AAPC

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

CODERS' SPECIALTY GUIDE

Pediatrics

2026

Contents

Integumentary System

10040

Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

Clinical Responsibility

With the patient appropriately prepared, the provider opens up or removes acne lesions, such as milia, comedones, cysts, or pustules. For smaller, uncomplicated lesions like comedones, he may remove them mechanically with an extractor, a suction-type instrument. For other lesions, he may use a fine-tipped needle or pointed blade to open up the lesion and remove the contents. If the lesion is very large, he may marsupialize it, that is, open it up and suture the edges of the cyst lining to the exterior of the cyst in order to create a pocket and allow the cyst to continue to drain.

Coding Tips

While the provider may inject a local anesthesia such as lidocaine before marsupialization, you may not be able to bill that service separately. Check with the payer to determine their preferences before billing for the injection or the anesthetic.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $50.46, Non Facility Fee: $112.57
RVU (Facility): Work RVU 0.91, Practice Exp. RVU 0.55, Malpractice RVU 0.10, Total RVU 1.56
RVU (Non-Facility): Work RVU 0.91, Practice Exp. RVU 2.47, Malpractice RVU 0.10, Total RVU 3.48
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{0}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

L02.11, L02.821, L02.828, L02.831, L02.838, L03.221, L03.222, L70.0, L70.1, L70.3, L70.4, L70.5, L70.8, L70.9, L72.0-L72.3, L72.8, L72.9, L73.0, L85.3

10060

Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

Clinical Responsibility

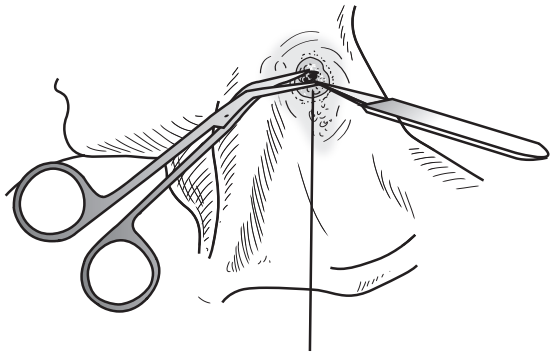
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

Coding Tips

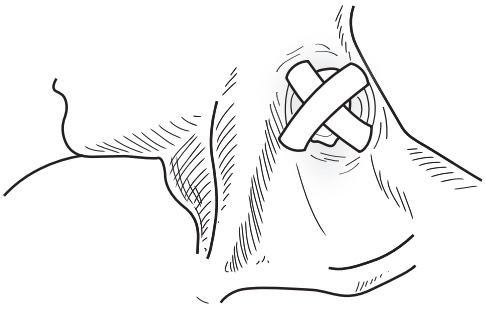
Report this code if the provider performs incision and drainage of an abscess for a simple or single capsule like cyst. For a complicated I&D or multiple I&Ds, report 10061.

This code is not used for I&D of pilonidal cysts, hematomas, foreign bodies, or wound infections. See codes 10080 to 10180 to report those services.

Illustration



Incision of abscess



10060

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $104.80, Non Facility Fee: $124.21
RVU (Facility): Work RVU 1.22, Practice Exp. RVU 1.89, Malpractice RVU 0.13, Total RVU 3.24
RVU (Non-Facility): Work RVU 1.22, Practice Exp. RVU 2.49, Malpractice RVU 0.13, Total RVU 3.84
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11055[1], 11056[1], 11057[1], 11401[1], 11402[1], 11403[1], 11404[1], 11406[1], 11421[1], 11422[1], 11423[1], 11424[1], 11426[1], 11441[1], 11442[1], 11443[1], 11444[1], 11446[1], 11450[1], 11451[1], 11462[1], 11463[1], 11470[1], 11471[1], 11600[1], 11601[1], 11602[1], 11603[1], 11604[1], 11606[1], 11620[1], 11621[1], 11622[1], 11623[1], 11624[1], 11626[1], 11640[1], 11641[1], 11642[1], 11643[1], 11644[1], 11646[1], 11719[1], 11720[1], 11721[1], 11730[1], 11740[1], 11765[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 20500[1], 29580[1], 29581[1], 30000[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 97605[1], 97606[1], 97607[1], 97608[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0127[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

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

10061

Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He deepens the incision through the vascular inner layer of skin and down to the deep level of abscess cavity. The provider then opens the abscess and excises the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity. The provider may repeat this procedure for additional lesions. Some lesions may require placement of a drain for continued drainage. This procedure takes more time than a simple I&D and requires more extensive incisions and/or a more complicated closure.

Coding Tips

Report this code if the provider performs incision and drainage of an abscess for complex or severe and multiple capsules like cysts. A complicated I&D takes more time than usual and involves multiple incisions, drain placements, extensive packing, and subsequent wound closure.

For a simple or single I&D of the same types of lesions, report 10060.

17108

Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm

Clinical Responsibility

The physician beams a laser with an appropriate wavelength on the affected lesion and destroys the vessel. This code covers destruction of a cutaneous vascular proliferative lesion that is greater than 50 cm^2 in size.

Coding Tips

See 17106 is for an area less than 10 sq cm.

See 17107 is for an area 10.0 to 50.0 sq cm.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $517.22, Non Facility Fee: $622.67
RVU (Facility): Work RVU 7.49, Practice Exp. RVU 7.50, Malpractice RVU 1.00, Total RVU 15.99
RVU (Non-Facility): Work RVU 7.49, Practice Exp. RVU 10.76, Malpractice RVU 1.00, Total RVU 19.25
MPFS Payment Policy Indicators: Global Period 090, Preop 10.00%, Intraop 71.00%, Postop 19.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11102[1], 11104[1], 11106[1], 11900[1], 11901[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

D18.01, D18.09, D22.10, D22.20-D22.22, D22.30, D22.39, D22.4, D22.5, D22.60-D22.62, D22.70-D22.72, D22.9, D23.10, D23.20-D23.22, D23.30, D23.39, D23.4, D23.5, D23.60-D23.62, D23.70-D23.72, D23.9, D48.5, D69.3, D69.49, I78.0-I78.9, L92.8, L95.0-L95.9, L98.0, Q77.0, Q77.1, Q77.4, Q77.5, Q77.7, Q77.8, Q77.9, Q78.4, Q81.0-Q81.9, Q82.5-Q82.9, Q85.9

17110

Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

Clinical Responsibility

When the patient is appropriately prepped, the provider may choose to administer anesthesia, such as local anesthesia. The provider then destroys one or more benign lesions, such as warts, without destroying the surrounding tissue. The provider may use various methods for lesion destruction. Examples include exposing the targeted lesion to a laser beam, high-frequency electrical current, or chemical agents. The provider also may use liquid nitrogen or a surgical curette (a scraping instrument) to eradicate the lesion. Use this code once for one to 14 lesions other than skin tags or cutaneous vascular proliferative lesions.

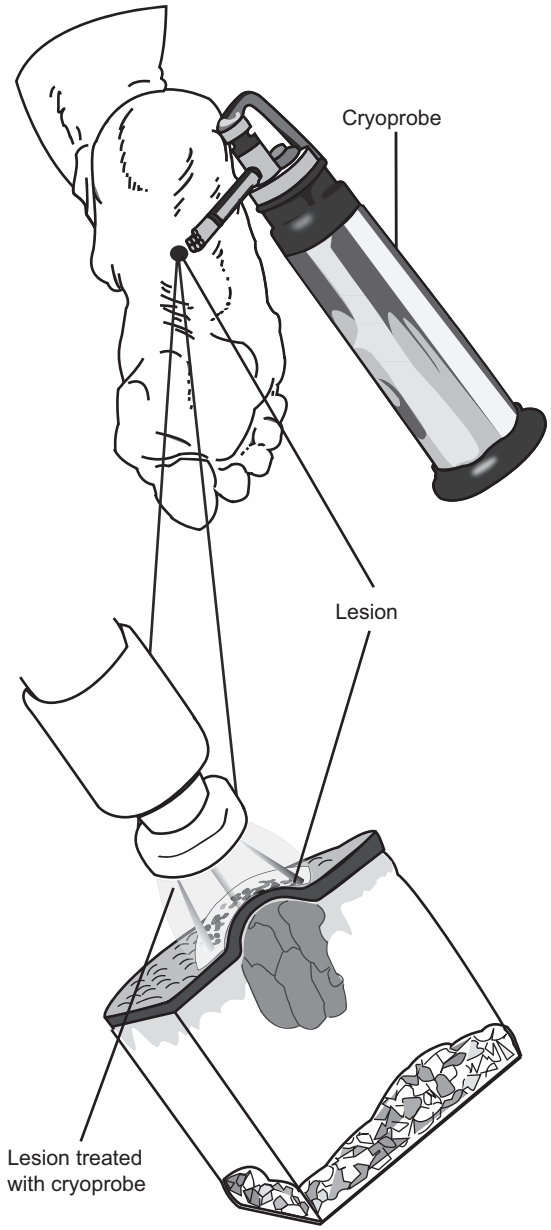
Coding Tips

Use 17111 for destruction of 15 lesions or more.

For destruction of cutaneous vascular proliferative lesions, report 17106, 17107, or 17108.

For removal of skin tags, report 11200 or 11201.

Illustration



17110

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $67.60, Non Facility Fee: $109.98
RVU (Facility): Work RVU 0.70, Practice Exp. RVU 1.33, Malpractice RVU 0.06, Total RVU 2.09
RVU (Non-Facility): Work RVU 0.70, Practice Exp. RVU 2.64, Malpractice RVU 0.06, Total RVU 3.40
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, F1, GA, GC, GJ, GR, GY, KX, LT, PD, Q5, Q6, QJ, RT, SA, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11056[1], 11057[1], 11102[1], 11103[1], 11200[1], 11300[1], 11305[1], 11400[1], 11401[1], 11402[1], 11403[1], 11404[1], 11420[1], 11421[1], 11423[1], 11424[1], 11440[1], 11441[1], 11443[1], 11603[1], 11641[1], 11642[1], 11719[1], 11900[1], 11901[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 17000[1], 17003[1], 17260[1], 17340[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 97605[1], 97606[1], 97607[1], 97608[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0127[1], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

B07.0-B07.9, B08.1, D22.0-D22.5, D22.10, D22.20-D22.22, D22.30, D22.39, D22.60-D22.62, D22.70-D22.72, D22.9, D23.0-D23.5, D23.10, D23.20-D23.22, D23.30, D23.39, D23.60-D23.62, D23.70-D23.72, D23.9, L26, L30.4, L43.0-L43.9, L53.8, L54, L57.8, L57.9, L71.0-L71.9, L72.0-L72.3, L72.8, L72.9, L92.0, L92.1, L94.2, L95.1, L98.2, L98.8

17111

Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions

Clinical Responsibility

When the patient is appropriately prepped, the provider may choose to administer anesthesia, such as local anesthesia. The provider then destroys one or more benign lesions, such as warts, without destroying the surrounding tissue. The provider may use various methods for lesion destruction. Examples include exposing

29515

Application of short leg splint (calf to foot)

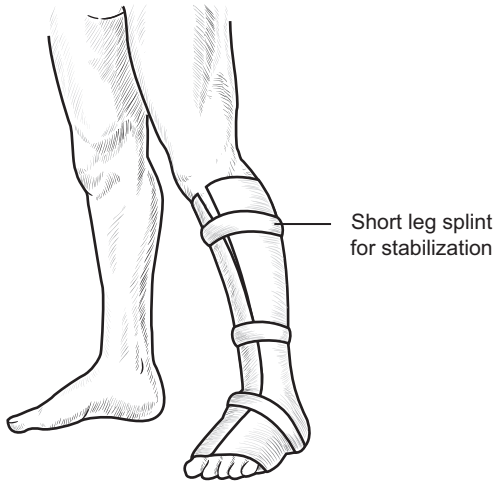
Clinical Responsibility

The provider applies a splint, 4 inches in width, to the affected leg, covering the lower leg from just below the knee and wrapping in a U shape around the heel. She applies another 6-inch splint, covering the posterior calf and plantar surface of the foot for greater stability.

Coding Tips

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

Illustration



29515

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $49.17, Non Facility Fee: $73.10
RVU (Facility): Work RVU 0.73, Practice Exp. RVU 0.67, Malpractice RVU 0.12, Total RVU 1.52
RVU (Non-Facility): Work RVU 0.73, Practice Exp. RVU 1.41, Malpractice RVU 0.12, Total RVU 2.26
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 11055[1], 11056[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 29445[1], 29540[1], 29550[1], 29580[1], 29581[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

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

29530

Strapping; knee

Clinical Responsibility

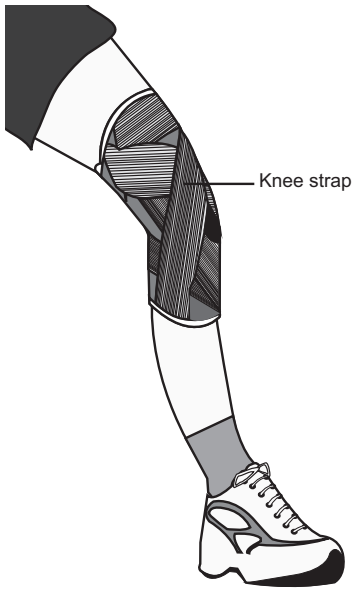
The provider positions the patient for strapping. She ensures the area is clean and dry. She applies elastic adhesive tape around the upper and lower leg and knee in an anchor or cross pattern. She assesses the fit and pressure as she applies the tape and stops when she achieves the desired amount of support for the area.

Coding Tips

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

Code 29530 describes a unilateral procedure. If the provider performs it bilaterally, append modifier 50, Bilateral procedure. However, check with your payer for their preference.

Illustration



29530

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $17.47, Non Facility Fee: $28.46
RVU (Facility): Work RVU 0.39, Practice Exp. RVU 0.13, Malpractice RVU 0.02, Total RVU 0.54
RVU (Non-Facility): Work RVU 0.39, Practice Exp. RVU 0.47, Malpractice RVU 0.02, Total RVU 0.88
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GO, GP, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 29445^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{1}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{1}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{1}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99281^{1}, 99282^{1}, 99283^{1}, 99284^{1}, 99285^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{1}, 99496^{1}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

M22.00-M22.02, M22.10-M22.12, M23.50, M24.461-M24.469, M25.761-M25.769, M70.40-M70.42, M70.50-M70.52, M76.50-M76.52, M79.4, M84.60XD, M97.11XA-M97.11XS, M97.12XA-M97.12XS, S80.241D, S80.241S, S80.242D, S80.242S, S80.249A-S80.249S, S80.911D, S80.911S, S80.912D, S80.912S, S80.919D, S81.001A, S81.002A, S81.009A, S81.011A-S81.011S, S81.012A-S81.012S, S81.019A-S81.019S, S81.021D, S81.021S, S81.022D, S81.022S, S81.029D, S81.029S, S81.031A, S81.032A, S81.039A, S81.051A-S81.051S, S81.052A-S81.052S, S81.059A-S81.059S, S83.001A-S83.001S, S83.002A-S83.002S, S83.003A-S83.003S, S83.004A, S83.005A, S83.006A, S83.011A-S83.011S, S83.012A-S83.012S, S83.013A-S83.013S, S83.014A, S83.015A, S83.016A, S83.091A-S83.091S, S83.092A-S83.092S, S83.093A-S83.093S, S83.094A, S83.095A, S83.096A, S83.101D, S83.101S, S83.102D, S83.102S, S83.103D, S83.103S, S83.200A-S83.200S, S83.201A-S83.201S, S83.202A-S83.202S, S83.203A-S83.203S, S83.204A-S83.204S, S83.205A-S83.205S, S83.206A-S83.206S, S83.207A-S83.207S, S83.209A, S83.209D, S83.211A-S83.211S, S83.212A-S83.212S, S83.219A-S83.219S, S83.221A-S83.221S, S83.222A-S83.222S, S83.229A-S83.229S, S83.231A-S83.231S, S83.232A-S83.232S, S83.239A-S83.239S, S83.241A-S83.241S, S83.242A-S83.242S, S83.249A-S83.249S, S83.251A-S83.251S, S83.252A-S83.252S, S83.259A-S83.259S, S83.261A-S83.261S, S83.262A-S83.262S, S83.269A-S83.269S, S83.271A-S83.271S, S83.272A-S83.272S, S83.279A-S83.279S, S83.281A-S83.281S, S83.282A-S83.282S, S83.289A-S83.289S, S83.30XA-S83.30XS, S83.31XA-S83.31XS, S83.32XA-S83.32XS, S83.401A, S83.402A, S83.409A, S83.411A, S83.412A, S83.419A, S83.421A, S83.422A, S83.429A, S83.501A, S83.502A, S83.509A, S83.511A, S83.512A, S83.519A, S83.521A, S83.522A, S83.529A, S83.60XA, S83.61XA, S83.62XA, S83.8X1A, S83.8X2A, S83.8X9A, S83.90XA, S83.91XA, S83.92XA, S87.00XD, S87.01XD, S87.01XS, S87.02XD, S87.02XS, T24.421D, T24.421S, T24.422D, T24.422S, T24.429D, T24.429S, T24.521D, T24.521S, T24.522D, T24.522S, T24.529D, T24.529S, T24.621S, T24.622S, T24.629S, T24.721D, T24.721S, T24.722D, T24.722S, T24.729D, T24.729S, T84.116D, T84.116S, T84.117D, T84.117S, T84.126D, T84.126S, T84.127D, T84.127S, T84.218D, T84.218S, T84.228D, T84.228S, T84.310D, T84.310S, T84.320D, T84.320S, T84.410D, T84.410S, T84.420D, T84.420S, T85.113D, T85.113S, T85.123D, T85.123S

29540

Strapping; ankle and/or foot

Clinical Responsibility

The provider positions the patient for strapping. She ensures the area is clean and dry. She applies elastic adhesive tape around the medial aspect of leg down to the arch of the heel and applies additional tape from the lateral aspect of the leg to the arch of the

Digestive System

40650

Repair lip, full thickness; vermilion only

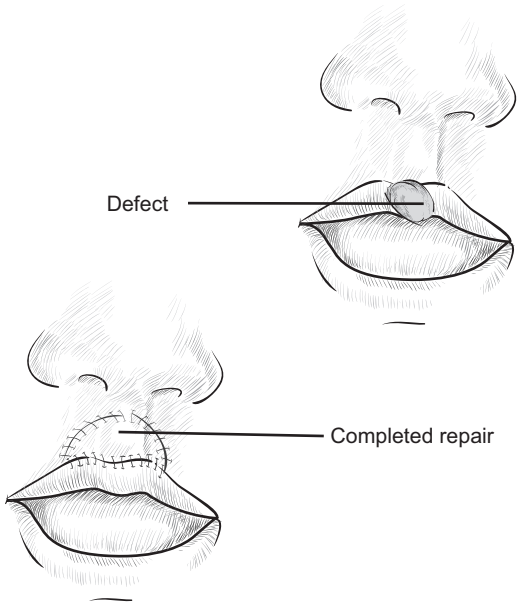
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider closes a full-thickness tear of the vermilion using sutures. The vermilion is the external red area of the upper and lower lips that extends from where the surrounding facial skin connects on the exterior of the lip to the labial mucosa (the inside lining of the lips). He closes the incision with sutures and applies a dressing as necessary.

Coding Tips

Code 40650 identifies the repair of a laceration that involves the full thickness of the lip and the vermilion border. Report 40652 for a full-thickness repair that extends beyond the vermilion.

Illustration



40650

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $314.73, Non Facility Fee: $470.64
RVU (Facility): Work RVU 3.78, Practice Exp. RVU 5.21, Malpractice RVU 0.74, Total RVU 9.73
RVU (Non-Facility): Work RVU 3.78, Practice Exp. RVU 10.03, Malpractice RVU 0.74, Total RVU 14.55
MPFS Payment Policy Indicators: Global Period 090, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

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

NCCI Alerts (version 31.0)

00170^{0}, $0213T^{0}$, $0216T^{0}$, $0596T^{1}$, $0597T^{1}$, $0708T^{1}$, $0709T^{1}$, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 40652^{1}, 40654^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 92502^{0}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, $G0463^{1}$, $G0471^{1}$, $J0670^{1}$

ICD-10-CM Cross References

C00.0-C00.4, C00.9, C43.0, C44.00-C44.09, C76.0, D03.0, D04.0, D10.0, D22.0, D23.0, K13.0, L90.5, Q18.7, Z42.8

40700

Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises either side of the margins of the cleft surface from the mouth to the nostril. He carries the incision through the full thickness of the mucosa, muscle, and skin. He corrects the vermilion border, the external red area of the upper and lower lips that extends from where the surrounding facial skin connects on the exterior of the lip to the labial mucosa, or the inside lining of the lips. The provider performs this procedure to surgically correct a cleft lip or a nasal deformity.

Coding Tips

A cleft lip is a congenital defect that occurs when the lip doesn't fully fuse during development. The provider can treat a cleft lip once the baby is ten weeks old, weighs ten pounds, and is in good health to tolerate surgery. The provider may do several procedures to correct the cleft lip.

Report 40700 and 40701, Plastic repair of cleft lip or nasal deformity; primary bilateral, one stage procedure, or 40702, Plastic repair of cleft lip or nasal deformity; primary bilateral, 1 of 2 stages, depending on whether the surgery is unilateral or bilateral and the provider performs the service in one or two stages.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $989.48, Non Facility Fee: $989.48
RVU (Facility): Work RVU 14.17, Practice Exp. RVU 13.82, Malpractice RVU 2.60, Total RVU 30.59
RVU (Non-Facility): Work RVU 14.17, Practice Exp. RVU 13.82, Malpractice RVU 2.60, Total RVU 30.59
MPFS Payment Policy Indicators: Global Period 090, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00170^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 40720^{1}, 40761^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 92502^{0}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

Q36.1, Q36.9, Q37.1-Q37.3, Q37.5, Q37.9

40701

Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider incises the margins of the cleft surface from the mouth to the nostril on either side. He carries the incision through the full thickness of the mucosa, muscle, and skin. He corrects the vermilion border, the external red area of the upper and lower lips that extends from where the surrounding facial skin connects on the exterior of the lip to the labial mucosa, or the inside lining of the lips. In this method, the provider should be able to maintain symmetry. In this procedure, the provider surgically corrects the cleft lip or a nasal deformity in this one operation.

Coding Tips

A cleft lip is a congenital defect that occurs when the lip doesn't fully fuse during development. The provider can treat a cleft lip once the baby is ten weeks old, weighs ten pounds, and is in good health to tolerate surgery. The provider may do several procedures to correct the cleft lip.

Report 40700, Plastic repair of cleft lip or nasal deformity; primary, partial or complete, unilateral and 40701, or 40702, Plastic repair of cleft lip or nasal deformity; primary bilateral, 1 of 2 stages, depending on whether the surgery is unilateral or bilateral and the provider performs the service in one or two stages.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $1,165.44, Non Facility Fee: $1,165.44
RVU (Facility): Work RVU 17.23, Practice Exp. RVU 15.66, Malpractice RVU 3.14, Total RVU 36.03
RVU (Non-Facility): Work RVU 17.23, Practice Exp. RVU 15.66, Malpractice RVU 3.14, Total RVU 36.03
MPFS Payment Policy Indicators: Global Period 090, Preop 9.00%, Intraop 81.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00170^{0}, 0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1},

Female Genital System

56441

Lysis of labial adhesions

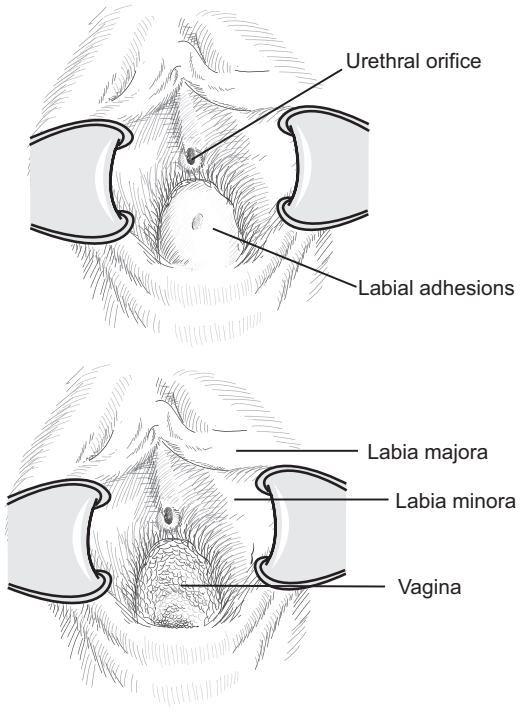
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider breaks the fibrous adhesions of the labia majora and minora using sharp and or blunt dissection. The provider then irrigates the area, checks for bleeding, and places a few sutures if necessary.

Coding Tips

This is a bilateral procedure, so you should report it only once even if the provider performs it on both the left and right sides of the genital area.

Illustration



56441

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $151.38, Non Facility Fee: $176.94
RVU (Facility): Work RVU 2.02, Practice Exp. RVU 2.36, Malpractice RVU 0.30, Total RVU 4.68
RVU (Non-Facility): Work RVU 2.02, Practice Exp. RVU 3.15, Malpractice RVU 0.30, Total RVU 5.47
MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

00940[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 56820[0], 57100[1], 57180[1], 57500[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1], J0670[1]

ICD-10-CM Cross References

N90.89, N94.10-N94.19, Q52.5

Modifier: 0 = not allowed, 1 = allowed

Nervous System

61000

Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider stretches the skin and inserts a subdural needle or intravenous catheter into the skin where the fontanelle and coronal meet. He advances the needle slowly through the skin to the subdural level. He then removes the needle, and the fluid drains through the attached catheter. The provider collects the fluid and sends a sample for testing. He then repeats the procedure on the other side as needed. The procedure is complete when the area becomes soft or concave, and the provider applies a gentle pressure dressing to the site.

Coding Tips

Report code 61001 for subsequent subdural taps.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $112.24, Non Facility Fee: $112.24
RVU (Facility): Work RVU 1.58, Practice Exp. RVU 1.25, Malpractice RVU 0.64, Total RVU 3.47
RVU (Non-Facility): Work RVU 1.58, Practice Exp. RVU 1.25, Malpractice RVU 0.64, Total RVU 3.47
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T^{0}, 0216T^{0}, 0333T^{0}, 0464T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 92652^{0}, 92653^{0}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{0}, 95829^{1}, 95860^{0}, 95861^{0}, 95863^{0}, 95864^{0}, 95865^{0}, 95866^{0}, 95867^{0}, 95868^{0}, 95869^{0}, 95870^{0}, 95907^{0}, 95908^{0}, 95909^{0}, 95910^{0}, 95911^{0}, 95912^{0}, 95913^{0}, 95925^{0}, 95926^{0}, 95927^{0}, 95928^{0}, 95929^{0}, 95930^{0}, 95933^{0}, 95937^{0}, 95938^{0}, 95939^{0}, 95940^{0}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{1}, 99496^{1}, G0453^{0}, G0463^{1}, G0471^{1}

ICD-10-CM Cross References

G03.9, G06.0, G91.0-G91.3, G91.8, G91.9, P10.0, P10.1, P10.4, P10.8, P10.9, P11.0-P11.2, P11.9, Q03.0-Q03.9, Q04.4-Q04.6, Q04.8, Q04.9, Q05.0, Q06.9, Q07.9

61001

Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs a repeat insertion of a subdural needle or intravenous catheter into the skin where the fontanelle and coronal meet. He advances the needle slowly through the skin to the subdural level. He then removes the needle, and the fluid drains through the attached catheter. The provider collects the fluid and a sample is sent for testing. He then repeats the procedure on the other side as needed. The procedure is complete when the area becomes soft or concave, and the provider applies a gentle pressure dressing to the site.

Coding Tips

Report code 61000 for the initial subdural tap.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $106.74, Non Facility Fee: $106.74
RVU (Facility): Work RVU 1.49, Practice Exp. RVU 1.20, Malpractice RVU 0.61, Total RVU 3.30
RVU (Non-Facility): Work RVU 1.49, Practice Exp. RVU 1.20, Malpractice RVU 0.61, Total RVU 3.30
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

Eye and Ocular Adnexa

65205

Removal of foreign body, external eye; conjunctival superficial

Clinical Responsibility

When the patient is appropriately prepped and the area anesthetized, the provider irrigates the eye with sterile solution to dislodge and remove a foreign body. If necessary, he uses a cotton swab dipped in sterile saline and moves it across the conjunctiva in a gentle swirling motion to remove the foreign body.

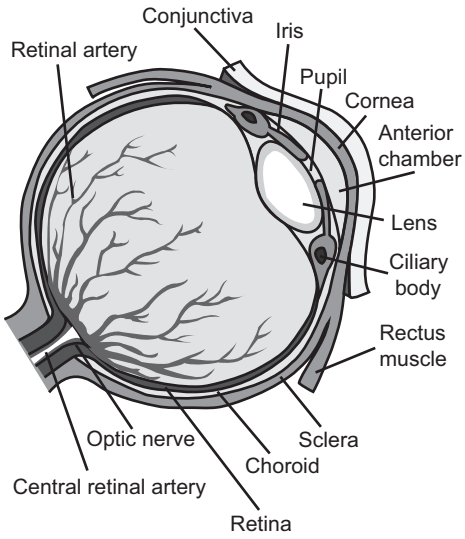
Coding Tips

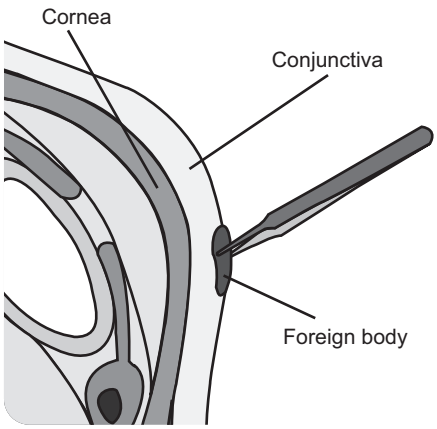
When the provider removes multiple foreign bodies from the same part of the same eye, you should only code once for it. For example, if the provider's notes indicate that he removed three superficial foreign bodies from the patient's right conjunctiva, you should report 65205 just once. However, if he removes foreign bodies from different parts of the same eye, you may report the codes separately.

If a patient has foreign bodies in both the cornea and conjunctiva, you should be able to bill both removals separately. Select the appropriate codes from the section enumerated 65205 to 65265, Removal of foreign body procedures on the eyeball.

You may be able to include an evaluation and management, or EM service, in some cases. For example, the provider examines a patient experiencing eye irritation after exposure to shattered glass. He looks for foreign bodies and then may perform an irrigation of the eye even though definitive glass particles are not identified. This constitutes a superficial conjunctival foreign body removal but also an evaluation and management, or EM service. Report 65205 for the foreign body removal and select the appropriate EM code and use modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service, appended to the EM.

Illustration





65205

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $27.82, Non Facility Fee: $27.49
RVU (Facility): Work RVU 0.49, Practice Exp. RVU 0.34, Malpractice RVU 0.03, Total RVU 0.86
RVU (Non-Facility): Work RVU 0.49, Practice Exp. RVU 0.33, Malpractice RVU 0.03, Total RVU 0.85
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, E1, E2, E3, E4, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 67250[1], 67500[1], 69990[0], 92012[1], 92014[1], 92018[1], 92019[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

H02.811-H02.819, H10.821-H10.829, H11.121-H11.129, H57.8A1-H57.8A9, H59.351-H59.359, T15.10XA-T15.10XS, T15.11XA-T15.11XS, T15.12XA-T15.12XS, T81.41XA-T81.41XS, T81.523D, Z18.09, Z18.10, Z18.11, Z18.2

65220

Removal of foreign body, external eye; corneal, without slit lamp

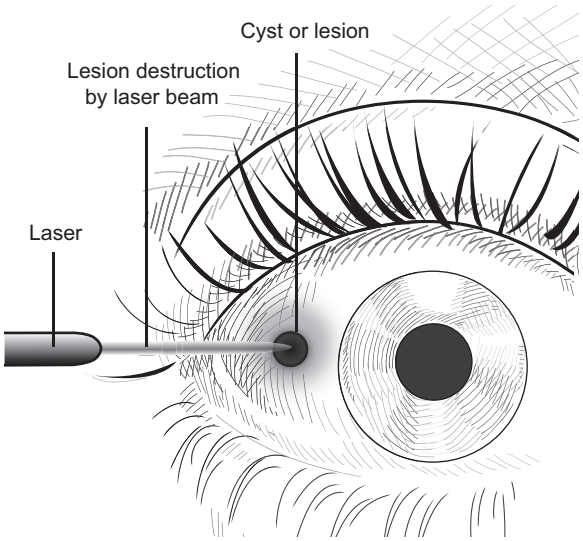
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider washes out the eye with sterile solution. He inspects the surfaces and locates the corneal foreign body. He uses a needle and swab to scoop off the foreign body. In case any part of it remains, he removes it using moistened cotton tipped applicator. He patches the eye.

Coding Tips

This code, as well as 65222, Removal of foreign body, external eye, corneal, with slit lamp, should be used for removal of a single foreign body or for multiple foreign bodies. Do not use modifier 51, Multiple procedures, in this case. It would be inappropriate to charge separately for the removal of each one of the foreign bodies. One way that you could get paid for extra services rendered is to append modifier 22, Increased procedural services, and briefly explain why the service was greater in the operative note, but this does not always get reimbursed.

Illustration



65220

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $39.46, Non Facility Fee: $58.55
RVU (Facility): Work RVU 0.71, Practice Exp. RVU 0.43, Malpractice RVU 0.08, Total RVU 1.22
RVU (Non-Facility): Work RVU 0.71, Practice Exp. RVU 1.02, Malpractice RVU 0.08, Total RVU 1.81
MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 53, 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[0], 0216T[0], 0402T[1], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 65430[1], 65435[1], 65436[1], 67250[1], 67500[1], 69990[0], 92012[1], 92014[1], 92018[1], 92019[1], 92071[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1],

0520U

Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications

Advice

CPT® adds 0520U to be reported only for SyncView® Rx from Phenomics Health™ Inc. This test monitors the levels of 200 or more drugs in the blood to determine the minimally effective therapeutic range.

Effective date of this code: Oct. 1, 2025.

Clinical Responsibility

This code represents SyncView® Rx from Phenomics Health™ Inc. For this test, the lab analyst processes a blood plasma sample to measure the levels of 200 or more drugs using liquid chromatography-tandem mass spectrometry (LC-MS/MS), an analytical technique that combines liquid chromatography to separate compounds in a sample and tandem mass spectrometry to identify and quantify these compounds with high sensitivity and specificity. The test provides qualitative (identifying the presence of drugs) and quantitative (measuring the amount of drugs) results, indicating the minimally effective range of both prescribed and nonprescribed medications. This information helps clinicians optimize drug therapy for patients.

Coding Tips

Use this code only for the appropriate proprietary test.

Fee Schedule Information

Medicare Fees (National): Conversion Factor $32.3465, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: 0, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

90, 91, 99, GA, GU, GX, GY, GZ, Q0, SC

NCCI Alerts (version 31.0)

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

ICD-10-CM Cross References

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

HCPCS Level II Codes

Medical and Surgical Supplies

A8003

Helmet, protective, hard, custom fabricated, includes all components and accessories

Clinical Responsibility

A protective helmet is a headgear or covering that protects the patient with developmental disabilities, seizure disorders, poor balance, or equilibrium, or to protect a recent surgical site from the risk of an injury. A hard helmet has an inner shell made up of hard foam and an outer shell made up of hard plastic to provide good protection. Custom fabricated helmets are helmets individually designed for a specific patient according to their physical measurements. Use this code to represents a hard protective custom fabricated helmet including all components and accessories such as the helmet straps, belts, and hooks.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with an A represents medical and surgical supplies and transportation services such as ambulance.

BETOS

D1E: Other DME

Enteral and Parenteral Therapy

B4103

Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit

Clinical Responsibility

Report this code for the use of an enteral formula that replaces fluid losses and maintains levels of electrolytes in a pediatric patient unable to tolerate clear liquids orally. Electrolytes, such as sodium and potassium, are chemicals in the blood necessary in specific concentrations to ensure normal body function. This enteral formula, reported in units of 500 mL, is given directly into the stomach or small intestine through an enteral feeding tube. Medicare covers enteral formula as long as the provider documents it as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For this formula in an adult patient, report B4102, Enteral formula, for adults, used to replace fluids and electrolytes, 500 mL = 1 unit.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

B4158

Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit

Clinical Responsibility

This code represents the use of a nutritionally complete enteral formula administered through an enteral feeding tube in a pediatric patient. This formula consists of intact or whole nutrients, which are not predigested, or hydrolyzed, and include proteins, fats, carbohydrates, vitamins, and minerals, with the addition of fiber and iron, as necessary. Medicare covers nutritionally complete enteral formulas as long as the provider documents this formula as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For use of a similar formula in an adult patient, report B4150, Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.

For enteral formulas with varying nutrient supplements, select the appropriate codes from the range B4149 to B4162, Enteral and Parenteral Therapy.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

B4159

Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit

Clinical Responsibility

A pediatric patient receives a nutritionally complete enteral formula made from soy protein administered through an enteral feeding tube. This formula consists of intact nutrients, or nutrients which have not been hydrolyzed, or predigested, and include proteins, fats, carbohydrates, vitamins, and minerals, with the addition of fiber and iron, as necessary. Medicare covers nutritionally complete soy based enteral formulas as long as the provider documents them as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For enteral formulas with varying nutrient supplements, select the appropriate codes from the range B4149 to B4162, Enteral and Parenteral Therapy.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

B4160

Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Clinical Responsibility

Report this code for the use of a calorically dense, nutritionally complete enteral formula with complete nutrients administered through an enteral feeding tube in a pediatric patient on fluid restrictions due to certain medical conditions. This formula consists of intact nutrients, or nutrients that have not been hydrolyzed, or predigested, and include proteins, fats, carbohydrates, vitamins,

and minerals, with the addition of fiber, as necessary. The caloric density of this formula is equal to or greater than 0.7 kcal per mL. Medicare covers this enteral formula as long as the provider documents it as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For an adult version of this formula, report B4152, Enteral formula, nutritionally complete, calorically dense, equal to or greater than 1.5 kcal per mL, intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.

For enteral formulas with varying nutrient supplements, select the appropriate codes from the range B4149 to B4162, Enteral and Parenteral Therapy.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

B4161

Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Clinical Responsibility

Report this code for the use of a nutritionally complete enteral formula that contains hydrolyzed, or predigested, amino acids and peptide chain proteins administered through an enteral feeding tube in a pediatric patient. This formula consists of nutrients which include proteins, fats, carbohydrates, vitamins, and minerals, with the addition of fiber as necessary. Medicare covers nutritionally complete enteral formulas as long as the provider documents them as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For the same formula for adults, report B4153, Enteral formula, nutritionally complete, hydrolyzed proteins, amino acids and peptide chains, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.

For enteral formulas with varying nutrient supplements, select the appropriate codes from the range B4149 to B4162, Enteral and Parenteral Therapy.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

B4162

Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

Clinical Responsibility

Report this code for the use of an enteral formula administered through an enteral feeding tube and made especially for the special metabolic needs of a pediatric patient with an inherited disease of metabolism. This formula consists of proteins, fats, carbohydrates, vitamins, and minerals, with the addition of fiber, as necessary. Medicare covers this enteral formula as long as the provider documents it as medically necessary.

Coding Tips

The B codes correspond to supplies, equipment, and nutritional products for parenteral and enteral nutrition.

For the use of a nutritionally complete version of this formula, report code B4157, Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.

For enteral formulas with varying nutrient supplements, select the appropriate codes from the range B4149 to B4162, Enteral and Parenteral Therapy.

Prior authorization is necessary for enteral formula administration.

BETOS

O1C: Enteral and parenteral

ICD-10-CM Cross Reference Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
A01.00 Typhoid fever, unspecified
A01.01 Typhoid meningitis
A01.02 Typhoid fever with heart involvement
A01.03 Typhoid pneumonia
A01.04 Typhoid arthritis
A01.05 Typhoid osteomyelitis
A01.09 Typhoid fever with other complications
A01.1 Paratyphoid fever A
A01.2 Paratyphoid fever B
A01.3 Paratyphoid fever C
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.20 Localized salmonella infection, unspecified
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A02.23 Salmonella arthritis
A02.24 Salmonella osteomyelitis
A02.8 Other specified salmonella infections
A02.9 Salmonella infection, unspecified
A03.0 Shigellosis due to Shigella dysenteriae
A03.1 Shigellosis due to Shigella flexneri
A03.2 Shigellosis due to Shigella boydii
A03.3 Shigellosis due to Shigella sonnei
A03.8 Other shigellosis
A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxigenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning
A05.2 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3 Foodborne Vibrio parahaemolyticus intoxication
A05.5 Foodborne Vibrio vulnificus intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.1 Chronic intestinal amebiasis
A06.2 Amebic nondysenteric colitis
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.82 Other amebic genitourinary infections
A07.2 Cryptosporidiosis
A07.3 Isosporiasis
A07.4 Cyclosporiasis
A08.0 Rotaviral enteritis
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.02 Tuberculous arthritis of other joints
A18.03 Tuberculosis of other bones
A18.09 Other musculoskeletal tuberculosis
A18.10 Tuberculosis of genitourinary system, unspecified
A18.11 Tuberculosis of kidney and ureter
A18.12 Tuberculosis of bladder
A18.13 Tuberculosis of other urinary organs
A18.14 Tuberculosis of prostate
A18.15 Tuberculosis of other male genital organs
A18.16 Tuberculosis of cervix
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis
A20.1 Cellulocutaneous plague
A20.2 Pneumonic plague
A20.3 Plague meningitis
A20.7 Septicemic plague
A20.8 Other forms of plague
A21.1 Oculoglandular tularemia
A21.2 Pulmonary tularemia
A21.3 Gastrointestinal tularemia
A21.7 Generalized tularemia
A21.8 Other forms of tularemia
A22.0 Cutaneous anthrax
A22.1 Pulmonary anthrax
A22.2 Gastrointestinal anthrax
A22.7 Anthrax sepsis
A22.8 Other forms of anthrax
A23.8 Other brucellosis
A24.0 Glanders
A24.2 Subacute and chronic melioidosis
A24.3 Other melioidosis
A24.9 Melioidosis, unspecified
A25.1 Streptobacillosis
A26.7 Erysipelothrix sepsis
A26.8 Other forms of erysipeloid
A26.9 Erysipeloid, unspecified

A27.81 Aseptic meningitis in leptospirosis
A28.0 Pasteurellosis
A28.2 Extraintestinal yersiniosis
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.2 Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A32.81 Oculoglandular listeriosis
A32.82 Listerial endocarditis
A32.89 Other forms of listeriosis
A32.9 Listeriosis, unspecified
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A38.0 Scarlet fever with otitis media
A38.1 Scarlet fever with myocarditis
A38.8 Scarlet fever with other complications
A38.9 Scarlet fever, uncomplicated
A39.0 Meningococcal meningitis
A39.2 Acute meningococcemia
A39.3 Chronic meningococcemia
A39.4 Meningococcemia, unspecified
A39.50 Meningococcal carditis, unspecified
A39.51 Meningococcal endocarditis
A39.52 Meningococcal myocarditis
A39.53 Meningococcal pericarditis
A39.81 Meningococcal encephalitis
A39.82 Meningococcal retrobulbar neuritis
A39.83 Meningococcal arthritis
A39.84 Postmeningococcal arthritis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.54 Sepsis due to Acinetobacter baumannii
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A42.1 Abdominal actinomycosis
A42.2 Cervicofacial actinomycosis
A42.7 Actinomycotic sepsis
A42.81 Actinomycotic meningitis
A42.82 Actinomycotic encephalitis
A42.89 Other forms of actinomycosis
A42.9 Actinomycosis, unspecified
A43.0 Pulmonary nocardiosis
A43.1 Cutaneous nocardiosis
A43.8 Other forms of nocardiosis
A43.9 Nocardiosis, unspecified
A46 Erysipelas
A48.0 Gas gangrene
A48.1 Legionnaires' disease
A48.2 Nonpneumonic Legionnaires' disease [Pontiac fever]
A48.3 Toxic shock syndrome
A48.8 Other specified bacterial diseases
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.2 Hemophilus influenzae infection, unspecified site
A49.3 Mycoplasma infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.41 Late congenital syphilitic meningitis
A50.54 Late congenital cardiovascular syphilis
A51.41 Secondary syphilitic meningitis
A51.42 Secondary syphilitic female pelvic disease
A52.00 Cardiovascular syphilis, unspecified
A52.01 Syphilitic aneurysm of aorta
A52.02 Syphilitic aortitis
A52.03 Syphilitic endocarditis
A52.05 Other cerebrovascular syphilis
A52.06 Other syphilitic heart involvement
A52.09 Other cardiovascular syphilis
A52.11 Tabes dorsalis
A52.12 Other cerebrospinal syphilis
A52.13 Late syphilitic meningitis
A52.14 Late syphilitic encephalitis
A52.15 Late syphilitic neuropathy
A52.17 General paresis
A52.19 Other symptomatic neurosyphilis
A52.2 Asymptomatic neurosyphilis
A52.3 Neurosyphilis, unspecified
A52.74 Syphilis of liver and other viscera
A52.76 Other genitourinary symptomatic late syphilis
A54.00 Gonococcal infection of lower genitourinary tract, unspecified
A54.02 Gonococcal vulvovaginitis, unspecified
A54.03 Gonococcal cervicitis, unspecified
A54.09 Other gonococcal infection of lower genitourinary tract
A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21 Gonococcal infection of kidney and ureter
A54.22 Gonococcal prostatitis
A54.23 Gonococcal infection of other male genital organs
A54.24 Gonococcal female pelvic inflammatory disease
A54.29 Other gonococcal genitourinary infections

Modifier Descriptors

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

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

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

Terminology

Terminology	Explanation
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Ablation	Removal of a body part or organ or destruction of its function.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Absorption	Taking in of substances by tissues.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acid fast bacilli	Also called AFB, these bacteria resist loss of stain color when treated with a dilute acid, and are part of the taxonomic class bacillus that are typically rod shaped bacteria.
Acoustic immittance testing	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
Acoustic reflex	A measurement of the contraction of the stapedius muscle in response to loud sound.
Acromioclavicular, or AC, joint	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Activities of daily living (ADLs)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Acute respiratory distress	Sudden onset of difficulty breathing or periods of apnea, or failure to breathe.
Adaptive	Able to adjust to situations or environment.
Adenoids	Lymph tissue at the back of the throat near the base of the nose.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adhesion	Fibrous bands that form between tissues and organs, sometimes as a result of injury during surgery; they may be thought of as internal scar tissue.
Adjustable gastric restrictive device	A band placed around the stomach to restrict the size of the stomach; it encloses a balloon which can be adjusted by adding or removing saline via a reservoir and port attached just below the skin of the abdomen, effectively reducing or enlarging the outlet to regulate the amount of food that can pass through.
Adolescent	Teenager.
Aerobic	Indicating the presence of air or oxygen; in microbiology, referring to growth in the presence of air or oxygen.
Aerosol generator	A device that produces aerosol suspensions, as for inhalation therapy.
Agar	A gelatinous material derived from algae that labs often mix with nutrients and other desired substances for use as a solid substrate on which to culture or grow microorganisms or other cells.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
Albuterol	An inhaled bronchodilator.
Allergen	A substance, such as pollen, dust, dander, or venom, which triggers an allergic response.
Allergen immunotherapy	A treatment that involves periodic, gradual administration of purified allergen extracts via injection, aimed at overcoming or minimizing allergic reactions so that a patient develops tolerance to the allergens with fewer or no symptoms when exposed; allergy shots decrease the sensitivity to allergens and often lead to lasting relief of allergy symptoms.
Allergenic extract	Protein containing an extract purified from a substance that causes an allergic reaction in some individuals.
Allergic reaction	The result of the body's reaction to a specific substance that otherwise seems to be harmless but causes a severe reaction in a person allergic to the substance; also called anaphylaxis.
Alveolar ridge	A ridge like border on the upper and lower jaw from where the teeth arise.

Terminology	Explanation
Alveolus; pl. alveoli	Small sacs or air pockets in the lungs or jaws.
A-mode, amplitude mode	A one-dimensional ultrasonic measurement.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Amplitude electroencephalography, or EEG	Continuous monitoring of brain function via electrodes placed on the scalp and connected to a device that records brain waves graphically.
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomosis include end to side and side to side.
Anesthetic agent	Substance that reduces sensitivity to pain.
Aneuploidy	Chromosome mutation involving an abnormal chromosome number, such as one or three chromosome copies in the nucleus of cells that have a normal chromosome number of two.
Aneurysm	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.
Angiography	Imaging of vessels taken after the injection of a radiographic dye.
Ankyloglossia	Also called tongue tie, is a minor defect present from birth in which the frenum is too short and it limits the movement of the tongue.
Anoscopy	A procedure in which the provider passes a medical instrument called an anoscope through the anal cavity to examine the inner wall of the anus and the rectum.
Anterior	Closer to the front part of the body.
Anterolateral	Present in front and to the side of the body.
Anteroposterior, or AP, view	The X-ray projection travels from front to back.
Antibiotic	Substance that inhibits infection.
Antibody	Also called immunoglobulin; a protein that the body produces in the blood as part of the immune response to neutralize specific invaders such as bacteria or viruses, but occasionally reacts to the patient's own body; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Anticoagulant	An agent or chemical that is used to prevent the blood from normal clotting. It keeps the blood in liquid form so that it does not clot as there could be a time gap between collection and testing of blood sample (example of anticoagulants: Heparin, Citrate, etc.)
Antigen	Foreign bodies, such as bacteria, that enter the human body, or substances that form within the body, that cause an immune response, such as antibody production, and possibly infection; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Antihistamine	A drug that blocks the action of histamine in the body; histamine is responsible for allergic symptoms.
Antimicrobial susceptibility	The testing for the microbial sensitivity to an antimicrobial agent such as an antibiotic.
Antipyretic	A drug that prevents or reduces fever.
Antisense oligonucleotide	Chemically modified, synthetic single-stranded deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) molecules that bind to RNA and reduce the expression of the target RNA.
Antitoxin	An antibody that counterbalances the toxin secreted by the antigen.
Anus	External opening of the rectum where the gastrointestinal tract ends.
Aorta	The main artery that comes out of the top of the left ventricle and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.

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