



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

CODERS' SPECIALTY GUIDE

# Dermatology & Plastics



# 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.



# Integumentary System

## 10030

Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

### Clinical Responsibility

The provider inserts a catheter through the skin using imaging to view the fluid. He then drains the fluid from the soft tissue in cases such as abscess, hematoma, seroma, lymphocele, or cyst. Imaging guidance for needle and catheter placement can be by ultrasound, fluoroscopy, or computed tomography. This procedure can be done by using a catheter that is mounted on a sharp trocar, which is placed through a small skin incision made next to a guiding needle, or by inserting a hollow needle into the cavity and passing a guidewire through the needle to create a path for the drainage catheter. The area is drained, and the catheter, which is left in place, ensures continued drainage.

### Coding Tips

For the same procedure on an organ, such as kidney, liver, spleen, or lung or mediastinum, see 49405.

For the same procedure on a fluid collection in the peritoneal or retroperitoneal space, see 49406.

For a fluid collection procedure on the peritoneal or retroperitoneal space but through a vaginal or rectal access route, see 49407.

For incision and drainage of a hematoma, seroma or fluid collection, see 10140.

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$129.06, Non Facility Fee: \$600.35

**RVU (Facility):** Work RVU 2.75, Practice Exp. RVU 0.95, Malpractice RVU 0.29, Total RVU 3.99

**RVU (Non-Facility):** Work RVU 2.75, Practice Exp. RVU 15.52, Malpractice RVU 0.29, Total RVU 18.56

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 9, Endoscopic Base Code: None

**Practitioner MUE:** 2

### Modifier Allowances

22, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AQ, AR, AS, GA, GC, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 10060<sup>1</sup>, 10061<sup>1</sup>, 10080<sup>1</sup>, 10081<sup>1</sup>, 10140<sup>1</sup>, 10160<sup>1</sup>, 11055<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11401<sup>1</sup>, 11402<sup>1</sup>, 11403<sup>1</sup>, 11404<sup>1</sup>, 11406<sup>1</sup>, 11421<sup>1</sup>, 11422<sup>1</sup>, 11423<sup>1</sup>, 11424<sup>1</sup>, 11426<sup>1</sup>, 11441<sup>1</sup>, 11442<sup>1</sup>, 11443<sup>1</sup>, 11444<sup>1</sup>, 11446<sup>1</sup>, 11450<sup>1</sup>, 11451<sup>1</sup>, 11462<sup>1</sup>, 11463<sup>1</sup>, 11470<sup>1</sup>, 11471<sup>1</sup>, 11600<sup>1</sup>, 11601<sup>1</sup>, 11602<sup>1</sup>, 11603<sup>1</sup>, 11604<sup>1</sup>, 11606<sup>1</sup>, 11620<sup>1</sup>, 11621<sup>1</sup>, 11622<sup>1</sup>, 11623<sup>1</sup>, 11624<sup>1</sup>, 11626<sup>1</sup>, 11640<sup>1</sup>, 11641<sup>1</sup>,

11642<sup>1</sup>, 11643<sup>1</sup>, 11644<sup>1</sup>, 11646<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11765<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>, 20500<sup>1</sup>, 29580<sup>1</sup>, 29581<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>, 61650<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>, 75989<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77002<sup>1</sup>, 77003<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</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>, 97605<sup>1</sup>, 97606<sup>1</sup>, 97607<sup>1</sup>, 97608<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>, G0127<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

### ICD-10-CM Cross References

D78.01, D78.02, D78.21, D78.22, E36.01, E36.02, E89.820, E89.821, G97.31, G97.32, G97.51, G97.52, H59.111-H59.119, H59.121-H59.129, H59.311-H59.319, H59.321-H59.329, H95.21, H95.22, H95.41, H95.42, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.620, I97.621, I97.630-I97.638, J95.61, J95.62, J95.830, J95.831, K68.11, K91.61, K91.62, K91.840, K91.841, K91.870, K91.871, L02.811, L02.818, L02.91, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L72.0-L72.3, L72.8, L72.9, L76.01, L76.02, L76.21, L76.22, L76.31, L76.32, L98.3, L98.7, M72.8, M79.81, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, O91.011-O91.019, O91.02, O91.03, O91.111-O91.119, O91.12, O91.13, T79.2XXA, T87.89

## 10035

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place the localization device through the

skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

## Coding Tips

This code is for the initial placement of a localization device for the first lesion; for each additional device placed, use +10036 in addition to code for primary procedure.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$80.22, Non Facility Fee: \$339.96

**RVU (Facility):** Work RVU 1.70, Practice Exp. RVU 0.62, Malpractice RVU 0.16, Total RVU 2.48

**RVU (Non-Facility):** Work RVU 1.70, Practice Exp. RVU 8.65, Malpractice RVU 0.16, Total RVU 10.51

**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, 50, 51, 52, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

00400<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<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>, 19281<sup>1</sup>, 19282<sup>1</sup>, 19283<sup>1</sup>, 19284<sup>1</sup>, 19285<sup>1</sup>, 19286<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>, 36680<sup>1</sup>, 43752<sup>1</sup>, 49412<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>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77002<sup>1</sup>, 77011<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

## ICD-10-CM Cross References

C43.52, C44.501, C44.511, C44.521, C44.591, C44.90, C49.0-C49.6, C49.10-C49.12, C49.20-C49.22, C49.8, C49.9, C4A.52, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119,

C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C77.0-C77.4, C77.8, C77.9, C79.2, C79.81, C79.89, D03.52, D04.9, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D09.20-D09.22, D21.0-D21.3, D21.10-D21.12, D21.20-D21.22, D21.5, D21.6, D21.9, D23.9, D24.1-D24.9, D31.60-D31.62, D36.0, D48.5, D48.60-D48.62, D48.7, D49.2, D49.3, D49.6, D49.89, M79.5

## +10036

Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

After placement of the first localization device and at the same session, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place an additional localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

## Coding Tips

Because +10036 is an add-on code, payers will not reimburse you if you report it without the appropriate primary code, 10035 for the first lesion.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$40.76, Non Facility Fee: \$276.24

**RVU (Facility):** Work RVU 0.85, Practice Exp. RVU 0.31, Malpractice RVU 0.10, Total RVU 1.26

**RVU (Non-Facility):** Work RVU 0.85, Practice Exp. RVU 7.59, Malpractice RVU 0.10, Total RVU 8.54

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

**Practitioner MUE:** 2

## Modifier Allowances

47, 52, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

00400<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<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>, 19281<sup>1</sup>, 19282<sup>1</sup>, 19283<sup>1</sup>, 19284<sup>1</sup>, 19286<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>, 36680<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>,

**11951**

Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc

**Clinical Responsibility**

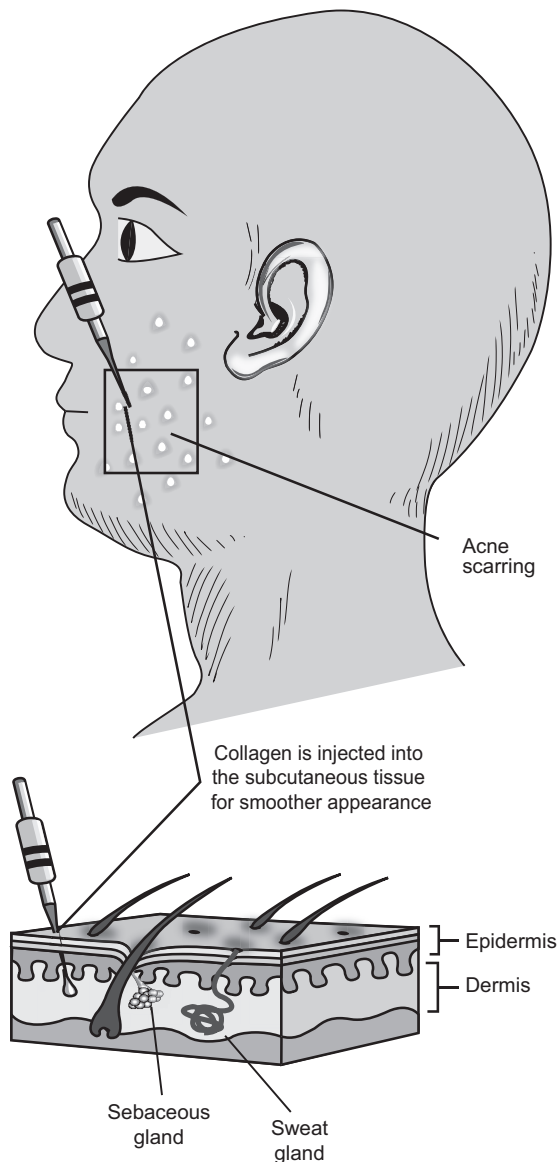
The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is 1.1 cc to 5.0 cc.

**Coding Tips**

Use 11950 when services involve an injection that is 1 cc or less.

Use 11952 when services involve an injection that is 5.1 cc to 10 cc.

Use 11954 when services involve an injection that is more than 10 cc.

**Illustration**

11951

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$70.52, Non Facility Fee: \$106.74

**RVU (Facility):** Work RVU 1.19, Practice Exp. RVU 0.78, Malpractice RVU 0.21, Total RVU 2.18

**RVU (Non-Facility):** Work RVU 1.19, Practice Exp. RVU 1.90, Malpractice RVU 0.21, Total RVU 3.30

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

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 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>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>1</sup>, 99496<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10-CM Cross References**

E08.628, E09.628, K13.0, L11.8, L11.9, L44.8, L44.9, L45, L57.2, L57.4, L66.4, L85.8, L85.9, L87.1-L87.9, L90.3-L90.5, L90.8, L90.9, L91.8, L91.9, L92.1, L92.2, L94.2-L94.4, L94.8, L94.9, L98.5, L98.6, L98.8, L99, N64.81, N64.89, Q10.1-Q10.3, Q17.9, Q18.7, Q84.8, Q84.9, Z41.1, Z42.1, Z42.8

**11952**

Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc

**Clinical Responsibility**

The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is 5.1 cc to 10.0 cc.

**Coding Tips**

Use 11950 when services involve an injection that is 1 cc or less.

Use 11951 when services involve an injection that is 1.1 cc to 5.0 cc.

Use 11954 when services involve an injection that is more than 10 cc.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$98.98, Non Facility Fee: \$142.32

**RVU (Facility):** Work RVU 1.69, Practice Exp. RVU 1.08, Malpractice RVU 0.29, Total RVU 3.06

**RVU (Non-Facility):** Work RVU 1.69, Practice Exp. RVU 2.42, Malpractice RVU 0.29, Total RVU 4.40

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

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 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>1</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>,

99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>1</sup>, 99496<sup>1</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

**ICD-10-CM Cross References**

E08.628, E09.628, K13.0, L11.8, L11.9, L44.8, L44.9, L45, L57.2, L57.4, L66.4, L85.8, L85.9, L87.1-L87.9, L90.3-L90.5, L90.8, L90.9, L91.8, L91.9, L92.1, L92.2, L94.2-L94.4, L94.8, L94.9, L98.5, L98.6, L98.8, L99, N64.81, N64.89, Q10.1-Q10.3, Q17.9, Q18.7, Q84.8, Q84.9, Z41.1, Z42.1, Z42.8

**11954**

Subcutaneous injection of filling material (eg, collagen); over 10.0 cc

**Clinical Responsibility**

The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is more than 10.0 cc.

**Coding Tips**

Use 11950 when services involve an injection that is 1 cc or less.

Use 11951 when services involve an injection that is 1.1 cc to 5.0 cc.

Use 11952 when services involve an injection that is 5.1 cc to 10 cc.

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$109.01, Non Facility Fee: \$157.53

**RVU (Facility):** Work RVU 1.85, Practice Exp. RVU 1.18, Malpractice RVU 0.34, Total RVU 3.37

**RVU (Non-Facility):** Work RVU 1.85, Practice Exp. RVU 2.68, Malpractice RVU 0.34, Total RVU 4.87

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

**Practitioner MUE:** 1

**Modifier Allowances**

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

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 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>,

# HCPCS Level II Codes

## Outpatient PPS

### C8002

Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)

#### Clinical Responsibility

The provider uses epidermal (outermost skin layer providing a barrier) and dermal (the deeper skin layer containing connective tissue) skin previously harvested from the patient to prepare a skin cell suspension autograft (SCSA). The service involves enzymatic processing using enzymes to break down the bonds between skin cells, making it easier to separate them. The provider also performs filtration of the final suspension to ensure that any large pieces of tissue or debris are removed, leaving only the desired skin cells in a liquid form that can be applied to the wound site to promote healing.

#### BETOS

**P1G:** Major procedure - other

### C9088

Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg

#### Clinical Responsibility

The standard dosage of bupivacaine (an anesthetic) and meloxicam (a nonsteroidal anti-inflammatory drug) depends on the surgical site. It is supplied in four dosage strengths in single-dose vials: 400 mg/12 mg, 300 mg/9 mg, 200 mg/6 mg, and 60 mg/1.8 mg.

Providers may use this combination of an anesthetic and NSAID to produce postsurgical analgesia (absence of pain). The provider applies the solution into the surgical site, without using a needle, prior to suturing. Typical surgeries involved include bunionectomy, open inguinal herniorrhaphy (hernia repair), and total knee arthroplasty.

Report this code for each 1 mg of bupivacaine and 0.03 mg of meloxicam.

#### Coding Tips

Brand names for this drug include: Zynrelef™.

If the dose administered is only part of a vial and the remainder has to be discarded, you may be able to report modifier JW.

#### BETOS

**O1E:** Other drugs



# Procedures/Professional Services

## G0168

Wound closure utilizing tissue adhesive(s) only

### Clinical Responsibility

The provider uses a tissue adhesive such as cyanoacrylate, instead of staples or sutures, for incisional or laceration repair. Tissue adhesives also replace subcutaneous sutures for larger wounds. The provider applies cyanoacrylate tissue adhesive to form a bond across the edges of the wound. This protects the skin and wound site, inhibits the growth of bacteria, and helps prevent infection. The adhesive closes the wound and permits normal healing with minimal discomfort to the patient. Use this code for Medicare patients who have wound closure through tissue adhesive for both inpatient and outpatient services.

### Coding Tips

G codes identify professional healthcare procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

Medicare uses this code if tissue adhesive is used by itself on a simple injury, without sutures, staples, or other closure materials. Often private payers use the CPT® simple repair codes, specifically 12001 through 12018. Check with your payer regarding their preferences prior to submitting the claim.

### BETOS

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

## G0219

PET imaging whole body; melanoma for non-covered indications

### Clinical Responsibility

In this procedure, the provider injects a radioactive tracer or radionuclide into the patient's bloodstream. This radionuclide reaches the tumor site through the bloodstream, breaks into tiny positively charged particles called positrons, and emits gamma rays. The provider uses a PET scanner to detect the gamma rays and identify cancer that develops from melanocytes, or pigment cells present in the skin. The scanner provides images of the entire body to illustrate a detailed picture of the tissues for the purpose of detecting melanoma in regional lymph nodes, a noncovered indication for PET scanning.

### Coding Tips

Use G codes to represent temporary procedures and professional services. Medicare covers G codes for the services that replace CPT® codes.

To report PET imaging of the whole body for other indications, use CPT® code 78813, Positron emission tomography, or PET, imaging; whole body.

## BETOS

**I4B:** Imaging/procedure - other

## G0378

Hospital observation service, per hour

### Clinical Responsibility

A provider assigns an observation status to a patient who comes to the hospital. The provider monitors the patient to decide whether the patient requires admission to the hospital or can be treated and discharged. This service provides an alternative to inpatient service to the patient, whose clinical status is unstable or at risk of short-term deterioration. This service is reported for each hour of hospital observation service.

### Coding Tips

Use one unit of this code for each hour of hospital observation service

Check with the individual payer for their reporting requirements. For instance, the payer may require hospitals to use this code in place of CPT® observation codes.

## BETOS

**M2A:** Hospital visit - initial

## G0379

Direct admission of patient for hospital observation care

### Clinical Responsibility

This code represents the observation service for a direct patient admission into observation care, such as for a patient who is directly referred to the hospital by a provider in the community. This service provides an alternative to inpatient admission of the patient whose clinical status is unstable or at risk of short-term deterioration. The provider monitors the patient to decide whether the patient requires admission to the hospital or can be discharged.

### Coding Tips

Check with the individual payer for their reporting requirements. For instance, the payer may require hospitals to use this code in place of CPT® observation codes.

## BETOS

**M2A:** Hospital visit - initial



# ICD-10-CM Cross Reference Details

<b>A01.09</b>	Typhoid fever with other complications	<b>B00.2</b>	Herpesviral gingivostomatitis and pharyngotonsillitis
<b>A04.8</b>	Other specified bacterial intestinal infections	<b>B00.3</b>	Herpesviral meningitis
<b>A04.9</b>	Bacterial intestinal infection, unspecified	<b>B00.4</b>	Herpesviral encephalitis
<b>A05.8</b>	Other specified bacterial foodborne intoxications	<b>B00.50</b>	Herpesviral ocular disease, unspecified
<b>A05.9</b>	Bacterial foodborne intoxication, unspecified	<b>B00.51</b>	Herpesviral iridocyclitis
<b>A06.0</b>	Acute amebic dysentery	<b>B00.52</b>	Herpesviral keratitis
<b>A06.1</b>	Chronic intestinal amebiasis	<b>B00.53</b>	Herpesviral conjunctivitis
<b>A06.2</b>	Amebic nondysenteric colitis	<b>B00.59</b>	Other herpesviral disease of eye
<b>A06.3</b>	Ameboma of intestine	<b>B00.7</b>	Disseminated herpesviral disease
<b>A06.9</b>	Amebiasis, unspecified	<b>B00.81</b>	Herpesviral hepatitis
<b>A07.0</b>	Balantidiasis	<b>B00.89</b>	Other herpesviral infection
<b>A07.1</b>	Giardiasis [lambliasis]	<b>B00.9</b>	Herpesviral infection, unspecified
<b>A07.2</b>	Cryptosporidiosis	<b>B01.89</b>	Other varicella complications
<b>A07.3</b>	Isosporiasis	<b>B01.9</b>	Varicella without complication
<b>A07.4</b>	Cyclosporiasis	<b>B02.0</b>	Zoster encephalitis
<b>A07.8</b>	Other specified protozoal intestinal diseases	<b>B02.1</b>	Zoster meningitis
<b>A07.9</b>	Protozoal intestinal disease, unspecified	<b>B02.21</b>	Postherpetic geniculate ganglionitis
<b>A18.03</b>	Tuberculosis of other bones	<b>B02.22</b>	Postherpetic trigeminal neuralgia
<b>A18.4</b>	Tuberculosis of skin and subcutaneous tissue	<b>B02.23</b>	Postherpetic polyneuropathy
<b>A28.8</b>	Other specified zoonotic bacterial diseases, not elsewhere classified	<b>B02.24</b>	Postherpetic myelitis
<b>A28.9</b>	Zoonotic bacterial disease, unspecified	<b>B02.29</b>	Other postherpetic nervous system involvement
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>B02.30</b>	Zoster ocular disease, unspecified
<b>A31.1</b>	Cutaneous mycobacterial infection	<b>B02.31</b>	Zoster conjunctivitis
<b>A31.8</b>	Other mycobacterial infections	<b>B02.32</b>	Zoster iridocyclitis
<b>A31.9</b>	Mycobacterial infection, unspecified	<b>B02.33</b>	Zoster keratitis
<b>A34</b>	Obstetrical tetanus	<b>B02.34</b>	Zoster scleritis
<b>A36.89</b>	Other diphtheritic complications	<b>B02.39</b>	Other herpes zoster eye disease
<b>A38.8</b>	Scarlet fever with other complications	<b>B02.7</b>	Disseminated zoster
<b>A41.02</b>	Sepsis due to Methicillin resistant Staphylococcus aureus	<b>B02.8</b>	Zoster with other complications
<b>A46</b>	Erysipelas	<b>B02.9</b>	Zoster without complications
<b>A48.8</b>	Other specified bacterial diseases	<b>B03</b>	Smallpox
<b>A49.01</b>	Methicillin susceptible Staphylococcus aureus infection, unspecified site	<b>B04</b>	Monkeypox
<b>A49.02</b>	Methicillin resistant Staphylococcus aureus infection, unspecified site	<b>B05.4</b>	Measles with intestinal complications
<b>A49.8</b>	Other bacterial infections of unspecified site	<b>B05.89</b>	Other measles complications
<b>A49.9</b>	Bacterial infection, unspecified	<b>B05.9</b>	Measles without complication
<b>A50.44</b>	Late congenital syphilitic optic nerve atrophy	<b>B06.00</b>	Rubella with neurological complication, unspecified
<b>A51.0</b>	Primary genital syphilis	<b>B06.09</b>	Other neurological complications of rubella
<b>A51.39</b>	Other secondary syphilis of skin	<b>B06.89</b>	Other rubella complications
<b>A52.73</b>	Symptomatic late syphilis of other respiratory organs	<b>B06.9</b>	Rubella without complication
<b>A52.76</b>	Other genitourinary symptomatic late syphilis	<b>B07.0</b>	Plantar wart
<b>A52.79</b>	Other symptomatic late syphilis	<b>B07.8</b>	Other viral warts
<b>A56.00</b>	Chlamydial infection of lower genitourinary tract, unspecified	<b>B07.9</b>	Viral wart, unspecified
<b>A56.02</b>	Chlamydial vulvovaginitis	<b>B08.09</b>	Other orthopoxvirus infections
<b>A57</b>	Chancroid	<b>B08.1</b>	Molluscum contagiosum
<b>A59.01</b>	Trichomonal vulvovaginitis	<b>B08.21</b>	Exanthema subitum [sixth disease] due to human herpesvirus 6
<b>A60.00</b>	Herpesviral infection of urogenital system, unspecified	<b>B08.22</b>	Exanthema subitum [sixth disease] due to human herpesvirus 7
<b>A60.01</b>	Herpesviral infection of penis	<b>B08.8</b>	Other specified viral infections characterized by skin and mucous membrane lesions
<b>A60.02</b>	Herpesviral infection of other male genital organs	<b>B09</b>	Unspecified viral infection characterized by skin and mucous membrane lesions
<b>A60.03</b>	Herpesviral cervicitis		
<b>A60.04</b>	Herpesviral vulvovaginitis	<b>B20</b>	Human immunodeficiency virus [HIV] disease
<b>A60.09</b>	Herpesviral infection of other urogenital tract	<b>B26.89</b>	Other mumps complications
<b>A60.1</b>	Herpesviral infection of perianal skin and rectum	<b>B26.9</b>	Mumps without complication
<b>A60.9</b>	Anogenital herpesviral infection, unspecified	<b>B27.00</b>	Gammaherpesviral mononucleosis without complication
<b>A63.0</b>	Anogenital (venereal) warts	<b>B27.09</b>	Gammaherpesviral mononucleosis with other complications
<b>A66.0</b>	Initial lesions of yaws	<b>B27.10</b>	Cytomegaloviral mononucleosis without complications
<b>A66.2</b>	Other early skin lesions of yaws	<b>B27.19</b>	Cytomegaloviral mononucleosis with other complication
<b>A66.3</b>	Hyperkeratosis of yaws	<b>B27.80</b>	Other infectious mononucleosis without complication
<b>A67.0</b>	Primary lesions of pinta	<b>B27.89</b>	Other infectious mononucleosis with other complication
<b>A67.1</b>	Intermediate lesions of pinta	<b>B27.90</b>	Infectious mononucleosis, unspecified without complication
<b>A67.2</b>	Late lesions of pinta	<b>B27.99</b>	Infectious mononucleosis, unspecified with other complication
<b>A67.3</b>	Mixed lesions of pinta		
<b>A79.82</b>	Anaplasmosis [A. phagocytophilum]	<b>B33.8</b>	Other specified viral diseases
<b>A92.39</b>	West Nile virus infection with other complications	<b>B34.1</b>	Enterovirus infection, unspecified
<b>B00.0</b>	Eczema herpeticum	<b>B34.2</b>	Coronavirus infection, unspecified
<b>B00.1</b>	Herpesviral vesicular dermatitis	<b>B34.4</b>	Papovavirus infection, unspecified

<b>B34.8</b>	Other viral infections of unspecified site	<b>B44.9</b>	Aspergillosis, unspecified
<b>B35.0</b>	Tinea barbae and tinea capitis	<b>B45.0</b>	Pulmonary cryptococcosis
<b>B35.1</b>	Tinea unguium	<b>B45.1</b>	Cerebral cryptococcosis
<b>B35.2</b>	Tinea manuum	<b>B45.2</b>	Cutaneous cryptococcosis
<b>B35.3</b>	Tinea pedis	<b>B45.3</b>	Osseous cryptococcosis
<b>B35.4</b>	Tinea corporis	<b>B45.7</b>	Disseminated cryptococcosis
<b>B35.5</b>	Tinea imbricata	<b>B45.8</b>	Other forms of cryptococcosis
<b>B35.6</b>	Tinea cruris	<b>B45.9</b>	Cryptococcosis, unspecified
<b>B35.8</b>	Other dermatophytoses	<b>B46.0</b>	Pulmonary mucormycosis
<b>B35.9</b>	Dermatophytosis, unspecified	<b>B46.1</b>	Rhinocerebral mucormycosis
<b>B36.0</b>	Pityriasis versicolor	<b>B46.2</b>	Gastrointestinal mucormycosis
<b>B36.1</b>	Tinea nigra	<b>B46.3</b>	Cutaneous mucormycosis
<b>B36.2</b>	White piedra	<b>B46.4</b>	Disseminated mucormycosis
<b>B36.3</b>	Black piedra	<b>B46.5</b>	Mucormycosis, unspecified
<b>B36.8</b>	Other specified superficial mycoses	<b>B46.8</b>	Other zygomycoses
<b>B36.9</b>	Superficial mycosis, unspecified	<b>B46.9</b>	Zygomycosis, unspecified
<b>B37.0</b>	Candidal stomatitis	<b>B47.0</b>	Eumycetoma
<b>B37.1</b>	Pulmonary candidiasis	<b>B48.1</b>	Rhinosporidiosis
<b>B37.2</b>	Candidiasis of skin and nail	<b>B48.2</b>	Allescheriasis
<b>B37.31</b>	Acute candidiasis of vulva and vagina	<b>B48.3</b>	Geotrichosis
<b>B37.32</b>	Chronic candidiasis of vulva and vagina	<b>B48.4</b>	Penicilliosis
<b>B37.41</b>	Candidal cystitis and urethritis	<b>B48.8</b>	Other specified mycoses
<b>B37.42</b>	Candidal balanitis	<b>B49</b>	Unspecified mycosis
<b>B37.49</b>	Other urogenital candidiasis	<b>B50.0</b>	Plasmodium falciparum malaria with cerebral complications
<b>B37.5</b>	Candidal meningitis	<b>B51.8</b>	Plasmodium vivax malaria with other complications
<b>B37.6</b>	Candidal endocarditis	<b>B51.9</b>	Plasmodium vivax malaria without complication
<b>B37.7</b>	Candidal sepsis	<b>B52.0</b>	Plasmodium malariae malaria with nephropathy
<b>B37.81</b>	Candidal esophagitis	<b>B52.8</b>	Plasmodium malariae malaria with other complications
<b>B37.82</b>	Candidal enteritis	<b>B52.9</b>	Plasmodium malariae malaria without complication
<b>B37.83</b>	Candidal cheilitis	<b>B55.1</b>	Cutaneous leishmaniasis
<b>B37.84</b>	Candidal otitis externa	<b>B55.2</b>	Mucocutaneous leishmaniasis
<b>B37.89</b>	Other sites of candidiasis	<b>B60.00</b>	Babesiosis, unspecified
<b>B37.9</b>	Candidiasis, unspecified	<b>B60.01</b>	Babesiosis due to Babesia microti
<b>B38.0</b>	Acute pulmonary coccidioidomycosis	<b>B60.02</b>	Babesiosis due to Babesia duncani
<b>B38.1</b>	Chronic pulmonary coccidioidomycosis	<b>B60.03</b>	Babesiosis due to Babesia divergens
<b>B38.2</b>	Pulmonary coccidioidomycosis, unspecified	<b>B60.09</b>	Other babesiosis
<b>B38.3</b>	Cutaneous coccidioidomycosis	<b>B65.3</b>	Cercarial dermatitis
<b>B38.4</b>	Coccidioidomycosis meningitis	<b>B66.5</b>	Fasciolopsiasis
<b>B38.7</b>	Disseminated coccidioidomycosis	<b>B66.8</b>	Other specified fluke infections
<b>B38.81</b>	Prostatic coccidioidomycosis	<b>B66.9</b>	Fluke infection, unspecified
<b>B38.89</b>	Other forms of coccidioidomycosis	<b>B67.32</b>	Echinococcus granulosus infection, multiple sites
<b>B38.9</b>	Coccidioidomycosis, unspecified	<b>B67.39</b>	Echinococcus granulosus infection, other sites
<b>B39.0</b>	Acute pulmonary histoplasmosis capsulati	<b>B67.4</b>	Echinococcus granulosus infection, unspecified
<b>B39.1</b>	Chronic pulmonary histoplasmosis capsulati	<b>B68.0</b>	Taenia solium taeniasis
<b>B39.2</b>	Pulmonary histoplasmosis capsulati, unspecified	<b>B68.1</b>	Taenia saginata taeniasis
<b>B39.3</b>	Disseminated histoplasmosis capsulati	<b>B68.9</b>	Taeniasis, unspecified
<b>B39.4</b>	Histoplasmosis capsulati, unspecified	<b>B69.89</b>	Cysticercosis of other sites
<b>B39.5</b>	Histoplasmosis duboisii	<b>B69.9</b>	Cysticercosis, unspecified
<b>B39.9</b>	Histoplasmosis, unspecified	<b>B71.0</b>	Hymenolepiasis
<b>B40.0</b>	Acute pulmonary blastomycosis	<b>B71.1</b>	Dipylidiasis
<b>B40.1</b>	Chronic pulmonary blastomycosis	<b>B71.8</b>	Other specified cestode infections
<b>B40.2</b>	Pulmonary blastomycosis, unspecified	<b>B71.9</b>	Cestode infection, unspecified
<b>B40.3</b>	Cutaneous blastomycosis	<b>B76.0</b>	Ancylostomiasis
<b>B40.7</b>	Disseminated blastomycosis	<b>B76.1</b>	Necatoriasis
<b>B40.81</b>	Blastomycotic meningoencephalitis	<b>B76.8</b>	Other hookworm diseases
<b>B40.89</b>	Other forms of blastomycosis	<b>B76.9</b>	Hookworm disease, unspecified
<b>B40.9</b>	Blastomycosis, unspecified	<b>B77.0</b>	Ascariasis with intestinal complications
<b>B42.0</b>	Pulmonary sporotrichosis	<b>B77.81</b>	Ascariasis pneumonia
<b>B42.1</b>	Lymphocutaneous sporotrichosis	<b>B77.89</b>	Ascariasis with other complications
<b>B42.7</b>	Disseminated sporotrichosis	<b>B77.9</b>	Ascariasis, unspecified
<b>B42.81</b>	Cerebral sporotrichosis	<b>B78.0</b>	Intestinal strongyloidiasis
<b>B42.82</b>	Sporotrichosis arthritis	<b>B78.1</b>	Cutaneous strongyloidiasis
<b>B42.89</b>	Other forms of sporotrichosis	<b>B78.9</b>	Strongyloidiasis, unspecified
<b>B42.9</b>	Sporotrichosis, unspecified	<b>B79</b>	Trichuriasis
<b>B43.0</b>	Cutaneous chromomycosis	<b>B80</b>	Enterobiasis
<b>B43.2</b>	Subcutaneous pheomycotic abscess and cyst	<b>B81.1</b>	Intestinal capillariasis
<b>B44.0</b>	Invasive pulmonary aspergillosis	<b>B81.2</b>	Trichostrongyliasis
<b>B44.1</b>	Other pulmonary aspergillosis	<b>B81.3</b>	Intestinal angiostrongyliasis
<b>B44.2</b>	Tonsillar aspergillosis	<b>B81.4</b>	Mixed intestinal helminthiasis
<b>B44.7</b>	Disseminated aspergillosis	<b>B81.8</b>	Other specified intestinal helminthiasis
<b>B44.81</b>	Allergic bronchopulmonary aspergillosis	<b>B82.0</b>	Intestinal helminthiasis, unspecified
<b>B44.89</b>	Other forms of aspergillosis	<b>B82.9</b>	Intestinal parasitism, unspecified

# Modifier Descriptors

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

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

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

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

# Terminology

Terminology	Explanation
<b>Abbe Estlander operation</b>	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
<b>Abdominal wall</b>	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
<b>Ablate</b>	To remove tissue, a body part, or an organ or destroy its function.
<b>Ablation</b>	Surgical destruction of abnormal tissue or organ growth.
<b>Abrasion</b>	Removal of superficial layers of skin.
<b>Abscess</b>	A collection of pus in a walled off sac or pocket, the result of infection.
<b>Achilles tendon</b>	Large tendon at the back the heel that connects the muscles of the calf to the calcaneal bone, or heel; also called tendo calcaneus.
<b>Acne</b>	Eruptions of small oil secreting glands below the skin surface due to infection or inflammation; also known as pimples.
<b>Actinic keratoses</b>	Rough, scaly patches of skin that develop from prolonged exposure to sun.
<b>Actinotherapy</b>	Therapeutic use of ultraviolet light rays to treat various skin diseases.
<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>Allergenic extract</b>	A protein containing an extract purified from a substance to which a patient may be allergic.
<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>Alopecia</b>	Hair loss.
<b>Alveolar cleft</b>	Congenital defect in which a cleft, or gap, occurs in the alveolar arch, the tooth bearing portion of the jaw bone.
<b>Alveolar ridge</b>	A ridge like border on the upper and lower jaw containing tooth sockets.
<b>Ambulatory care</b>	Medical care rendered in an outpatient setting, i.e., not requiring an overnight stay in a hospital.
<b>Anagen</b>	The active phase of the hair growth cycle; in this phase, the hair grows about 1 cm every 28 days.
<b>Anaphylactic / Anaphylaxis</b>	The body's severe allergic reaction towards a specific substance which acts as an allergen.
<b>Anesthesia</b>	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
<b>Anesthetic</b>	Substance that reduces sensitivity to pain.
<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>Anterior</b>	Closer to the front part of the body.
<b>Anterior intrusion</b>	Abnormal projection of a structure in a forward direction.
<b>Anteroposterior or AP view</b>	The X-ray beam travels from front to back.
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Antiretroviral therapy</b>	Drug treatment for patients with HIV, which can prolong their life.
<b>Antrotomy</b>	An incision through the wall of the antrum, or the pyramid shaped maxillary sinus.
<b>Anus</b>	External opening of the rectum where gastrointestinal tract ends.
<b>Apert syndrome</b>	Rare congenital disorder resulting in significant facial deformity, or craniofacial dysostosis, and webbing deformities of the hands and feet.
<b>Apocrine sweat gland</b>	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.
<b>Articular disk</b>	An oval of flexible cartilage separating two bones that form a joint.
<b>Aseptic</b>	Conditions characterized by freedom from contamination by any microorganism.
<b>Aspirate</b>	Small amount of cells or fluid from a cyst or mass.



<b>Aspiration</b>	Withdrawal of fluids or tissue from the body.
<b>Atretic plate</b>	A plate at the end of the nasal septum that is continuous with the choanal opening, an opening between the nasal cavity and the nasopharynx.
<b>Autogenous tissue graft</b>	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
<b>Autograft</b>	Donor tissue or organ obtained from one part or area of the body and placed on a different body part or area of the same individual.
<b>Autologous</b>	Surgical placement of any tissue from one part of the body to another location in the same patient, also applies to reinfusion of blood or its components to the same patient from which the blood was removed.
<b>Axial pattern flap</b>	A flap the provider creates from healthy skin and underlying tissue, including a named vascular supply along the center axis of the flap; the provider takes the flap along with its blood vessels from one area of the human body and rotates or otherwise places the flap at a nearby recipient site; an axial pattern flap retains its own direct blood supply from identified vessels when the provider transfers the flap to the affected or recipient site.
<b>Axilla</b>	The space beneath the arm where it joins the body; also called the armpit or underarm.
<b>Bacteria</b>	Single celled microorganisms, i.e., visible only with a microscope, some of which cause infection.
<b>Benign</b>	Condition or growth that is not cancerous in nature.
<b>Benign lesion</b>	Area of damaged or diseased tissue that is noncancerous.
<b>Bichloroacetic acid, dichloroacetic acid, caustic agents</b>	Chemical agents which burn or corrode the tissue by a chemical reaction.
<b>Bicoronal incision</b>	An incision across the scalp on the crown, or corona, of the head from one side to the other; used synonymously with coronal and bitemporal incision.
<b>Bifrontal craniotomy</b>	Surgical incision of the skull, or cranium, across the frontal bone from one side to the other.
<b>Bilateral</b>	On two sides; opposite of unilateral.
<b>Biopsy</b>	Tissue sample that the provider excises from the patient to ascertain the presence of disease.
<b>Bladder</b>	A muscular organ that receives, stores, and transmits fluids; the urinary bladder stores urine; the gallbladder stores bile.
<b>Blepharoplasty</b>	The surgical removal of excess of fat, muscle, and loose skin around the eyelids.
<b>Blunt dissection</b>	Separation of tissue layers using the fingers; sharp dissection separates tissue layers using a blade.
<b>Bone grafting</b>	Surgical procedure that replaces missing bones with material from the patient's own body, or from an artificial, synthetic, or natural substitute.
<b>Bone marrow</b>	Substance within the internal cavity of a bone; a source of stem cells, which ultimately develop into red blood cells, white blood cells, and platelets.
<b>Bone paste</b>	Substance that acts as a bone substitute to fill in bony defects; also called bone cement.
<b>Bone plate</b>	Flat or contoured metal plating attached with screws to a bone to provide stabilization or repair a fracture.
<b>Bone shaver</b>	Surgical instrument used to remove a very thin slice of bone.
<b>Bovine</b>	Originating from cattle.
<b>Brachycephaly</b>	Disorder in which the head is shorter and wider than normal, usually due to a congenital defect, as seen in Down syndrome; brachycephaly is sometimes used to refer to a form of plagiocephaly, or flat head syndrome, that occurs when an infant sleeps only on its back.
<b>Brachytherapy</b>	Insertion of radioactive implants directly into the cancer tissues.
<b>Breast biopsy</b>	A procedure to remove small sample from the breast to diagnose any abnormality, such as cancer, present in the breast.
<b>Breast cancer</b>	A type of cancer that develops from the breast cells and capable of spreading, commonly affecting women; the major signs include a lump in the breast, change in the shape of the breast, fluid from the nipples.
<b>Breast expander</b>	A type of implant mainly designed to stretch the breast tissue and prepare it for future implant.
<b>Breast localization device</b>	Small devices used to mark the location of a breast abnormality to make it easier for the provider to find the target area during biopsy.



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