



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

CODERS' SPECIALTY GUIDE

# Gastroenterology



# 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.



# Hemic and Lymphatic Systems

## 38573

Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a small incision at the umbilicus, or navel, and uses this opening to insufflate, or blow a gas such as carbon dioxide (CO<sub>2</sub>) into the abdomen. This lifts the abdominal wall away from the organs and improves visualization of the treatment site. The provider makes additional small incisions and inserts a laparoscope and other instruments to perform the procedure.

Once the provider enters the abdomen and there is good visualization of the cavity, he removes any adhesions if present. The provider may use suction to evacuate blood and clots from the abdomen to improve visibility prior to beginning the procedure. The provider explores the abdomen and excises all of the lymph nodes on both sides of the pelvic area. The provider then inspects the aortic area and removes any lymph nodes that appear diseased or are in the immediate area of the other diseased tissue. The provider sends these samples to the laboratory for examination. The provider then completely examines the peritoneal cavity for any spread of cancer cells. Once he completes his examination of the peritoneal cavity, the provider washes the peritoneum and diaphragm with a saline solution. The solution, along with any biopsy samples of the peritoneum and diaphragm that the provider obtains, is sent to the laboratory for examination. The provider may also excise all or part of the omentum, in a procedure known as an omentectomy. The provider ensures hemostasis. Finally, he closes the small abdominal incisions in layers.

## Coding Tips

For less extensive lymphadenectomy and lymph node sampling procedures, see 38570 to 38572.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,147.98, Non Facility Fee: \$1,147.98

**RVU (Facility):** Work RVU 20.00, Practice Exp. RVU 12.06, Malpractice RVU 3.43, Total RVU 35.49

**RVU (Non-Facility):** Work RVU 20.00, Practice Exp. RVU 12.06, Malpractice RVU 3.43, Total RVU 35.49

**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: 49320,

**Practitioner MUE:** 1

## Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 62, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, SC

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0664T<sup>0</sup>, 0665T<sup>0</sup>, 0667T<sup>0</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 1000S<sup>1</sup>, 1000T<sup>1</sup>, 1000J<sup>1</sup>, 1001T<sup>1</sup>, 1002T<sup>1</sup>, 1100T<sup>1</sup>, 1100J<sup>1</sup>, 1100A<sup>1</sup>, 1100S<sup>1</sup>, 1100E<sup>1</sup>, 1104T<sup>1</sup>, 1104J<sup>1</sup>, 1104A<sup>1</sup>, 1104S<sup>1</sup>, 1104E<sup>1</sup>, 1104F<sup>1</sup>, 1200T<sup>1</sup>, 1200J<sup>1</sup>, 1200A<sup>1</sup>, 1200S<sup>1</sup>, 1200E<sup>1</sup>, 1200F<sup>1</sup>, 1201T<sup>1</sup>, 1201J<sup>1</sup>, 1201A<sup>1</sup>, 1201S<sup>1</sup>, 1201E<sup>1</sup>, 1201F<sup>1</sup>, 1201G<sup>1</sup>, 1201H<sup>1</sup>, 1201I<sup>1</sup>, 1201J<sup>1</sup>, 1201K<sup>1</sup>, 1201L<sup>1</sup>, 1201M<sup>1</sup>, 1201N<sup>1</sup>, 1201O<sup>1</sup>, 1201P<sup>1</sup>, 1201Q<sup>1</sup>, 1201R<sup>1</sup>, 1201S<sup>1</sup>, 1201T<sup>1</sup>, 1201U<sup>1</sup>, 1201V<sup>1</sup>, 1201W<sup>1</sup>, 1201X<sup>1</sup>, 1201Y<sup>1</sup>, 1201Z<sup>1</sup>, 1202T<sup>1</sup>, 1202J<sup>1</sup>, 1202A<sup>1</sup>, 1202S<sup>1</sup>, 1202E<sup>1</sup>, 1202F<sup>1</sup>, 1202G<sup>1</sup>, 1202H<sup>1</sup>, 1202I<sup>1</sup>, 1202J<sup>1</sup>, 1202K<sup>1</sup>, 1202L<sup>1</sup>, 1202M<sup>1</sup>, 1202N<sup>1</sup>, 1202O<sup>1</sup>, 1202P<sup>1</sup>, 1202Q<sup>1</sup>, 1202R<sup>1</sup>, 1202S<sup>1</sup>, 1202T<sup>1</sup>, 1202U<sup>1</sup>, 1202V<sup>1</sup>, 1202W<sup>1</sup>, 1202X<sup>1</sup>, 1202Y<sup>1</sup>, 1202Z<sup>1</sup>, 1203T<sup>1</sup>, 1203J<sup>1</sup>, 1203A<sup>1</sup>, 1203S<sup>1</sup>, 1203E<sup>1</sup>, 1203F<sup>1</sup>, 1203G<sup>1</sup>, 1203H<sup>1</sup>, 1203I<sup>1</sup>, 1203J<sup>1</sup>, 1203K<sup>1</sup>, 1203L<sup>1</sup>, 1203M<sup>1</sup>, 1203N<sup>1</sup>, 1203O<sup>1</sup>, 1203P<sup>1</sup>, 1203Q<sup>1</sup>, 1203R<sup>1</sup>, 1203S<sup>1</sup>, 1203T<sup>1</sup>, 1203U<sup>1</sup>, 1203V<sup>1</sup>, 1203W<sup>1</sup>, 1203X<sup>1</sup>, 1203Y<sup>1</sup>, 1203Z<sup>1</sup>, 1204T<sup>1</sup>, 1204J<sup>1</sup>, 1204A<sup>1</sup>, 1204S<sup>1</sup>, 1204E<sup>1</sup>, 1204F<sup>1</sup>, 1204G<sup>1</sup>, 1204H<sup>1</sup>, 1204I<sup>1</sup>, 1204J<sup>1</sup>, 1204K<sup>1</sup>, 1204L<sup>1</sup>, 1204M<sup>1</sup>, 1204N<sup>1</sup>, 1204O<sup>1</sup>, 1204P<sup>1</sup>, 1204Q<sup>1</sup>, 1204R<sup>1</sup>, 1204S<sup>1</sup>, 1204T<sup>1</sup>, 1204U<sup>1</sup>, 1204V<sup>1</sup>, 1204W<sup>1</sup>, 1204X<sup>1</sup>, 1204Y<sup>1</sup>, 1204Z<sup>1</sup>, 1205T<sup>1</sup>, 1205J<sup>1</sup>, 1205A<sup>1</sup>, 1205S<sup>1</sup>, 1205E<sup>1</sup>, 1205F<sup>1</sup>, 1205G<sup>1</sup>, 1205H<sup>1</sup>, 1205I<sup>1</sup>, 1205J<sup>1</sup>, 1205K<sup>1</sup>, 1205L<sup>1</sup>, 1205M<sup>1</sup>, 1205N<sup>1</sup>, 1205O<sup>1</sup>, 1205P<sup>1</sup>, 1205Q<sup>1</sup>, 1205R<sup>1</sup>, 1205S<sup>1</sup>, 1205T<sup>1</sup>, 1205U<sup>1</sup>, 1205V<sup>1</sup>, 1205W<sup>1</sup>, 1205X<sup>1</sup>, 1205Y<sup>1</sup>, 1205Z<sup>1</sup>, 1206T<sup>1</sup>, 1206J<sup>1</sup>, 1206A<sup>1</sup>, 1206S<sup>1</sup>, 1206E<sup>1</sup>, 1206F<sup>1</sup>, 1206G<sup>1</sup>, 1206H<sup>1</sup>, 1206I<sup>1</sup>, 1206J<sup>1</sup>, 1206K<sup>1</sup>, 1206L<sup>1</sup>, 1206M<sup>1</sup>, 1206N<sup>1</sup>, 1206O<sup>1</sup>, 1206P<sup>1</sup>, 1206Q<sup>1</sup>, 1206R<sup>1</sup>, 1206S<sup>1</sup>, 1206T<sup>1</sup>, 1206U<sup>1</sup>, 1206V<sup>1</sup>, 1206W<sup>1</sup>, 1206X<sup>1</sup>, 1206Y<sup>1</sup>, 1206Z<sup>1</sup>, 1207T<sup>1</sup>, 1207J<sup>1</sup>, 1207A<sup>1</sup>, 1207S<sup>1</sup>, 1207E<sup>1</sup>, 1207F<sup>1</sup>, 1207G<sup>1</sup>, 1207H<sup>1</sup>, 1207I<sup>1</sup>, 1207J<sup>1</sup>, 1207K<sup>1</sup>, 1207L<sup>1</sup>, 1207M<sup>1</sup>, 1207N<sup>1</sup>, 1207O<sup>1</sup>, 1207P<sup>1</sup>, 1207Q<sup>1</sup>, 1207R<sup>1</sup>, 1207S<sup>1</sup>, 1207T<sup>1</sup>, 1207U<sup>1</sup>, 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# Digestive System

## 40490

Biopsy of lip

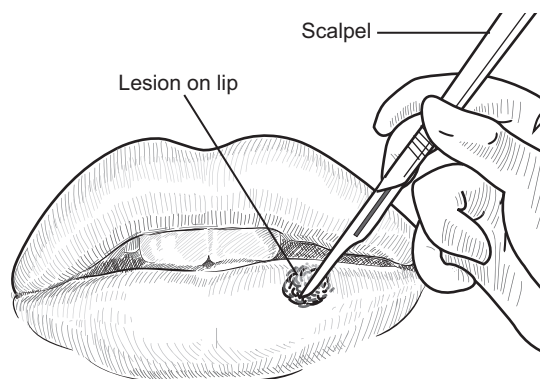
### Clinical Responsibility

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

### Coding Tips

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

### Illustration



40490

### Fee Schedule Information

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

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

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

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC

Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 2

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

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

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

### ICD-10-CM Cross References

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

## 40500

Vermilionectomy (lip shave), with mucosal advancement

### Clinical Responsibility

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

### Coding Tips

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

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

**45172**

Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider first performs a digital rectal exam and may also perform anoscopy to verify landmarks and the location of the tumor. He then inserts a scalpel, or surgical knife, through the anus. He then performs a full thickness excision of the tumor in the rectum including the muscularis propria, a thin layer of muscle lining the rectum. Finally, he stops all bleeding in the area and sutures the wound in layers as necessary.

**Coding Tips**

Use 45160, Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach, when the provider makes an incision in the rectum to excise a tumor present in the rectum, using a transsacral, through the sacrum or transcoccygeal, through the coccyx approach.

Use 45171, Excision of rectal tumor, transanal approach; not including muscularis propria ie, partial thickness, when the provider excises a tumor of the rectum by transanal approach without involving the muscularis propria.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$804.46, Non Facility Fee: \$804.46

**RVU (Facility):** Work RVU 12.13, Practice Exp. RVU 10.61, Malpractice RVU 2.13, Total RVU 24.87

**RVU (Non-Facility):** Work RVU 12.13, Practice Exp. RVU 10.61, Malpractice RVU 2.13, Total RVU 24.87

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

**Practitioner MUE:** 2

**Modifier Allowances**

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, PT, Q5, Q6, QJ, XE, XP, XS, XU

**NCCI Alerts (version 31.0)**

0184T<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 44701<sup>1</sup>, 44950<sup>0</sup>, 44970<sup>0</sup>, 45171<sup>1</sup>, 45190<sup>1</sup>, 45385<sup>1</sup>, 45390<sup>1</sup>, 45900<sup>0</sup>, 45905<sup>0</sup>, 45910<sup>0</sup>, 45915<sup>0</sup>, 45990<sup>0</sup>, 46040<sup>0</sup>, 46080<sup>0</sup>, 46220<sup>0</sup>, 46255<sup>1</sup>, 46600<sup>1</sup>, 46601<sup>1</sup>, 46940<sup>0</sup>, 46942<sup>0</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>,

64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 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**

C20, C21.2, C21.8, C78.5, C7A.026, C7A.096, D01.1, D01.2, D12.7-D12.9, D18.03, D37.1-D37.5, D3A.026, D3A.096, D48.118, D48.119, D48.19, D48.2, K62.7, K62.82, K62.89, K62.9, Q43.4-Q43.9, R85.610-R85.614, R85.618, R85.81, R85.82, T81.40XA-T81.40XS

**45190**

Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider first performs a digital rectal exam and may also perform an anoscopy procedure to verify landmarks and the location of the tumor. Next, through an anal approach he destroys the rectal tumor using a variety of destruction methods such as electrodesiccation, electrosurgery, laser ablation, laser resection, or cryosurgery.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$681.54, Non Facility Fee: \$681.54

**RVU (Facility):** Work RVU 10.42, Practice Exp. RVU 9.14, Malpractice RVU 1.51, Total RVU 21.07

**RVU (Non-Facility):** Work RVU 10.42, Practice Exp. RVU 9.14, Malpractice RVU 1.51, Total RVU 21.07

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

**Practitioner MUE:** 1

**Modifier Allowances**

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, PT, 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>, 43752<sup>1</sup>, 44701<sup>1</sup>, 44950<sup>0</sup>, 44970<sup>0</sup>, 45100<sup>1</sup>, 45108<sup>1</sup>, 45150<sup>1</sup>, 45171<sup>1</sup>, 45900<sup>0</sup>, 45905<sup>0</sup>, 45910<sup>0</sup>, 45915<sup>0</sup>, 45990<sup>1</sup>, 46040<sup>0</sup>, 46080<sup>0</sup>, 46220<sup>0</sup>, 46600<sup>1</sup>, 46601<sup>1</sup>, 46940<sup>0</sup>, 46942<sup>0</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 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

C20, C21.2, C21.8, C78.5, C7A.096, C7A.098, D01.1, D01.2, D12.7-D12.9, D18.03, D37.1-D37.5, D3A.026, K62.5, K62.82, Q43.4-Q43.9, R19.4, R19.8, R68.0

## 45300

Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

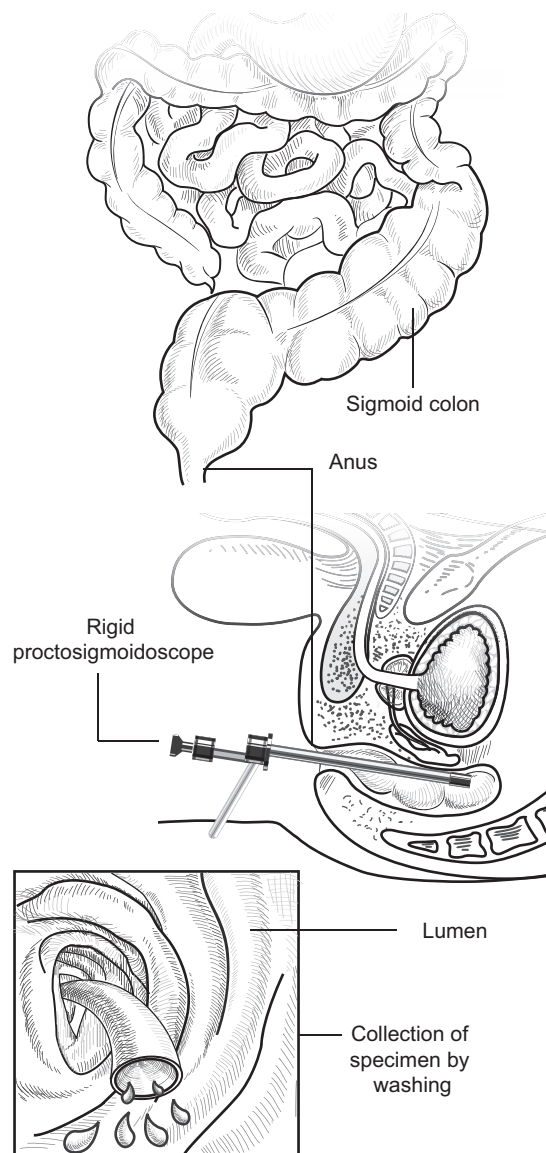
## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a rigid proctosigmoidoscope through the anus and advances it to the anal canal, rectum, and the sigmoid colon. The provider then inspects the internal surface of the area and may also collect some samples of tissue by brushing or washing the area with a saline solution. Once the provider finishes the examination, he withdraws the scope.

## Coding Tips

The descriptor for code 45300 indicates it is a separate procedure, meaning that you cannot report this code separately with a related procedure that a provider performs in an anatomically related region through the same skin incision. If the provider performs the 45300 procedure with an unrelated procedure, you may need to append modifier 59, Distinct procedural service to 45300.

## Illustration



45300

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$47.23, Non Facility Fee: \$125.50

**RVU (Facility):** Work RVU 0.80, Practice Exp. RVU 0.53, Malpractice RVU 0.13, Total RVU 1.46

**RVU (Non-Facility):** Work RVU 0.80, Practice Exp. RVU 2.95, Malpractice RVU 0.13, Total RVU 3.88

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



**0514U**

Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)

**Advice**

CPT® adds 0514U to be reported only for Procise ADL™ from ProciseDx Inc. This test measures the levels of adalimumab (ADL) in venous serum of patients receiving adalimumab therapy, providing results as micrograms per milliliter (µg/mL). The information helps the provider decide whether to adjust the patient's medication.

Effective date of this code: Oct. 1, 2024.

**Clinical Responsibility**

This code represents Procise ADL™ from ProciseDx Inc. For this test, the lab analyst processes venous serum samples from patients undergoing adalimumab therapy. An immunoassay is used to measure the concentration of adalimumab, a medication used to treat inflammatory conditions such as irritable bowel disease (IBD). The results are reported as a numerical value in micrograms per milliliter (µg/mL), helping clinicians monitor and adjust adalimumab therapy for optimal effectiveness.

**Coding Tips**

Use this code only for the appropriate proprietary test.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

**RVU (Facility):** Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

**RVU (Non-Facility):** Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

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

**Practitioner MUE:** 0

**Modifier Allowances**

33, 90, 91, 99, GA, GC, GU, GX, GY, GZ, Q0, QJ, SC

**NCCI Alerts (version 31.0)**

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

**ICD-10-CM Cross References**

K50.00, K50.011-K50.019, K50.10, K50.111-K50.119, K50.80, K50.811-K50.819, K50.90, K50.911-K50.919, K51.00, K51.011-K51.019, K51.50, K51.511-K51.519, K51.80, K51.811-K51.819, K51.90, K51.911-K51.919, K52.0, K52.1, K52.21, K52.29, K52.3, K52.82, K52.831-K52.839, K52.89, K52.9, K58.0-K58.9

**0515U**

Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)

**Advice**

CPT® adds 0515U to be reported only for Procise IFX™ from ProciseDx Inc. This test measures the levels of infliximab (IFX) in venous serum of patients receiving infliximab therapy, providing results as micrograms per milliliter (µg/mL). This information helps the provider with decisions about drug dose adjustments.

Effective date of this code: Oct. 1, 2024.

**Clinical Responsibility**

This code represents Procise IFX™ from ProciseDx Inc. For this test, the lab analyst processes venous serum samples from patients undergoing infliximab therapy. An immunoassay is used to measure the concentration of infliximab, a medication used to treat inflammatory conditions such as irritable bowel disease (IBD). The results are reported as a numerical value in micrograms per milliliter (µg/mL), helping clinicians monitor and adjust infliximab therapy for optimal effectiveness.

**Coding Tips**

Use this code only for the appropriate proprietary test.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

**RVU (Facility):** Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

**RVU (Non-Facility):** Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

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

**Practitioner MUE:** 0

**Modifier Allowances**

33, 90, 91, 99, GA, GC, GU, GX, GY, GZ, Q0, QJ, SC

**NCCI Alerts (version 31.0)**

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

**ICD-10-CM Cross References**

K50.00, K50.011-K50.019, K50.10, K50.111-K50.119, K50.80, K50.811-K50.819, K50.90, K50.911-K50.919, K51.00, K51.011-K51.019, K51.50, K51.511-K51.519, K51.80, K51.811-K51.819, K51.90, K51.911-K51.919, K52.0, K52.1, K52.21, K52.29, K52.3, K52.82, K52.831-K52.839, K52.89, K52.9, K58.0-K58.9

# HCPCS Level II Codes

## Medical and Surgical Supplies

### A4436

Irrigation supply; sleeve, reusable, per month

#### Clinical Responsibility

This code represents a reusable irrigation sleeve. A patient with a stoma (an opening from inside the body to outside) uses the sleeve as part of waste removal. For instance, in the case of a colostomy that attaches part of the colon to the outside of the body, the patient may attach the irrigation sleeve and place the other end so it empties water and stool into the toilet as part of the process of irrigating the colostomy. The patient cleans the reusable irrigation sleeve after use. This code represents reusable sleeve supply for one month.

#### Coding Tips

See A4437 for disposable irrigation sleeves.

#### BETOS

**D1F:** Prosthetic/Orthotic devices

### A4437

Irrigation supply; sleeve, disposable, per month

#### Clinical Responsibility

This code represents disposable irrigation sleeves. A patient with a stoma (an opening from inside the body to outside) uses the sleeve as part of waste removal. For instance, in the case of a colostomy that attaches part of the colon to the outside of the body, the patient may attach the irrigation sleeve and place the other end so it empties water and stool into the toilet as part of the process of irrigating the colostomy. The patient disposes of the irrigation sleeve after use. This code represents disposable sleeve supply for one month.

#### Coding Tips

See A4436 for reusable irrigation sleeves.

#### BETOS

**D1F:** Prosthetic/Orthotic devices

### A4453

Rectal catheter for use with the manual pump-operated enema system, replacement only

#### Clinical Responsibility

Report this code for the supply of a replacement rectal catheter (tube) used with an enema system. The system uses a manual pump to deliver water into the colon, or large intestine, and includes a balloon, catheter, and other accessories for enema.

An enema system evacuates stool from the bowel by pumping water or other liquid into the colon. The system's manual pump propels water into the colon from a container to break up the stool and stimulate peristalsis, which is an involuntary contraction and relaxation of the gastrointestinal tract muscles. Then, after removal of the enema system, the patient is allowed to evacuate.

#### BETOS

**Z2:** Undefined codes



# ICD-10-CM Cross Reference Details

<b>A00.0</b>	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	<b>A17.0</b>	Tuberculous meningitis
<b>A00.1</b>	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor	<b>A17.1</b>	Meningeal tuberculoma
<b>A00.9</b>	Cholera, unspecified	<b>A17.81</b>	Tuberculoma of brain and spinal cord
<b>A01.09</b>	Typhoid fever with other complications	<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>A03.0</b>	Shigellosis due to <i>Shigella dysenteriae</i>	<b>A17.9</b>	Tuberculosis of nervous system, unspecified
<b>A03.1</b>	Shigellosis due to <i>Shigella flexneri</i>	<b>A18.01</b>	Tuberculosis of spine
<b>A03.2</b>	Shigellosis due to <i>Shigella boydii</i>	<b>A18.02</b>	Tuberculous arthritis of other joints
<b>A03.3</b>	Shigellosis due to <i>Shigella sonnei</i>	<b>A18.03</b>	Tuberculosis of other bones
<b>A03.8</b>	Other shigellosis	<b>A18.09</b>	Other musculoskeletal tuberculosis
<b>A03.9</b>	Shigellosis, unspecified	<b>A18.10</b>	Tuberculosis of genitourinary system, unspecified
<b>A04.0</b>	Enteropathogenic <i>Escherichia coli</i> infection	<b>A18.11</b>	Tuberculosis of kidney and ureter
<b>A04.1</b>	Enterotoxigenic <i>Escherichia coli</i> infection	<b>A18.12</b>	Tuberculosis of bladder
<b>A04.2</b>	Enteroinvasive <i>Escherichia coli</i> infection	<b>A18.13</b>	Tuberculosis of other urinary organs
<b>A04.3</b>	Enterohemorrhagic <i>Escherichia coli</i> infection	<b>A18.14</b>	Tuberculosis of prostate
<b>A04.4</b>	Other intestinal <i>Escherichia coli</i> infections	<b>A18.15</b>	Tuberculosis of other male genital organs
<b>A04.5</b>	Campylobacter enteritis	<b>A18.16</b>	Tuberculosis of cervix
<b>A04.6</b>	Enteritis due to <i>Yersinia enterocolitica</i>	<b>A18.17</b>	Tuberculous female pelvic inflammatory disease
<b>A04.71</b>	Enterocolitis due to <i>Clostridium difficile</i> , recurrent	<b>A18.18</b>	Tuberculosis of other female genital organs
<b>A04.72</b>	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent	<b>A18.2</b>	Tuberculous peripheral lymphadenopathy
<b>A04.8</b>	Other specified bacterial intestinal infections	<b>A18.31</b>	Tuberculous peritonitis
<b>A04.9</b>	Bacterial intestinal infection, unspecified	<b>A18.32</b>	Tuberculous enteritis
<b>A05.0</b>	Foodborne staphylococcal intoxication	<b>A18.39</b>	Retropitoneal tuberculosis
<b>A05.1</b>	Botulism food poisoning	<b>A18.4</b>	Tuberculosis of skin and subcutaneous tissue
<b>A05.2</b>	Foodborne <i>Clostridium perfringens</i> [ <i>Clostridium welchii</i> ] intoxication	<b>A18.50</b>	Tuberculosis of eye, unspecified
<b>A05.3</b>	Foodborne <i>Vibrio parahaemolyticus</i> intoxication	<b>A18.51</b>	Tuberculous episcleritis
<b>A05.4</b>	Foodborne <i>Bacillus cereus</i> intoxication	<b>A18.52</b>	Tuberculous keratitis
<b>A05.5</b>	Foodborne <i>Vibrio vulnificus</i> intoxication	<b>A18.53</b>	Tuberculous chorioretinitis
<b>A05.8</b>	Other specified bacterial foodborne intoxications	<b>A18.54</b>	Tuberculous iridocyclitis
<b>A05.9</b>	Bacterial foodborne intoxication, unspecified	<b>A18.59</b>	Other tuberculosis of eye
<b>A06.0</b>	Acute amebic dysentery	<b>A18.6</b>	Tuberculosis of (inner) (middle) ear
<b>A06.1</b>	Chronic intestinal amebiasis	<b>A18.7</b>	Tuberculosis of adrenal glands
<b>A06.2</b>	Amebic nondysenteric colitis	<b>A18.81</b>	Tuberculosis of thyroid gland
<b>A06.3</b>	Ameboma of intestine	<b>A18.82</b>	Tuberculosis of other endocrine glands
<b>A06.4</b>	Amebic liver abscess	<b>A18.83</b>	Tuberculosis of digestive tract organs, not elsewhere classified
<b>A06.5</b>	Amebic lung abscess	<b>A18.84</b>	Tuberculosis of heart
<b>A06.7</b>	Cutaneous amebiasis	<b>A18.85</b>	Tuberculosis of spleen
<b>A06.81</b>	Amebic cystitis	<b>A18.89</b>	Tuberculosis of other sites
<b>A06.82</b>	Other amebic genitourinary infections	<b>A19.0</b>	Acute miliary tuberculosis of a single specified site
<b>A06.89</b>	Other amebic infections	<b>A19.1</b>	Acute miliary tuberculosis of multiple sites
<b>A06.9</b>	Amebiasis, unspecified	<b>A19.2</b>	Acute miliary tuberculosis, unspecified
<b>A07.0</b>	Balantidiasis	<b>A19.8</b>	Other miliary tuberculosis
<b>A07.1</b>	Giardiasis [lamblia]s]	<b>A20.1</b>	Cellulocutaneous plague
<b>A07.2</b>	Cryptosporidiosis	<b>A20.2</b>	Pneumonic plague
<b>A07.3</b>	Isosporiasis	<b>A20.3</b>	Plague meningitis
<b>A07.4</b>	Cyclosporiasis	<b>A20.7</b>	Septicemic plague
<b>A07.8</b>	Other specified protozoal intestinal diseases	<b>A20.8</b>	Other forms of plague
<b>A07.9</b>	Protozoal intestinal disease, unspecified	<b>A21.1</b>	Oculoglandular tularemia
<b>A08.0</b>	Rotaviral enteritis	<b>A21.2</b>	Pulmonary tularemia
<b>A08.11</b>	Acute gastroenteropathy due to Norwalk agent	<b>A21.3</b>	Gastrointestinal tularemia
<b>A08.19</b>	Acute gastroenteropathy due to other small round viruses	<b>A21.7</b>	Generalized tularemia
<b>A08.2</b>	Adenoviral enteritis	<b>A21.8</b>	Other forms of tularemia
<b>A08.31</b>	Calicivirus enteritis	<b>A22.0</b>	Cutaneous anthrax
<b>A08.32</b>	Astrovirus enteritis	<b>A22.1</b>	Pulmonary anthrax
<b>A08.39</b>	Other viral enteritis	<b>A22.2</b>	Gastrointestinal anthrax
<b>A08.4</b>	Viral intestinal infection, unspecified	<b>A22.7</b>	Anthrax sepsis
<b>A08.8</b>	Other specified intestinal infections	<b>A22.8</b>	Other forms of anthrax
<b>A09</b>	Infectious gastroenteritis and colitis, unspecified	<b>A23.8</b>	Other brucellosis
<b>A15.0</b>	Tuberculosis of lung	<b>A24.0</b>	Glanders
<b>A15.4</b>	Tuberculosis of intrathoracic lymph nodes	<b>A24.2</b>	Subacute and chronic melioidosis
<b>A15.5</b>	Tuberculosis of larynx, trachea and bronchus	<b>A24.3</b>	Other melioidosis
<b>A15.6</b>	Tuberculous pleurisy	<b>A24.9</b>	Melioidosis, unspecified
<b>A15.7</b>	Primary respiratory tuberculosis	<b>A25.1</b>	Streptobacillosis
<b>A15.8</b>	Other respiratory tuberculosis	<b>A26.7</b>	Erysipelothrix sepsis
<b>A15.9</b>	Respiratory tuberculosis unspecified	<b>A26.8</b>	Other forms of erysipeloid
		<b>A26.9</b>	Erysipeloid, unspecified
		<b>A28.0</b>	Pasteurellosis

<b>A28.2</b>	Extraintestinal yersiniosis	<b>A54.1</b>	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
<b>A28.8</b>	Other specified zoonotic bacterial diseases, not elsewhere classified	<b>A54.21</b>	Gonococcal infection of kidney and ureter
<b>A28.9</b>	Zoonotic bacterial disease, unspecified	<b>A54.22</b>	Gonococcal prostatitis
<b>A30.0</b>	Indeterminate leprosy	<b>A54.23</b>	Gonococcal infection of other male genital organs
<b>A30.1</b>	Tuberculoid leprosy	<b>A54.24</b>	Gonococcal female pelvic inflammatory disease
<b>A30.2</b>	Borderline tuberculoid leprosy	<b>A54.29</b>	Other gonococcal genitourinary infections
<b>A30.3</b>	Borderline leprosy	<b>A54.30</b>	Gonococcal infection of eye, unspecified
<b>A30.4</b>	Borderline lepromatous leprosy	<b>A54.31</b>	Gonococcal conjunctivitis
<b>A30.5</b>	Lepromatous leprosy	<b>A54.32</b>	Gonococcal iridocyclitis
<b>A30.8</b>	Other forms of leprosy	<b>A54.33</b>	Gonococcal keratitis
<b>A30.9</b>	Leprosy, unspecified	<b>A54.39</b>	Other gonococcal eye infection
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>A54.40</b>	Gonococcal infection of musculoskeletal system, unspecified
<b>A31.9</b>	Mycobacterial infection, unspecified	<b>A54.41</b>	Gonococcal spondylopathy
<b>A32.11</b>	Listerial meningitis	<b>A54.42</b>	Gonococcal arthritis
<b>A32.12</b>	Listerial meningoencephalitis	<b>A54.43</b>	Gonococcal osteomyelitis
<b>A32.7</b>	Listerial sepsis	<b>A54.49</b>	Gonococcal infection of other musculoskeletal tissue
<b>A32.81</b>	Oculoglandular listeriosis	<b>A54.5</b>	Gonococcal pharyngitis
<b>A32.82</b>	Listerial endocarditis	<b>A54.6</b>	Gonococcal infection of anus and rectum
<b>A32.89</b>	Other forms of listeriosis	<b>A54.81</b>	Gonococcal meningitis
<b>A32.9</b>	Listeriosis, unspecified	<b>A54.83</b>	Gonococcal heart infection
<b>A35</b>	Other tetanus	<b>A54.84</b>	Gonococcal pneumonia
<b>A36.0</b>	Pharyngeal diphtheria	<b>A54.85</b>	Gonococcal peritonitis
<b>A36.1</b>	Nasopharyngeal diphtheria	<b>A54.86</b>	Gonococcal sepsis
<b>A36.2</b>	Laryngeal diphtheria	<b>A54.89</b>	Other gonococcal infections
<b>A36.3</b>	Cutaneous diphtheria	<b>A54.9</b>	Gonococcal infection, unspecified
<b>A36.81</b>	Diphtheritic cardiomyopathy	<b>A56.01</b>	Chlamydial cystitis and urethritis
<b>A36.82</b>	Diphtheritic radiculomyelitis	<b>A56.11</b>	Chlamydial female pelvic inflammatory disease
<b>A36.83</b>	Diphtheritic polyneuritis	<b>A56.4</b>	Chlamydial infection of pharynx
<b>A36.84</b>	Diphtheritic tubulo-interstitial nephropathy	<b>A57</b>	Chancroid
<b>A36.85</b>	Diphtheritic cystitis	<b>A58</b>	Granuloma inguinale
<b>A36.86</b>	Diphtheritic conjunctivitis	<b>A59.03</b>	Trichomonal cystitis and urethritis
<b>A36.89</b>	Other diphtheritic complications	<b>A60.00</b>	Herpesviral infection of urogenital system, unspecified
<b>A38.8</b>	Scarlet fever with other complications	<b>A60.9</b>	Anogenital herpesviral infection, unspecified
<b>A39.0</b>	Meningococcal meningitis	<b>A63.0</b>	Anogenital (venereal) warts
<b>A39.2</b>	Acute meningococcemia	<b>A79.82</b>	Anaplasmosis [ <i>A. phagocytophilum</i> ]
<b>A39.3</b>	Chronic meningococcemia	<b>A81.83</b>	Fatal familial insomnia
<b>A39.4</b>	Meningococcemia, unspecified	<b>A90</b>	Dengue fever [classical dengue]
<b>A39.50</b>	Meningococcal carditis, unspecified	<b>A91</b>	Dengue hemorrhagic fever
<b>A39.51</b>	Meningococcal endocarditis	<b>A92.39</b>	West Nile virus infection with other complications
<b>A39.52</b>	Meningococcal myocarditis	<b>A92.5</b>	Zika virus disease
<b>A39.53</b>	Meningococcal pericarditis	<b>B00.81</b>	Herpesviral hepatitis
<b>A39.81</b>	Meningococcal encephalitis	<b>B01.89</b>	Other varicella complications
<b>A39.82</b>	Meningococcal retrobulbar neuritis	<b>B01.9</b>	Varicella without complication
<b>A39.83</b>	Meningococcal arthritis	<b>B02.8</b>	Zoster with other complications
<b>A39.84</b>	Postmeningococcal arthritis	<b>B02.9</b>	Zoster without complications
<b>A39.89</b>	Other meningococcal infections	<b>B05.4</b>	Measles with intestinal complications
<b>A41.50</b>	Gram-negative sepsis, unspecified	<b>B05.89</b>	Other measles complications
<b>A41.52</b>	Sepsis due to <i>Pseudomonas</i>	<b>B05.9</b>	Measles without complication
<b>A41.54</b>	Sepsis due to <i>Acinetobacter baumannii</i>	<b>B06.00</b>	Rubella with neurological complication, unspecified
<b>A41.9</b>	Sepsis, unspecified organism	<b>B06.09</b>	Other neurological complications of rubella
<b>A43.0</b>	Pulmonary nocardiosis	<b>B06.89</b>	Other rubella complications
<b>A43.8</b>	Other forms of nocardiosis	<b>B06.9</b>	Rubella without complication
<b>A46</b>	Erysipelas	<b>B07.9</b>	Viral wart, unspecified
<b>A48.0</b>	Gas gangrene	<b>B08.1</b>	Molluscum contagiosum
<b>A48.2</b>	Nonpneumonic Legionnaires' disease [Pontiac fever]	<b>B15.0</b>	Hepatitis A with hepatic coma
<b>A48.8</b>	Other specified bacterial diseases	<b>B15.9</b>	Hepatitis A without hepatic coma
<b>A49.01</b>	Methicillin susceptible <i>Staphylococcus aureus</i> infection, unspecified site	<b>B16.0</b>	Acute hepatitis B with delta-agent with hepatic coma
<b>A49.02</b>	Methicillin resistant <i>Staphylococcus aureus</i> infection, unspecified site	<b>B16.1</b>	Acute hepatitis B with delta-agent without hepatic coma
<b>A49.2</b>	<i>Hemophilus influenzae</i> infection, unspecified site	<b>B16.2</b>	Acute hepatitis B without delta-agent with hepatic coma
<b>A49.3</b>	<i>Mycoplasma</i> infection, unspecified site	<b>B16.9</b>	Acute hepatitis B without delta-agent and without hepatic coma
<b>A49.8</b>	Other bacterial infections of unspecified site	<b>B17.0</b>	Acute delta-(super) infection of hepatitis B carrier
<b>A49.9</b>	Bacterial infection, unspecified	<b>B17.10</b>	Acute hepatitis C without hepatic coma
<b>A51.45</b>	Secondary syphilitic hepatitis	<b>B17.11</b>	Acute hepatitis C with hepatic coma
<b>A52.74</b>	Syphilis of liver and other viscera	<b>B17.2</b>	Acute hepatitis E
<b>A54.00</b>	Gonococcal infection of lower genitourinary tract, unspecified	<b>B17.8</b>	Other specified acute viral hepatitis
<b>A54.01</b>	Gonococcal cystitis and urethritis, unspecified	<b>B17.9</b>	Acute viral hepatitis, unspecified
<b>A54.02</b>	Gonococcal vulvovaginitis, unspecified	<b>B18.0</b>	Chronic viral hepatitis B with delta-agent
<b>A54.03</b>	Gonococcal cervicitis, unspecified	<b>B18.1</b>	Chronic viral hepatitis B without delta-agent
<b>A54.09</b>	Other gonococcal infection of lower genitourinary tract	<b>B18.2</b>	Chronic viral hepatitis C
		<b>B18.8</b>	Other chronic viral hepatitis

# 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

Terms	Definition
<b>Abbe Estlander operation</b>	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
<b>Abdominal approach</b>	The provider makes an incision in the abdomen to perform various operations in the abdomen.
<b>Abdominal paracentesis</b>	Surgical puncture of the abdominal cavity for the removal of fluid for diagnosis or treatment.
<b>Abdominal wall</b>	Boundaries of the abdominal cavity.
<b>Abdominoperineal pull through procedure</b>	A surgical procedure that involves two approaches, one through the abdomen and a second through the perineum.
<b>Ablation</b>	Removal of a body part or organ, or destruction of its function; in laser ablation a provider uses heat produced by adjustable focused light energy to destroy lesions or abnormal tissue, while in a radiofrequency ablation the provider uses heat produced by focused electromagnetic waves to destroy lesions or abnormal tissue.
<b>Abscess</b>	Sac or pocket formed due to the accumulation of purulent material, pus in the soft tissues.
<b>Absorption</b>	Taking in of substances by tissues.
<b>Acid</b>	Sour chemical substance that has can neutralize alkalis, dissolve certain metals and have a pH less than seven.
<b>Acid analysis, or gastric acid secretion test</b>	A laboratory test to determine the presence and amount of gastrin, a hormone that regulates acid production in the stomach, and the pH, the acidity or alkalinity, in stomach fluid; acidity is normal, but too much acidity causes ulcers.
<b>Acid-base balance</b>	The condition of the balance between the acid ions and the base or alkaline ions, a delicate mechanism, which controls the pH or acidity-alkalinity in the body.
<b>Acidosis</b>	Increased acidity in the blood due to increased hydrogen ions, causing a decrease in pH below 7.35; this affects all body functions especially metabolism and respiration.
<b>Acute</b>	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
<b>Acute necrotizing pancreatitis</b>	Life threatening and painful condition that is short term, rather than chronic, and often associated with severe inflammation and necrosis, or tissue death, of the pancreas.
<b>Acute pancreatitis</b>	Life threatening and painful condition that is short term, rather than chronic, and associated with severe inflammation of the pancreas.
<b>Addison's disease</b>	A disease caused by insufficient production of cortisol or aldosterone by the adrenal glands.
<b>Adenoma</b>	Benign tumor of a glandular structure.
<b>Adhesiolysis</b>	Separation of adhesions.
<b>Adhesions</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>Adhesive material</b>	Cotton or a fabric coated with a covering that is used to cover minor skin injuries.
<b>Adjustable gastric restrictive device</b>	A band placed around the stomach to restrict the size of the stomach; it encloses a balloon which can be adjusted by adding or removing saline via a reservoir and port attached just below the skin of the abdomen, effectively reducing or enlarging the outlet to regulate the amount of food that can pass through.
<b>Advance directive</b>	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
<b>Afferent loop culture</b>	A sample of secretions from the proximal loop of the duodenum and jejunum for bacterial analysis.
<b>Albumin</b>	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
<b>Albumin dialysis</b>	A process to remove albumin-bound toxins (waste products harmful to the body) from patients in liver failure or impending liver failure; albumin is the most abundant protein in blood plasma and helps maintain the water concentration of blood.
<b>Algorithm</b>	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
<b>Alkali</b>	Chemical substance that neutralizes with acid, serves weak bases and has a pH more than seven.
<b>Alkalosis</b>	Decreased acidity in the blood due to decrease in hydrogen ions, causing an alkaline state of a pH greater than 7.45; this affects all body functions especially metabolism and respiration.



Terms	Definition
<b>Alligator forceps</b>	Strong toothed pincers or tongs used for grasping.
<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 transfer between genetically different individuals of the same species.
<b>Alveolar bone</b>	A thick bone that makes up the bony process of the upper jaw, called the maxilla, and the lower jaw, called the mandible; includes sockets for the teeth; the bone has small blood vessels and a nerve supply, and it provides support to the teeth.
<b>Alveolar process</b>	A bony ridge that forms the borders of the upper and lower jaw and contains the sockets for the teeth.
<b>Alveolar ridge</b>	A ridge like border on the upper and lower jaw containing tooth sockets.
<b>Alveolectomy</b>	Surgical procedure in which the provider excises the alveolar process along with reshaping the surface.
<b>Alveolus</b>	Also known as the alveolar process, dental alveolus, or alveolar bone, this is the bony ridge with tooth sockets in both the jaws.
<b>Amenable</b>	Manageable or responsive to treatment.
<b>Amoeba</b>	A tiny single cell organism which lives in fresh water.
<b>Amplification</b>	Making more copies of a desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
<b>Ampulla of Vater</b>	Also known as the hepatopancreatic ampulla, formed by the union of the pancreatic duct and the common bile duct.
<b>Anal canal</b>	The terminal portion of the digestive tube from the rectum to the anus.
<b>Anal fissure</b>	A break or tear in the skin of the anal canal.
<b>Anal fistula</b>	An anal fistula is an abnormal connection between the epithelialised surface of the anal canal and usually the perianal skin.
<b>Anal incontinence</b>	Lack of control over the muscles involved in defecation, leading to involuntary loss of bowel contents; also known as fecal or rectal incontinence.
<b>Anal papilla</b>	Well defined projections of epithelium at the junction of skin and mucous of anus.
<b>Anal sphincter</b>	The anal sphincter consists of the internal anal sphincter and the external anal sphincter; the internal anal sphincter is formed from smooth muscle of the anal canal; the external anal sphincter, which is larger and of importance in fecal continence, is made up of striated muscle.
<b>Anal tag</b>	Lump or shapeless protrusions of skin, near the anal opening.
<b>Anastomosis</b>	Surgical connection between two, usually tubular, structures or the rejoining of a tubular structure, such as a vessel or the intestines, after removal of a diseased portion.
<b>Aneurysm</b>	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
<b>Aneurysm needle</b>	A needle with a handle, which the provider commonly uses to tie blood vessels.
<b>Ankyloglossia</b>	Also called tongue tie, is a minor defect present from birth in which the frenum is too short and it limits the movement of the tongue.
<b>Anomaly</b>	Not normal structurally or functionally, out of place; typically describes a congenital deformity, one present at birth.
<b>Anoperineal fistula</b>	A fistula relating to the anus and surrounding perineum.
<b>Anoplasty</b>	Surgical procedure to reconstruct the anus.
<b>Anorectal</b>	Pertaining to the anus, or the distal opening of the intestine, and the rectum.
<b>Anorectal manometry</b>	Use of a pressure recording device to measure the contraction strength of the anus and rectum.
<b>Anorectal myomectomy</b>	The removal of a myoma, or tumor of the muscle, from the anal or rectal region.
<b>Anorectal ring</b>	A muscular structure between the anus and the rectum.
<b>Anorectovaginoplasty</b>	A surgical technique to repair female anorectal and a vaginal defect or malformation.
<b>Anoscope</b>	A medical instrument which the provider passes through the anal cavity for examination purposes.
<b>Anoscopy</b>	A procedure in which the provider passes a medical instrument called an anoscope through the anal cavity to examine the inner wall of the anus and the rectum.
<b>Anterior</b>	Closer to the front part of the body.
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Antibiotic solution</b>	A solution of water or saline that contains an antibiotic, a substance that inhibits infection.



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Print ISBN: 979-8-892581-110