



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

CODERS' SPECIALTY GUIDE

# Radiology



# 2026

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# Integumentary System

## 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%, Radiology Diagnostic Test: 99, 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%, Radiology Diagnostic Test: 99, 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>, 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>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64483<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64493<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>, 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>, 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

## 19000

Puncture aspiration of cyst of breast

## Clinical Responsibility

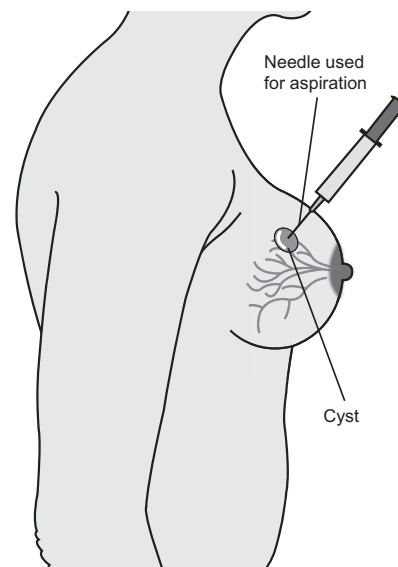
When the patient is appropriately prepped and anesthetized, typically by local anesthesia, the provider inserts a sterile needle into the cyst. He then withdraws the fluid from the cyst. The provider may also employ separately reportable imaging guidance for the procedure. Finally, he ensures hemostasis, which is stoppage of bleeding, and applies pressure on the site to prevent the accumulation of blood outside the blood vessels.

## Coding Tips

Use +19001 for aspiration of each additional cyst of the breast with 19000.

If the provider performs the procedure under image guidance, use the appropriate code such as 76942 for ultrasound or 77021 for magnetic resonance imaging along with 19000.

## Illustration



19000, +19001

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$41.08, Non Facility Fee: \$94.13

**RVU (Facility):** Work RVU 0.84, Practice Exp. RVU 0.31, Malpractice RVU 0.12, Total RVU 1.27

**RVU (Non-Facility):** Work RVU 0.84, Practice Exp. RVU 1.95, Malpractice RVU 0.12, Total RVU 2.91

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE: 2**

## Modifier Allowances

22, 51, 52, 58, 73, 74, 76, 77, 78, 79, 99, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT

## 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>, 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>,



# Musculoskeletal System

## 20500

Injection of sinus tract; therapeutic (separate procedure)

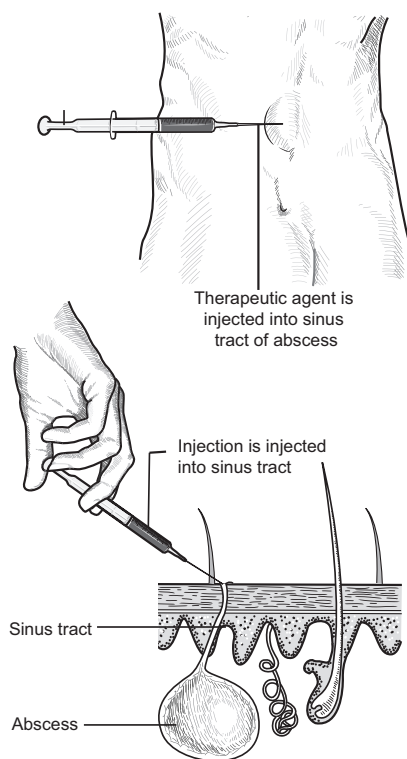
### Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider identifies the opening of the sinus tract. She injects the appropriate amount of a therapeutic agent directly into the sinus tract. She may use imaging guidance as an aid in the injection process.

### Coding Tips

The provider may perform a sinogram to examine the extent of a patient's sinus tract. For this service, you should report 20501, Injection of sinus tract; diagnostic, sinogram. If the provider also performs a radiological study, report 76080, Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation.

### Illustration



20500, 20501

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$88.63, Non Facility Fee: \$122.59

**RVU (Facility):** Work RVU 1.28, Practice Exp. RVU 1.30, Malpractice RVU 0.16, Total RVU 2.74

**RVU (Non-Facility):** Work RVU 1.28, Practice Exp. RVU 2.35, Malpractice RVU 0.16, Total RVU 3.79

**MPFS Payment Policy Indicators:** Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 2

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11010<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>, 29540<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>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<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>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>

### ICD-10-CM Cross References

J86.0, K04.6, K11.4, K12.2, K31.6, K50.013, K50.113, K50.813, K50.913, K51.013, K51.213, K51.313, K51.413, K51.513, K51.813, K51.913, K63.2, K65.0-K65.2, K68.12, K68.19, K68.9, K82.3, K83.3, L05.01, L05.02, L05.91, L05.92, L08.9, L88, M25.10, M25.111-M25.119, M25.121-M25.129, M25.131-M25.139, M25.141-M25.149, M25.151-M25.159, M25.161-M25.169, M25.171-M25.176, M25.18, M46.20-M46.28, M86.30-M86.39, M86.311-M86.319, M86.321-M86.329, M86.331-M86.339, M86.341-M86.349, M86.351-M86.359, M86.361-M86.369, M86.371-M86.379, M86.40-M86.49, M86.411-M86.419, M86.421-M86.429, M86.431-M86.439, M86.441-M86.449, M86.451-M86.459, M86.461-M86.469, M86.471-M86.479, M86.50-M86.59, M86.511-M86.519, M86.521-M86.529, M86.531-M86.539, M86.541-M86.549, M86.551-M86.559, M86.561-M86.569, M86.571-M86.579, M86.60-M86.69, M86.611-M86.619, M86.621-M86.629, M86.631-M86.639, M86.641-M86.649, M86.651-M86.659, M86.661-M86.669, M86.671-M86.679, M86.8X0-M86.8X9, M86.9, N32.1, N32.2, N36.0, N82.0-N82.9, Q18.0, Q18.1, Q64.4, T81.83XA

## 20501

Injection of sinus tract; diagnostic (sinogram)

### Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider identifies the opening of the sinus tract. She injects a diagnostic agent, such as fluoroscopic dye or contrast material, directly into the sinus tract. She may make

use of imaging guidance as an aid in the injection process.

## Coding Tips

If a provider inserts a catheter into a percutaneous orifice, such as for a PEG tube, and injects contrast, report two codes: 20501, Injection of sinus tract; diagnostic, sinogram, and 76080, Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation.

Be careful to report 49424, Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube, separate procedure, and 76080, Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation, only if the provider injects the tube and monitors the exam with fluoroscopy. Assign 76080 alone if only films were submitted for interpretation from a tube injection.

If the provider performed the radiological study in association with a sinogram at a procedure in a facility outside of her office, you cannot claim the technical component. Append modifier 26 to claim only the professional component.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$34.61, Non Facility Fee: \$133.91

**RVU (Facility):** Work RVU 0.76, Practice Exp. RVU 0.25, Malpractice RVU 0.06, Total RVU 1.07

**RVU (Non-Facility):** Work RVU 0.76, Practice Exp. RVU 3.32, Malpractice RVU 0.06, Total RVU 4.14

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE:** 2

## Modifier Allowances

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

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11010<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>, 75710<sup>1</sup>, 75820<sup>1</sup>, 75822<sup>1</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 87070<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

H70.811-H70.819, H83.11-H83.19, J86.0, K04.6, K11.4, K12.2, K31.6, K50.013, K50.113, K50.813, K50.913, K51.013, K51.213, K51.313, K51.413, K51.513, K51.813, K51.913, K60.312, K60.313, K63.2, K82.3, K83.3, K94.22, L05.01, L05.02, L05.91, L05.92, L08.9, L88, M25.10, M25.111-M25.119, M25.121-M25.129, M25.131-M25.139, M25.141-M25.149, M25.151-M25.159, M25.161-M25.169, M25.171-M25.176, M25.18, M46.20-M46.28, M86.30-M86.39, M86.311-M86.319, M86.321-M86.329, M86.331-M86.339, M86.341-M86.349, M86.351-M86.359, M86.361-M86.369, M86.371-M86.379, M86.40-M86.49, M86.411-M86.419, M86.421-M86.429, M86.431-M86.439, M86.441-M86.449, M86.451-M86.459, M86.461-M86.469, M86.471-M86.479,

M86.50-M86.59, M86.511-M86.519, M86.521-M86.529, M86.531-M86.539, M86.541-M86.549, M86.551-M86.559, M86.561-M86.569, M86.571-M86.579, M86.60-M86.69, M86.611-M86.619, M86.621-M86.629, M86.631-M86.639, M86.641-M86.649, M86.651-M86.659, M86.661-M86.669, M86.671-M86.679, M86.8X0-M86.8X9, M86.9, N32.1, N32.2, N36.0, N82.0-N82.9, Q18.0, Q18.1, Q38.0, Q64.4, T81.83XA

## 20611

Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a needle through the skin and into the large sized joint or bursa typically the shoulder, hip, knee, or subacromial bursa. Under ultrasound guidance, he then uses a syringe with the needle to remove fluid from the joint or bursa. The provider also permanently records the findings. After he aspirates the joint or bursa, he sends the fluid sample to the laboratory for further examination. He may also inject a drug into the joint or bursa for therapeutic purposes such as pharmacotherapy or lavage. He then removes the needle and applies pressure to stop any bleeding.

## Coding Tips

Report 20611 only for joints or bursae of a large size, such as the shoulder, hip, knee, or the olecranon bursa.

When the provider performs arthrocentesis, aspiration and or injection of a major joint or bursa and he does not use ultrasound guidance in the performance of the procedure, use code 20610, Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$57.25, Non Facility Fee: \$96.39

# Cardiovascular System

## 33016

Pericardiocentesis, including imaging guidance, when performed

### Clinical Responsibility

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

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

### Coding Tips

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

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

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

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$222.87, Non Facility Fee: \$222.87

**RVU (Facility):** Work RVU 4.40, Practice Exp. RVU 1.52, Malpractice RVU 0.97, Total RVU 6.89

**RVU (Non-Facility):** Work RVU 4.40, Practice Exp. RVU 1.52, Malpractice RVU 0.97, Total RVU 6.89

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE:** 1

### Modifier Allowances

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

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0694T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 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>, 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>, 33210<sup>0</sup>, 33211<sup>0</sup>, 35201<sup>1</sup>, 35206<sup>1</sup>, 35211<sup>1</sup>, 35216<sup>1</sup>, 35226<sup>1</sup>, 35241<sup>1</sup>, 35251<sup>1</sup>, 35261<sup>1</sup>, 35266<sup>1</sup>, 35271<sup>1</sup>, 35276<sup>1</sup>, 35286<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>, 39000<sup>1</sup>, 39010<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 76376<sup>1</sup>, 76377<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>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93303<sup>1</sup>, 93304<sup>1</sup>, 93306<sup>1</sup>, 93307<sup>1</sup>, 93308<sup>1</sup>, 93312<sup>1</sup>, 93313<sup>1</sup>, 93314<sup>1</sup>, 93315<sup>1</sup>, 93316<sup>1</sup>, 93317<sup>1</sup>, 93318<sup>1</sup>, 93320<sup>1</sup>, 93321<sup>1</sup>, 93325<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

A18.84, C38.0, C45.2, C79.89, C79.9, D15.1, D48.7, I01.0, I09.2, I25.10, I30.0-I30.9, I31.0-I31.2, I31.31, I31.39, I31.4, I31.8, I31.9, I32, I47.0, I47.20-I47.29, I51.7, I97.110, I97.111, I97.120, I97.121, I97.130, I97.131, I97.190, I97.191, I97.710, I97.711, I97.790, I97.791, I97.88, I97.89, M32.12, R06.00-R06.03, R06.09, R06.3, R06.83, R06.89, R07.82, R07.89, R07.9

## 33017

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

### Clinical Responsibility

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

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



## Coding Tips

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

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

For pericardiocentesis including imaging guidance when performed, report 33016.

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

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$234.51, Non Facility Fee: \$234.51

**RVU (Facility):** Work RVU 4.62, Practice Exp. RVU 1.61, Malpractice RVU 1.02, Total RVU 7.25

**RVU (Non-Facility):** Work RVU 4.62, Practice Exp. RVU 1.61, Malpractice RVU 1.02, Total RVU 7.25

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE: 1**

## Modifier Allowances

22, 47, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CG, CR, ET, GA, GC, GJ, GR, GZ, KX, PD, Q5, Q6, QJ, SC, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0694T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 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>, 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>, 33016<sup>1</sup>, 33210<sup>1</sup>, 33211<sup>0</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>, 39000<sup>1</sup>, 39010<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>,

64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 75989<sup>1</sup>, 76000<sup>1</sup>, 76376<sup>1</sup>, 76377<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>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93303<sup>1</sup>, 93304<sup>1</sup>, 93306<sup>1</sup>, 93307<sup>1</sup>, 93308<sup>1</sup>, 93312<sup>1</sup>, 93313<sup>1</sup>, 93314<sup>1</sup>, 93315<sup>1</sup>, 93316<sup>1</sup>, 93317<sup>1</sup>, 93318<sup>1</sup>, 93320<sup>1</sup>, 93321<sup>1</sup>, 93325<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10-CM Cross References

A18.84, C38.0, C45.2, C79.89, C79.9, D15.1, D48.7, I01.0, I09.2, I25.10, I30.0-I30.9, I31.0-I31.2, I31.31, I31.39, I31.4, I31.8, I31.9, I32, I47.0, I47.20-I47.29, I51.7, I97.110, I97.111, I97.120, I97.121, I97.130, I97.131, I97.190, I97.191, I97.710, I97.711, I97.790, I97.791, I97.88, I97.89, M32.12, R06.00-R06.03, R06.09, R06.3, R06.83, R06.89, R07.82, R07.89, R07.9

## 33018

Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly

## Clinical Responsibility

This procedure is performed on a patient who is a newborn up through 5 years old or any patient of any age with a congenital cardiac anomaly. When the patient is appropriately prepped and anesthetized, the provider selects a site typically between the xiphoid process and the left sternocostal margin. The provider may create a small incision to reduce needle

resistance and then advances a needle attached to a syringe or suction device into the pericardial space. The provider usually uses fluoroscopic or ultrasound imaging guidance to ensure accuracy of the needle placement and assess the congenital cardiac anomaly. The provider identifies the proper location and then aspirates fluid from the pericardial sac into the syringe, after which he withdraws the needle. He then inserts a catheter through the same puncture site, which he leaves indwelling for further drainage in case the fluid builds up again.

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

## Coding Tips

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

For the same procedure in a patient 6 years old and older without congenital cardiac anomaly, report 33017.

For pericardiocentesis including imaging guidance when performed, report 33016.

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

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$275.27, Non Facility Fee: \$275.27

**RVU (Facility):** Work RVU 5.40, Practice Exp. RVU 1.86, Malpractice RVU 1.25, Total RVU 8.51

**RVU (Non-Facility):** Work RVU 5.40, Practice Exp. RVU 1.86, Malpractice RVU 1.25, Total RVU 8.51

**MPFS Payment Policy Indicators:** Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE: 1**

## Modifier Allowances

22, 47, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CG, CR, ET, GA, GC, GJ, GR, GZ, KX, PD, Q5, Q6, QJ, SC, XE, XP, XS, XU

# Radiology

## 70010

Myelography, posterior fossa, radiological supervision and interpretation

### Clinical Responsibility

This code represents the technical and professional components of a service. The provider performs radiographic diagnostic study of the posterior cranial fossa while utilizing fluoroscopy imaging for the assessment of any intracranial pathology. He performs a lumbar puncture and injects contrast material into the subarachnoid space to enhance image sequences. He supervises the performance of the entire radiological procedure and interprets the findings. The provider who performs imaging supervision and interpretation for this procedure reports this code.

### Coding Tips

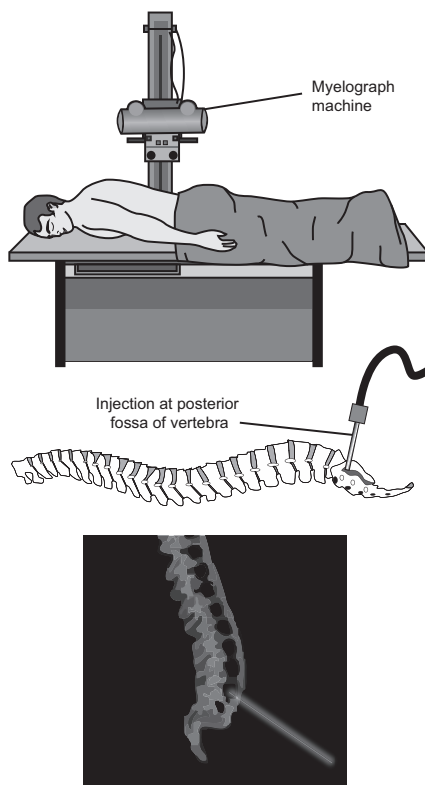
There may be rare instances where one provider supervises the radiology service and another provider interprets it. According to Medicare guidelines, each provider should report the radiology code and append reduced service modifier 52. Each should also append modifier 26 to the code to report only the professional component.

To assign a code whose descriptor includes contrast, the contrast must be intravascular, intraarticular, or intrathecal.

Depending on the payer's guidelines, providers who supply contrast may also separately report the contrast using a 99070 supply code or a HCPCS Level II code. Check individual payers' policies for contrast coverage and reportable supply codes.

If you are reporting only the interpretation or professional component for X-rays taken using portable equipment, you should report the same service code from the 70010 to 79999, Radiology procedures, range that you would report for nonportable services. Report a place of service, or POS, code reflecting where the doctor performed his service.

### Illustration



70010

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$56.61, Non Facility Fee: \$56.61

**RVU (Facility):** Work RVU 1.19, Practice Exp. RVU 0.44, Malpractice RVU 0.12, Total RVU 1.75

**RVU (Non-Facility):** Work RVU 1.19, Practice Exp. RVU 0.44, Malpractice RVU 0.12, Total RVU 1.75

**MPFS Payment Policy Indicators:** Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None  
**Practitioner MUE:** 1

### Modifier Allowances

52, 53, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, FX, FY, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ

### NCCI Alerts (version 31.0)

0708T<sup>1</sup>, 0709T<sup>1</sup>, 36000<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77003<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

C71.5, C71.8, C72.9, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C7A.00, C7A.1, C7A.8, C7B.00, C7B.03, D3A.00, D3A.098, D3A.8, D42.0-D42.9, D43.0-D43.2, D43.4, D48.2, D49.2, G02, G06.2, G07, G91.0, G91.1, G91.3, G91.8, G91.9, G93.2, G96.00-G96.09, G96.12, G96.198, G96.810-G96.819, G97.48, G97.49, G97.81-G97.84, H53.2, M48.40XA, M48.41XA, M48.42XA, M54.10, M54.18, M79.2, M84.30XA, M84.38XA, Q04.9, Q05.0-Q05.3, Q07.9, Q85.00-Q85.09, R29.2, R93.7, R94.131, S14.109S, T85.09XA, T85.190A, T85.192A, T85.193A, T85.199A, T85.730A, T85.731A, T85.732A, T85.733A, T85.734A, T85.735A, T85.738A, T85.810A, T85.820A, T85.830A, T85.840A, T85.850A, T85.860A, T85.890A, T88.8XXA, Z98.2

## 70015

Cisternography, positive contrast, radiological supervision and interpretation

### Clinical Responsibility

This code represents the technical and professional components of a service in which the provider performs radionuclide imaging of the basal cisterns of the brain to determine abnormal CSF flow or leak. He performs a lumbar puncture and injects contrast material in the form of radioisotopes into the subarachnoid space. He supervises the performance of the entire radiological procedure and interprets the findings. The provider who performs imaging supervision and interpretation for this procedure reports this code.

### Coding Tips

There may be rare instances where one provider supervises the radiology service and another provider interprets it. According to Medicare guidelines, each provider should report the radiology code and append reduced service modifier 52.

Each should also append modifier 26 to the code to report only the professional component.

To assign a code whose descriptor includes contrast, the contrast must be intravascular, intraarticular, or intrathecal.

Depending on the payer's guidelines, providers who supply contrast may also separately report the contrast using a 99070 supply code or a HCPCS Level II code. Check individual payers' policies for contrast coverage and reportable supply codes.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$158.82, Non Facility Fee: \$158.82

**RVU (Facility):** Work RVU 1.19, Practice Exp. RVU 3.66, Malpractice RVU 0.06, Total RVU 4.91

**RVU (Non-Facility):** Work RVU 1.19, Practice Exp. RVU 3.66, Malpractice RVU 0.06, Total RVU 4.91

**MPFS Payment Policy Indicators:** Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None  
**Practitioner MUE: 1**

## Modifier Allowances

26, 52, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, FX, FY, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC

## NCCI Alerts (version 31.0)

0708T<sup>1</sup>, 0709T<sup>1</sup>, 36000<sup>1</sup>, 36011<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 76000<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77003<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>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>

## ICD-10-CM Cross References

A17.89, A50.49, C70.0, C70.9, C71.5, C72.9, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C7A.1, C7A.8, C7B.09, C7B.8, D33.0-D33.2, D3A.00, D3A.8, D42.0-D42.9, D43.0-D43.2, D43.4, D48.2, D49.6, D49.89, G31.01, G31.09, G31.83, G91.0, G91.1, G91.3, G91.8, G91.9, G95.89, G96.00-G96.09, G96.12, G96.198, G96.810-G96.819, G97.2, G97.48, G97.49, G97.81-G97.84, Q03.8, Q03.9, Q05.0-Q05.3, Q85.01-Q85.03, Q85.09, R93.6, R93.7, Z08, Z09, Z92.21, Z92.22, Z98.2

## 70030

Radiologic examination, eye, for detection of foreign body

## Clinical Responsibility

The provider takes a plain X-ray of the eye to determine whether the patient has a foreign body in the eye.

## Coding Tips

Be sure that the provider's documentation clearly describes each view taken in a radiology service. Check the documentation for the patient's body position and projection of the X-ray to assign the correct number of views.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$32.02, Non Facility Fee: \$32.02

**RVU (Facility):** Work RVU 0.18, Practice Exp. RVU 0.79, Malpractice RVU 0.02, Total RVU 0.99

**RVU (Non-Facility):** Work RVU 0.18, Practice Exp. RVU 0.79, Malpractice RVU 0.02, Total RVU 0.99

**MPFS Payment Policy Indicators:** Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic Test: 99, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None  
**Practitioner MUE: 2**

## Modifier Allowances

26, 50, 52, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, FX, FY, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, TC

## NCCI Alerts (version 31.0)

36591<sup>0</sup>, 36592<sup>0</sup>, 96523<sup>0</sup>

## ICD-10-CM Cross References

H05.50-H05.53, H44.601-H44.609, H44.611-H44.619, H44.631-H44.639, H44.641-H44.649, H44.651-H44.659, H44.711-H44.719, H44.721-H44.729, H44.731-H44.739, H44.741-H44.749, H44.751-H44.759, H57.8A1-H57.8A9, H59.351-H59.359, R09.A9, S02.121D-S02.121G, S02.121K, S02.121S, S02.122D-S02.122G, S02.122K, S02.122S, S02.129D-S02.129G, S02.129K, S02.129S, S02.831D-S02.831G, S02.831K, S02.831S, S02.832D-S02.832G, S02.832K, S02.832S,

S02.839D-S02.839G, S02.839K, S02.839S, S02.841D-S02.841G, S02.841K, S02.841S, S02.842D-S02.842G, S02.842K, S02.842S, S02.849D-S02.849G, S02.849K, S02.849S, S02.85XD-S02.85XG, S02.85XK, S02.85XS, T75.89XD, T75.89XS, T81.513D, T81.513S, T81.533D, T81.533S, T81.69XD, T81.69XS, Z03.823, Z18.09, Z18.10, Z18.11, Z18.2

## 70100

Radiologic examination, mandible; partial, less than 4 views

## Clinical Responsibility

The provider takes plain X-rays of the lower jaw bone. He obtains one, two, or three views of the mandible from different angles or projections.

## Coding Tips

Be sure that the provider's documentation clearly describes each view taken in a radiology service. Check the documentation for the patient's body position and projection of the X-ray to assign the correct number of views.

If a provider orders and performs a three-view mandible X-ray to diagnose a fracture and then a four-view X-ray to check for proper alignment following closed reduction, the appropriate code for the first service, a three-view mandible X-ray, is 70100. The second service, the four-view mandible X-ray, merits 70110. Radiologic examination, mandible; complete, minimum of four views. However, billing edits bundle 70100 into 70110 and a modifier cannot be used to override the edit. So, if the provider performs the services on the same date, the payer may consider only 70110 reportable and payable.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$37.52, Non Facility Fee: \$37.52

**RVU (Facility):** Work RVU 0.18, Practice Exp. RVU 0.96, Malpractice RVU 0.02, Total RVU 1.16

**RVU (Non-Facility):** Work RVU 0.18, Practice Exp. RVU 0.96, Malpractice RVU 0.02, Total RVU 1.16

**MPFS Payment Policy Indicators:** Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, Radiology Diagnostic



# HCPCS Level II Codes

## A9515

Choline c-11, diagnostic, per study dose up to 20 millicuries

### Clinical Responsibility

The provider administers choline C-11 intravenously, or through a vein. The provider uses the agent primarily to perform imaging for the assessment of a patient's prostate. Choline C-11 is a radioactive drug that is used along with PET scanning for diagnostic purposes. It has a physical half-life of 20.4 minutes. Use this code for an intravenous injection of choline C-11 that a provider uses for imaging and evaluating the structure and function of the prostate. This code is for up to 20 millicuries diagnostic study dose of choline C-11 a provider uses.

### Coding Tips

The Healthcare Common Procedure Coding System (HCPCS Level II) codes that begin with an A represent transportation services, medical and surgical supplies, and radiopharmaceuticals. The series of codes A9500 to A9572 signifies the supply of radiopharmaceuticals for both diagnostic and therapeutic purposes in cancer patients.

Medicare reimbursement is based on carrier judgment.

### BETOS

**11E:** Standard imaging - nuclear medicine

## A9587

Gallium ga-68, dotatate, diagnostic, 0.1 millicurie

### Clinical Responsibility

The patient receives gallium Ga-68 dotatate by intravenous injection for diagnostic purposes in adult and pediatric patients. Gallium Ga-68 is a radioactive drug which has a half-life of 68 minutes. It is a radioactive form of gallium. Dotatate, also called DOTA-0-Tyr3-Octreotate, has

a molecular weight of 1435.6 daltons. It is a cyclic 8 amino acid peptide with a covalently bound chelator (dota). The provider uses gallium Ga-68 dotatate to diagnose neuroendocrine tumors.

Neuroendocrine tumors are abnormal masses that originate from cells of the endocrine or nervous system that commonly occur in the intestines but may also be found in the lung and other parts of the body.

The provider administers gallium Ga-68 through an intravenous route. Use this code for 0.1 diagnostic millicurie of gallium Ga 68 dotatate.

### Coding Tips

The Healthcare Common Procedure Coding System (HCPCS Level II) codes that begin with an A represent transportation services, medical and surgical supplies, and radiopharmaceuticals. The series of codes from A9500 to A9572 signifies the supply of radiopharmaceuticals for both diagnostic and therapeutic purposes in cancer patients.

Medicare reimbursement is based on carrier judgment.

### BETOS

**11E:** Standard imaging - nuclear medicine

## A9588

Fluciclovine f-18, diagnostic, 1 millicurie

### Clinical Responsibility

The patient receives fluciclovine F-18 by intravenous bolus injection for diagnostic purposes in men suspected of a recurrence of prostate cancer after prior treatment. Fluciclovine F-18 is a radioactive drug which is a fluorine 18 (F-18) labeled synthetic amino acid analog used with PET scanning. Fluorine 18 is destroyed by positron emission with a physical half-life of 109.7 minutes. The provider uses fluciclovine F-18 to diagnose prostate cancer. The prostate is a small gland that is part of the reproductive

system in males and located just below the urinary bladder; it secretes prostatic fluid, a component of semen. The provider administers fluciclovine F-18 intravenously. Use this code for 1 diagnostic millicurie of fluciclovine f-18.

### Coding Tips

The Healthcare Common Procedure Coding System (HCPCS Level II) codes that begin with an A represent transportation services, medical and surgical supplies, and radiopharmaceuticals. The series of codes from A9500 to A9572 signifies the supply of radiopharmaceuticals for both diagnostic and therapeutic purposes in cancer patients.

Medicare reimbursement is based on carrier judgment.

### BETOS

**11E:** Standard imaging - nuclear medicine

## A9590

Iodine i-131, iobenguane, 1 millicurie

### Clinical Responsibility

Iodine I-131 iobenguane is a diagnostic or therapeutic radiopharmaceutical agent administered as an intravenous infusion. Report this code for each 1 mCi iobenguane supplied.

This drug is approved for diagnosis of primary or metastatic pheochromocytoma or neuroblastoma or treatment of locally advanced or metastatic pheochromocytoma or paraganglioma.

### Coding Tips

This code represents only the drug, not administration of the drug.

This is a generic drug. Brand names for this drug include: Azedra®.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.

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, Drug amount discarded/not administered to any patient.

## BETOS

**11E:** Standard imaging - nuclear medicine

### A9591

Fluoroestradiol f 18, diagnostic, 1 millicurie

## Clinical Responsibility

The standard dosage of fluoroestradiol F-18 is 222 MBq (6 mCi), with a range of 111 MBq to 222 MBq (3 mCi to 6 mCi), administered as a single intravenous injection of 10 mL or less over one to two minutes.

Fluoroestradiol F-18 is supplied as 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) in a multiple-dosage vial.

Breast cancer is a type of cancer that develops from the breast cells and is capable of spreading, commonly affecting women; the major signs include a lump in the breast, change in the shape of the breast, and fluid from the nipples.

Report this code for each 1 mCi of fluoroestradiol F-18 administered.

## Coding Tips

Brand names for this drug include: Cerianna™.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.

## BETOS

**11E:** Standard imaging - nuclear medicine

### A9592

Copper cu-64, dotatate, diagnostic, 1 millicurie

## Clinical Responsibility

The standard dosage of copper cu-64, dotatate, is 148 MBq (4 mCi), administered as an intravenous bolus injection.

Copper cu-64, dotatate, is supplied as 148 MBq (4 mCi) (37 MBq (1 mCi) per 1 mL) in a single-dose vial. Dotatate is a form of an

amino acid (a building block of protein) that can be bound with a radionuclide.

Providers may use copper cu-64, dotatate, to localize neuroendocrine tumors during PET imaging. Neuroendocrine tumors are abnormal masses that originate from neuroendocrine cells, which have traits similar to nerve cells and hormone producing cells. These tumors commonly occur in the intestines, but they also may be found in the lungs and other parts of the body.

Report this code for each 1 mCi of copper cu-64, dotatate, administered.

## Coding Tips

Brand names for this drug include: Detectnet™.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.

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

**11E:** Standard imaging - nuclear medicine

### A9593

Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie

## Clinical Responsibility

The standard dosage of gallium Ga-68 PSMA-11 is 111 MBq to 259 MBq (3 mCi to 7 mCi) administered as a bolus intravenous injection. It is supplied in a multiple-dose glass vial.

Providers may use this radiopharmaceutical to localize PSMA-positive metastatic disease in patients with prostate cancer. Prostate specific membrane antigen (PSMA) is overexpressed on prostate cancer cells. After injection of gallium Ga-68 PSMA-11, PET imaging can localize where the radiotracer is, allowing localization of metastatic disease and providing information for treatment decisions.

Report this code for each 1 mCi of gallium Ga-68 PSMA-11 administered. This code is specific to the product by the University of California San Francisco (UCSF).

## Coding Tips

This code is specific to the UCSF product. For a similar product by UCLA, see A9594.

This code represents the supply of the agent. Check coding and individual payer guidelines to determine whether you also can report the administration of the drug.

## BETOS

**11E:** Standard imaging - nuclear medicine

### A9594

Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie

## Clinical Responsibility

The standard dosage of gallium Ga-68 PSMA-11 is 111 MBq to 259 MBq (3 mCi to 7 mCi) administered as a bolus intravenous injection. It is supplied in a multiple-dose glass vial. Providers may use this radiopharmaceutical to localize PSMA-positive metastatic disease in patients with prostate cancer. Prostate specific membrane antigen (PSMA) is overexpressed on prostate cancer cells. After injection of gallium Ga-68 PSMA-11, PET imaging can localize where the radiotracer is, allowing localization of metastatic disease and providing information for treatment decisions. Report this code for each 1 mCi of gallium Ga-68 PSMA-11 administered. This code is specific to the product by the University of California Los Angeles (UCLA).

## Coding Tips

This code is specific to the UCLA product. For a similar product by UCSF, see A9593.

This code represents the supply of the agent. Check coding and individual payer guidelines to determine whether you also can report the administration of the drug.

## BETOS

**11E:** Standard imaging - nuclear medicine

### A9595

Piflufolastat f-18, diagnostic, 1 millicurie

## Clinical Responsibility

The standard dosage of piflufolastat F-18 is 9 mCi (333 MBq) administered as a bolus intravenous injection. The acceptable

# ICD-10-CM Cross Reference Details

<b>A02.0</b>	Salmonella enteritis	<b>A36.84</b>	Diphtheritic tubulo-interstitial nephropathy
<b>A02.21</b>	Salmonella meningitis	<b>A39.50</b>	Meningococcal carditis, unspecified
<b>A04.0</b>	Enteropathogenic Escherichia coli infection	<b>A39.51</b>	Meningococcal endocarditis
<b>A04.1</b>	Enterotoxigenic Escherichia coli infection	<b>A39.52</b>	Meningococcal myocarditis
<b>A04.2</b>	Enteroinvasive Escherichia coli infection	<b>A41.54</b>	Sepsis due to Acinetobacter baumannii
<b>A04.3</b>	Enterohemorrhagic Escherichia coli infection	<b>A41.9</b>	Sepsis, unspecified organism
<b>A04.4</b>	Other intestinal Escherichia coli infections	<b>A48.3</b>	Toxic shock syndrome
<b>A04.5</b>	Campylobacter enteritis	<b>A50.49</b>	Other late congenital neurosyphilis
<b>A04.6</b>	Enteritis due to Yersinia enterocolitica	<b>A51.41</b>	Secondary syphilitic meningitis
<b>A04.71</b>	Enterocolitis due to Clostridium difficile, recurrent	<b>A52.00</b>	Cardiovascular syphilis, unspecified
<b>A04.72</b>	Enterocolitis due to Clostridium difficile, not specified as recurrent	<b>A52.01</b>	Syphilitic aneurysm of aorta
<b>A04.8</b>	Other specified bacterial intestinal infections	<b>A52.02</b>	Syphilitic aortitis
<b>A04.9</b>	Bacterial intestinal infection, unspecified	<b>A52.03</b>	Syphilitic endocarditis
<b>A05.0</b>	Foodborne staphylococcal intoxication	<b>A52.05</b>	Other cerebrovascular syphilis
<b>A05.1</b>	Botulism food poisoning	<b>A52.06</b>	Other syphilitic heart involvement
<b>A05.2</b>	Foodborne Clostridium perfringens [Clostridium welchii] intoxication	<b>A52.09</b>	Other cardiovascular syphilis
<b>A05.3</b>	Foodborne Vibrio parahaemolyticus intoxication	<b>A52.11</b>	Tabes dorsalis
<b>A05.4</b>	Foodborne Bacillus cereus intoxication	<b>A52.12</b>	Other cerebrospinal syphilis
<b>A05.5</b>	Foodborne Vibrio vulnificus intoxication	<b>A52.13</b>	Late syphilitic meningitis
<b>A05.8</b>	Other specified bacterial foodborne intoxications	<b>A52.14</b>	Late syphilitic encephalitis
<b>A05.9</b>	Bacterial foodborne intoxication, unspecified	<b>A52.15</b>	Late syphilitic neuropathy
<b>A06.0</b>	Acute amebic dysentery	<b>A52.17</b>	General paresis
<b>A06.4</b>	Amebic liver abscess	<b>A52.19</b>	Other symptomatic neurosyphilis
<b>A07.1</b>	Giardiasis [lamblasis]	<b>A52.2</b>	Asymptomatic neurosyphilis
<b>A08.0</b>	Rotaviral enteritis	<b>A52.3</b>	Neurosyphilis, unspecified
<b>A08.11</b>	Acute gastroenteropathy due to Norwalk agent	<b>A52.75</b>	Syphilis of kidney and ureter
<b>A08.19</b>	Acute gastroenteropathy due to other small round viruses	<b>A54.00</b>	Gonococcal infection of lower genitourinary tract, unspecified
<b>A08.2</b>	Adenoviral enteritis	<b>A54.01</b>	Gonococcal cystitis and urethritis, unspecified
<b>A08.31</b>	Calicivirus enteritis	<b>A54.1</b>	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
<b>A08.32</b>	Astrovirus enteritis	<b>A54.21</b>	Gonococcal infection of kidney and ureter
<b>A08.39</b>	Other viral enteritis	<b>A54.22</b>	Gonococcal prostatitis
<b>A08.4</b>	Viral intestinal infection, unspecified	<b>A54.29</b>	Other gonococcal genitourinary infections
<b>A08.8</b>	Other specified intestinal infections	<b>A54.41</b>	Gonococcal spondylopathy
<b>A09</b>	Infectious gastroenteritis and colitis, unspecified	<b>A54.81</b>	Gonococcal meningitis
<b>A15.0</b>	Tuberculosis of lung	<b>A54.83</b>	Gonococcal heart infection
<b>A15.4</b>	Tuberculosis of intrathoracic lymph nodes	<b>A56.01</b>	Chlamydial cystitis and urethritis
<b>A15.7</b>	Primary respiratory tuberculosis	<b>A56.11</b>	Chlamydial female pelvic inflammatory disease
<b>A15.8</b>	Other respiratory tuberculosis	<b>A59.02</b>	Trichomonal prostatitis
<b>A17.0</b>	Tuberculous meningitis	<b>A59.03</b>	Trichomonal cystitis and urethritis
<b>A17.1</b>	Meningeal tuberculoma	<b>A78</b>	Q fever
<b>A17.81</b>	Tuberculoma of brain and spinal cord	<b>A79.82</b>	Anaplasmosis [A. phagocytophilum]
<b>A17.82</b>	Tuberculous meningoencephalitis	<b>A80.0</b>	Acute paralytic poliomyelitis, vaccine-associated
<b>A17.83</b>	Tuberculous neuritis	<b>A80.1</b>	Acute paralytic poliomyelitis, wild virus, imported
<b>A17.89</b>	Other tuberculosis of nervous system	<b>A80.2</b>	Acute paralytic poliomyelitis, wild virus, indigenous
<b>A17.9</b>	Tuberculosis of nervous system, unspecified	<b>A80.39</b>	Other acute paralytic poliomyelitis
<b>A18.01</b>	Tuberculosis of spine	<b>A80.4</b>	Acute nonparalytic poliomyelitis
<b>A18.02</b>	Tuberculous arthritis of other joints	<b>B00.50</b>	Herpesviral ocular disease, unspecified
<b>A18.03</b>	Tuberculosis of other bones	<b>B00.53</b>	Herpesviral conjunctivitis
<b>A18.11</b>	Tuberculosis of kidney and ureter	<b>B00.59</b>	Other herpesviral disease of eye
<b>A18.14</b>	Tuberculosis of prostate	<b>B00.82</b>	Herpes simplex myelitis
<b>A18.18</b>	Tuberculosis of other female genital organs	<b>B01.12</b>	Varicella myelitis
<b>A18.50</b>	Tuberculosis of eye, unspecified	<b>B02.1</b>	Zoster meningitis
<b>A18.51</b>	Tuberculous episcleritis	<b>B02.21</b>	Postherpetic geniculate ganglionitis
<b>A18.52</b>	Tuberculous keratitis	<b>B02.22</b>	Postherpetic trigeminal neuralgia
<b>A18.53</b>	Tuberculous chorioretinitis	<b>B02.23</b>	Postherpetic polyneuropathy
<b>A18.54</b>	Tuberculous iridocyclitis	<b>B02.24</b>	Postherpetic myelitis
<b>A18.59</b>	Other tuberculosis of eye	<b>B02.29</b>	Other postherpetic nervous system involvement
<b>A18.6</b>	Tuberculosis of (inner) (middle) ear	<b>B02.30</b>	Zoster ocular disease, unspecified
<b>A18.84</b>	Tuberculosis of heart	<b>B02.31</b>	Zoster conjunctivitis
<b>A21.1</b>	Oculoglandular tularemia	<b>B02.34</b>	Zoster scleritis
<b>A27.81</b>	Aseptic meningitis in leptospirosis	<b>B02.39</b>	Other herpes zoster eye disease
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>B02.7</b>	Disseminated zoster
<b>A32.81</b>	Oculoglandular listeriosis	<b>B02.8</b>	Zoster with other complications
<b>A36.0</b>	Pharyngeal diphtheria	<b>B02.9</b>	Zoster without complications
<b>A36.1</b>	Nasopharyngeal diphtheria	<b>B05.3</b>	Measles complicated by otitis media
<b>A36.2</b>	Laryngeal diphtheria	<b>B15.0</b>	Hepatitis A with hepatic coma
		<b>B15.9</b>	Hepatitis A without hepatic coma

<b>B16.0</b>	Acute hepatitis B with delta-agent with hepatic coma	<b>C02.9</b>	Malignant neoplasm of tongue, unspecified
<b>B16.1</b>	Acute hepatitis B with delta-agent without hepatic coma	<b>C03.0</b>	Malignant neoplasm of upper gum
<b>B16.2</b>	Acute hepatitis B without delta-agent with hepatic coma	<b>C03.1</b>	Malignant neoplasm of lower gum
<b>B16.9</b>	Acute hepatitis B without delta-agent and without hepatic coma	<b>C03.9</b>	Malignant neoplasm of gum, unspecified
<b>B17.0</b>	Acute delta-(super) infection of hepatitis B carrier	<b>C04.0</b>	Malignant neoplasm of anterior floor of mouth
<b>B17.10</b>	Acute hepatitis C without hepatic coma	<b>C04.1</b>	Malignant neoplasm of lateral floor of mouth
<b>B17.11</b>	Acute hepatitis C with hepatic coma	<b>C04.8</b>	Malignant neoplasm of overlapping sites of floor of mouth
<b>B17.2</b>	Acute hepatitis E	<b>C04.9</b>	Malignant neoplasm of floor of mouth, unspecified
<b>B17.8</b>	Other specified acute viral hepatitis	<b>C05.0</b>	Malignant neoplasm of hard palate
<b>B17.9</b>	Acute viral hepatitis, unspecified	<b>C05.1</b>	Malignant neoplasm of soft palate
<b>B18.0</b>	Chronic viral hepatitis B with delta-agent	<b>C05.2</b>	Malignant neoplasm of uvula
<b>B18.1</b>	Chronic viral hepatitis B without delta-agent	<b>C05.8</b>	Malignant neoplasm of overlapping sites of palate
<b>B18.2</b>	Chronic viral hepatitis C	<b>C05.9</b>	Malignant neoplasm of palate, unspecified
<b>B18.8</b>	Other chronic viral hepatitis	<b>C06.0</b>	Malignant neoplasm of cheek mucosa
<b>B18.9</b>	Chronic viral hepatitis, unspecified	<b>C06.1</b>	Malignant neoplasm of vestibule of mouth
<b>B19.0</b>	Unspecified viral hepatitis with hepatic coma	<b>C06.2</b>	Malignant neoplasm of retromolar area
<b>B19.10</b>	Unspecified viral hepatitis B without hepatic coma	<b>C06.80</b>	Malignant neoplasm of overlapping sites of unspecified parts of mouth
<b>B19.11</b>	Unspecified viral hepatitis B with hepatic coma	<b>C06.89</b>	Malignant neoplasm of overlapping sites of other parts of mouth
<b>B19.20</b>	Unspecified viral hepatitis C without hepatic coma	<b>C06.9</b>	Malignant neoplasm of mouth, unspecified
<b>B19.21</b>	Unspecified viral hepatitis C with hepatic coma	<b>C07</b>	Malignant neoplasm of parotid gland
<b>B19.9</b>	Unspecified viral hepatitis without hepatic coma	<b>C08.0</b>	Malignant neoplasm of submandibular gland
<b>B20</b>	Human immunodeficiency virus [HIV] disease	<b>C08.1</b>	Malignant neoplasm of sublingual gland
<b>B25.1</b>	Cytomegaloviral hepatitis	<b>C08.9</b>	Malignant neoplasm of major salivary gland, unspecified
<b>B25.2</b>	Cytomegaloviral pancreatitis	<b>C09.0</b>	Malignant neoplasm of tonsillar fossa
<b>B33.20</b>	Viral carditis, unspecified	<b>C09.1</b>	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
<b>B33.21</b>	Viral endocarditis	<b>C09.8</b>	Malignant neoplasm of overlapping sites of tonsil
<b>B33.22</b>	Viral myocarditis	<b>C09.9</b>	Malignant neoplasm of tonsil, unspecified
<b>B37.41</b>	Candidal cystitis and urethritis	<b>C10.0</b>	Malignant neoplasm of vallecula
<b>B37.5</b>	Candidal meningitis	<b>C10.1</b>	Malignant neoplasm of anterior surface of epiglottis
<b>B37.6</b>	Candidal endocarditis	<b>C10.2</b>	Malignant neoplasm of lateral wall of oropharynx
<b>B37.81</b>	Candidal esophagitis	<b>C10.3</b>	Malignant neoplasm of posterior wall of oropharynx
<b>B38.4</b>	Coccidioidomycosis meningitis	<b>C10.4</b>	Malignant neoplasm of branchial cleft
<b>B38.81</b>	Prostatic coccidioidomycosis	<b>C10.8</b>	Malignant neoplasm of overlapping sites of oropharynx
<b>B39.4</b>	Histoplasmosis capsulati, unspecified	<b>C10.9</b>	Malignant neoplasm of oropharynx, unspecified
<b>B39.5</b>	Histoplasmosis duboisii	<b>C11.0</b>	Malignant neoplasm of superior wall of nasopharynx
<b>B39.9</b>	Histoplasmosis, unspecified	<b>C11.1</b>	Malignant neoplasm of posterior wall of nasopharynx
<b>B44.81</b>	Allergic bronchopulmonary aspergillosis	<b>C11.2</b>	Malignant neoplasm of lateral wall of nasopharynx
<b>B45.1</b>	Cerebral cryptococcosis	<b>C11.3</b>	Malignant neoplasm of anterior wall of nasopharynx
<b>B52.0</b>	Plasmodium malariae malaria with nephropathy	<b>C11.8</b>	Malignant neoplasm of overlapping sites of nasopharynx
<b>B57.0</b>	Acute Chagas' disease with heart involvement	<b>C11.9</b>	Malignant neoplasm of nasopharynx, unspecified
<b>B57.2</b>	Chagas' disease (chronic) with heart involvement	<b>C12</b>	Malignant neoplasm of pyriform sinus
<b>B58.01</b>	Toxoplasma chorioretinitis	<b>C13.0</b>	Malignant neoplasm of postcricoid region
<b>B58.2</b>	Toxoplasma meningoencephalitis	<b>C13.1</b>	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
<b>B58.81</b>	Toxoplasma myocarditis	<b>C13.2</b>	Malignant neoplasm of posterior wall of hypopharynx
<b>B67.0</b>	Echinococcus granulosus infection of liver	<b>C13.8</b>	Malignant neoplasm of overlapping sites of hypopharynx
<b>B67.5</b>	Echinococcus multilocularis infection of liver	<b>C13.9</b>	Malignant neoplasm of hypopharynx, unspecified
<b>B67.8</b>	Echinococcosis, unspecified, of liver	<b>C14.0</b>	Malignant neoplasm of pharynx, unspecified
<b>B76.9</b>	Hookworm disease, unspecified	<b>C14.2</b>	Malignant neoplasm of Waldeyer's ring
<b>B83.2</b>	Angiostrongyliasis due to Parastrongylus cantonensis	<b>C14.8</b>	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
<b>B91</b>	Sequelae of poliomyelitis	<b>C15.3</b>	Malignant neoplasm of upper third of esophagus
<b>B96.83</b>	Acinetobacter baumannii as the cause of diseases classified elsewhere	<b>C15.4</b>	Malignant neoplasm of middle third of esophagus
<b>B97.35</b>	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	<b>C15.5</b>	Malignant neoplasm of lower third of esophagus
<b>C00.0</b>	Malignant neoplasm of external upper lip	<b>C15.8</b>	Malignant neoplasm of overlapping sites of esophagus
<b>C00.1</b>	Malignant neoplasm of external lower lip	<b>C15.9</b>	Malignant neoplasm of esophagus, unspecified
<b>C00.2</b>	Malignant neoplasm of external lip, unspecified	<b>C16.0</b>	Malignant neoplasm of cardia
<b>C00.3</b>	Malignant neoplasm of upper lip, inner aspect	<b>C16.1</b>	Malignant neoplasm of fundus of stomach
<b>C00.4</b>	Malignant neoplasm of lower lip, inner aspect	<b>C16.2</b>	Malignant neoplasm of body of stomach
<b>C00.5</b>	Malignant neoplasm of lip, unspecified, inner aspect	<b>C16.3</b>	Malignant neoplasm of pyloric antrum
<b>C00.6</b>	Malignant neoplasm of commissure of lip, unspecified	<b>C16.4</b>	Malignant neoplasm of pylorus
<b>C00.8</b>	Malignant neoplasm of overlapping sites of lip	<b>C16.5</b>	Malignant neoplasm of lesser curvature of stomach, unspecified
<b>C00.9</b>	Malignant neoplasm of lip, unspecified	<b>C16.6</b>	Malignant neoplasm of greater curvature of stomach, unspecified
<b>C01</b>	Malignant neoplasm of base of tongue	<b>C16.8</b>	Malignant neoplasm of overlapping sites of stomach
<b>C02.0</b>	Malignant neoplasm of dorsal surface of tongue	<b>C16.9</b>	Malignant neoplasm of stomach, unspecified
<b>C02.1</b>	Malignant neoplasm of border of tongue	<b>C17.0</b>	Malignant neoplasm of duodenum
<b>C02.2</b>	Malignant neoplasm of ventral surface of tongue	<b>C17.1</b>	Malignant neoplasm of jejunum
<b>C02.3</b>	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	<b>C17.2</b>	Malignant neoplasm of ileum
<b>C02.4</b>	Malignant neoplasm of lingual tonsil		
<b>C02.8</b>	Malignant neoplasm of overlapping sites of tongue		



# Modifier Descriptors

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

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

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

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



# Terminology

Terminology	Explanation
<b>Abdominal aorta</b>	Largest artery that supplies the abdominal cavity, part of the aorta and a continuation of the descending aorta from the thorax; it divides further into iliac arteries, which supply blood to the abdominal wall, pelvis, and lower extremities.
<b>Ablation</b>	Removal of tissue, a body part, or an organ or destruction of its function.
<b>Abscess</b>	Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissues.
<b>Acromioclavicular, or AC, joint</b>	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
<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>Adrenal</b>	Refers to the adrenal glands, located at the top of each kidney, or their secretions.
<b>Adrenal veins</b>	Veins branching off of the left or right adrenal gland.
<b>Advance directive</b>	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
<b>Afterloading</b>	Placing catheters, which are subsequently loaded with radioactive substance, at the treatment site.
<b>Amniotic fluid</b>	Fluid present in the amniotic sac that surrounds the fetus thereby preventing the fetus from any external injury or shock.
<b>Amniotic sac</b>	A sac in the uterus that has fluid which protects the fetus from any external shock during pregnancy.
<b>A-mode, amplitude mode</b>	A one-dimensional ultrasonic measurement.
<b>Anastomosis</b>	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
<b>Anatomy</b>	Branch of science that deals with the study of the structure of an organism.
<b>Anesthesia</b>	A medication that reduces or eliminates sensitivity to pain; 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>Angiogram</b>	A general term for radiographic images of arteries or veins following the administration of a contrast material; more specific terms include aortogram, arteriogram, and venogram.
<b>Angiography</b>	Imaging of internal organs including blood vessels, arteries, veins, and heart chambers.
<b>Angioplasty</b>	A surgical procedure to widen a narrowed or blocked artery.
<b>Angioscope</b>	A catheter with a camera mounted on its one end that a provider uses to examine the interior of a blood vessel.
<b>Anomaly</b>	Not normal structurally or functionally, out of place; typically describes a congenital deformity, one present at birth.
<b>Anterior</b>	Closer to the front part of the body or a structure.
<b>Anteroposterior, or AP, view</b>	The X-ray beam travels from front to back abbreviated as AP.
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Antibody</b>	An immune system related protein that can detect a harmful substance called an antigen.
<b>Anticoagulant</b>	A drug that prevents the clotting of the blood.
<b>Antigen</b>	A harmful substance that can stimulate the production of antibodies or combine with them.
<b>Antispasmodic</b>	Substance that reduces or eliminates muscle spasms.
<b>Aorta</b>	The main artery that comes out of the top of the left ventricle of the heart and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.
<b>Aortography</b>	Study of the aorta by taking X-ray images after injecting contrast material.
<b>AP (Anteroposterior)</b>	Front to back.
<b>Appendicular skeleton</b>	Extremity bones, including the clavicles, scapulae, and hips.
<b>Arachnoid membrane</b>	The middle of the three meninges, or membranes, that protect the spinal cord and brain.
<b>Arc therapy</b>	A form of radiation therapy that uses equipment that produces single or multiple radiation beams that sweep, or arc, up to 360 degrees around the patient so a concentrated beam can target all sides of the tumor as it follows the contours of the tumor instead of impacting healthy tissue around it.

Terminology	Explanation
<b>Arch of aorta</b>	The second section of the aorta following the ascending aorta.
<b>Arterial access</b>	Situated or occurring within an artery.
<b>Arteries</b>	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
<b>Arteriogram</b>	A medical imaging in which the provider injects a dye into the arteries to visualize the inside of these blood vessels using X-ray also known as an angiography.
<b>Arteriography</b>	X-ray of an artery, after injecting a special chemical dye through the target vessel, using a catheter. Arteriography can be used to distinguish blood clots from obstructions in the veins and to evaluate congenital vein problems.
<b>Arteriosclerosis</b>	A condition in which the walls of the arteries lose their elasticity and become stiff and hard; closely related and sometimes used interchangeably with atherosclerosis, buildup of plaque, or fatty deposits, on the walls of an artery; hardening and thickening the artery walls, which can lead to coronary artery disease.
<b>Arteriovenous anastomosis</b>	An abnormal connection between an artery and a vein made either surgically, as a result of trauma or a medical condition, or congenital; also be referred to as an arteriovenous fistula or graft.
<b>Arteriovenous fistula</b>	Abnormal connection between artery and vein.
<b>Arteriovenous malformation</b>	A mass of interwoven arteries and veins that interferes with blood flow; often congenital, or present at birth.
<b>Artery</b>	A blood vessel that carries oxygenated blood from the heart to different parts of the body.
<b>Arthralgia</b>	Pain in a joint.
<b>Arthritis</b>	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
<b>Arthrography</b>	A radiographic contrast joint study; the provider injects contrast into the joint and then takes X-rays in multiple projections; the contrast allows the provider to see more details than a conventional X-ray.
<b>Articular disk</b>	A fibrocartilaginous ligament cushion between the bones of a joint.
<b>Ascites</b>	Excessive accumulation of fluid in the abdominal cavity.
<b>Aspiration</b>	Withdrawal of material, often with a needle; can also refer to breathing in fluid or food material.
<b>Atherectomy</b>	A surgical procedure to remove plaque from a blood vessel.
<b>Atherosclerosis</b>	Chronic disease characterized by abnormal thickening of the walls of the arteries due to fatty deposits.
<b>Atherosclerotic burden</b>	The sum or extent of atherosclerotic disease.
<b>Atrium</b>	One of the two upper chambers of the heart; the left atrium delivers oxygenated blood from the pulmonary veins to the left ventricle of the heart, the right receives blood from the major veins and delivers it to the right ventricle.
<b>Attenuation</b>	Sending of signals from one point to another.
<b>Axial length</b>	Distance between the front third of the eye and the back two thirds of the eyeball.
<b>Axial skeleton</b>	Head and trunk bones.
<b>Axilla</b>	The armpit.
<b>B mode or B scan ultrasound</b>	Imaging technique using high frequency sound waves to provide a cross sectional, two dimensional view in gray scale imaging; also known as bright scan.
<b>Balloon angioplasty</b>	A procedure in which the provider opens the narrowed artery by using a balloon to open the blockage.
<b>Balloon catheter</b>	A flexible tube with a balloon at the tip that can be inflated and deflated with a mechanism at the other end.
<b>Balloon dilator</b>	A catheter with an inflatable balloon that relieves a stricture or narrowing of a lumen or tube, such as the esophagus, by inflating the balloon to increase the diameter of the lumen and dilate the stricture.
<b>Barium sulfate</b>	A radiopaque contrast media; when swallowed, the barium sulfate coats the esophagus, stomach, and intestine, revealing diseased and damaged areas on X-ray or CT images.
<b>Basal cistern</b>	A wide space between the temporal lobes covered by the arachnoid membrane; it contains the circle of Willis, an area at the base of the brain where the carotid arteries branch off and supply blood to most of the brain; also called the interpeduncular cistern or cisterna interpeduncularis.
<b>Basilic vein</b>	Superficial vein of arm that carries impure blood from the hand and forearm.
<b>Benign</b>	Not malignant, generally treatable or not needing treatment.
<b>Bilateral</b>	On both sides of the body.
<b>Bile duct</b>	Tract of tubes that carry the bile from the liver to the intestines; also called biliary ducts.
<b>Bile or biliary ducts</b>	Channels, or tubes, that carry bile from the liver to the gallbladder for storage and ultimately draining into the duodenum, the first part of the small intestine; the bile ducts, also known as the biliary tree, include the common bile duct, cystic duct, and hepatic ducts.

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