



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

CODERS' SPECIALTY GUIDE

Physical, Occupational, & Speech Therapy



2026

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Musculoskeletal System

29049

Application, cast; figure-of-eight

Clinical Responsibility

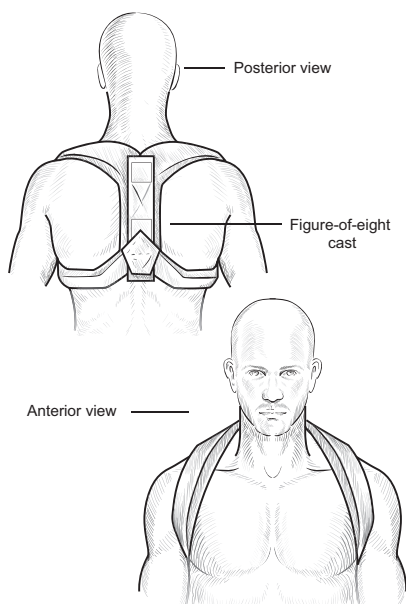
The provider positions the extremity for optimal healing. She conducts a complete neurovascular exam of the area. She applies stockinette, a loose knit fabric, over the arm and then adds cotton or synthetic padding to protect the skin from irritation. She applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding to build up the cast in a figure of eight pattern. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29049 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Illustration



29049

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$69.22, Non Facility Fee: \$101.24

RVU (Facility): Work RVU 0.89, Practice Exp. RVU 1.07, Malpractice RVU 0.18, Total RVU 2.14

RVU (Non-Facility): Work RVU 0.89, Practice Exp. RVU 2.06, Malpractice RVU 0.18, Total RVU 3.13

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, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GO, GP, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 22505⁰, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99281¹, 99282¹, 99283¹, 99284¹, 99285¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10-CM Cross References

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

29055

Application, cast; shoulder spica

Clinical Responsibility

The provider positions the upper body and the affected arm and shoulder for optimal healing. She performs a complete neurovascular exam of the affected region before applying the cast.

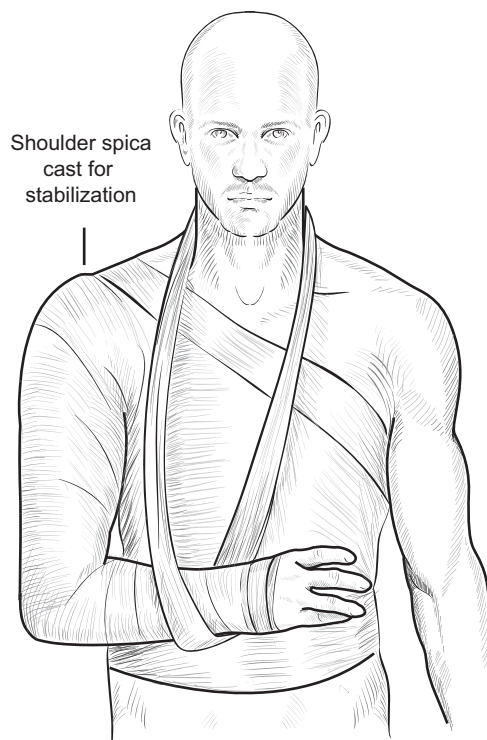
She covers the trunk to the hips and includes one shoulder, wrist, and hand with stockinette, a loose knit fabric. She applies cotton or synthetic padding to protect the skin from irritation. She inserts a diagonal shoulder support between the hip and arm and then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding, wrapping the material in a V pattern. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29055 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management, E/M, if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

Illustration

29055

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$136.83, Non Facility Fee: \$229.66

RVU (Facility): Work RVU 1.78, Practice Exp. RVU 2.07, Malpractice RVU 0.38, Total RVU 4.23

RVU (Non-Facility): Work RVU 1.78, Practice Exp. RVU 4.94, Malpractice RVU 0.38, Total RVU 7.10

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, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰,

Radiology

70371

Complex dynamic pharyngeal and speech evaluation by cine or video recording

Clinical Responsibility

This procedure is a radiologic study using cineradiography or video recording for pharyngeal and speech evaluation. Typically, a speech pathologist is present, and the patient repeats sounds to allow for evaluation of the mouth and tongue during speech. Fluoroscopy is used to record how the tongue, palate, and other soft tissues in the mouth function. As the words and sounds are repeated, the speech pathologist and physician are able to see where problems may lie.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$108.36, Non Facility Fee: \$108.36

RVU (Facility): Work RVU 0.84, Practice Exp. RVU 2.47, Malpractice RVU 0.04, Total RVU 3.35

RVU (Non-Facility): Work RVU 0.84, Practice Exp. RVU 2.47, Malpractice RVU 0.04, Total RVU 3.35

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 96, 97, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 70370⁰, 74210⁰, 74230⁰, 76000¹, 77001¹, 77002¹, 96523⁰, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰

ICD-10-CM Cross References

A31.0, B91, C00.0-C00.9, C01, C02.0-C02.9, C03.0-C03.9, C04.0-C04.9, C05.0-C05.9, C06.0-C06.2, C06.80, C06.89, C06.9, C07, C08.0-C08.9, C09.0-C09.9, C10.0-C10.9, C11.0-C11.9, C12, C13.0-C13.9, C14.0-C14.8, C15.3-C15.9, C30.0, C30.1, C31.0-C31.3, C31.8, C32.0-C32.9, C76.0, C77.0, C78.7, C78.80, C78.89, D10.1, D10.2, D10.30, D10.39, D10.4, D10.5, D10.6, D10.7, D10.9, D11.0-D11.9, D13.0, D38.0, D49.1, F44.4, F44.6, G10, G12.21-G12.25, G12.29, G12.8, G14, G21.0, G21.11, G21.19, G21.8, G23.0-G23.2, G23.8, G24.09, G24.1-G24.5, G24.8, G24.9, G25.3-G25.5, G25.70-G25.79, G25.82, G25.83, G25.89, G25.9, G35, G36.0, G37.0-G37.3, G37.5, G37.9, G70.00, G70.01, G80.3, G80.8, G81.00-G81.04, G81.10-G81.14, G81.90-G81.94, G82.50-G82.54, I63.30, I63.40, I63.50, I66.09, I66.19, I66.29, I66.9, I67.89, I69.020-I69.022, I69.091, I69.120-I69.122, I69.191, I69.220-I69.222, I69.291, I69.320-I69.322, I69.391, I69.820-I69.822, I69.891, I69.920-I69.922, I69.951-I69.959, I69.991, J05.0, J38.00-J38.02, J38.4, J47.0-J47.9, J69.0, K20.0, K21.9, K22.0-K22.5, K22.81, K22.82, K94.30-K94.39, M33.20, M33.90, M34.0, M34.1, M34.9, R13.0, R13.10-R13.19, R19.8, R47.02, R47.1, R47.81, R47.89, R47.9, R49.8,

R63.30-R63.39, R68.89, S09.90XS, S16.9XXS, S29.9XXS, T17.200D, T17.200S, T17.208D, T17.208S, T17.210D, T17.210S, T17.220D, T17.220S, T17.228D, T17.228S, T17.290D, T17.290S, T17.300A, T17.308A, T17.310A, T17.318A, T17.320A, T17.328A, T17.390A, T17.398A, T17.400A, T17.408A, T17.410A, T17.418A, T17.420A, T17.428A, T17.490A, T17.498A, T17.500A, T17.508A, T17.510A, T17.518A, T17.520A, T17.528A, T17.590A, T17.598A, T17.800A, T17.808A, T17.810A, T17.818A, T17.820A, T17.828A, T17.890A, T17.898A, T17.900A, T17.908A, T17.910A, T17.918A, T17.920A, T17.928A, T17.990A, T17.998A, Z08, Z09, Z85.21, Z85.22, Z85.818, Z85.819

Medicine

90901

Biofeedback training by any modality

Clinical Responsibility

The provider uses equipment that measures and responds to very slight changes in the body, such as changes in their temperature, heart rate, blood pressure, and muscle tension, and provides feedback to the patient via lights, sounds, and meters. By using this equipment, and other therapeutic methods, the provider guides the patient through practices to alter their bodily functions and learn to control their reactions to help treat their disorders. Conditions treated by this self-therapeutic technique include asthma, addiction, high blood pressure, chronic pain, depression, headache, incontinence, and many others.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$18.44, Non Facility Fee: \$39.46

RVU (Facility): Work RVU 0.41, Practice Exp. RVU 0.14, Malpractice RVU 0.02, Total RVU 0.57

RVU (Non-Facility): Work RVU 0.41, Practice Exp. RVU 0.79, Malpractice RVU 0.02, Total RVU 1.22

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, 52, 53, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GN, GO, GP, GR, HA, HB, HC, HE, HF, HG, HH, HI, HJ, HK, HM, HN, HO, HP, HT, HV, HW, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0708T¹, 0709T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 51784¹, 51785¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 90832¹, 90833¹, 90834¹, 90836¹, 90837¹, 90838¹, 90839¹, 90845¹, 90846¹, 90847¹, 90849¹, 90853¹, 90865¹, 90880¹, 91122¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰,

99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0410¹, G0411¹, G0463¹, G0471¹

ICD-10-CM Cross References

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

92507

Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

Clinical Responsibility

The provider performs articulation therapy to teach sounds and words to the patient, so that the patient may distinguish between sounds, react to different sounds in different ways, and integrate various sounds in words and phrases. The provider also executes such treatment as oral strength and control exercises, language therapy, both receptive and expressive; and he communicates with the patient through action and lip movements. He records the response of the patient and guides him to perform his daily activities properly.

Coding Tips

Do not report the diagnostic or treatment procedures like otoscopy, anterior rhinoscopy, removal of nonimpacted cerumen, or tuning fork test, separately if the provider reports them as evaluation and management services. However, 92507 is a special diagnostic test that is not included in an evaluation and management service.

If the provider offers the service in a group, use code 92508, Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals.

Speech-language pathology services are necessary for the diagnosis and treatment of speech-language disorders that result in communication disabilities. 92507 is not a time-based code. Therefore, it is incorrect to bill multiple units on the same day, regardless of the time spent with the patient.

Local Medicare carriers specify varying guidelines, but many require that ongoing speech therapy services be provided by a speech-language pathologist (SLP).

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$75.04, Non Facility Fee: \$75.04

RVU (Facility): Work RVU 1.30, Practice Exp. RVU 0.99, Malpractice RVU 0.03, Total RVU 2.32

Proprietary Laboratory Analyses

0322U

Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD

Clinical Responsibility

The lab analyst uses liquid chromatography and mass spectrometry (LC-MS/MS) to evaluate a plasma specimen for 14 acyl carnitines (a kind of organic compound) and products of metabolism related to microbes in the body (microbiome). LC-MS/MS is an automated laboratory platform that separates, identifies, and quantifies the level of specific chemical compounds in a specimen.

This procedure is a multianalyte assay with algorithmic analysis (MAAA) test, which means that it includes both the analytical services to produce test results, and algorithmic analysis of those results (and possibly other patient data) to report a risk or prognostic score. NPDX ASD Test Panel III reports a negative or positive risk of metabolic subtypes associated with autism spectrum disorder (ASD).

Coding Tips

Use this code only for the appropriate proprietary test; report one unit of this code for a single specimen analyzed on a single date of service.

Distinguish this code from 0063U, a distinct NPDX ASD panel that identifies 32 amines using LC-MS/MS and includes an algorithmic analysis for a metabolic signature associated with ASD.

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: 1

Modifier Allowances

33, 90, 91, 99, CR, GA, GY, GZ, LR, QJ, SC

NCCI Alerts (version 31.0)

0119U¹, 80503¹, 80504¹, 80505¹, 80506¹, 82016⁰, 82017⁰, 82127¹, 82128¹, 82131¹, 82136¹, 82139¹, 82140⁰, 82379⁰, 82542¹, 96523⁰

ICD-10-CM Cross References

E75.28, E88.810, F84.0, F84.9

HCPCS Level II Codes

Medical and Surgical Supplies

A4595

Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)

Clinical Responsibility

Report this code for a two lead electrical stimulator, which a provider uses to treat a patient's pain or to deliver physical therapy. The supply is typically for a TENS or NMES unit. The leads direct the current from the stimulator to the electrodes. Electrodes transmit and receive electrical impulses. TENS units use electrical impulses to control pain and NMES units stimulate nerves and muscles as a form of physical therapy. The therapy helps to strengthen the muscles and increase blood supply to the affected area, which helps the healing process and helps to control pain.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals, a combination of a radioactive compound with a pharmaceutical compound.

BETOS

D1E: Other DME

A6243

Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

Clinical Responsibility

Report this code for the use of a sterile, hydrogel wound cover dressing to cover an open wound and keep it moist and cool. This dressing can be sent with the patient for self application at home. The size of the dressing must be appropriate to the wound size. This code covers a pad size of more than 16 square inches but less than or equal to 48 square inches, without an adhesive border. Medicare covers hydrogel dressings as long as the provider documents them as medically necessary.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals.

For the same dressing of 16 square inches or less in size, report A6242, Hydrogel dressing, wound cover, sterile, pad size 16 sq inches or less, without adhesive border, each dressing.

For the same dressing of greater than 48 square inches in size, report A6244, Hydrogel dressing, wound cover, sterile, pad size larger than 48 sq inches, without adhesive border, each dressing.

For other sizes and types of gauze, hydrocolloid, and hydrogel dressings, see codes A6216 to A6248.

Use the appropriate HCPCS Level II modifier to report the number of wounds to which dressings are applied and not the total number of wounds present.

Append modifier AW, Item furnished in conjunction with a surgical dressing, as applicable.

Append modifier LT, Left side, or modifier RT, Right side, for extremity wounds.

For dressings sent home with the patient, the place of service as the patient's residence must be indicated, i.e., POS 12.

BETOS

D1A: Medical/surgical supplies

A6441

Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to 3 inches and less than 5 inches, per yard

Clinical Responsibility

Report this code for each yard of a nonelastic padding bandage, which does not contain latex, that the patient receives to help protect delicate and injured skin. The width of the bandage should be greater than or equal to three inches but less than five inches. The padding acts as a secondary bandage for conditions like lymphedema and ensures equal distribution of pressure in the entire area covered.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals. This series of codes signifies the supply of medical and surgical equipment to treat urinary incontinence, ostomies, respiratory problems, and for patients undergoing dialysis.

BETOS

D1A: Medical/surgical supplies

A6442

Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than 3 inches, per yard

Clinical Responsibility

Report this code for each yard of a nonsterile, nonelastic conforming bandage, which is knit or woven from cotton or synthetic material, that the patient receives to provide extra

Durable Medical Equipment

E0100

Cane, includes canes of all materials, adjustable or fixed, with tip

Clinical Responsibility

The provider supplies a patient with a cane to help enable him to walk. A cane provides support and balance to a patient with a foot disability or injury, while walking. The cane also bears the patient's weight while walking and thus relieves the lower extremity of body weight. Walking canes can be of different materials, come in various shapes, and may be adjustable or fixed. This code covers the supply of canes of all materials, including adjustable or fixed canes, with a tip, which is the rubber support present at the bottom of the cane for traction and stability, to help keep the patient balanced as the patient walks.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an E report durable medical equipment, or DME. DME may include such items as crutches, wheelchairs, commodes, canes, walkers, hospital beds, oxygen and other respiratory apparatus, patient safety equipment, and fracture and traction apparatus.

Medicare covers the supply of canes of all materials, adjustable or fixed, with tip as long as the provider documents them as medically necessary.

BETOS

D1E: Other DME

E0183

Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty

Clinical Responsibility

This code represents an underlay or pad that goes under a mattress. The underlay or pad is powered, and the system includes a pump. This code applies to heavy-duty systems, as well. The underlay or pad tilts to regularly reposition the patient at an angle. This movement reduces the risk of pressure damage, such as pressure ulcers, in patients who can't change their position without assistance.

BETOS

D1E: Other DME

E0210

Electric heat pad, standard

Clinical Responsibility

Report this code for the use of a standard electric heat pad that receives power from a wall socket. This flexible pad has a fabric covering to prevent skin burns. Some heat pads have a timer for automatic turn off. The pad is applied for a limited period of time to the skin at the area of an injury to increase circulation to the area, which encourages healing and reduces pain from damage to underlying tissues.

Coding Tips

Use E codes to represent durable medical equipment, or DME, like crutches, wheelchairs, hospital beds, pacemakers, or others, and their supplies to meet medical necessity. A supplier dispenses the equipment directly to the patient or may sell it to the provider who dispenses the equipment to the patient.

The provider must document the direct encounter and the condition that necessitates the order of the durable DME. Medicare covers the supply of DME if there is coverage for the DME and the provider documents it is medically necessary.

For a moist heat pad, report E0215, Electric heat pad, moist.

BETOS

D1E: Other DME

E0720

Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation

Clinical Responsibility

The provider supplies a patient with a transcutaneous electrical nerve stimulation, or TENS, device with two leads for localized stimulation. A TENS device is an electrical machine equipped with leads. The provider uses this device to pass low amplitude current into the patient's body through these leads. The current blocks the pain pathways and helps to release endorphins, which are natural pain killers released by the body. This device commonly relieves both acute and chronic musculoskeletal pain, such as pain in the neck and back.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an E report durable medical equipment, or DME. DME may include such items as crutches, wheelchairs, commodes, canes, walkers, hospital beds, oxygen and other respiratory apparatus, patient safety equipment, and fracture and traction apparatus.

For a multiple nerve stimulation with four or more leads, see E0730, Transcutaneous electrical nerve stimulation or TENS device, four or more leads, for multiple nerve stimulation.

Medicare covers transcutaneous electrical nerve stimulation or TENS device with two leads for localized stimulation as the provider documents it as medically necessary.

BETOS**D1E:** Other DME**E0730**

Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation

Clinical Responsibility

The provider supplies a patient with a transcutaneous electrical nerve stimulation, or TENS, device with four or more leads for multiple nerve stimulation. A TENS device is an electrical machine equipped with leads. The provider uses this device to pass low amplitude current into the patient's body through these leads. The current blocks the pain pathways and helps to release endorphins, which are natural pain killers released by the body. This device commonly relieves both acute and chronic musculoskeletal pain, such as pain in the neck and back.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an E report durable medical equipment, or DME. DME may include such items as crutches, wheelchairs, commodes, canes, walkers, hospital beds, oxygen and other respiratory apparatus, patient safety equipment, and fracture and traction apparatus.

For localized stimulation with two leads, see E0720, Transcutaneous electrical nerve stimulation or TENS device, two lead, localized stimulation.

Medicare covers transcutaneous electrical nerve stimulation or TENS device with four or more leads for multiple nerve stimulation as the provider documents it as medically necessary.

BETOS**D1E:** Other DME**E0731**

Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

Clinical Responsibility

The provider supplies a patient with a form fitting conductive garment for delivery of a transcutaneous electrical nerve stimulation, or TENS, or neuromuscular electrical stimulation, or NMES treatment. The layers of fabric separate the conductive fibers from the patient's skin.

A TENS device is an electrical machine equipped with leads. The provider uses this device to pass low amplitude current into the patient's body through these leads. The current blocks the pain pathways and helps to release endorphins, which are natural pain killers released by the patient's body. This device commonly relieves both acute and chronic musculoskeletal pain, such as pain in the neck and back. A NMES device sends electrical impulses

through a group of muscles fibers of the patient to strengthen or activate them.

For either device, a form fitting conductive garment is equipped with leads or conductive fibers on one layer of the fabric. The next inner layer of fabric separates the conductive fibers from the patient's skin. The provider commonly uses the conductive garment in cases where the patient's skin is too sensitive for the electrode, or in cases the patient requires extensive therapy for a better result.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an E report durable medical equipment, or DME. DME may include such items as crutches, wheelchairs, commodes, canes, walkers, hospital beds, oxygen and other respiratory apparatus, patient safety equipment, and fracture and traction apparatus.

Medicare covers form fitting conductive garment for delivery of TENS or NMES with conductive fibers separated from the patient's skin by layers of fabric, as the provider documents it as medically necessary.

BETOS**D1E:** Other DME**E0744**

Neuromuscular stimulator for scoliosis

Clinical Responsibility

The provider supplies the patient with a neuromuscular stimulator for treatment of a condition known as scoliosis, an abnormal curvature of the spine that is oriented from side to side. The neuromuscular stimulator sends electronic waves through a selected group of muscles via electrodes. The provider places these electrodes on the skin surface site of the muscles he wants to activate. This causes the muscles to contract, which is a form of physical therapy or exercise to the muscles, and thus activates and strengthens them.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an E report durable medical equipment, or DME. DME may include such items as crutches, wheelchairs, commodes, canes, walkers, hospital beds, oxygen and other respiratory apparatus, patient safety equipment, and fracture and traction apparatus.

For an electric shock unit, see E0745, Neuromuscular stimulator, electronic shock unit.

Medicare covers neuromuscular stimulator for scoliosis as long as the provider documents it as medically necessary.

BETOS**D1E:** Other DME

ICD-10-CM Cross Reference Details

A01.01	Typhoid meningitis	C00.5	Malignant neoplasm of lip, unspecified, inner aspect
A02.21	Salmonella meningitis	C00.6	Malignant neoplasm of commissure of lip, unspecified
A17.0	Tuberculous meningitis	C00.8	Malignant neoplasm of overlapping sites of lip
A18.03	Tuberculosis of other bones	C00.9	Malignant neoplasm of lip, unspecified
A20.3	Plague meningitis	C01	Malignant neoplasm of base of tongue
A27.81	Aseptic meningitis in leptospirosis	C02.0	Malignant neoplasm of dorsal surface of tongue
A31.0	Pulmonary mycobacterial infection	C02.1	Malignant neoplasm of border of tongue
A32.11	Listerial meningitis	C02.2	Malignant neoplasm of ventral surface of tongue
A39.0	Meningococcal meningitis	C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
A42.81	Actinomycotic meningitis	C02.4	Malignant neoplasm of lingual tonsil
A50.41	Late congenital syphilitic meningitis	C02.8	Malignant neoplasm of overlapping sites of tongue
A50.43	Late congenital syphilitic polyneuropathy	C02.9	Malignant neoplasm of tongue, unspecified
A51.41	Secondary syphilitic meningitis	C03.0	Malignant neoplasm of upper gum
A52.13	Late syphilitic meningitis	C03.1	Malignant neoplasm of floor of mouth, unspecified
A52.15	Late syphilitic neuropathy	C03.9	Malignant neoplasm of gum, unspecified
A52.16	Charcot's arthropathy (tabetic)	C04.0	Malignant neoplasm of anterior floor of mouth
A54.81	Gonococcal meningitis	C04.1	Malignant neoplasm of lateral floor of mouth
A69.21	Meningitis due to Lyme disease	C04.8	Malignant neoplasm of overlapping sites of floor of mouth
A79.82	Anaplasmosis [A. phagocytophilum]	C04.9	Malignant neoplasm of palate, unspecified
A87.0	Enteroviral meningitis	C05.0	Malignant neoplasm of hard palate
A87.1	Adenoviral meningitis	C05.1	Malignant neoplasm of soft palate
A87.2	Lymphocytic choriomeningitis	C05.2	Malignant neoplasm of uvula
A87.8	Other viral meningitis	C05.8	Malignant neoplasm of overlapping sites of palate
A87.9	Viral meningitis, unspecified	C05.9	Malignant neoplasm of palate, unspecified
B00.3	Herpesviral meningitis	C06.0	Malignant neoplasm of cheek mucosa
B01.0	Varicella meningitis	C06.1	Malignant neoplasm of vestibule of mouth
B02.0	Zoster encephalitis	C06.2	Malignant neoplasm of retromolar area
B02.1	Zoster meningitis	C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
B02.21	Postherpetic geniculate ganglionitis	C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
B02.22	Postherpetic trigeminal neuralgia	C06.9	Malignant neoplasm of mouth, unspecified
B02.23	Postherpetic polyneuropathy	C07	Malignant neoplasm of parotid gland
B02.24	Postherpetic myelitis	C08.0	Malignant neoplasm of submandibular gland
B02.29	Other postherpetic nervous system involvement	C08.1	Malignant neoplasm of sublingual gland
B02.7	Disseminated zoster	C08.9	Malignant neoplasm of major salivary gland, unspecified
B02.8	Zoster with other complications	C09.0	Malignant neoplasm of tonsillar fossa
B02.9	Zoster without complications	C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
B05.1	Measles complicated by meningitis	C09.8	Malignant neoplasm of overlapping sites of tonsil
B06.02	Rubella meningitis	C09.9	Malignant neoplasm of tonsil, unspecified
B10.01	Human herpesvirus 6 encephalitis	C10.0	Malignant neoplasm of vallecula
B10.09	Other human herpesvirus encephalitis	C10.1	Malignant neoplasm of anterior surface of epiglottis
B20	Human immunodeficiency virus [HIV] disease	C10.2	Malignant neoplasm of lateral wall of oropharynx
B26.1	Mumps meningitis	C10.3	Malignant neoplasm of posterior wall of oropharynx
B26.84	Mumps polyneuropathy	C10.4	Malignant neoplasm of branchial cleft
B27.01	Gammaherpesviral mononucleosis with polyneuropathy	C10.8	Malignant neoplasm of overlapping sites of oropharynx
B27.02	Gammaherpesviral mononucleosis with meningitis	C10.9	Malignant neoplasm of oropharynx, unspecified
B27.11	Cytomegaloviral mononucleosis with polyneuropathy	C11.0	Malignant neoplasm of superior wall of nasopharynx
B27.12	Cytomegaloviral mononucleosis with meningitis	C11.1	Malignant neoplasm of posterior wall of nasopharynx
B27.81	Other infectious mononucleosis with polyneuropathy	C11.2	Malignant neoplasm of lateral wall of nasopharynx
B27.82	Other infectious mononucleosis with meningitis	C11.3	Malignant neoplasm of anterior wall of nasopharynx
B27.91	Infectious mononucleosis, unspecified with polyneuropathy	C11.8	Malignant neoplasm of overlapping sites of nasopharynx
B27.92	Infectious mononucleosis, unspecified with meningitis	C11.9	Malignant neoplasm of nasopharynx, unspecified
B34.2	Coronavirus infection, unspecified	C12	Malignant neoplasm of pyriform sinus
B37.5	Candidal meningitis	C13.0	Malignant neoplasm of postcricoid region
B38.4	Coccidioidomycosis meningitis	C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
B57.41	Meningitis in Chagas' disease	C13.2	Malignant neoplasm of posterior wall of hypopharynx
B91	Sequelae of poliomyelitis	C13.8	Malignant neoplasm of overlapping sites of hypopharynx
B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere	C13.9	Malignant neoplasm of hypopharynx, unspecified
B97.29	Other coronavirus as the cause of diseases classified elsewhere	C14.0	Malignant neoplasm of pharynx, unspecified
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	C14.2	Malignant neoplasm of Waldeyer's ring
B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere	C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C00.0	Malignant neoplasm of external upper lip	C15.3	Malignant neoplasm of upper third of esophagus
C00.1	Malignant neoplasm of external lower lip	C15.4	Malignant neoplasm of middle third of esophagus
C00.2	Malignant neoplasm of external lip, unspecified	C15.5	Malignant neoplasm of lower third of esophagus
C00.3	Malignant neoplasm of upper lip, inner aspect		
C00.4	Malignant neoplasm of lower lip, inner aspect		

C15.8	Malignant neoplasm of overlapping sites of esophagus	D33.2	Benign neoplasm of brain, unspecified
C15.9	Malignant neoplasm of esophagus, unspecified	D33.3	Benign neoplasm of cranial nerves
C30.0	Malignant neoplasm of nasal cavity	D33.4	Benign neoplasm of spinal cord
C30.1	Malignant neoplasm of middle ear	D33.7	Benign neoplasm of other specified parts of central nervous system
C31.0	Malignant neoplasm of maxillary sinus	D33.9	Benign neoplasm of central nervous system, unspecified
C31.1	Malignant neoplasm of ethmoidal sinus	D38.0	Neoplasm of uncertain behavior of larynx
C31.2	Malignant neoplasm of frontal sinus	D43.0	Neoplasm of uncertain behavior of brain, supratentorial
C31.3	Malignant neoplasm of sphenoid sinus	D43.1	Neoplasm of uncertain behavior of brain, infratentorial
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	D43.2	Neoplasm of uncertain behavior of brain, unspecified
C32.0	Malignant neoplasm of glottis	D43.3	Neoplasm of uncertain behavior of cranial nerves
C32.1	Malignant neoplasm of supraglottis	D43.4	Neoplasm of uncertain behavior of spinal cord
C32.2	Malignant neoplasm of subglottis	D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
C32.3	Malignant neoplasm of laryngeal cartilage	D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
C32.8	Malignant neoplasm of overlapping sites of larynx	D49.1	Neoplasm of unspecified behavior of respiratory system
C32.9	Malignant neoplasm of larynx, unspecified	D49.6	Neoplasm of unspecified behavior of brain
C70.0	Malignant neoplasm of cerebral meninges	D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
C70.1	Malignant neoplasm of spinal meninges	D61.03	Fanconi anemia
C70.9	Malignant neoplasm of meninges, unspecified	D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	D86.81	Sarcoid meningitis
C71.1	Malignant neoplasm of frontal lobe	E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
C71.2	Malignant neoplasm of temporal lobe	E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
C71.3	Malignant neoplasm of parietal lobe	E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
C71.4	Malignant neoplasm of occipital lobe	E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
C71.5	Malignant neoplasm of cerebral ventricle	E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
C71.6	Malignant neoplasm of cerebellum	E08.621	Diabetes mellitus due to underlying condition with foot ulcer
C71.7	Malignant neoplasm of brain stem	E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
C71.8	Malignant neoplasm of overlapping sites of brain	E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
C71.9	Malignant neoplasm of brain, unspecified	E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
C72.0	Malignant neoplasm of spinal cord	E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
C72.1	Malignant neoplasm of cauda equina	E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
C72.20	Malignant neoplasm of unspecified olfactory nerve	E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
C72.21	Malignant neoplasm of right olfactory nerve	E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
C72.22	Malignant neoplasm of left olfactory nerve	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
C72.30	Malignant neoplasm of unspecified optic nerve	E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
C72.31	Malignant neoplasm of right optic nerve	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
C72.32	Malignant neoplasm of left optic nerve	E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly) neuropathy
C72.40	Malignant neoplasm of unspecified acoustic nerve	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
C72.41	Malignant neoplasm of right acoustic nerve	E10.621	Type 1 diabetes mellitus with foot ulcer
C72.42	Malignant neoplasm of left acoustic nerve	E10.622	Type 1 diabetes mellitus with other skin ulcer
C72.50	Malignant neoplasm of unspecified cranial nerve	E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
C72.59	Malignant neoplasm of other cranial nerves	E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
C76.0	Malignant neoplasm of head, face and neck	E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
C78.80	Secondary malignant neoplasm of unspecified digestive organ	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
C78.89	Secondary malignant neoplasm of other digestive organs	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
C79.31	Secondary malignant neoplasm of brain	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
C79.32	Secondary malignant neoplasm of cerebral meninges	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	E11.36	Type 2 diabetes mellitus with diabetic cataract
C79.49	Secondary malignant neoplasm of other parts of nervous system	E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
D10.1	Benign neoplasm of tongue		
D10.2	Benign neoplasm of floor of mouth		
D10.30	Benign neoplasm of unspecified part of mouth		
D10.39	Benign neoplasm of other parts of mouth		
D10.4	Benign neoplasm of tonsil		
D10.5	Benign neoplasm of other parts of oropharynx		
D10.6	Benign neoplasm of nasopharynx		
D10.7	Benign neoplasm of hypopharynx		
D10.9	Benign neoplasm of pharynx, unspecified		
D11.0	Benign neoplasm of parotid gland		
D11.7	Benign neoplasm of other major salivary glands		
D11.9	Benign neoplasm of major salivary gland, unspecified		
D13.0	Benign neoplasm of esophagus		
D32.0	Benign neoplasm of cerebral meninges		
D32.1	Benign neoplasm of spinal meninges		
D32.9	Benign neoplasm of meninges, unspecified		
D33.0	Benign neoplasm of brain, supratentorial		
D33.1	Benign neoplasm of brain, infratentorial		

Modifier Descriptors

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

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

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

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

Terminology

Terminology	Explanation
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Achilles tendon	The tendon that connects the calf muscles to the heel bone; also known as the calcaneal tendon.
Acoustic immittance testing	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
Acoustic reflex	A measurement of the contraction of the stapedius muscle in response to loud sound.
Acoustic testing	Assessment of the perception or production of sound waves, in hearing and or speaking.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A disease or an ailment that has rapid onset or short course.
Adaptive	Able to adjust to situations or environment.
Aerodynamic testing	Assessment of the pressure and flow of air into the larynx, or voice box.
Air conduction mode	Using tones at various frequencies, typically with the patient wearing headphones, to test hearing ability.
Allergy	An adverse reaction that the body has in response to a particular food or substance.
Ambulatory	The ability to walk or suitability for walking.
Amplitude	Size of response from a nerve after electrical stimulation.
Amputation	Surgical removal of a complete or partial appendage of the body.
Analgesic	Relief or absence of pain.
Ankle foot orthosis, or AFO	A brace worn on the lower leg and foot to stabilize the ankle in normal anatomical position.
Anorectal	Refers to the anus or rectum.
Anterior	Closer to the front part of the body.
Anterior rhinoscopy	Examination of front part of the nose.
Aquatic therapy	Exercise therapy using water resistance.
Arterial ulcer	Ulcers in lower leg or ankle due to reduction in blood supply to the lower limb.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Articulation	Correct pronunciation of sounds.
Articulators	Jaw, lips and tongue.
Attenuation	The reduction of the strength of a sound signal.
Audiometry	Testing of a person's hearing sensitivity to hear various sound frequencies.
Auditory	Pertaining to the sense of hearing or to the organs of hearing.
Auditory processing disorders or APDs	A variety of disorders that affect the way the brain processes sounds, especially speech; also known as central auditory processing disorder or CAPD.
Auditory rehabilitation	Any activity, method, resource, technology, and/or device that facilitates and/or enhances communication and participation in activities in patients with hearing loss.
Augmentative and alternative communication, or AAC	Refers to methods of communication that do not include oral speech, including gestures, symbols, pictures, writing, and augmentative devices, such as communication boards and electronic devices.
Autism	Mental disorder in children that mainly affects communication skills.
Autoimmune disorder	Disease caused by the reaction of antibodies against own body proteins.

Terminology	Explanation
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Benign paroxysmal positional vertigo	BPPV; characterized by brief dizziness caused by changing position of the head.
Binaural	Relating to two ears.
Biceps tendon	Fibrous tissue that attaches the biceps muscle, responsible for motion of the forearm, to its bony attachment at the shoulder and at the elbow.
Bilateral	On two sides; opposite of unilateral.
Binocular microscope	An instrument with lens to enlarge the small parts, and consist of two eye pieces to use both the eyes for visualization.
Biofeedback	A self-guided treatment that teaches a patient to control muscle tension, pain, body temperature, brain waves, and other bodily functions through processes such as relaxation, visualization, and other cognitive control techniques; biofeedback is also referred to as applied psychophysiological feedback.
Biopsychosocial	Relating to physical, mental, and environmental factors.
Bolus	A rounded mass, such as food during swallowing.
Bone conduction	The transmission of sound vibrations through bone to the middle ear.
Bone conduction mode	Placing a vibrating device over the mastoid bone behind the ear to test the hearing ability.
Bone conduction testing	Hearing test using a headband on the forehead or on the mastoid bone behind the patient's ears to conduct sound through the bones of the skull to test the cochlea, or inner ear.
Brace	An external device that is used to hold a broken bone in correct position.
Buckle fracture	A fracture in which the shaft of the long bone breaks partially.
Calcaneus	Heel bone.
Calibration	Rectifying and setting any instrument to base level by comparing with standards.
Carpal bones	The eight small bones of the wrist, including the scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, and hamate.
Carpal tunnel syndrome, or CTS	Pain, numbness, and tingling affecting the fingers and hand, resulting from compression of the median nerve within the carpal tunnel.
Cartilage	A tissue found at the ends of long bones, as well as in the nose and ears of the human body; it is strong yet flexible.
Catheter	A flexible tube that can be inserted into a vessel through which instruments can be passed, blood withdrawn, or fluids instilled; also, a flexible tube inserted into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Central auditory processing disorders, or CAPDs	A variety of disorders that affect the way the brain processes sounds, especially speech, also known as auditory processing disorders, or APDs.
Cerebral palsy	Group of nonprogressive disorders of movement and posture caused by damage to the brain.
Cerumen	Ear wax.
Chemotherapy	Cancer treatment using chemical agents and drugs.
Chiropractic therapy	A form of alternative medicine that focuses on musculoskeletal manipulation as a means to heal physical disorders and diseases.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition, or one of sudden onset.
Cineradiography	Technique to record the motion of internal body structures using a movie camera.
Clavicle	The collarbone, a horizontal bone that connects the sternum, or breastbone, to the scapula, or shoulder blade.
Cleft palate	Congenital defect in which a cleft, or gap, occurs in the palate, or roof of the mouth, at its midline, often occurring in conjunction with a cleft lip.
Clubfoot	Also known as talipes equinovarus, a congenital or acquired condition in which the foot is severely abnormally twisted.
Cluttering (also called tachyphemia)	A speech and communication disorder characterized by a rapid rate making speech difficult to understand, erratic rhythm.

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