



Your essential Illustrated coding guide for pulmonology, including CPT®, HCPCS Level II, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

**CODERS' SPECIALTY GUIDE**

# **Pulmonology**



# **2023**

# Contents

|  |            |
|--|------------|
| <b>Introduction</b> .....                              | <b>3</b>   |
| <b>General</b> .....                                   | <b>5</b>   |
| <b>Musculoskeletal System</b> .....                    | <b>15</b>  |
| <b>Respiratory System</b> .....                        | <b>18</b>  |
| <b>Hemic and Lymphatic Systems</b> .....               | <b>256</b> |
| <b>Mediastinum and Diaphragm</b> .....                 | <b>257</b> |
| <b>Operating Microscope</b> .....                      | <b>259</b> |
| <b>Radiology</b> .....                                 | <b>260</b> |
| <b>Pathology and Laboratory</b> .....                  | <b>292</b> |
| <b>Medicine</b> .....                                  | <b>302</b> |
| <b>Evaluation and Management</b> .....                 | <b>403</b> |
| <b>Category III Codes</b> .....                        | <b>494</b> |
| <b>Proprietary Laboratory Analyses</b> .....           | <b>509</b> |
| <b>HCPCS Level II Codes</b>                            |            |
| • <b>Medical and Surgical Supplies</b> .....           | <b>511</b> |
| • <b>Outpatient PPS</b> .....                          | <b>512</b> |
| • <b>Procedures/Professional Services</b> .....        | <b>513</b> |
| • <b>Durable Medical Equipment (DME)</b> .....         | <b>531</b> |
| • <b>Medical Services</b> .....                        | <b>532</b> |
| • <b>Temporary Codes</b> .....                         | <b>534</b> |
| • <b>Temporary National Codes (Non-Medicare)</b> ..... | <b>537</b> |
| • <b>Coronavirus Diagnostic Panel</b> .....            | <b>539</b> |
| <b>ICD-10 CrossRef Details</b> .....                   | <b>541</b> |
| <b>Modifier Descriptors</b> .....                      | <b>655</b> |
| <b>Terminology</b> .....                               | <b>665</b> |
| <b>Code Index</b> .....                                | <b>683</b> |

## +10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

### Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

### Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10006, +10008, +10010 and +10012 for each additional lesion respectively.

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: \$52.34, OPFS Facility: \$27.91, OPFS Non Facility: \$27.91

**RVU Facility** Work RVU: 0.80, PE RVU: 0.34, Malpractice RVU: 0.11, Total RVU: 1.25

**RVU Non-Facility** Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

**Modifier Allowances** 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

### CCI Alerts (version 27.3)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10012<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, J2001<sup>1</sup>

### ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

Modifier: 0 = not allowed, 1 = allowed

C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

## 10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

### Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

### Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

**RVU Facility** Work RVU: 1.81, PE RVU: 0.67, Malpractice RVU: 0.19, Total RVU: 2.67

**RVU Non-Facility** Work RVU: 1.81, PE RVU: 7.06, Malpractice RVU: 0.19, Total RVU: 9.06

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

### CCI Alerts (version 27.3)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10005<sup>1</sup>, 10006<sup>1</sup>, 10010<sup>1</sup>, 10011<sup>1</sup>, 10012<sup>1</sup>, 10021<sup>1</sup>, 10035<sup>1</sup>, 11102<sup>1</sup>, 11103<sup>1</sup>, 11104<sup>1</sup>, 11105<sup>1</sup>, 11106<sup>1</sup>, 11107<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, J2001<sup>1</sup>

### ICD-10 CrossRef

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M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

## +10008

Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)

### Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under fluoroscopic imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

### Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$59.32, Non Facility: \$167.84, OPPI Facility: \$41.17, OPPI Non Facility: \$41.17

**RVU Facility** Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.11, Total RVU: 1.70

**RVU Non-Facility** Work RVU: 1.18, PE RVU: 3.52, Malpractice RVU: 0.11, Total RVU: 4.81

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

# 21601

Excision of chest wall tumor including rib(s)

## Clinical Responsibility

The provider incises the skin of the chest wall and dissects down to fascia and chest muscles, depending upon the tumor's size and extent. He excises the tumor in its entirety along with surrounding soft tissues, adjacent ribs above and below the tumor, and intercostal muscles. Following the excision, he controls bleeding with electrocautery or ligation and closes the surgical wound with layered sutures. He may place a drain into the depths of the wound and bring it out through the skin for drainage and better healing of the wound.

## Coding Tips

For excision of a chest wall tumor involving the ribs with plastic reconstruction, see 21602 (if mediastinal lymphadenopathy is not present) or 21603 (if mediastinal lymphadenopathy is present).

Do not report 21601, 21602, or 21603 in conjunction with 32503 or 32504 for resection of an apical lung tumor; chest resection, chest reconstruction, and rib resection are included in both these codes, and chest wall reconstruction is included in 32504.

Most health insurance policies cover reconstructive plastic surgery, as opposed to cosmetic plastic surgery, although coverage may vary. Check with the payer to determine their coverage and requirements for submitting codes for reimbursement for plastic reconstructive

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$1,204.86, Non Facility: \$1,204.86, OPPI Facility: \$620.40, OPPI Non Facility: \$620.40  
**RVU Facility** Work RVU: 17.78, PE RVU: 12.60, Malpractice RVU: 4.15, Total RVU: 34.53  
**RVU Non-Facility** Work RVU: 17.78, PE RVU: 12.60, Malpractice RVU: 4.15, Total RVU: 34.53  
**Indicators** Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2  
**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CG, ET, GA, GC, GJ, GR, KX, Q5, Q6, QJ, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

00400<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 10035<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 19081<sup>1</sup>, 19083<sup>1</sup>, 19085<sup>1</sup>, 19100<sup>1</sup>, 19120<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 32556<sup>1</sup>, 32557<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>,

62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10 CrossRef

C41.3, C47.3, C49.3, C50.911-C50.919, C76.1, C77.1, C79.51, C79.52, C79.89, C79.9, D09.3, D09.8, D19.7, D36.7, D48.0-D48.2, D49.2, R22.2, T81.40XA-T81.40XS, Z15.09, Z80.3, Z85.3, Z90.10-Z90.13

# 21602

Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy

## Clinical Responsibility

With the patient appropriately prepped and under general anesthesia, the provider accesses the tumor through an incision in the chest wall. He dissects down through subcutaneous tissues, fascia, and muscle. He excises the tumor in its entirety along with surrounding soft tissues and adjacent ribs above and below the tumor. Following the excision, the provider reconstructs the chest wall using myocutaneous flaps taken from the pectoralis major, latissimus dorsi, rectus abdominis, or serratus anterior muscles. Autogenous rib grafts or prosthetic materials such as Prolene® or Marlex® mesh and acrylic fiber are used to repair the bone defect. He controls bleeding with electrocautery or ligation and closes the surgical wound with layered sutures. He may place a drain into the depths of the wound and bring it out through the skin for drainage and better healing of the wound.

## Coding Tips

For excision of a chest wall tumor involving the ribs with plastic reconstruction when mediastinal lymphadenopathy is present, see 21603.

For excision of chest wall tumor including ribs, without plastic reconstruction, see 21601.

Do not report 21601, 21602, or 21603 in conjunction with 32503 or 32504 for resection of an apical lung tumor; chest resection, chest

reconstruction, and rib resection are included in both these codes, and chest wall reconstruction is included in 32504.

Most health insurance policies cover reconstructive plastic surgery, as opposed to cosmetic plastic surgery, although coverage may vary. Check with the payer to determine their coverage and requirements for submitting codes for reimbursement for plastic reconstructive procedures.

D49.2, J98.59, R22.2, T81.40XA-T81.40XS, Z15.09, Z80.3, Z85.3, Z90.10-Z90.13

## 21603

Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility:

\$1,624.27, Non Facility: \$1,624.27, OPSS Facility: \$774.28, OPSS

Non Facility: \$774.28

**RVU Facility** Work RVU: 22.19, PE RVU: 19.28, Malpractice RVU: 5.08,

Total RVU: 46.55

**RVU Non-Facility** Work RVU: 22.19, PE RVU: 19.28, Malpractice RVU:

5.08, Total RVU: 46.55

**Indicators** Preoperative: 10.00, Intraoperative: 71.00, Postoperative:

19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic

Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code:

None, MUE: 1

**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 76, 77,

78, 79, 80, 81, 82, 99, AQ, AR, AS, CG, ET, GA, GC, GJ, GR, KX, Q5, Q6,

QJ, SC, XE, XP, XS, XU

### Clinical Responsibility

With the patient appropriately prepped and under general anesthesia, the provider accesses the tumor through an incision in the chest wall. He dissects down through subcutaneous tissues, fascia, and muscle. He excises the tumor in its entirety along with surrounding soft tissues and the adjacent ribs above and below the tumor. He also excises mediastinal lymph nodes suspicious for metastasis. Following the excision of the lymph gland and tissues at the mediastinum, the provider reconstructs the chest wall using myocutaneous flaps taken from the pectoralis major, latissimus dorsi, rectus abdominis, or serratus anterior muscles. Autogenous rib grafts or prosthetic materials such as Prolene® or Marlex® mesh and acrylic fiber are used to repair the bone defects. He controls bleeding with electrocautery or ligation and closes the surgical wound with layered sutures. He may place a drain into the depths of the wound and bring it out through the skin for drainage and better healing of the wound.

### CCI Alerts (version 27.3)

00400<sup>0</sup>, 0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 10035<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 19081<sup>1</sup>, 19083<sup>1</sup>, 19085<sup>1</sup>, 19100<sup>1</sup>, 19120<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 21601<sup>1</sup>, 32556<sup>1</sup>, 32557<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>1</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

### Coding Tips

For excision of a chest wall tumor involving the ribs with plastic reconstruction but without mediastinal lymphadenopathy, see 21602.

For excision of chest wall tumor including ribs, without plastic reconstruction, see 21601.

Do not report 21601, 21602, or 21603 in conjunction with 32503 or 32504 for resection of an apical lung tumor; chest resection, chest reconstruction, and rib resection are included in both these codes, and chest wall reconstruction is included in 32504.

Most health insurance policies cover reconstructive plastic surgery, as opposed to cosmetic plastic surgery, although coverage may vary. Check with the payer to determine their coverage and requirements for submitting codes for reimbursement for plastic reconstructive procedures.

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility:

\$1,770.48, Non Facility: \$1,770.48, OPSS Facility: \$878.26, OPSS

Non Facility: \$878.26

**RVU Facility** Work RVU: 25.17, PE RVU: 19.79, Malpractice RVU: 5.78,

Total RVU: 50.74

**RVU Non-Facility** Work RVU: 25.17, PE RVU: 19.79, Malpractice RVU:

5.78, Total RVU: 50.74

**Indicators** Preoperative: 10.00, Intraoperative: 71.00, Postoperative:

19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic

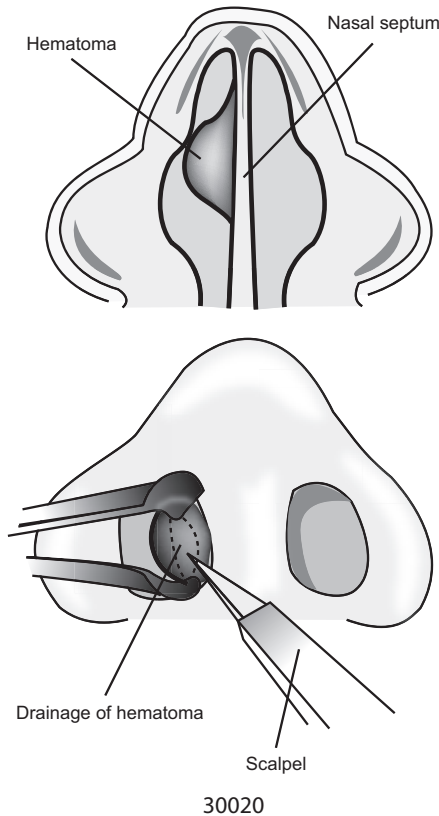
Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code:

None, MUE: 1

### ICD-10 CrossRef

C41.3, C47.3, C49.3, C50.911-C50.919, C76.1, C77.1, C79.51, C79.52, C79.89, C79.9, D09.3, D09.8, D19.7, D36.7, D48.0-D48.2,

## Illustration



30020

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$122.13, Non Facility: \$277.75, OPPI Facility: \$51.64, OPPI Non Facility: \$51.64

**RVU Facility** Work RVU: 1.48, PE RVU: 1.81, Malpractice RVU: 0.21, Total RVU: 3.50

**RVU Non-Facility** Work RVU: 1.48, PE RVU: 6.27, Malpractice RVU: 0.21, Total RVU: 7.96

**Indicators** Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## CCI Alerts (version 27.3)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 30000<sup>1</sup>, 30200<sup>1</sup>, 30801<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>,

64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92502<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>, J2001<sup>1</sup>

## ICD-10 CrossRef

G44.1, J34.0, J34.1, J34.89, J34.9, J95.61, J95.62, J95.860, J95.861, L76.01, L76.02, L76.31, L76.32, M70.98, R09.81, R50.82, S00.93XA, S01.20XA, S01.21XA, S01.22XA, S01.23XA, S01.24XA, S01.25XA, S02.2XXA, S02.2XXB, S09.8XXA, S09.90XA, S09.93XA, T81.33XA, Y36.410A-Y36.410S, Y36.411A-Y36.411S, Z99.0

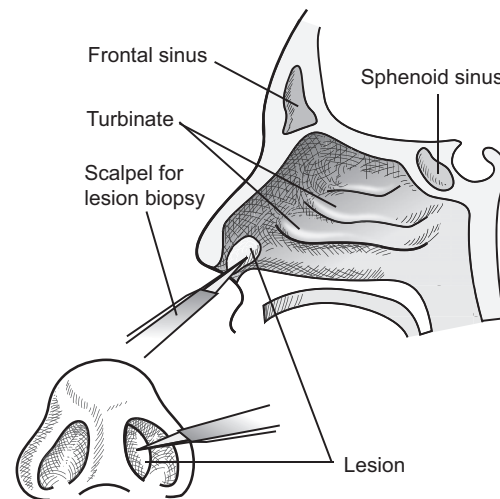
## 30100

Biopsy, intranasal

## Clinical Responsibility

After the patient has been appropriately prepped and anesthetized, the provider inserts nasal forceps and removes a tissue sample from a suspicious or diseased intranasal area. He sends that sample, along with a sample of the patient's healthy intranasal tissue, to the pathologist for further evaluation and comparison study. He may apply a suture if necessary or leave the site open to heal on its own.

## Illustration



30100

# 30117

Excision or destruction (eg, laser), intranasal lesion; internal approach

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses one of several internal techniques for the destruction or excision of a lesion in the nose. She may use a laser, cryotherapy, a chemical, or other methods. She destroys the lesion and then applies an antibiotic at the site. When the procedure is complete, she leaves the wound open to heal.

## Coding Tips

Use 30118, Excision or destruction, eg laser, intranasal lesion; external approach, lateral rhinotomy, or an incision that runs from the inner edge of the eyebrow, along the length of the side of the nose, and may split the patient's lip, when the provider performs the excision or destruction of an intranasal lesion through the external approach.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$341.95, Non Facility: \$1,019.93, OPSS Facility: \$113.75, OPSS Non Facility: \$113.75

**RVU Facility** Work RVU: 3.26, PE RVU: 6.09, Malpractice RVU: 0.45, Total RVU: 9.80

**RVU Non-Facility** Work RVU: 3.26, PE RVU: 25.52, Malpractice RVU: 0.45, Total RVU: 29.23

**Indicators** Preoperative: 10.00, Intraoperative: 76.00, Postoperative: 14.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 11000<sup>1</sup>, 11001<sup>1</sup>, 11004<sup>1</sup>, 11005<sup>1</sup>, 11006<sup>1</sup>, 11042<sup>1</sup>, 11043<sup>1</sup>, 11044<sup>1</sup>, 11045<sup>1</sup>, 11046<sup>1</sup>, 11047<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 30000<sup>1</sup>, 30020<sup>1</sup>, 30118<sup>1</sup>, 30200<sup>1</sup>, 30320<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92502<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>,

95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99217<sup>1</sup>, 99218<sup>1</sup>, 99219<sup>1</sup>, 99220<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99241<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99251<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99334<sup>1</sup>, 99335<sup>1</sup>, 99336<sup>1</sup>, 99337<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>, J0670<sup>1</sup>, J2001<sup>1</sup>

## ICD-10 CrossRef

C30.0, D14.0, H04.551-H04.559, J32.1, J32.2, J32.4, J32.8, J34.0, J34.1, J34.3, J34.81, J34.89, J34.9, R04.0, R09.81, T81.40XA-T81.40XS

# 30118

Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs a lateral rhinotomy, or incision into the nose. The incision extends from the inner end of the eyebrow, moving down along the outer wall of the nose, over to the nasolabial fold, and passes along the nasal alar base to the philtrum, or groove of the upper lip. The provider then dissects the nasal soft tissue down to the level of bone, providing good nasal cavity access. When he identifies the lesion or lesions, and depending upon the size and location of the lesion, he may remove it with a scissor or knife. He may also use other techniques such as a laser, cryotherapy, a chemical method, or other methods. After, he removes or destroys the lesions, he applies an antibiotic at the site, and leaves the wound open to heal.

## Coding Tips

Use 30117, Excision or destruction, eg laser, intranasal lesion; internal approach, when the provider performs the excision or destruction of intranasal lesion through an internal approach.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$812.66, Non Facility: \$812.66, OPSS Facility: \$346.14, OPSS Non Facility: \$346.14

**RVU Facility** Work RVU: 9.92, PE RVU: 12.00, Malpractice RVU: 1.37, Total RVU: 23.29

**RVU Non-Facility** Work RVU: 9.92, PE RVU: 12.00, Malpractice RVU: 1.37, Total RVU: 23.29

**Indicators** Preoperative: 10.00, Intraoperative: 76.00, Postoperative: 14.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU



## 99202

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

### Clinical Responsibility

The provider performs an evaluation and management (E/M) service for a new patient in the provider's office or in another outpatient setting. The total time spent on the date of the encounter is 15-29 minutes and/or the level of medical decision making (MDM) involved is straightforward. Total time includes both face-to-face and non-face-to-face activities on the encounter date. Examples include, but are not limited to, reviewing tests and otherwise preparing for the patient visit, performing the exam or evaluation, counseling and educating the patient or caregiver, ordering tests, communicating with other healthcare providers, documenting the encounter, interpreting and communicating results, and coordinating care. Elements of MDM include the number and complexity of problems addressed; the amount and/or complexity of data to review and analyze; and the risk of complications, morbidity, and mortality related to patient management.

The visit also may include taking a patient history and performing a physical examination. The provider determines the nature and extent of the history and/or exam appropriate for the encounter.

### Coding Tips

Choose the office and other outpatient E/M service level based on the total time or MDM level stated in the code descriptor.

Office and other outpatient services include a medically appropriate history and/or physical examination, when performed. The provider determines the nature and extent of the history and/or exam required. The extent of history and exam do not affect code selection for E/M codes 99202-99215. However, all services performed should be documented appropriately in the medical record.

### Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$49.90, Non Facility: \$73.97, OPSS Facility: \$32.45, OPSS Non Facility: \$32.45

**RVU Facility** Work RVU: 0.93, PE RVU: 0.41, Malpractice RVU: 0.09, Total RVU: 1.43

**RVU Non-Facility** Work RVU: 0.93, PE RVU: 1.10, Malpractice RVU: 0.09, Total RVU: 2.12

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 25, 27, 32, 33, 57, 80, 81, 82, 95, 99, AF, AG, AK, AQ, AS, CR, CS, EP, ET, FP, GO, GA, GC, GE, GF, GJ, GQ, GR, GT, GV, GW, HA, HB, HC, HD, HU, KX, PD, Q0, Q1, Q5, Q6, QJ, SA, SB, TH

### CCI Alerts (version 27.3)

0362T<sup>1</sup>, 0373T<sup>1</sup>, 0469T<sup>0</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 43752<sup>1</sup>, 90863<sup>0</sup>, 90940<sup>0</sup>, 92002<sup>0</sup>, 92004<sup>0</sup>, 92012<sup>0</sup>, 92014<sup>0</sup>, 92227<sup>1</sup>, 92228<sup>1</sup>, 92531<sup>0</sup>, 92532<sup>0</sup>, 93792<sup>1</sup>, 93793<sup>0</sup>, 94002<sup>0</sup>, 94003<sup>0</sup>, 94004<sup>0</sup>, 94660<sup>0</sup>, 94662<sup>0</sup>, 95851<sup>0</sup>, 95852<sup>0</sup>, 96020<sup>1</sup>, 96105<sup>1</sup>, 96116<sup>1</sup>, 96125<sup>1</sup>, 96130<sup>1</sup>, 96132<sup>1</sup>, 96136<sup>1</sup>, 96138<sup>1</sup>, 96146<sup>1</sup>, 96156<sup>0</sup>, 96158<sup>0</sup>, 96159<sup>0</sup>, 96164<sup>0</sup>, 96165<sup>0</sup>, 96167<sup>0</sup>, 96168<sup>0</sup>, 96523<sup>0</sup>, 97151<sup>1</sup>, 97153<sup>1</sup>, 97154<sup>1</sup>, 97155<sup>1</sup>, 97156<sup>1</sup>, 97157<sup>1</sup>, 97158<sup>1</sup>, 97169<sup>0</sup>, 97170<sup>0</sup>, 97171<sup>0</sup>, 97172<sup>0</sup>, 97802<sup>0</sup>, 97803<sup>0</sup>, 97804<sup>0</sup>, 99091<sup>0</sup>, 99172<sup>0</sup>, 99173<sup>1</sup>, 99174<sup>1</sup>, 99177<sup>1</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99354<sup>0</sup>, 99355<sup>0</sup>, 99356<sup>0</sup>, 99357<sup>0</sup>, 99358<sup>0</sup>, 99359<sup>0</sup>, 99408<sup>0</sup>, 99409<sup>0</sup>, 99421<sup>0</sup>, 99422<sup>0</sup>, 99423<sup>0</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99463<sup>0</sup>, 99474<sup>0</sup>, 99605<sup>1</sup>, 99606<sup>1</sup>, G0102<sup>0</sup>, G0117<sup>0</sup>, G0118<sup>0</sup>, G0245<sup>0</sup>, G0246<sup>0</sup>, G0248<sup>1</sup>, G0250<sup>1</sup>, G0270<sup>0</sup>, G0271<sup>0</sup>, G0396<sup>1</sup>, G0397<sup>1</sup>, G0406<sup>0</sup>, G0407<sup>0</sup>, G0408<sup>0</sup>, G0425<sup>0</sup>, G0426<sup>0</sup>, G0427<sup>0</sup>, G0442<sup>1</sup>, G0443<sup>1</sup>, G0444<sup>1</sup>, G0445<sup>1</sup>, G0446<sup>1</sup>, G0447<sup>1</sup>, G0459<sup>0</sup>, G0473<sup>1</sup>, G0508<sup>0</sup>, G0509<sup>0</sup>, G2011<sup>1</sup>

### ICD-10 CrossRef

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

## 99203

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

### Clinical Responsibility

The provider performs an evaluation and management (E/M) service for a new patient in the provider's office or in another outpatient setting. The total time spent on the date of the encounter is 30-44 minutes and/or the level of medical decision making (MDM) involved is low. Total time includes both face-to-face and non-face-to-face activities on the encounter date. Examples include, but are not limited to, reviewing tests and otherwise preparing for the patient visit, performing the exam or evaluation, counseling and educating the patient or caregiver, ordering tests, communicating with other healthcare providers, documenting the encounter, interpreting and communicating results, and coordinating care. Elements of MDM include the number and complexity of problems addressed; the amount and/or complexity of data to review and analyze; and the risk of complications, morbidity, and mortality related to patient management.

The visit also may include taking a patient history and performing a physical examination. The provider determines the nature and extent of the history and/or exam appropriate for the encounter.

### Coding Tips

Choose the office and other outpatient E/M service level based on the total time or MDM level stated in the code descriptor.

## Clinical Responsibility

The provider, often a nurse, provides a service to an established patient. This service does not require a physician or other qualified healthcare professional to see the patient. A physician or "other qualified health care professional" is someone qualified by education, training, applicable licensing rules and regulations, and applicable facility privileging rules who performs a professional service in their scope of practice. Physicians and qualified healthcare professionals can independently report professional services. In contrast, a clinical staff member works under the supervision of a physician or other qualified healthcare professional. Law, regulation, and facility policy allow clinical staff to perform or assist in the performance of a specific professional service. But a clinical staff member cannot report that professional service.

## Coding Tips

Code 99211 may apply whether the patient sees the physician, a nurse, or a nonphysician practitioner (NPP), such as a physician assistant or nurse practitioner. However, in practice, visits with physicians and NPPs typically qualify for a higher-level code.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$9.07, Non Facility: \$23.03, OPFS Facility: \$6.28, OPFS Non Facility: \$6.28  
**RVU Facility** Work RVU: 0.18, PE RVU: 0.07, Malpractice RVU: 0.01, Total RVU: 0.26

**RVU Non-Facility** Work RVU: 0.18, PE RVU: 0.47, Malpractice RVU: 0.01, Total RVU: 0.66

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

**Modifier Allowances** 24, 25, 27, 32, 33, 57, 80, 81, 82, 95, 99, AF, AG, AK, AQ, AS, CR, CS, EP, ET, FP, G0, GA, GC, GE, GF, GJ, GQ, GR, GT, GV, GW, HA, HB, HC, HD, HU, KX, PD, Q0, Q1, Q5, Q6, QJ, SA, SB, TD, TH

## CCI Alerts (version 27.3)

0362T<sup>1</sup>, 0373T<sup>1</sup>, 0469T<sup>0</sup>, 0543T<sup>1</sup>, 0544T<sup>1</sup>, 0567T<sup>1</sup>, 0568T<sup>1</sup>, 0569T<sup>1</sup>, 0570T<sup>1</sup>, 0571T<sup>1</sup>, 0572T<sup>1</sup>, 0573T<sup>1</sup>, 0574T<sup>1</sup>, 0580T<sup>1</sup>, 0581T<sup>1</sup>, 0582T<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 43752<sup>1</sup>, 90863<sup>0</sup>, 90940<sup>0</sup>, 92002<sup>0</sup>, 92004<sup>0</sup>, 92012<sup>0</sup>, 92014<sup>0</sup>, 92227<sup>1</sup>, 92228<sup>1</sup>, 92531<sup>0</sup>, 92532<sup>0</sup>, 93792<sup>1</sup>, 93793<sup>0</sup>, 94002<sup>0</sup>, 94003<sup>0</sup>, 94004<sup>0</sup>, 94660<sup>0</sup>, 94662<sup>0</sup>, 95851<sup>0</sup>, 95852<sup>0</sup>, 96020<sup>1</sup>, 96105<sup>1</sup>, 96116<sup>1</sup>, 96125<sup>1</sup>, 96130<sup>1</sup>, 96132<sup>1</sup>, 96136<sup>1</sup>, 96138<sup>1</sup>, 96146<sup>1</sup>, 96156<sup>0</sup>, 96158<sup>0</sup>, 96159<sup>0</sup>, 96164<sup>0</sup>, 96165<sup>0</sup>, 96167<sup>0</sup>, 96168<sup>0</sup>, 96523<sup>0</sup>, 97151<sup>1</sup>, 97153<sup>1</sup>, 97154<sup>1</sup>, 97155<sup>1</sup>, 97156<sup>1</sup>, 97157<sup>1</sup>, 97158<sup>1</sup>, 97169<sup>0</sup>, 97170<sup>0</sup>, 97171<sup>0</sup>, 97172<sup>0</sup>, 97802<sup>0</sup>, 97803<sup>0</sup>, 97804<sup>0</sup>, 99091<sup>0</sup>, 99172<sup>0</sup>, 99173<sup>1</sup>, 99174<sup>1</sup>, 99177<sup>1</sup>, 99354<sup>0</sup>, 99355<sup>0</sup>, 99356<sup>0</sup>, 99357<sup>0</sup>, 99358<sup>0</sup>, 99359<sup>0</sup>, 99408<sup>0</sup>, 99409<sup>0</sup>, 99415<sup>0</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99474<sup>0</sup>, 99605<sup>1</sup>, 99606<sup>1</sup>, G0102<sup>0</sup>, G0117<sup>0</sup>, G0118<sup>0</sup>, G0245<sup>0</sup>, G0246<sup>0</sup>, G0248<sup>1</sup>, G0250<sup>1</sup>, G0270<sup>0</sup>, G0271<sup>0</sup>, G0396<sup>1</sup>, G0397<sup>1</sup>, G0406<sup>0</sup>, G0407<sup>0</sup>, G0408<sup>0</sup>, G0425<sup>0</sup>, G0426<sup>0</sup>, G0427<sup>0</sup>, G0442<sup>1</sup>, G0443<sup>1</sup>, G0444<sup>1</sup>, G0445<sup>1</sup>, G0446<sup>1</sup>, G0447<sup>1</sup>, G0459<sup>0</sup>, G0473<sup>1</sup>, G0508<sup>0</sup>, G0509<sup>0</sup>, G2011<sup>1</sup>

## ICD-10 CrossRef

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

# 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

## Clinical Responsibility

The provider performs an evaluation and management (E/M) service for an established patient in the provider's office or in another outpatient setting. The total time spent on the date of the encounter is 10-19 minutes and/or the level of medical decision making (MDM) involved is straightforward. Total time includes both face-to-face and non-face-to-face activities on the encounter date. Examples include, but are not limited to, reviewing tests and otherwise preparing for the patient visit, performing the exam or evaluation, counseling and educating the patient or caregiver, ordering tests, communicating with other healthcare providers, documenting the encounter, interpreting and communicating results, and coordinating care. Elements of MDM include the number and complexity of problems addressed; the amount and/or complexity of data to review and analyze; and the risk of complications, morbidity, and mortality related to patient management.

The visit also may include taking a patient history and performing a physical examination. The provider determines the nature and extent of the history and/or exam appropriate for the encounter.

## Coding Tips

Choose the office and other outpatient E/M service level based on the total time or MDM level stated in the code descriptor.

Office and other outpatient services include a medically appropriate history and/or physical examination, when performed. The provider determines the nature and extent of the history and/or exam required. The extent of history and exam do not affect code selection for E/M codes 99202-99215. However, all services performed should be documented appropriately in the medical record.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: \$36.29, Non Facility: \$56.88, OPFS Facility: \$24.43, OPFS Non Facility: \$24.43

**RVU Facility** Work RVU: 0.70, PE RVU: 0.29, Malpractice RVU: 0.05, Total RVU: 1.04

**RVU Non-Facility** Work RVU: 0.70, PE RVU: 0.88, Malpractice RVU: 0.05, Total RVU: 1.63

**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test:

# ICD-10 CrossRef Details

|               |  |               |   |
|---------------|--|---------------|---|
| <b>A01.01</b> | Typhoid meningitis   | <b>A39.3</b>  | Chronic meningococemia  |
| <b>A01.09</b> | Typhoid fever with other complications                           | <b>A39.50</b> | Meningococcal carditis, unspecified                                       |
| <b>A02.1</b>  | Salmonella sepsis  | <b>A39.51</b> | Meningococcal endocarditis  |
| <b>A02.21</b> | Salmonella meningitis  | <b>A39.52</b> | Meningococcal myocarditis   |
| <b>A06.1</b>  | Chronic intestinal amebiasis                                     | <b>A39.53</b> | Meningococcal pericarditis  |
| <b>A06.5</b>  | Amebic lung abscess  | <b>A40.0</b>  | Sepsis due to streptococcus, group A                                      |
| <b>A15.0</b>  | Tuberculosis of lung   | <b>A40.1</b>  | Sepsis due to streptococcus, group B                                      |
| <b>A15.4</b>  | Tuberculosis of intrathoracic lymph nodes                        | <b>A40.3</b>  | Sepsis due to Streptococcus pneumoniae                                    |
| <b>A15.5</b>  | Tuberculosis of larynx, trachea and bronchus                     | <b>A40.8</b>  | Other streptococcal sepsis  |
| <b>A15.6</b>  | Tuberculous pleurisy   | <b>A40.9</b>  | Streptococcal sepsis, unspecified   |
| <b>A15.7</b>  | Primary respiratory tuberculosis                                 | <b>A41.01</b> | Sepsis due to Methicillin susceptible Staphylococcus aureus               |
| <b>A15.8</b>  | Other respiratory tuberculosis                                   | <b>A41.02</b> | Sepsis due to Methicillin resistant Staphylococcus aureus                 |
| <b>A15.9</b>  | Respiratory tuberculosis unspecified                             | <b>A41.1</b>  | Sepsis due to other specified staphylococcus                              |
| <b>A17.0</b>  | Tuberculous meningitis   | <b>A41.2</b>  | Sepsis due to unspecified staphylococcus                                  |
| <b>A17.1</b>  | Meningeal tuberculoma  | <b>A41.3</b>  | Sepsis due to Hemophilus influenzae                                       |
| <b>A17.81</b> | Tuberculoma of brain and spinal cord                             | <b>A41.4</b>  | Sepsis due to anaerobes   |
| <b>A17.82</b> | Tuberculous meningoencephalitis                                  | <b>A41.50</b> | Gram-negative sepsis, unspecified   |
| <b>A17.83</b> | Tuberculous neuritis   | <b>A41.51</b> | Sepsis due to Escherichia coli [E. coli]                                  |
| <b>A17.89</b> | Other tuberculosis of nervous system                             | <b>A41.52</b> | Sepsis due to Pseudomonas   |
| <b>A17.9</b>  | Tuberculosis of nervous system, unspecified                      | <b>A41.53</b> | Sepsis due to Serratia  |
| <b>A18.84</b> | Tuberculosis of heart  | <b>A41.59</b> | Other Gram-negative sepsis  |
| <b>A20.2</b>  | Pneumonic plague   | <b>A41.81</b> | Sepsis due to Enterococcus  |
| <b>A20.3</b>  | Plague meningitis  | <b>A41.89</b> | Other specified sepsis  |
| <b>A20.7</b>  | Septicemic plague  | <b>A41.9</b>  | Sepsis, unspecified organism  |
| <b>A21.2</b>  | Pulmonary tularemia  | <b>A42.0</b>  | Pulmonary actinomycosis   |
| <b>A22.1</b>  | Pulmonary anthrax  | <b>A42.7</b>  | Actinomycotic sepsis  |
| <b>A22.7</b>  | Anthrax sepsis   | <b>A42.81</b> | Actinomycotic meningitis  |
| <b>A24.2</b>  | Subacute and chronic melioidosis                                 | <b>A42.82</b> | Actinomycotic encephalitis  |
| <b>A26.7</b>  | Erysipelothrix sepsis  | <b>A42.89</b> | Other forms of actinomycosis  |
| <b>A27.81</b> | Aseptic meningitis in leptospirosis                              | <b>A43.0</b>  | Pulmonary nocardiosis   |
| <b>A31.0</b>  | Pulmonary mycobacterial infection                                | <b>A43.8</b>  | Other forms of nocardiosis  |
| <b>A32.11</b> | Listerial meningitis   | <b>A48.1</b>  | Legionnaires' disease   |
| <b>A32.12</b> | Listerial meningoencephalitis                                    | <b>A49.01</b> | Methicillin susceptible Staphylococcus aureus infection, unspecified site |
| <b>A32.7</b>  | Listerial sepsis   | <b>A49.02</b> | Methicillin resistant Staphylococcus aureus infection, unspecified site   |
| <b>A33</b>    | Tetanus neonatorum   | <b>A49.2</b>  | Hemophilus influenzae infection, unspecified site                         |
| <b>A36.0</b>  | Pharyngeal diphtheria  | <b>A50.41</b> | Late congenital syphilitic meningitis                                     |
| <b>A36.1</b>  | Nasopharyngeal diphtheria  | <b>A51.41</b> | Secondary syphilitic meningitis   |
| <b>A36.2</b>  | Laryngeal diphtheria   | <b>A52.00</b> | Cardiovascular syphilis, unspecified                                      |
| <b>A36.3</b>  | Cutaneous diphtheria   | <b>A52.01</b> | Syphilitic aneurysm of aorta  |
| <b>A36.81</b> | Diphtheritic cardiomyopathy                                      | <b>A52.02</b> | Syphilitic aortitis   |
| <b>A36.82</b> | Diphtheritic radiculomyelitis                                    | <b>A52.03</b> | Syphilitic endocarditis   |
| <b>A36.83</b> | Diphtheritic polyneuritis  | <b>A52.04</b> | Syphilitic cerebral arteritis   |
| <b>A36.84</b> | Diphtheritic tubulo-interstitial nephropathy                     | <b>A52.05</b> | Other cerebrovascular syphilis  |
| <b>A36.85</b> | Diphtheritic cystitis  | <b>A52.06</b> | Other syphilitic heart involvement  |
| <b>A36.86</b> | Diphtheritic conjunctivitis                                      | <b>A52.09</b> | Other cardiovascular syphilis   |
| <b>A36.89</b> | Other diphtheritic complications                                 | <b>A52.13</b> | Late syphilitic meningitis  |
| <b>A36.9</b>  | Diphtheria, unspecified  | <b>A52.72</b> | Syphilis of lung and bronchus   |
| <b>A37.00</b> | Whooping cough due to Bordetella pertussis without pneumonia     | <b>A54.81</b> | Gonococcal meningitis   |
| <b>A37.01</b> | Whooping cough due to Bordetella pertussis with pneumonia        | <b>A54.83</b> | Gonococcal heart infection  |
| <b>A37.10</b> | Whooping cough due to Bordetella parapertussis without pneumonia | <b>A54.86</b> | Gonococcal sepsis   |
| <b>A37.11</b> | Whooping cough due to Bordetella parapertussis with pneumonia    | <b>A69.21</b> | Meningitis due to Lyme disease  |
| <b>A37.80</b> | Whooping cough due to other Bordetella species without pneumonia | <b>A75.3</b>  | Typhus fever due to Rickettsia tsutsugamushi                              |
| <b>A37.81</b> | Whooping cough due to other Bordetella species with pneumonia    | <b>A78</b>    | Q fever   |
| <b>A37.90</b> | Whooping cough, unspecified species without pneumonia            | <b>A79.82</b> | Anaplasmosis [A. phagocytophilum]   |
| <b>A37.91</b> | Whooping cough, unspecified species with pneumonia               | <b>A80.0</b>  | Acute paralytic poliomyelitis, vaccine-associated                         |
| <b>A38.0</b>  | Scarlet fever with otitis media                                  | <b>A80.1</b>  | Acute paralytic poliomyelitis, wild virus, imported                       |
| <b>A38.1</b>  | Scarlet fever with myocarditis                                   | <b>A80.2</b>  | Acute paralytic poliomyelitis, wild virus, indigenous                     |
| <b>A38.8</b>  | Scarlet fever with other complications                           | <b>A80.30</b> | Acute paralytic poliomyelitis, unspecified                                |
| <b>A38.9</b>  | Scarlet fever, uncomplicated                                     | <b>A80.39</b> | Other acute paralytic poliomyelitis                                       |
| <b>A39.0</b>  | Meningococcal meningitis   | <b>A80.4</b>  | Acute nonparalytic poliomyelitis  |
|               |  | <b>A80.9</b>  | Acute poliomyelitis, unspecified  |
|               |  | <b>A81.00</b> | Creutzfeldt-Jakob disease, unspecified                                    |
|               |  | <b>A81.01</b> | Variant Creutzfeldt-Jakob disease   |
|               |  | <b>A81.09</b> | Other Creutzfeldt-Jakob disease   |

|              |  |               |   |
|--------------|--|---------------|---|
| <b>C16.2</b> | Malignant neoplasm of body of stomach                                  | <b>C33</b>    | Malignant neoplasm of trachea   |
| <b>C16.3</b> | Malignant neoplasm of pyloric antrum                                   | <b>C34.00</b> | Malignant neoplasm of unspecified main bronchus   |
| <b>C16.4</b> | Malignant neoplasm of pylorus  | <b>C34.01</b> | Malignant neoplasm of right main bronchus   |
| <b>C16.5</b> | Malignant neoplasm of lesser curvature of stomach, unspecified         | <b>C34.02</b> | Malignant neoplasm of left main bronchus  |
| <b>C16.6</b> | Malignant neoplasm of greater curvature of stomach, unspecified        | <b>C34.10</b> | Malignant neoplasm of upper lobe, unspecified bronchus or lung                              |
| <b>C16.8</b> | Malignant neoplasm of overlapping sites of stomach                     | <b>C34.11</b> | Malignant neoplasm of upper lobe, right bronchus or lung                                    |
| <b>C16.9</b> | Malignant neoplasm of stomach, unspecified                             | <b>C34.12</b> | Malignant neoplasm of upper lobe, left bronchus or lung                                     |
| <b>C17.0</b> | Malignant neoplasm of duodenum   | <b>C34.2</b>  | Malignant neoplasm of middle lobe, bronchus or lung   |
| <b>C17.1</b> | Malignant neoplasm of jejunum  | <b>C34.30</b> | Malignant neoplasm of lower lobe, unspecified bronchus or lung                              |
| <b>C17.2</b> | Malignant neoplasm of ileum  | <b>C34.31</b> | Malignant neoplasm of lower lobe, right bronchus or lung                                    |
| <b>C17.3</b> | Meckel's diverticulum, malignant                                       | <b>C34.32</b> | Malignant neoplasm of lower lobe, left bronchus or lung                                     |
| <b>C17.8</b> | Malignant neoplasm of overlapping sites of small intestine             | <b>C34.80</b> | Malignant neoplasm of overlapping sites of unspecified bronchus and lung                    |
| <b>C17.9</b> | Malignant neoplasm of small intestine, unspecified                     | <b>C34.81</b> | Malignant neoplasm of overlapping sites of right bronchus and lung                          |
| <b>C18.0</b> | Malignant neoplasm of cecum  | <b>C34.82</b> | Malignant neoplasm of overlapping sites of left bronchus and lung                           |
| <b>C18.1</b> | Malignant neoplasm of appendix   | <b>C34.90</b> | Malignant neoplasm of unspecified part of unspecified bronchus or lung                      |
| <b>C18.2</b> | Malignant neoplasm of ascending colon                                  | <b>C34.91</b> | Malignant neoplasm of unspecified part of right bronchus or lung                            |
| <b>C18.3</b> | Malignant neoplasm of hepatic flexure                                  | <b>C34.92</b> | Malignant neoplasm of unspecified part of left bronchus or lung                             |
| <b>C18.4</b> | Malignant neoplasm of transverse colon                                 | <b>C37</b>    | Malignant neoplasm of thymus  |
| <b>C18.5</b> | Malignant neoplasm of splenic flexure                                  | <b>C38.0</b>  | Malignant neoplasm of heart   |
| <b>C18.6</b> | Malignant neoplasm of descending colon                                 | <b>C38.1</b>  | Malignant neoplasm of anterior mediastinum  |
| <b>C18.7</b> | Malignant neoplasm of sigmoid colon                                    | <b>C38.2</b>  | Malignant neoplasm of posterior mediastinum   |
| <b>C18.8</b> | Malignant neoplasm of overlapping sites of colon                       | <b>C38.3</b>  | Malignant neoplasm of mediastinum, part unspecified   |
| <b>C18.9</b> | Malignant neoplasm of colon, unspecified                               | <b>C38.4</b>  | Malignant neoplasm of pleura  |
| <b>C19</b>   | Malignant neoplasm of rectosigmoid junction                            | <b>C38.8</b>  | Malignant neoplasm of overlapping sites of heart, mediastinum and pleura                    |
| <b>C20</b>   | Malignant neoplasm of rectum   | <b>C39.0</b>  | Malignant neoplasm of upper respiratory tract, part unspecified                             |
| <b>C21.0</b> | Malignant neoplasm of anus, unspecified                                | <b>C39.9</b>  | Malignant neoplasm of lower respiratory tract, part unspecified                             |
| <b>C21.1</b> | Malignant neoplasm of anal canal                                       | <b>C40.00</b> | Malignant neoplasm of scapula and long bones of unspecified upper limb                      |
| <b>C21.2</b> | Malignant neoplasm of cloacogenic zone                                 | <b>C40.01</b> | Malignant neoplasm of scapula and long bones of right upper limb                            |
| <b>C21.8</b> | Malignant neoplasm of overlapping sites of rectum, anus and anal canal | <b>C40.02</b> | Malignant neoplasm of scapula and long bones of left upper limb                             |
| <b>C22.0</b> | Liver cell carcinoma   | <b>C40.10</b> | Malignant neoplasm of short bones of unspecified upper limb                                 |
| <b>C22.1</b> | Intrahepatic bile duct carcinoma                                       | <b>C40.11</b> | Malignant neoplasm of short bones of right upper limb                                       |
| <b>C22.2</b> | Hepatoblastoma   | <b>C40.12</b> | Malignant neoplasm of short bones of left upper limb  |
| <b>C22.3</b> | Angiosarcoma of liver  | <b>C40.20</b> | Malignant neoplasm of long bones of unspecified lower limb                                  |
| <b>C22.4</b> | Other sarcomas of liver  | <b>C40.21</b> | Malignant neoplasm of long bones of right lower limb  |
| <b>C22.7</b> | Other specified carcinomas of liver                                    | <b>C40.22</b> | Malignant neoplasm of long bones of left lower limb   |
| <b>C22.8</b> | Malignant neoplasm of liver, primary, unspecified as to type           | <b>C40.30</b> | Malignant neoplasm of short bones of unspecified lower limb                                 |
| <b>C22.9</b> | Malignant neoplasm of liver, not specified as primary or secondary     | <b>C40.31</b> | Malignant neoplasm of short bones of right lower limb                                       |
| <b>C23</b>   | Malignant neoplasm of gallbladder                                      | <b>C40.32</b> | Malignant neoplasm of short bones of left lower limb  |
| <b>C24.0</b> | Malignant neoplasm of extrahepatic bile duct                           | <b>C40.80</b> | Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb |
| <b>C24.1</b> | Malignant neoplasm of ampulla of Vater                                 | <b>C40.81</b> | Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb       |
| <b>C24.8</b> | Malignant neoplasm of overlapping sites of biliary tract               | <b>C40.82</b> | Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb        |
| <b>C24.9</b> | Malignant neoplasm of biliary tract, unspecified                       | <b>C40.90</b> | Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb         |
| <b>C25.0</b> | Malignant neoplasm of head of pancreas                                 | <b>C40.91</b> | Malignant neoplasm of unspecified bones and articular cartilage of right limb               |
| <b>C25.1</b> | Malignant neoplasm of body of pancreas                                 | <b>C40.92</b> | Malignant neoplasm of unspecified bones and articular cartilage of left limb                |
| <b>C25.2</b> | Malignant neoplasm of tail of pancreas                                 | <b>C41.0</b>  | Malignant neoplasm of bones of skull and face   |
| <b>C25.3</b> | Malignant neoplasm of pancreatic duct                                  | <b>C41.1</b>  | Malignant neoplasm of mandible  |
| <b>C25.4</b> | Malignant neoplasm of endocrine pancreas                               | <b>C41.2</b>  | Malignant neoplasm of vertebral column  |
| <b>C25.7</b> | Malignant neoplasm of other parts of pancreas                          | <b>C41.3</b>  | Malignant neoplasm of ribs, sternum and clavicle  |
| <b>C25.8</b> | Malignant neoplasm of overlapping sites of pancreas                    | <b>C41.4</b>  | Malignant neoplasm of pelvic bones, sacrum and coccyx                                       |
| <b>C25.9</b> | Malignant neoplasm of pancreas, unspecified                            | <b>C41.9</b>  | Malignant neoplasm of bone and articular cartilage, unspecified                             |
| <b>C26.0</b> | Malignant neoplasm of intestinal tract, part unspecified               |               |   |
| <b>C26.1</b> | Malignant neoplasm of spleen   |               |   |
| <b>C26.9</b> | Malignant neoplasm of ill-defined sites within the digestive system    |               |   |
| <b>C30.0</b> | Malignant neoplasm of nasal cavity                                     |               |   |
| <b>C30.1</b> | Malignant neoplasm of middle ear                                       |               |   |
| <b>C31.0</b> | Malignant neoplasm of maxillary sinus                                  |               |   |
| <b>C31.1</b> | Malignant neoplasm of ethmoidal sinus                                  |               |   |
| <b>C31.2</b> | Malignant neoplasm of frontal sinus                                    |               |   |
| <b>C31.3</b> | Malignant neoplasm of sphenoid sinus                                   |               |   |
| <b>C31.8</b> | Malignant neoplasm of overlapping sites of accessory sinuses           |               |   |
| <b>C31.9</b> | Malignant neoplasm of accessory sinus, unspecified                     |               |   |
| <b>C32.0</b> | Malignant neoplasm of glottis  |               |   |
| <b>C32.1</b> | Malignant neoplasm of supraglottis                                     |               |   |
| <b>C32.2</b> | Malignant neoplasm of subglottis                                       |               |   |
| <b>C32.3</b> | Malignant neoplasm of laryngeal cartilage                              |               |   |
| <b>C32.8</b> | Malignant neoplasm of overlapping sites of larynx                      |               |   |
| <b>C32.9</b> | Malignant neoplasm of larynx, unspecified                              |               |   |

# Modifier Descriptors

| Modifier              | Description  |
|-----------------------|--|
| <b>CPT® Modifiers</b> |  |
| <b>22</b>             | Increased Procedural Services  |
| <b>23</b>             | Unusual Anesthesia   |
| <b>24</b>             | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period  |
| <b>25</b>             | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service             |
| <b>26</b>             | Professional Component   |
| <b>27</b>             | Multiple Outpatient Hospital E/M Encounters on the Same Date   |
| <b>32</b>             | Mandated Services  |
| <b>33</b>             | Preventive Services  |
| <b>47</b>             | Anesthesia by Surgeon  |
| <b>50</b>             | Bilateral Procedure  |
| <b>51</b>             | Multiple Procedures  |
| <b>52</b>             | Reduced Services   |
| <b>53</b>             | Discontinued Procedure   |
| <b>54</b>             | Surgical Care Only   |
| <b>55</b>             | Postoperative Management Only  |
| <b>56</b>             | Preoperative Management Only   |
| <b>57</b>             | Decision for Surgery   |
| <b>58</b>             | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period   |
| <b>59</b>             | Distinct Procedural Service  |
| <b>62</b>             | Two Surgeons   |
| <b>63</b>             | Procedure Performed on Infants less than 4 kg  |
| <b>66</b>             | Surgical Team  |
| <b>73</b>             | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia  |
| <b>74</b>             | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia   |
| <b>76</b>             | Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional  |
| <b>77</b>             | Repeat Procedure by Another Physician or Other Qualified Health Care Professional  |
| <b>78</b>             | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period |

| Modifier                        | Description  |
|---------------------------------|--|
| <b>79</b>                       | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| <b>80</b>                       | Assistant Surgeon  |
| <b>81</b>                       | Minimum Assistant Surgeon  |
| <b>82</b>                       | Assistant Surgeon (when qualified resident surgeon not available)  |
| <b>90</b>                       | Reference (Outside) Laboratory   |
| <b>91</b>                       | Repeat Clinical Diagnostic Laboratory Test   |
| <b>92</b>                       | Alternative Laboratory Platform Testing  |
| <b>95</b>                       | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System                  |
| <b>96</b>                       | Habilitative Services  |
| <b>97</b>                       | Rehabilitative Services  |
| <b>99</b>                       | Multiple Modifiers   |
| <b>Category II Modifiers</b>    |  |
| <b>1P</b>                       | Performance Measure Exclusion Modifier due to Medical Reasons  |
| <b>2P</b>                       | Performance Measure Exclusion Modifier due to Patient Reasons  |
| <b>3P</b>                       | Performance Measure Exclusion Modifier due to System Reasons   |
| <b>8P</b>                       | Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified                                    |
| <b>HCPCS Level II Modifiers</b> |  |
| <b>A1</b>                       | Dressing for one wound   |
| <b>A2</b>                       | Dressing for two wounds  |
| <b>A3</b>                       | Dressing for three wounds  |
| <b>A4</b>                       | Dressing for four wounds   |
| <b>A5</b>                       | Dressing for five wounds   |
| <b>A6</b>                       | Dressing for six wounds  |
| <b>A7</b>                       | Dressing for seven wounds  |
| <b>A8</b>                       | Dressing for eight wounds  |
| <b>A9</b>                       | Dressing for nine or more wounds   |
| <b>AA</b>                       | Anesthesia services performed personally by anesthesiologist   |
| <b>AD</b>                       | Medical supervision by a physician: more than four concurrent anesthesia procedures  |
| <b>AE</b>                       | Registered dietician   |
| <b>AF</b>                       | Specialty physician  |
| <b>AG</b>                       | Primary physician  |
| <b>AH</b>                       | Clinical psychologist  |
| <b>AI</b>                       | Principal physician of record  |

| Modifier  | Description  |
|-----------|--|
| <b>GM</b> | Multiple patients on one ambulance trip  |
| <b>GN</b> | Services delivered under an outpatient speech language pathology plan of care  |
| <b>GO</b> | Services delivered under an outpatient occupational therapy plan of care   |
| <b>GP</b> | Services delivered under an outpatient physical therapy plan of care   |
| <b>GQ</b> | Via asynchronous telecommunications system   |
| <b>GR</b> | This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy |
| <b>GS</b> | Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level   |
| <b>GT</b> | Via interactive audio and video telecommunication systems  |
| <b>GU</b> | Waiver of liability statement issued as required by payer policy, routine notice   |
| <b>GV</b> | Attending physician not employed or paid under arrangement by the patient's hospice provider   |
| <b>GW</b> | Service not related to the hospice patient's terminal condition  |
| <b>GX</b> | Notice of liability issued, voluntary under payer policy   |
| <b>GY</b> | Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit                |
| <b>GZ</b> | Item or service expected to be denied as not reasonable and necessary  |
| <b>H9</b> | Court-ordered  |
| <b>HA</b> | Child/adolescent program   |
| <b>HB</b> | Adult program, non-geriatric   |
| <b>HC</b> | Adult program, geriatric   |
| <b>HD</b> | Pregnant/parenting women's program   |
| <b>HE</b> | Mental health program  |
| <b>HF</b> | Substance abuse program  |
| <b>HG</b> | Opioid addiction treatment program   |
| <b>HH</b> | Integrated mental health/substance abuse program   |
| <b>HI</b> | Integrated mental health and intellectual disability/developmental disabilities program  |
| <b>HJ</b> | Employee assistance program  |
| <b>HK</b> | Specialized mental health programs for high-risk populations   |
| <b>HL</b> | Intern   |
| <b>HM</b> | Less than bachelor degree level  |
| <b>HN</b> | Bachelor's degree level  |
| <b>HO</b> | Master's degree level  |
| <b>HP</b> | Doctoral level   |

| Modifier  | Description  |
|-----------|--|
| <b>HQ</b> | Group setting  |
| <b>HR</b> | Family/couple with client present  |
| <b>HS</b> | Family/couple without client present   |
| <b>HT</b> | Multi-disciplinary team  |
| <b>HU</b> | Funded by child welfare agency   |
| <b>HV</b> | Funded state addictions agency   |
| <b>HW</b> | Funded by state mental health agency   |
| <b>HX</b> | Funded by county/local agency  |
| <b>HY</b> | Funded by juvenile justice agency  |
| <b>HZ</b> | Funded by criminal justice agency  |
| <b>J1</b> | Competitive acquisition program no-pay submission for a prescription number  |
| <b>J2</b> | Competitive acquisition program, restocking of emergency drugs after emergency administration  |
| <b>J3</b> | Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology   |
| <b>J4</b> | DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge   |
| <b>J5</b> | Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service  |
| <b>JA</b> | Administered intravenously   |
| <b>JB</b> | Administered subcutaneously  |
| <b>JC</b> | Skin substitute used as a graft  |
| <b>JD</b> | Skin substitute not used as a graft  |
| <b>JE</b> | Administered via dialysate   |
| <b>JG</b> | Drug or biological acquired with 340b drug pricing program discount  |
| <b>JW</b> | Drug amount discarded/not administered to any patient  |
| <b>K0</b> | Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility                           |
| <b>K1</b> | Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator                      |
| <b>K2</b> | Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator |

# Terminology

| Terminology                       | Explanation   |
|-----------------------------------|---|
| <b>23 valent</b>                  | A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.   |
| <b>Ablation</b>                   | Surgical destruction of abnormal tissue or organ growth.  |
| <b>Abscess</b>                    | A localized collection of pus that collects in a cavity, usually in response to infection.  |
| <b>Accessory nasal sinuses</b>    | Paranasal sinuses present as a hollow cavity within the skull but open into the nasal cavity; these are lined with a mucosal membrane.  |
| <b>Acute</b>                      | A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.  |
| <b>Acute care</b>                 | A level of service where a patient is actively treated for a brief but severe episode of illness, or injury.  |
| <b>Acute respiratory distress</b> | Sudden onset of difficulty breathing or periods of apnea, or failure to breathe.  |
| <b>Adhesions</b>                  | Band of fibrous tissue that binds two organs or tissues together.   |
| <b>Advance directive</b>          | A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney. |
| <b>Aerosol generator</b>          | A device that produces aerosol suspensions, as for inhalation therapy.  |
| <b>Airway resistance</b>          | Resistance, or opposition, to flow caused by friction forces in the airways of the respiratory tract.   |
| <b>Albuterol</b>                  | An inhaled bronchodilator.  |
| <b>Algorithm</b>                  | A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.   |
| <b>Allograft</b>                  | A tissue graft from a donor.  |
| <b>Alveoli</b>                    | Air sacs that are a continuation of bronchioles and are responsible for exchange of gases.  |
| <b>Amplification</b>              | 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.               |
| <b>Anastomosis</b>                | Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.                       |
| <b>Aneurysm</b>                   | Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.                  |
| <b>Anterior</b>                   | Closer to the front part of the body or a structure.  |
| <b>Anterior nasal bone</b>        | Two small bones that form a bridge of bones in the front.   |
| <b>Anterolateral</b>              | Situated in front and to one side.  |
| <b>Anterolateral thoracotomy</b>  | Surgical incision through the anterior, or front, chest wall to the side.   |
| <b>Anteroposterior view</b>       | The X-ray projection travels from front to back, abbreviated as AP.   |
| <b>Antibody</b>                   | A protein produced by the immune system in response to an antigen; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.   |
| <b>Anticoagulant</b>              | A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.  |
| <b>Antigen</b>                    | A substance that can stimulate the immune system to produce antibodies; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.  |
| <b>Antrochoanal polyp</b>         | A solitary polyp that arises in the maxillary sinus and enlarges the sinus ostium, which is the natural opening into the sinus.   |
| <b>Antrostomy</b>                 | A surgical break into the antrum, that refers to a cavity.  |
| <b>Antrum</b>                     | A natural cavity that may have a specific meaning in reference to organs or sites.  |
| <b>Aorta</b>                      | Largest artery originating from heart, which supplies oxygenated blood to the body.   |
| <b>Apical tumor</b>               | Cancerous growth at the apex of a pyramid or rounded structure or organ, such as the heart or lung.   |
| <b>Arterial access</b>            | Situated or occurring within an artery.   |
| <b>Aryepiglottic fold</b>         | The entrance of the larynx, or the voice box, which is narrow in the front and wide behind.   |
| <b>Arytenoid</b>                  | Cartilage present at the back of the voice box, responsible for production of specific voice sounds.  |
| <b>Arytenoidectomy</b>            | Surgical procedure in which the provider excises the arytenoids cartilage; it is generally performed to improve air flow through the airway.  |

**Congestive heart failure (CHF) — Electrocautery**

| <b>Terminology</b>                                      | <b>Explanation</b>   |
|---|--|
| <b>Congestive heart failure (CHF)</b>                   | A condition in which excessive fluid collects in the tissues of the lungs, trunk, or extremities due to heart disease; it results in difficulty breathing and increased blood pressure; too much salt intake contributes to this condition.  |
| <b>Connective tissue</b>                                | One of four types of body tissues, it connects and protects other tissues and structures; other tissue types are epithelial, muscle, and nervous; connective tissue can be loose or fibrous.   |
| <b>Continuous negative pressure ventilation, or CNP</b> | Rarely used, CNP ventilation involves placing the patient in a chamber that reduces external pressure on the chest and allows the lungs to expand and fill with oxygen blown into the chamber.   |
| <b>Continuous Positive Airway Pressure (CPAP)</b>       | Medical equipment that supplies a constant and steady air pressure to a patient through a mask or nose piece to help them breath as they sleep and treat a disorder such as obstructive sleep apnea, or OSA, a condition characterized by temporary pauses in breathing during sleep.  |
| <b>Contrast</b>   | A special dye used in radiology imaging to improve the visibility of internal structures or organs of the body, which providers administer to patients through various routes, including oral and intravenously; also called contrast material, contrast medium, contrast media, contrast agent, or contrast dye.                  |
| <b>Coronal incision</b>                                 | An incision made across the top of the scalp, above the ears up to the frontal sinus.  |
| <b>Cricoid cartilage</b>                                | Ring-like cartilage at the base of the larynx, which is the voice box in the throat.   |
| <b>Cricothyroid membrane</b>                            | An elastic tissue cartilage that is attached to cricoid cartilage, the ring of cartilage around the trachea.   |
| <b>Critically ill patient</b>                           | A patient with impairment of one or more vital organs systems leading to a life threatening decline in condition.  |
| <b>Cryotherapy</b>                                      | A technique in which the provider freezes the lesion to destroy it.  |
| <b>Cuff</b>   | A part located around the catheter about one inch inside the place where the tube enters the skin. Skin grows into this cuff and keeps the catheter in place. The cuff also acts as a barrier to infection.  |
| <b>Cyst</b>   | A closed, sac-like area within tissue that has a distinct membrane and may contain liquid, gaseous, or semi-solid substances; cysts vary in size.  |
| <b>Debridement</b>                                      | Removal of dead, damaged, and contaminated tissues.  |
| <b>Decongestant</b>                                     | A drug used to relieve nasal congestion.   |
| <b>Decortication</b>                                    | Removal of outer layer from an organ.  |
| <b>Degas</b>  | A technique that removes the excess gas in a clinical specimen.  |
| <b>Dermabrasion</b>                                     | A surgical technique, in which the provider scrapes away the diseased skin using sandpaper or some other mechanical means.   |
| <b>Dermatoplasty</b>                                    | Surgical repair of the skin.   |
| <b>Dermis</b>   | The vascular inner layer of skin located below the epidermis and above the subcutaneous tissue.  |
| <b>Dermoid cyst</b>                                     | A congenital mass found on the face, neck, or scalp.   |
| <b>Diabetes mellitus</b>                                | Disease in which the body's production or utilization of insulin, the primary hormone involved in glucose metabolism, is insufficient, leading to high levels of blood glucose and subsequent complications, including significant damage to nerves, vessels, and multiple organs.   |
| <b>Diabetic teaching</b>                                | Class instruction for patients with diabetes, a disease in which the body's production or utilization of insulin, the primary hormone involved in glucose metabolism, is insufficient, leading to high levels of blood glucose and subsequent complications, including significant damage to nerves, vessels, and multiple organs. |
| <b>Diagnostic</b>                                       | Refers to procedures performed for the purpose of determining the type of disease and its causes.  |
| <b>Diagnostic procedure</b>                             | A procedure a provider performs to detect the extent or cause of a disease.  |
| <b>Diaphragm</b>  | Large flat muscle that separates the lungs from the stomach area; used in breathing.   |
| <b>Dilator</b>  | Device used to dilate, or widen.   |
| <b>Direct laryngoscopy</b>                              | Involves the use of a laryngoscope placed in the mouth to directly view the larynx and adjacent structures; a direct laryngoscopy almost always takes place in the operating room under general anesthesia or conscious sedation.  |
| <b>Distal</b>   | Located away from the center of the body or away from a structure's point of attachment.   |
| <b>Dorsal</b>   | Back.  |
| <b>Dosimeter</b>  | Device which measures a patient's levels of exposure to radioactive substances placed inside the body.   |
| <b>Dyspnea</b>  | Shortness of breath.   |
| <b>Electric coagulation</b>                             | Clotting of blood or other tissues using high frequency currents.  |
| <b>Electrocardiogram, or EKG</b>                        | A graphical representation of the electrical activity of the heart; also known as an EKG.  |
| <b>Electrocautery</b>                                   | A technique in which the provider uses electric current to burn the diseased tissue.   |



# Code Index

| Codes  | Page No. | Codes | Page No. | Codes | Page No. | Codes | Page No. | Codes  | Page No. |
|--------|----------|-------|----------|-------|----------|-------|----------|--------|----------|
| 0424T  | 494      | 30110 | 20       | 30915 | 53       | 31291 | 88       | 31545  | 121      |
| 0425T  | 495      | 30115 | 21       | 30920 | 54       | 31292 | 89       | 31546  | 122      |
| 0426T  | 495      | 30117 | 22       | 30930 | 55       | 31293 | 89       | 31551  | 122      |
| 0427T  | 496      | 30118 | 22       | 30999 | 56       | 31294 | 90       | 31552  | 123      |
| 0428T  | 497      | 30120 | 23       | 31000 | 57       | 31295 | 91       | 31553  | 124      |
| 0429T  | 498      | 30124 | 24       | 31002 | 58       | 31296 | 92       | 31554  | 125      |
| 0430T  | 498      | 30125 | 24       | 31020 | 58       | 31297 | 92       | 31560  | 126      |
| 0431T  | 499      | 30130 | 25       | 31030 | 59       | 31299 | 93       | 31561  | 127      |
| 0432T  | 500      | 30140 | 26       | 31032 | 61       | 31300 | 94       | 31570  | 127      |
| 0433T  | 501      | 30150 | 27       | 31040 | 61       | 31360 | 94       | 31571  | 128      |
| 0434T  | 501      | 30160 | 28       | 31050 | 62       | 31365 | 95       | 31572  | 129      |
| 0435T  | 502      | 30200 | 28       | 31051 | 63       | 31367 | 96       | 31573  | 130      |
| 0436T  | 502      | 30210 | 29       | 31070 | 64       | 31368 | 97       | 31574  | 130      |
| 0489T  | 503      | 30220 | 30       | 31075 | 65       | 31370 | 97       | 31575  | 131      |
| 0490T  | 503      | 30300 | 30       | 31080 | 66       | 31375 | 98       | 31576  | 132      |
| 0494T  | 504      | 30310 | 31       | 31081 | 67       | 31380 | 99       | 31577  | 133      |
| 0495T  | 504      | 30320 | 32       | 31084 | 68       | 31382 | 100      | 31578  | 134      |
| +0496T | 505      | 30400 | 33       | 31085 | 69       | 31390 | 101      | 31579  | 135      |
| 0607T  | 506      | 30410 | 34       | 31086 | 70       | 31395 | 102      | 31580  | 136      |
| 0608T  | 506      | 30420 | 35       | 31087 | 70       | 31400 | 103      | 31584  | 136      |
| 0632T  | 507      | 30430 | 36       | 31090 | 71       | 31420 | 103      | 31587  | 137      |
| 0223U  | 509      | 30435 | 37       | 31200 | 72       | 31500 | 104      | 31590  | 138      |
| 0224U  | 509      | 30450 | 38       | 31201 | 73       | 31502 | 105      | 31591  | 138      |
| 0225U  | 510      | 30460 | 39       | 31205 | 73       | 31505 | 106      | 31592  | 139      |
| 0226U  | 510      | 30462 | 40       | 31225 | 75       | 31510 | 106      | 31599  | 140      |
| +10004 | 5        | 30465 | 41       | 31230 | 75       | 31511 | 107      | 31600  | 140      |
| 10005  | 5        | 30468 | 42       | 31231 | 76       | 31512 | 108      | 31601  | 141      |
| +10006 | 6        | 30520 | 42       | 31233 | 77       | 31513 | 109      | 31603  | 142      |
| 10007  | 7        | 30540 | 43       | 31235 | 78       | 31515 | 110      | 31605  | 143      |
| +10008 | 8        | 30545 | 44       | 31237 | 78       | 31520 | 111      | 31610  | 144      |
| 10009  | 9        | 30560 | 45       | 31238 | 79       | 31525 | 112      | 31611  | 145      |
| +10010 | 10       | 30580 | 45       | 31239 | 80       | 31526 | 113      | 31612  | 145      |
| 10011  | 11       | 30600 | 46       | 31240 | 81       | 31527 | 114      | 31613  | 146      |
| +10012 | 12       | 30620 | 47       | 31254 | 82       | 31528 | 115      | 31614  | 147      |
| 10021  | 13       | 30630 | 48       | 31255 | 82       | 31529 | 116      | 31615  | 147      |
| 21601  | 15       | 30801 | 49       | 31256 | 83       | 31530 | 116      | 31622  | 148      |
| 21602  | 15       | 30802 | 50       | 31267 | 84       | 31531 | 117      | 31623  | 149      |
| 21603  | 16       | 30901 | 50       | 31276 | 85       | 31535 | 117      | 31624  | 150      |
| 30000  | 18       | 30903 | 51       | 31287 | 85       | 31536 | 118      | 31625  | 151      |
| 30020  | 18       | 30905 | 52       | 31288 | 86       | 31540 | 119      | 31626  | 152      |
| 30100  | 19       | 30906 | 53       | 31290 | 87       | 31541 | 120      | +31627 | 152      |

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