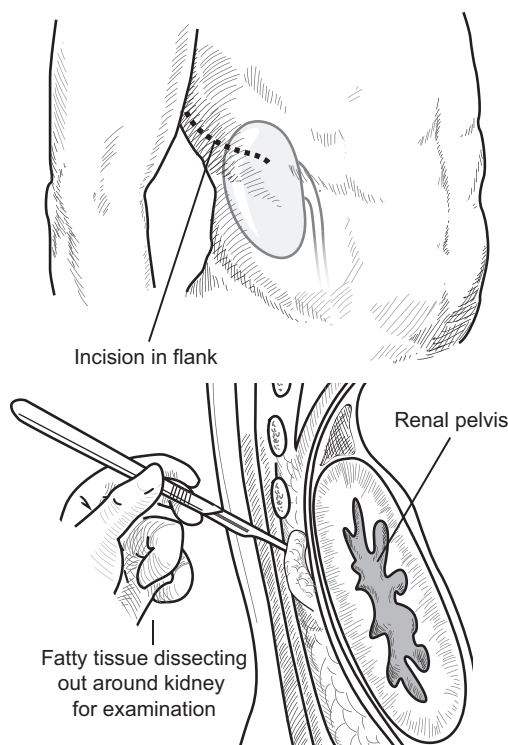
### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the skin over the kidney. He isolates the individual renal arteries and veins with vessel loops to allow for immediate vascular control. To get access to the retroperitoneum, he lifts the transverse colon out of the abdomen. He then dissects the soft tissues. He incises Gerota's fascia, drains the perirenal hematoma, and dissects the perirenal fat to expose the kidney. Once the kidney is exposed, the provider explores the kidney to know the extent of injury. He washes the surgical wound and may place the drain as needed. He then closes Gerota's fascia and closes the incision in layers.

### Coding Tips

Use 50010 when there's no other procedure. For example, if the provider explores the kidney and determines that it must be partially removed, report only that procedure, 50240, Nephrectomy, partial, which would include the exploration.

### Illustration



50010

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$686.72, Non Facility Fee: \$686.72

**RVU (Facility):** Work RVU 12.28, Practice Exp. RVU 7.48, Malpractice RVU 1.47, Total RVU 21.23

**RVU (Non-Facility):** Work RVU 12.28, Practice Exp. RVU 7.48, Malpractice RVU 1.47, Total RVU 21.23

**MPFS Payment Policy Indicators:** Global Period 090, Preop 8.00%, Intraop 83.00%, Postop 9.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 44602<sup>1</sup>, 44603<sup>1</sup>, 44604<sup>1</sup>, 44605<sup>1</sup>, 44950<sup>0</sup>, 44970<sup>0</sup>, 49000<sup>0</sup>, 49002<sup>1</sup>, 49010<sup>0</sup>, 50100<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 60540<sup>1</sup>, 60545<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

### ICD-10-CM Cross References

C64.1-C64.9, C65.1-C65.9, C79.00-C79.02, C7A.093, C80.2, D09.10, D09.19, D30.00-D30.02, D30.10-D30.12, D3A.093, D41.00-D41.02, D41.10-D41.12, K66.1, N13.0-N13.2, N13.30, N13.39, N28.0, N28.1, N28.81-N28.83, N28.89, N28.9, N29, Q61.00-Q61.02, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, Q62.0, Q62.39, R39.82, R82.992-R82.994, S37.001A-S37.001S, S37.002A-S37.002S, S37.009A-S37.009S, S37.011A, S37.012A, S37.019A-S37.019S, S37.021A, S37.022A, S37.029A-S37.029S, S37.031A-S37.031S, S37.032A-S37.032S, S37.039A-S37.039S, S37.041A, S37.042A, S37.049A-S37.049S, S37.051A, S37.052A, S37.059A-S37.059S,



# Male Genital System

## 54000

Slitting of prepuce, dorsal or lateral (separate procedure); newborn

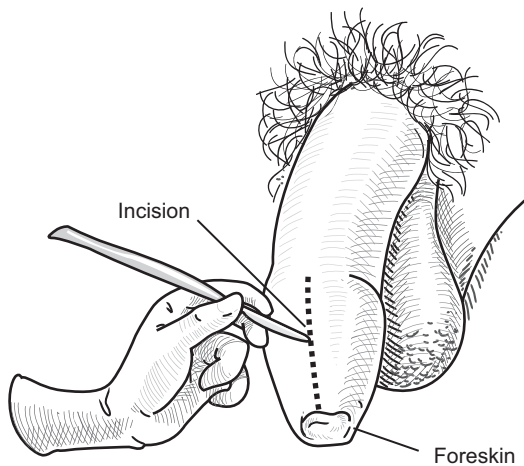
### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider grasps the prepuce with forceps and makes a stab incision at the lateral or dorsal side of the penis. He then uses scissors to dissect the foreskin from the base and remove it. Finally, the provider controls any bleeding through small linear sutures.

### Coding Tips

If the provider slits the prepuce in patient other than newborn, use code 54001, Slitting of prepuce, dorsal or lateral, separate procedure; except newborn.

### Illustration



54000

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$109.65, Non Facility Fee: \$159.47

**RVU (Facility):** Work RVU 1.59, Practice Exp. RVU 1.60, Malpractice RVU 0.20, Total RVU 3.39

**RVU (Non-Facility):** Work RVU 1.59, Practice Exp. RVU 3.14, Malpractice RVU 0.20, Total RVU 4.93

**MPFS Payment Policy Indicators:** Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

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

### ICD-10-CM Cross References

N47.0

## 54001

Slitting of prepuce, dorsal or lateral (separate procedure); except newborn

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider grasps the prepuce with forceps and makes a stab incision at the lateral or dorsal side of the penis. He then uses scissors to dissect the foreskin from the base and remove it. Finally, the provider controls any bleeding through small linear sutures.

### Coding Tips

If the provider slits the prepuce in a newborn, use code 54000, Slitting of prepuce, dorsal or lateral, separate procedure; newborn.

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$138.12, Non Facility Fee: \$194.08

**RVU (Facility):** Work RVU 2.24, Practice Exp. RVU 1.75, Malpractice RVU 0.28, Total RVU 4.27

**RVU (Non-Facility):** Work RVU 2.24, Practice Exp. RVU 3.48, Malpractice RVU 0.28, Total RVU 6.00

**MPFS Payment Policy Indicators:** Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE:** 1

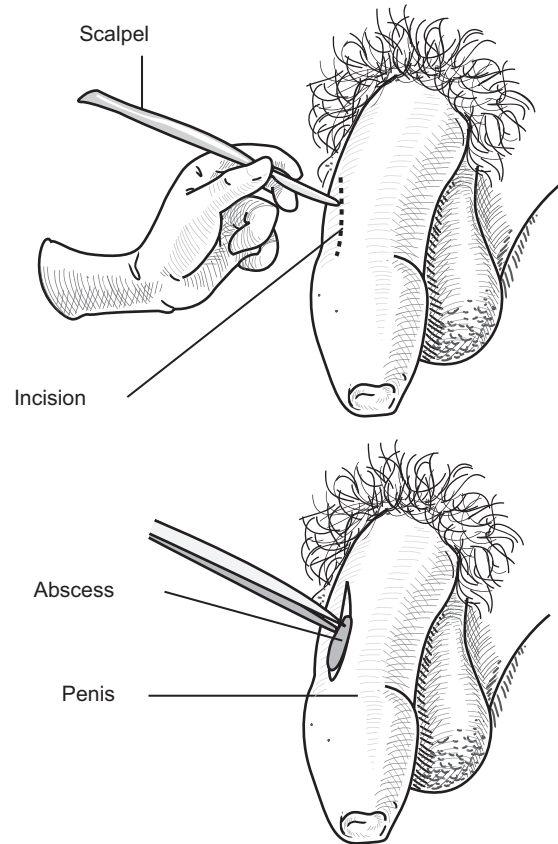
## Modifier Allowances

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

## NCCI Alerts (version 31.0)

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

## Illustration



54015

## ICD-10-CM Cross References

N47.1, N47.2, N47.5, N47.8

## 54015

Incision and drainage of penis, deep

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, typically by local anesthesia, the provider makes a small penile incision above the lesion. He extends the incision down to the fascia and muscular level. He then identifies the lesion, and makes a small cut into the cavity, allowing fluid to drain out. He drains the fluid and washes the cavity thoroughly. Finally, he controls any bleeding using electrocautery and closes the external penile incision in layers using absorbable sutures.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$296.29, Non Facility Fee: \$296.29

**RVU (Facility):** Work RVU 5.36, Practice Exp. RVU 3.16, Malpractice RVU 0.64, Total RVU 9.16

**RVU (Non-Facility):** Work RVU 5.36, Practice Exp. RVU 3.16, Malpractice RVU 0.64, Total RVU 9.16

**MPFS Payment Policy Indicators:** Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

## Modifier Allowances

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

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>,



# HCPCS Level II Codes

## Outpatient PPS

### C1747

Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)

#### Clinical Responsibility

This code represents a single-use, disposable endoscope. Providers use this tubular imaging and illumination device by inserting it in the urinary tract, the system of the body that produces, stores, and releases urine.

#### BETOS

**D1A:** Medical/surgical supplies

### C7513

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the central dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. The provider withdraws the catheter and balloon after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

#### BETOS

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

### C7514

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

#### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the central dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. This code includes all angioplasty in the central dialysis segment. The provider places one or more stents to keep the vessel open. The provider withdraws the instruments after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

#### BETOS

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

### C7515

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider performs permanent endovascular embolization or occlusion of the main circuit or accessory veins, such as by using a catheter to insert a device (such as a coil) or material into the vessel(s) to block blood flow or by tying off the vessel(s). The provider withdraws the instruments after confirming embolization or occlusion is complete. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

## BETOS

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

### C7546

Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider may inject contrast into the catheter to assess the site and to help with positioning of the new catheter. The provider advances a guidewire through the catheter, which extends from outside the body, into the kidney, down the ureter, and into the bladder. The provider uses fluoroscopy to position the wire through the catheter, cuts any sutures attaching the catheter to anatomic structures, and removes the existing catheter over the guidewire. During the same session as the catheter removal and replacement, the provider passes a catheter with a balloon at its tip over a guidewire through the ureter (one of a pair of ducts that pass urine from the kidneys to the bladder) and inflates the balloon to dilate a stricture (narrowed area). The provider passes a new nephroureteral catheter over the guidewire and into the bladder. The provider then partially removes the guidewire to allow the catheter to form a loop in the bladder. The provider may use fluoroscopy to ensure proper positioning of the catheter, including in the renal pelvis. The provider removes the guidewire and pulls a suture into position to keep the catheter in place. The provider may make minor alterations to the catheter position to reduce patient discomfort from the catheter tip. The provider may inject contrast to check the catheter's position and function. After making final adjustments, the provider dresses the catheter site. The provider also may attach a drainage bag.

## BETOS

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

### C7547

Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

## Clinical Responsibility

When the patient is appropriately prepped, the provider may inject contrast through the nephrostomy catheter, which extends from outside the body, through a small access site in the skin, and into the kidney. The provider then may image the kidney (nephrostogram), ureter (ureterogram), or both. The ureter is one of a pair of ducts that pass urine from the kidneys to the bladder. After anesthetizing the patient, the provider inserts a guidewire through the nephrostomy tube and removes the tube using imaging guidance. The provider typically introduces another catheter over the guidewire and uses another guidewire to find and access the ureter. During the same session as the catheter removal and replacement, the provider passes a catheter with a balloon at its tip over a guidewire through the ureter and inflates the balloon to dilate a stricture (narrowed area). The provider advances a guidewire into the urinary bladder. The provider uses the catheter to measure the ureter's length, and then removes the catheter. The provider may insert a catheter or sheath and introduce another guidewire into the ureter and bladder. The provider removes the catheter or sheath and places the externally accessible nephroureteral catheter so that it loops in the bladder and renal pelvis (kidney). The provider removes the guidewires. The provider connects the nephroureteral catheter to a drainage bag and anchors it in position at the skin's surface.

## BETOS

**P5E:** Ambulatory procedures - other

### C7548

Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider releases any anchoring devices and removes the nephrostomy catheter, which extends from outside the body, through a small access site in the skin, and into the kidney. The provider introduces another catheter and guidewire into the tract to access the renal pelvis of the kidney. The provider may inject contrast and image the kidney (nephrostogram), ureter (ureterogram), or both. The ureter is one of a pair of ducts that pass urine from the kidneys to the bladder. During the same session

# ICD-10-CM Cross Reference Details

|               |  |               |  |
|---------------|--|---------------|--|
| <b>A00.0</b>  | Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae                            | <b>A08.8</b>  | Other specified intestinal infections                            |
| <b>A00.1</b>  | Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor                               | <b>A09</b>    | Infectious gastroenteritis and colitis, unspecified              |
| <b>A00.9</b>  | Cholera, unspecified   | <b>A15.0</b>  | Tuberculosis of lung   |
| <b>A01.00</b> | Typhoid fever, unspecified   | <b>A15.4</b>  | Tuberculosis of intrathoracic lymph nodes                        |
| <b>A01.01</b> | Typhoid meningitis   | <b>A15.5</b>  | Tuberculosis of larynx, trachea and bronchus                     |
| <b>A01.02</b> | Typhoid fever with heart involvement   | <b>A15.6</b>  | Tuberculous pleurisy   |
| <b>A01.03</b> | Typhoid pneumonia  | <b>A15.7</b>  | Primary respiratory tuberculosis                                 |
| <b>A01.04</b> | Typhoid arthritis  | <b>A15.8</b>  | Other respiratory tuberculosis                                   |
| <b>A01.05</b> | Typhoid osteomyelitis  | <b>A15.9</b>  | Respiratory tuberculosis unspecified                             |
| <b>A01.09</b> | Typhoid fever with other complications   | <b>A17.0</b>  | Tuberculous meningitis   |
| <b>A01.1</b>  | Paratyphoid fever A  | <b>A17.1</b>  | Meningeal tuberculoma  |
| <b>A01.2</b>  | Paratyphoid fever B  | <b>A17.81</b> | Tuberculoma of brain and spinal cord                             |
| <b>A01.3</b>  | Paratyphoid fever C  | <b>A17.82</b> | Tuberculous meningoencephalitis                                  |
| <b>A02.0</b>  | Salmonella enteritis   | <b>A17.83</b> | Tuberculous neuritis   |
| <b>A02.1</b>  | Salmonella sepsis  | <b>A17.89</b> | Other tuberculosis of nervous system                             |
| <b>A02.20</b> | Localized salmonella infection, unspecified  | <b>A17.9</b>  | Tuberculosis of nervous system, unspecified                      |
| <b>A02.21</b> | Salmonella meningitis  | <b>A18.01</b> | Tuberculosis of spine  |
| <b>A02.22</b> | Salmonella pneumonia   | <b>A18.02</b> | Tuberculous arthritis of other joints                            |
| <b>A02.23</b> | Salmonella arthritis   | <b>A18.03</b> | Tuberculosis of other bones                                      |
| <b>A02.24</b> | Salmonella osteomyelitis   | <b>A18.09</b> | Other musculoskeletal tuberculosis                               |
| <b>A02.25</b> | Salmonella pyelonephritis  | <b>A18.10</b> | Tuberculosis of genitourinary system, unspecified                |
| <b>A02.8</b>  | Other specified salmonella infections  | <b>A18.11</b> | Tuberculosis of kidney and ureter                                |
| <b>A02.9</b>  | Salmonella infection, unspecified  | <b>A18.12</b> | Tuberculosis of bladder  |
| <b>A03.0</b>  | Shigellosis due to <i>Shigella dysenteriae</i>                                       | <b>A18.13</b> | Tuberculosis of other urinary organs                             |
| <b>A03.1</b>  | Shigellosis due to <i>Shigella flexneri</i>  | <b>A18.14</b> | Tuberculosis of prostate   |
| <b>A03.2</b>  | Shigellosis due to <i>Shigella boydii</i>  | <b>A18.15</b> | Tuberculosis of other male genital organs                        |
| <b>A03.3</b>  | Shigellosis due to <i>Shigella sonnei</i>  | <b>A18.16</b> | Tuberculosis of cervix   |
| <b>A03.8</b>  | Other shigellosis  | <b>A18.17</b> | Tuberculous female pelvic inflammatory disease                   |
| <b>A04.0</b>  | Enteropathogenic <i>Escherichia coli</i> infection                                   | <b>A18.18</b> | Tuberculosis of other female genital organs                      |
| <b>A04.1</b>  | Enterotoxigenic <i>Escherichia coli</i> infection                                    | <b>A18.2</b>  | Tuberculous peripheral lymphadenopathy                           |
| <b>A04.2</b>  | Enteroinvasive <i>Escherichia coli</i> infection                                     | <b>A18.31</b> | Tuberculous peritonitis  |
| <b>A04.3</b>  | Enterohemorrhagic <i>Escherichia coli</i> infection                                  | <b>A18.32</b> | Tuberculous enteritis  |
| <b>A04.4</b>  | Other intestinal <i>Escherichia coli</i> infections                                  | <b>A18.39</b> | Retroperitoneal tuberculosis                                     |
| <b>A04.5</b>  | Campylobacter enteritis  | <b>A18.4</b>  | Tuberculosis of skin and subcutaneous tissue                     |
| <b>A04.6</b>  | Enteritis due to <i>Yersinia enterocolitica</i>                                      | <b>A18.50</b> | Tuberculosis of eye, unspecified                                 |
| <b>A04.71</b> | Enterocolitis due to <i>Clostridium difficile</i> , recurrent                        | <b>A18.51</b> | Tuberculous episcleritis   |
| <b>A04.72</b> | Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent       | <b>A18.52</b> | Tuberculous keratitis  |
| <b>A04.8</b>  | Other specified bacterial intestinal infections                                      | <b>A18.53</b> | Tuberculous chorioretinitis                                      |
| <b>A04.9</b>  | Bacterial intestinal infection, unspecified  | <b>A18.54</b> | Tuberculous iridocyclitis  |
| <b>A05.0</b>  | Foodborne staphylococcal intoxication  | <b>A18.59</b> | Other tuberculosis of eye  |
| <b>A05.1</b>  | Botulism food poisoning  | <b>A18.6</b>  | Tuberculosis of (inner) (middle) ear                             |
| <b>A05.2</b>  | Foodborne <i>Clostridium perfringens</i> [ <i>Clostridium welchii</i> ] intoxication | <b>A18.7</b>  | Tuberculosis of adrenal glands                                   |
| <b>A05.3</b>  | Foodborne <i>Vibrio parahaemolyticus</i> intoxication                                | <b>A18.81</b> | Tuberculosis of thyroid gland                                    |
| <b>A05.5</b>  | Foodborne <i>Vibrio vulnificus</i> intoxication                                      | <b>A18.82</b> | Tuberculosis of other endocrine glands                           |
| <b>A05.8</b>  | Other specified bacterial foodborne intoxications                                    | <b>A18.83</b> | Tuberculosis of digestive tract organs, not elsewhere classified |
| <b>A05.9</b>  | Bacterial foodborne intoxication, unspecified  | <b>A18.84</b> | Tuberculosis of heart  |
| <b>A06.0</b>  | Acute amebic dysentery   | <b>A18.85</b> | Tuberculosis of spleen   |
| <b>A06.1</b>  | Chronic intestinal amebiasis   | <b>A18.89</b> | Tuberculosis of other sites                                      |
| <b>A06.2</b>  | Amebic nondysenteric colitis   | <b>A19.0</b>  | Acute miliary tuberculosis of a single specified site            |
| <b>A06.5</b>  | Amebic lung abscess  | <b>A19.2</b>  | Acute miliary tuberculosis, unspecified                          |
| <b>A06.82</b> | Other amebic genitourinary infections  | <b>A19.8</b>  | Other miliary tuberculosis                                       |
| <b>A07.0</b>  | Balantidiasis  | <b>A22.7</b>  | Anthrax sepsis   |
| <b>A07.1</b>  | Giardiasis [lambliasis]  | <b>A26.7</b>  | Erysipelothrix sepsis  |
| <b>A07.2</b>  | Cryptosporidiosis  | <b>A31.0</b>  | Pulmonary mycobacterial infection                                |
| <b>A07.3</b>  | Isosporiasis   | <b>A31.1</b>  | Cutaneous mycobacterial infection                                |
| <b>A07.4</b>  | Cyclosporiasis   | <b>A31.2</b>  | Disseminated mycobacterium avium-intracellulare complex (DMAC)   |
| <b>A07.8</b>  | Other specified protozoal intestinal diseases  | <b>A31.8</b>  | Other mycobacterial infections                                   |
| <b>A07.9</b>  | Protozoal intestinal disease, unspecified  | <b>A32.7</b>  | Listerial sepsis   |
| <b>A08.0</b>  | Rotaviral enteritis  | <b>A36.0</b>  | Pharyngeal diphtheria  |
| <b>A08.11</b> | Acute gastroenteropathy due to Norwalk agent   | <b>A36.1</b>  | Nasopharyngeal diphtheria  |
| <b>A08.19</b> | Acute gastroenteropathy due to other small round viruses                             | <b>A36.2</b>  | Laryngeal diphtheria   |
| <b>A08.2</b>  | Adenoviral enteritis   | <b>A36.84</b> | Diphtheritic tubulo-interstitial nephropathy                     |
| <b>A08.31</b> | Calicivirus enteritis  | <b>A36.89</b> | Other diphtheritic complications                                 |
| <b>A08.32</b> | Astrovirus enteritis   | <b>A38.8</b>  | Scarlet fever with other complications                           |
| <b>A08.39</b> | Other viral enteritis  | <b>A40.0</b>  | Sepsis due to streptococcus, group A                             |
| <b>A08.4</b>  | Viral intestinal infection, unspecified  | <b>A40.1</b>  | Sepsis due to streptococcus, group B                             |
|               |  | <b>A40.3</b>  | Sepsis due to <i>Streptococcus pneumoniae</i>                    |

|               |   |               |  |
|---------------|---|---------------|--|
| <b>A40.8</b>  | Other streptococcal sepsis  | <b>A59.01</b> | Trichomonal vulvovaginitis   |
| <b>A40.9</b>  | Streptococcal sepsis, unspecified   | <b>A59.02</b> | Trichomonal prostatitis  |
| <b>A41.01</b> | Sepsis due to Methicillin susceptible <i>Staphylococcus aureus</i>                              | <b>A59.03</b> | Trichomonal cystitis and urethritis  |
| <b>A41.02</b> | Sepsis due to Methicillin resistant <i>Staphylococcus aureus</i>                                | <b>A59.09</b> | Other urogenital trichomoniasis  |
| <b>A41.1</b>  | Sepsis due to other specified staphylococcus  | <b>A59.9</b>  | Trichomoniasis, unspecified  |
| <b>A41.2</b>  | Sepsis due to unspecified staphylococcus  | <b>A60.00</b> | Herpesviral infection of urogenital system, unspecified                            |
| <b>A41.3</b>  | Sepsis due to <i>Hemophilus influenzae</i>  | <b>A60.01</b> | Herpesviral infection of penis   |
| <b>A41.4</b>  | Sepsis due to anaerobes   | <b>A60.02</b> | Herpesviral infection of other male genital organs                                 |
| <b>A41.50</b> | Gram-negative sepsis, unspecified   | <b>A60.03</b> | Herpesviral cervicitis   |
| <b>A41.51</b> | Sepsis due to <i>Escherichia coli</i> [E. coli]   | <b>A60.04</b> | Herpesviral vulvovaginitis   |
| <b>A41.52</b> | Sepsis due to <i>Pseudomonas</i>  | <b>A60.09</b> | Herpesviral infection of other urogenital tract                                    |
| <b>A41.53</b> | Sepsis due to <i>Serratia</i>   | <b>A60.1</b>  | Herpesviral infection of perianal skin and rectum                                  |
| <b>A41.54</b> | Sepsis due to <i>Acinetobacter baumannii</i>  | <b>A60.9</b>  | Anogenital herpesviral infection, unspecified                                      |
| <b>A41.59</b> | Other Gram-negative sepsis  | <b>A63.0</b>  | Anogenital (venereal) warts  |
| <b>A41.81</b> | Sepsis due to <i>Enterococcus</i>   | <b>A63.8</b>  | Other specified predominantly sexually transmitted diseases                        |
| <b>A41.89</b> | Other specified sepsis  | <b>A64</b>    | Unspecified sexually transmitted disease   |
| <b>A41.9</b>  | Sepsis, unspecified organism  | <b>A66.0</b>  | Initial lesions of yaws  |
| <b>A42.7</b>  | Actinomycotic sepsis  | <b>A66.2</b>  | Other early skin lesions of yaws   |
| <b>A46</b>    | Erysipelas  | <b>A66.3</b>  | Hyperkeratosis of yaws   |
| <b>A48.1</b>  | Legionnaires' disease   | <b>A67.0</b>  | Primary lesions of pinta   |
| <b>A49.01</b> | Methicillin susceptible <i>Staphylococcus aureus</i> infection, unspecified site                | <b>A67.1</b>  | Intermediate lesions of pinta  |
| <b>A49.02</b> | Methicillin resistant <i>Staphylococcus aureus</i> infection, unspecified site                  | <b>A67.2</b>  | Late lesions of pinta  |
| <b>A49.3</b>  | <i>Mycoplasma</i> infection, unspecified site   | <b>A67.3</b>  | Mixed lesions of pinta   |
| <b>A51.0</b>  | Primary genital syphilis  | <b>A74.89</b> | Other chlamydial diseases  |
| <b>A51.1</b>  | Primary anal syphilis   | <b>A74.9</b>  | Chlamydial infection, unspecified  |
| <b>A51.2</b>  | Primary syphilis of other sites   | <b>A79.82</b> | Anaplasmosis [ <i>A. phagocytophilum</i> ]   |
| <b>A51.44</b> | Secondary syphilitic nephritis  | <b>A80.9</b>  | Acute poliomyelitis, unspecified   |
| <b>A52.11</b> | Tabes dorsalis  | <b>A92.39</b> | West Nile virus infection with other complications                                 |
| <b>A52.12</b> | Other cerebrospinal syphilis  | <b>B00.1</b>  | Herpesviral vesicular dermatitis   |
| <b>A52.13</b> | Late syphilitic meningitis  | <b>B01.89</b> | Other varicella complications  |
| <b>A52.14</b> | Late syphilitic encephalitis  | <b>B01.9</b>  | Varicella without complication   |
| <b>A52.15</b> | Late syphilitic neuropathy  | <b>B02.0</b>  | Zoster encephalitis  |
| <b>A52.16</b> | Charcot's arthropathy (tabetic)   | <b>B02.1</b>  | Zoster meningitis  |
| <b>A52.19</b> | Other symptomatic neurosyphilis   | <b>B02.21</b> | Postherpetic geniculate ganglionitis   |
| <b>A52.3</b>  | Neurosyphilis, unspecified  | <b>B02.22</b> | Postherpetic trigeminal neuralgia  |
| <b>A52.74</b> | Syphilis of liver and other viscera   | <b>B02.23</b> | Postherpetic polyneuropathy  |
| <b>A52.75</b> | Syphilis of kidney and ureter   | <b>B02.24</b> | Postherpetic myelitis  |
| <b>A52.76</b> | Other genitourinary symptomatic late syphilis   | <b>B02.29</b> | Other postherpetic nervous system involvement                                      |
| <b>A54.00</b> | Gonococcal infection of lower genitourinary tract, unspecified                                  | <b>B02.7</b>  | Disseminated zoster  |
| <b>A54.01</b> | Gonococcal cystitis and urethritis, unspecified   | <b>B02.8</b>  | Zoster with other complications  |
| <b>A54.02</b> | Gonococcal vulvovaginitis, unspecified  | <b>B02.9</b>  | Zoster without complications   |
| <b>A54.03</b> | Gonococcal cervicitis, unspecified  | <b>B03</b>    | Smallpox   |
| <b>A54.09</b> | Other gonococcal infection of lower genitourinary tract   | <b>B04</b>    | Monkeypox  |
| <b>A54.1</b>  | Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess | <b>B05.4</b>  | Measles with intestinal complications  |
| <b>A54.21</b> | Gonococcal infection of kidney and ureter   | <b>B05.89</b> | Other measles complications  |
| <b>A54.22</b> | Gonococcal prostatitis  | <b>B05.9</b>  | Measles without complication   |
| <b>A54.23</b> | Gonococcal infection of other male genital organs   | <b>B06.00</b> | Rubella with neurological complication, unspecified                                |
| <b>A54.24</b> | Gonococcal female pelvic inflammatory disease   | <b>B06.09</b> | Other neurological complications of rubella  |
| <b>A54.29</b> | Other gonococcal genitourinary infections   | <b>B06.89</b> | Other rubella complications  |
| <b>A54.30</b> | Gonococcal infection of eye, unspecified  | <b>B06.9</b>  | Rubella without complication   |
| <b>A54.31</b> | Gonococcal conjunctivitis   | <b>B07.0</b>  | Plantar wart   |
| <b>A54.40</b> | Gonococcal infection of musculoskeletal system, unspecified                                     | <b>B07.8</b>  | Other viral warts  |
| <b>A54.49</b> | Gonococcal infection of other musculoskeletal tissue  | <b>B07.9</b>  | Viral wart, unspecified  |
| <b>A54.6</b>  | Gonococcal infection of anus and rectum   | <b>B08.09</b> | Other orthopoxvirus infections   |
| <b>A54.86</b> | Gonococcal sepsis   | <b>B08.1</b>  | Molluscum contagiosum  |
| <b>A54.89</b> | Other gonococcal infections   | <b>B08.21</b> | Exanthema subitum [sixth disease] due to human herpesvirus 6                       |
| <b>A54.9</b>  | Gonococcal infection, unspecified   | <b>B08.22</b> | Exanthema subitum [sixth disease] due to human herpesvirus 7                       |
| <b>A55</b>    | Chlamydial lymphogranuloma (venereum)   | <b>B08.8</b>  | Other specified viral infections characterized by skin and mucous membrane lesions |
| <b>A56.00</b> | Chlamydial infection of lower genitourinary tract, unspecified                                  | <b>B09</b>    | Unspecified viral infection characterized by skin and mucous membrane lesions      |
| <b>A56.01</b> | Chlamydial cystitis and urethritis  | <b>B10.89</b> | Other human herpesvirus infection  |
| <b>A56.02</b> | Chlamydial vulvovaginitis   | <b>B15.0</b>  | Hepatitis A with hepatic coma  |
| <b>A56.09</b> | Other chlamydial infection of lower genitourinary tract   | <b>B15.9</b>  | Hepatitis A without hepatic coma   |
| <b>A56.11</b> | Chlamydial female pelvic inflammatory disease   | <b>B16.0</b>  | Acute hepatitis B with delta-agent with hepatic coma                               |
| <b>A56.19</b> | Other chlamydial genitourinary infection  | <b>B16.1</b>  | Acute hepatitis B with delta-agent without hepatic coma                            |
| <b>A56.2</b>  | Chlamydial infection of genitourinary tract, unspecified  | <b>B16.2</b>  | Acute hepatitis B without delta-agent with hepatic coma                            |
| <b>A56.3</b>  | Chlamydial infection of anus and rectum   | <b>B16.9</b>  | Acute hepatitis B without delta-agent and without hepatic coma                     |
| <b>A56.8</b>  | Sexually transmitted chlamydial infection of other sites  | <b>B17.0</b>  | Acute delta-(super) infection of hepatitis B carrier                               |
| <b>A57</b>    | Chancroid   |               |  |
| <b>A59.00</b> | Urogenital trichomoniasis, unspecified  |               |  |



# Modifier Descriptors

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

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

| Modifier  | Description   |
|-----------|---|
| <b>AB</b> | Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary |
| <b>AD</b> | Medical supervision by a physician: more than four concurrent anesthesia procedures   |
| <b>AE</b> | Registered dietician  |
| <b>AF</b> | Specialty physician   |
| <b>AG</b> | Primary physician   |
| <b>AH</b> | Clinical psychologist   |
| <b>AI</b> | Principal physician of record   |
| <b>AJ</b> | Clinical social worker  |
| <b>AK</b> | Non participating physician   |
| <b>AM</b> | Physician, team member service  |
| <b>AO</b> | Alternate payment method declined by provider of service  |
| <b>AP</b> | Determination of refractive state was not performed in the course of diagnostic ophthalmological examination  |
| <b>AQ</b> | Physician providing a service in an unlisted health professional shortage area (HPSA)   |
| <b>AR</b> | Physician provider services in a physician scarcity area  |
| <b>AS</b> | Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery   |
| <b>AT</b> | Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)   |
| <b>AU</b> | Item furnished in conjunction with a urological, ostomy, or tracheostomy supply   |
| <b>AV</b> | Item furnished in conjunction with a prosthetic device, prosthetic or orthotic  |
| <b>AW</b> | Item furnished in conjunction with a surgical dressing  |
| <b>AX</b> | Item furnished in conjunction with dialysis services  |
| <b>AY</b> | Item or service furnished to an ESRD patient that is not for the treatment of ESRD  |
| <b>AZ</b> | Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment  |
| <b>BA</b> | Item furnished in conjunction with parenteral enteral nutrition (PEN) services  |
| <b>BL</b> | Special acquisition of blood and blood products   |
| <b>BO</b> | Orally administered nutrition, not by feeding tube  |
| <b>BP</b> | The beneficiary has been informed of the purchase and rental options and has elected to purchase the item   |
| <b>BR</b> | The beneficiary has been informed of the purchase and rental options and has elected to rent the item   |

| Modifier  | Description   |
|-----------|---|
| <b>BU</b> | The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision  |
| <b>CA</b> | Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission   |
| <b>CB</b> | Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable  |
| <b>CC</b> | Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)   |
| <b>CD</b> | AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable   |
| <b>CE</b> | AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity   |
| <b>CF</b> | AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable   |
| <b>CG</b> | Policy criteria applied   |
| <b>CH</b> | 0 percent impaired, limited or restricted   |
| <b>CI</b> | At least 1 percent but less than 20 percent impaired, limited or restricted   |
| <b>CJ</b> | At least 20 percent but less than 40 percent impaired, limited or restricted  |
| <b>CK</b> | At least 40 percent but less than 60 percent impaired, limited or restricted  |
| <b>CL</b> | At least 60 percent but less than 80 percent impaired, limited or restricted  |
| <b>CM</b> | At least 80 percent but less than 100 percent impaired, limited or restricted   |
| <b>CN</b> | 100 percent impaired, limited or restricted   |
| <b>CO</b> | Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant   |
| <b>CQ</b> | Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant  |
| <b>CR</b> | Catastrophe/disaster related  |
| <b>CS</b> | Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency |



# Terminology

| Terminology                            | Explanation   |
|--|---|
| <b>Abdominal aorta</b>                 | Largest artery supplying the abdominal cavity, part of the aorta and continuation of the descending aorta from the thorax; it divides farther into iliac arteries.  |
| <b>Abdominal ultrasound</b>            | This is a non-invasive technique which uses sound wave to take images of the intra-abdominal structures (i.e., liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).  |
| <b>Abdominal wall</b>                  | May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.   |
| <b>Abdominoperineal</b>                | Refers to the abdomen and the perineum, the area between the anus and genitals.   |
| <b>Aberrant renal vessel</b>           | A vessel of the kidney that is different from the norm anatomically.  |
| <b>Ablation</b>                        | Removal of tissue, a body part, or an organ or destruction of its function.   |
| <b>Abscess</b>                         | Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissue, caused by infection.  |
| <b>Adenomatoid tumor</b>               | Benign growth that generally presents in the genital tract, in regions such as the testis.  |
| <b>Adhesion</b>                        | Fibrous bands that form between tissues and organs, sometimes as a result of injury during surgery; they may be thought of as internal scar tissue.   |
| <b>Adolescent</b>                      | Teenager.   |
| <b>Adrenal</b>                         | Refers to the adrenal glands, located at the top of each kidney, or their secretions.   |
| <b>Adrenal gland</b>                   | A gland located on top of the kidney; produces hormones that are responsible for functions such as heart rate control and blood pressure; they also produce the stress hormone, commonly known as the flight or fight hormone, in addition to many more.  |
| <b>Algorithm</b>                       | A specific set of step by step calculations using defined inputs at each step to produce a useful output; specifically for MAAs, the output involves some sort of diagnostic or prognostic information about treatment options or disease outcomes.   |
| <b>Allograft</b>                       | 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.   |
| <b>Allotransplantation</b>             | An organ or tissue transferred between genetically different individuals of the same species.   |
| <b>Amputation</b>                      | Removal of a body extremity because of trauma or surgery; the surgical removal helps to control pain or a disease process in the affected limb.   |
| <b>Anastomosis</b>                     | Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.   |
| <b>Androgen</b>                        | A hormone or compound, usually a steroid, that stimulates or controls male or female hormonal activity or production.   |
| <b>Androgen insensitivity syndrome</b> | Medical condition affecting sexual development before birth; patients with this syndrome are genetically male.  |
| <b>Anesthesia</b>                      | A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body; spinal anesthesia involves the injection of anesthetic into the nerves of the spine, typically the lumbar spine, to reduce sensitivity to pain in the area of the body below the injection site. |
| <b>Aneurysm</b>                        | Weakness in the wall of a blood vessel, such as the aorta, or the wall of heart chamber, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.   |
| <b>Angiography</b>                     | 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.   |
| <b>Angioplasty</b>                     | A surgical procedure to widen a narrowed or blocked artery.   |
| <b>Anorectovaginoplasty</b>            | A surgical technique to repair female anorectal and vaginal defect or malformation.   |
| <b>Anterior</b>                        | Closer to the front part of the body or a structure.  |

| Terminology   | Explanation   |
|---|---|
| <b>Antibiotic</b>   | Substance that inhibits infection.  |
| <b>Antibody</b>   | Also called immunoglobulin; a protein that the body produces in the blood as part of the immune response to neutralize specific invaders such as bacteria or viruses, but occasionally reacts to the patient's own body; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen. |
| <b>Anticarcinogenic agent</b>                             | Any agent that destroys growth and reproduction of cancer cells.  |
| <b>Anticoagulant</b>                                      | A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.  |
| <b>Antifungal agent</b>                                   | A drug used to eliminate or inhibit the growth of fungi.  |
| <b>Antigen</b>  | Foreign bodies, such as bacteria, that enter the human body, or substances that form within the body, that cause an immune response, such as antibody production, and possibly infection; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.                                |
| <b>Anti-reflux flap valves in Camey enterocystoplasty</b> | The ureters are respectively joined to the two cut ends of the ileum; this suture site acts as a one way channel so that urine does not travel back to the kidneys.   |
| <b>Anus</b>   | External opening of the rectum where the gastrointestinal tract ends.   |
| <b>Aorta</b>  | The main artery that comes out of the top of the left ventricle and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.  |
| <b>Aortic lymph nodes</b>                                 | Lymph nodes in the aortic area.   |
| <b>Appendix</b>   | A non-functional small tube like sac attached to the lower portion of the large intestine.  |
| <b>Arcus tendineus fascia pelvis (ATFP)</b>               | Also referred to as the white line, this is the attachment point for the pubocervical fascia to support the anterior walls of the vagina that have prolapsed; it is a thick band of the fascia over the obturator internus muscles running in an arching line from the pubis to the ischial spine.                                      |
| <b>Arterial access</b>                                    | Situated or occurring within an artery.   |
| <b>Arteries</b>   | Vessels that carry oxygen rich blood away from the heart to the rest of the body.   |
| <b>Arteriovenous anastomosis</b>                          | An abnormal connection between an artery and a vein made either surgically, as a result of trauma or a medical condition, or congenital; also be referred to as an arteriovenous fistula or graft.  |
| <b>Arteriovenous fistulae</b>                             | A provider surgically creates a direct connection between an artery and vein.   |
| <b>Arteriovenous graft</b>                                | A provider surgically connects a vein to an artery using a soft plastic tube or an organic material from a person or animal.  |
| <b>Arteriovenous malformation</b>                         | A mass of interwoven arteries and veins that interferes with blood flow; often congenital, or present at birth.   |
| <b>Artery</b>   | A blood vessel that carries oxygenated blood from the heart to different parts of the body.   |
| <b>Aspirate</b>   | Small amount of cells or fluid from a cyst or mass.   |
| <b>Aspiration</b>   | Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to wash out a cavity such as the abdomen or stomach or to clean a wound; also withdrawal of material, often with a needle; can also refer to breathing in fluid or food material.       |
| <b>Atrial fibrillation</b>                                | 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.   |
| <b>Atrophy</b>  | Partial or complete washing away of a part of the body.   |
| <b>Autogenous tissue graft</b>                            | Tissue a provider harvests from the patient's own body and uses to replace diseased, damaged, or missing tissue.  |
| <b>Autograft</b>  | Donor tissue or organ obtained from one part or area of the body and placed on a different body part or area of the same individual   |
| <b>Autotransplantation</b>                                | The process of excision of organs or tissues and relocated it into a new location of the same individual.   |
| <b>Axilla</b>   | The armpit.   |
| <b>Backbench</b>  | A sterile environment in the operating room but separate from the operating table where a provider prepares grafts before transplantation.  |

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