AAPC

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

CODERS' SPECIALTY GUIDE

Orthopedics
Volumes I & II

2024

Contents

Volume I

Volume II

10035

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

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place the localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

Coding Tips

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

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $85.84, Non Facility: $438.61, OPPS Facility: $59.32, OPPS Non Facility: $59.32
RVU Facility Work RVU: 1.70, PE RVU: 0.61, Malpractice RVU: 0.15, Total RVU: 2.46
RVU Non-Facility Work RVU: 1.70, PE RVU: 10.72, Malpractice RVU: 0.15, Total RVU: 12.57
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 19281[1], 19282[1], 19283[1], 19284[1], 19285[1], 19286[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 36680[1], 43752[1], 49412[0], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 76000[1], 76380[1], 76942[1], 76998[1], 77002[1], 77011[1], 77012[1], 77021[1], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

C43.52, C44.501, C44.511, C44.521, C44.591, C44.90, C49.0-C49.6, C49.10-C49.12, C49.20-C49.22, C49.8, C49.9, C4A.52, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C77.0-C77.4, C77.8, C77.9, C79.2, C79.81, C79.89, D03.52, D04.9, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D09.20-D09.22, D21.0-D21.3, D21.10-D21.12, D21.20-D21.22, D21.5, D21.6, D21.9, D23.9, D24.1-D24.9, D31.60-D31.62, D36.0, D48.1-D48.5, D48.60-D48.62, D48.7, D49.2, D49.3, D49.6, D49.89, M79.5

+10036

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $43.62, Non Facility: $375.80, OPPS Facility: $29.66, OPPS Non Facility: $29.66
RVU Facility Work RVU: 0.85, PE RVU: 0.30, Malpractice RVU: 0.10, Total RVU: 1.25
RVU Non-Facility Work RVU: 0.85, PE RVU: 9.82, Malpractice RVU: 0.10, Total RVU: 10.77
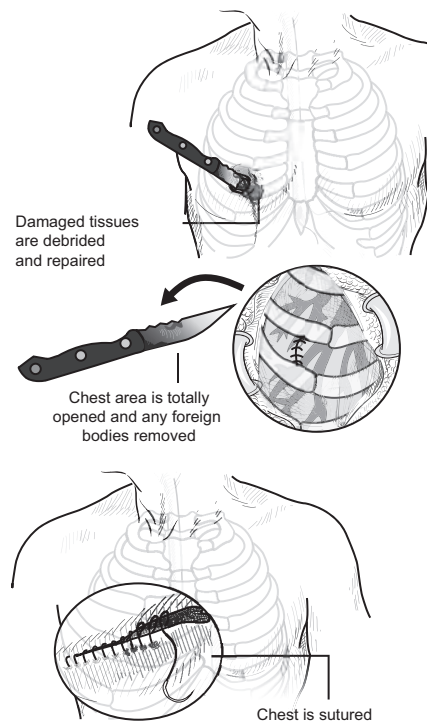**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 47, 52, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

00400[0], 0213T[0], 0216T[0], 0596T[1], 0597T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1],

Illustration

Damaged tissues are debrided and repaired

Chest area is totally opened and any foreign bodies removed

Chest is sutured

20101

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $216.69, Non Facility: $627.73, OPPS Facility: $112.70, OPPS Non Facility: $112.70
RVU Facility Work RVU: 3.23, PE RVU: 2.20, Malpractice RVU: 0.78, Total RVU: 6.21
RVU Non-Facility Work RVU: 3.23, PE RVU: 13.98, Malpractice RVU: 0.78, Total RVU: 17.99
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: 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, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11000[1], 11042[1], 11043[1], 11044[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13160[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 97605[1], 97606[1], 97607[1], 97608[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0168[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

S21.011D, S21.011S, S21.012D, S21.012S, S21.019D, S21.019S, S21.021D, S21.021S, S21.022D, S21.022S, S21.029D, S21.029S, S21.051D, S21.051S, S21.052D, S21.052S, S21.059D, S21.059S, S21.101A, S21.102A, S21.109A, S21.111A-S21.111S, S21.112A-S21.112S, S21.119A-S21.119S, S21.121A, S21.122A, S21.129A, S21.131A, S21.132A, S21.139A, S21.141A, S21.142A, S21.149A, S21.151A-S21.151S, S21.152A-S21.152S, S21.159A-S21.159S, S21.201A, S21.202A, S21.209A, S21.211A-S21.211S, S21.212A-S21.212S, S21.219A-S21.219S, S21.221A, S21.222A, S21.229A-S21.229S, S21.231A, S21.232A, S21.239A, S21.241A, S21.242A, S21.249A, S21.251A-S21.251S, S21.252A-S21.252S, S21.259A-S21.259S, S21.311D, S21.311S, S21.312D, S21.312S, S21.319D, S21.319S, S21.321D, S21.321S, S21.322D, S21.322S, S21.329D, S21.329S, S21.351D, S21.351S, S21.352D, S21.352S, S21.359D, S21.359S, S21.411D, S21.411S, S21.412D, S21.412S, S21.419D, S21.419S, S21.90XA, S21.91XA, S21.92XA, S21.93XA, S21.94XA, S21.95XA-S21.95XS, S29.001A-S29.001S, S29.002A-S29.002S, S29.009A-S29.009S, S29.021A-S29.021S, S29.022A-S29.022S, S29.029A-S29.029S, S29.091A, S29.092A, S29.099A-S29.099S, S29.8XXA, S29.9XXA, S29.9XXD, T81.40XA-T81.40XS, X00.2XXA-X00.2XXS, X00.4XXA-X00.4XXS, X00.5XXA, X00.5XXS, X00.8XXA-X00.8XXS, X01.4XXA-X01.4XXS, X01.8XXA-X01.8XXS, X02.2XXA-X02.2XXS, X02.4XXA-X02.4XXS, X02.5XXA-X02.5XXS, X02.8XXA-X02.8XXS, X03.4XXA-X03.4XXS, X03.8XXA-X03.8XXS, Y28.0XXA, Y28.1XXA, Y28.2XXA, Y28.8XXA, Y28.9XXA, Y29.XXXA, Y36.231A-Y36.231S, Y36.240A-Y36.240S, Y36.241A-Y36.241S, Y36.250A-Y36.250S, Y36.251A-Y36.251S, Y36.260A-Y36.260S, Y36.261A-Y36.261S, Y36.290A-Y36.290S, Y36.291A-Y36.291S, Y36.300A-Y36.300S, Y36.301A-Y36.301S, Y36.310A-Y36.310S, Y36.311A-Y36.311S, Y36.320A-Y36.320S, Y36.321A-Y36.321S, Y36.330A-Y36.330S, Y36.331A-Y36.331S, Y36.420A-Y36.420S, Y36.421A-Y36.421S, Y36.430A-Y36.430S, Y36.431A-Y36.431S, Y36.490A-Y36.490S, Y36.491A-Y36.491S, Y36.810A-Y36.810S, Y36.811A-Y36.811S, Y36.820A-Y36.820S, Y36.821A-Y36.821S, Y36.880A-Y36.880S, Y36.881A-Y36.881S, Y36.890A-Y36.890S, Y36.891A-Y36.891S, Y36.90XA-Y36.90XS, Y36.92XA-Y36.92XS, Y37.010A-Y37.010S, Y37.011A-Y37.011S, Y37.020A-Y37.020S, Y37.021A-Y37.021S, Y37.030A-Y37.030S, Y37.031A-Y37.031S, Y37.040A-Y37.040S, Y37.041A-Y37.041S, Y37.100A-Y37.100S, Y37.101A-Y37.101S, Y37.110A-Y37.110S, Y37.111A-Y37.111S, Y37.120A-Y37.120S, Y37.121A-Y37.121S, Y37.130A-Y37.130S, Y37.131A-Y37.131S, Y37.140A-Y37.140S, Y37.141A-Y37.141S, Y37.190A-Y37.190S, Y37.191A-Y37.191S, Y37.200A-Y37.200S, Y37.201A-Y37.201S

20102

Exploration of penetrating wound (separate procedure); abdomen/flank/back

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider assesses the extent of damage to internal organs or tissues of the abdomen, flank, or back by exploring the penetrating wound. Treatment may follow to include cleansing,

Modifier: 0 = not allowed, 1 = allowed

20957

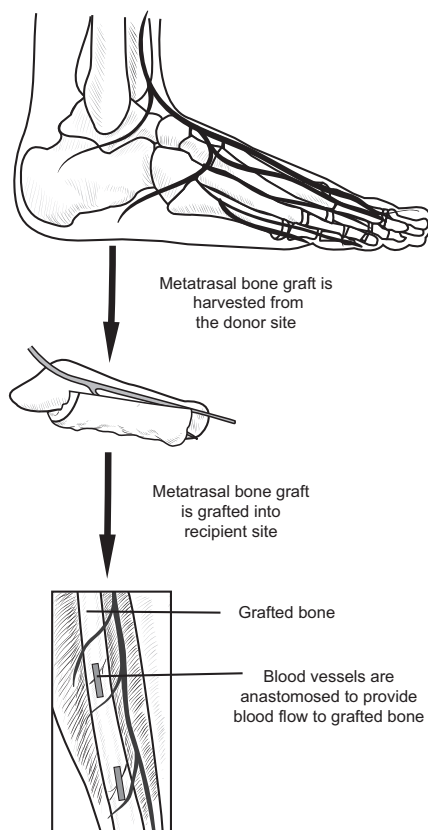Bone graft with microvascular anastomosis; metatarsal

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a longitudinal, or lengthwise, incision at the donor graft site over the metatarsal area of the foot. She extends the incision down to the level of fascia and muscle. She incises and retracts muscle tissue to expose the grafting area on a metatarsal bone. She localizes the metatarsal bone and then dissects a piece of bone from the metatarsal in a proximal and distal osteotomy. She takes extra care to preserve and dissect the vascular blood supply along with the dissected bone. She ensures satisfactory preparation of the bone graft along with intact vascular supply and then sutures the donor site in a layered fashion. She then turns her attention to the recipient site. She brings the extracted graft into the operative field of the recipient site. She performs microvascular anastomosis, ligating, or attaching, the vascular supply of the bone graft to the bone of the recipient site. She then fits the bone graft into the defect area of the recipient site. She affixes the bone graft to the site with bone plates, screws, and bone paste. She closes the recipient site using layered sutures.

Coding Tips

Besides the procedure itself, all postdischarge office visits for this procedure, including removal of sutures; dressing, cast, and splint changes; evaluation of periodic imaging and laboratory reports, if needed; and antibiotic and pain medication adjustments, for 90 days after the day of the operation are considered part of the postoperative work for this code.

Illustration

Metatrasal bone graft is harvested from the donor site

Metatrasal bone graft is grafted into recipient site

Grafted bone

Blood vessels are anastomosed to provide blood flow to grafted bone

20957

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $2,824.25, Non Facility: $2,824.25, OPPS Facility: $1,486.79, OPPS Non Facility: $1,486.79
RVU Facility Work RVU: 42.61, PE RVU: 29.82, Malpractice RVU: 8.51, Total RVU: 80.94
RVU Non-Facility Work RVU: 42.61, PE RVU: 29.82, Malpractice RVU: 8.51, Total RVU: 80.94
Indicators Preoperative: 10.00, Intraoperative: 69.00, Postoperative: 21.00, 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, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T[0], 0216T[0], 0588T[1], 0596T[1], 0597T[1], 11900[1], 11901[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 15851[0], 15852[1], 15860[1], 20500[1], 20501[1], 20900[1], 20933[1], 20972[1], 29305[1], 29325[1], 29345[1], 29355[1], 29358[1], 29365[1], 29405[1], 29425[1], 29440[1], 29445[1], 29450[1], 29505[1], 29515[1], 29540[1], 29550[1], 29580[1], 29581[1], 29700[1], 29705[1], 29730[1], 29740[1], 29750[1], 35201[1], 35207[1], 35226[1], 35701[1], 35702[1], 35703[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 37617[1], 37618[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 64553[1], 64555[1], 64575[1], 64580[1], 64585[1], 64595[1], 64702[1], 64704[1], 64708[1], 64712[1], 64713[1], 64714[1], 64716[1], 64718[1], 64719[1], 64721[1], 64722[1], 64726[1], 69990[0], 75710[1], 75716[1], 75820[1], 75822[1], 76000[1], 77001[1], 77002[1], 87070[0], 87076[0], 87077[0], 87102[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95860[1], 95907[1], 95908[1], 95909[1], 95910[1], 95911[1], 95912[1], 95913[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[0], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0168[1], G0463[1], G0471[1]

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual

payer guidelines for specific coverage determinations.

20962

Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
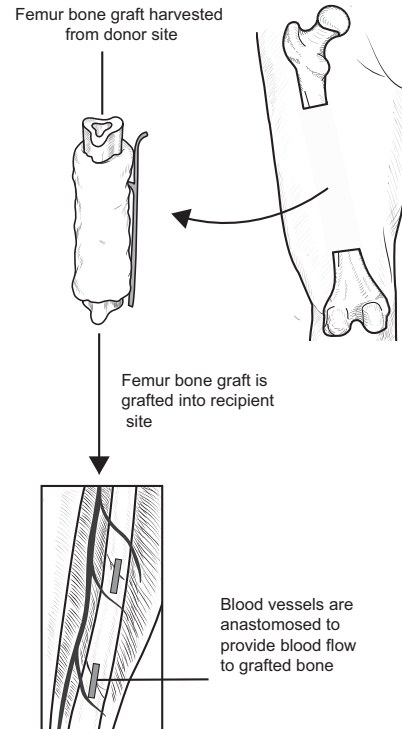
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes a longitudinal, or lengthwise, incision at the donor graft site. She extends the incision down to the level of fascia and muscle. She incises and retracts muscle tissue to expose the grafting area on the bone. She localizes the bone and then dissects a piece of bone from the donor site in a proximal and distal osteotomy. She takes extra care to preserve and dissect the vascular blood supply along with the dissected bone. She ensures satisfactory preparation of the bone graft along with intact vascular supply and then sutures the donor site in a layered fashion. She then turns her attention to the recipient site. She brings the extracted graft into the operative field of the recipient site. She performs microvascular anastomosis, ligating, or attaching, the vascular supply of the bone graft to the bone of the recipient site. She then fits the bone graft into the defect area of the recipient site. She affixes the bone graft to the site with bone plates, screws, and bone paste. She closes the recipient site using layered sutures.

Coding Tips

The surgeon may use an operating microscope during an anastomosis or grafting procedure, but you should not report use of the microscope separately. If you do separately report the microscope with 69990, Microsurgical techniques, requiring use of operating microscope, list separately in addition to code for primary procedure, your payer will most likely deny the add-on code; however, if the insurer does reimburse you for 69990 along with 20962, you will be expected to reimburse the carrier for the charges you received for 69990 as the descriptor for 20962 specifically advises you not to report these codes together.

Illustration

Femur bone graft harvested from donor site

Femur bone graft is grafted into recipient site

Blood vessels are anastomosed to provide blood flow to grafted bone

20962

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $2,732.48, Non Facility: $2,732.48, OPPS Facility: $1,368.16, OPPS Non Facility: $1,368.16
RVU Facility Work RVU: 39.21, PE RVU: 31.28, Malpractice RVU: 7.82, Total RVU: 78.31
RVU Non-Facility Work RVU: 39.21, PE RVU: 31.28, Malpractice RVU: 7.82, Total RVU: 78.31
Indicators Preoperative: 10.00, Intraoperative: 69.00, Postoperative: 21.00, 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, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

$0213T^0$, $0216T^0$, $0594T^1$, $0596T^1$, $0597T^1$, 12001^1, 12002^1, 12004^1, 12005^1, 12006^1, 12007^1, 12011^1, 12013^1, 12014^1, 12015^1, 12016^1, 12017^1, 12018^1, 12020^1, 12021^1, 12031^1, 12032^1, 12034^1, 12035^1, 12036^1, 12037^1, 12041^1, 12042^1, 12044^1, 12045^1,

12046^1, 12047^1, 12051^1, 12052^1, 12053^1, 12054^1, 12055^1, 12056^1, 12057^1, 13100^1, 13101^1, 13102^1, 13120^1, 13121^1, 13122^1, 13131^1, 13132^1, 13133^1, 13151^1, 13152^1, 13153^1, 20650^1, 20690^1, 20933^1, 25430^1, 35201^1, 35206^1, 35207^1, 35226^1, 35701^1, 35702^1, 35703^1, 36000^1, 36400^1, 36405^1, 36406^1, 36410^1, 36420^1, 36425^1, 36430^1, 36440^1, 36591^1, 36592^1, 36600^1, 36640^1, 43752^1, 51701^1, 51702^1, 51703^1, 62320^0, 62321^0, 62322^0, 62323^0, 62324^0, 62325^0, 62326^0, 62327^0, 64400^0, 64405^0, 64408^0, 64415^0, 64416^0, 64417^0, 64418^0, 64420^0, 64421^0, 64425^0, 64430^0, 64435^0, 64445^0, 64446^0, 64447^0, 64448^0, 64449^0, 64450^1, 64451^0, 64454^1, 64461^0, 64462^0, 64463^0, 64479^0, 64480^0, 64483^0, 64484^0, 64486^0, 64487^0, 64488^0, 64489^0, 64490^0, 64491^0, 64492^0, 64493^0, 64494^0, 64495^0, 64505^0, 64510^0, 64517^0, 64520^0, 64530^0, 69990^0, 92012^1, 92014^1, 93000^1, 93005^1, 93010^1, 93040^1, 93041^1, 93042^1, 93318^1, 93355^1, 94002^1, 94200^1, 94680^1, 94681^1, 94690^1, 95812^1, 95813^1, 95816^1, 95819^1, 95822^1, 95829^1, 95955^1, 96360^1, 96361^1, 96365^1, 96366^1, 96367^1, 96368^1, 96372^1, 96374^1, 96375^1, 96376^1, 96377^1, 96523^0, 99155^0, 99156^0, 99157^0, 99211^1, 99212^1, 99213^1, 99214^1, 99215^1, 99217^1, 99218^1, 99219^1, 99220^1, 99221^1, 99222^1, 99223^1, 99231^1, 99232^1, 99233^1, 99234^1, 99235^1, 99236^1, 99238^1, 99239^1, 99241^1, 99242^1, 99243^1, 99244^1, 99245^1, 99251^1, 99252^1, 99253^1, 99254^1, 99255^1, 99291^1, 99292^1, 99304^1, 99305^1, 99306^1, 99307^1, 99308^1, 99309^1, 99310^1, 99315^1, 99316^1, 99334^1, 99335^1, 99336^1, 99337^1, 99347^1, 99348^1, 99349^1, 99350^1, 99374^1, 99375^1, 99377^1, 99378^1, 99446^0, 99447^0, 99448^0, 99449^0, 99451^0, 99452^0, 99495^0, 99496^0, $G0463^1$, $G0471^1$

ICD-10 CrossRef

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

20969

Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision at the graft site. She extends the incision through the fascia and muscle

Modifier: 0 = not allowed, 1 = allowed

0510T

Removal of sinus tarsi implant

Clinical Responsibility

After the patient is appropriately prepped and anesthetized, the provider incises the skin over the previously placed sinus tarsi implant in the ankle/foot region. He removes the implant, checks for any bleeding, and closes the incision.

A sinus tarsi implant, also referred to as subtalar arthroereisis, treats hyperpronation (flexible flatfoot deformity); it may also be used to treat dysfunction of the posterior tibialis tendon, tarsal coalition (an abnormal connection between the tarsal bones on the back of the foot), and accessory navicular syndrome (an extranavicular bone near or attached to the posterior tibial tendon).

Coding Tips

See 0335T for initial insertion of a sinus tarsi implant and 0511T for removal and reinsertion.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: YYY, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 50, 51, 52, 59, 78, 79, GY, GZ, LT, Q5, Q6, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

01470[0], 0213T[0], 0216T[0], 0490T[1], 0566T[1], 0594T[1], 0596T[1], 0597T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1],

12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 20527[1], 20550[1], 20551[1], 20552[1], 20553[1], 20560[1], 20561[1], 20600[1], 20604[1], 20605[1], 20606[1], 20610[1], 20611[1], 20690[1], 20692[1], 20696[1], 20697[1], 20704[1], 27610[1], 27620[1], 27625[1], 27626[1], 27635[1], 27640[1], 27641[1], 27680[1], 27681[1], 28020[1], 28050[1], 28070[1], 28100[1], 28116[1], 28118[1], 28120[1], 28122[1], 28220[1], 28222[1], 28225[1], 28226[1], 28234[1], 28262[1], 28300[1], 28302[1], 28304[1], 28606[1], 29345[1], 29355[1], 29358[1], 29365[1], 29405[1], 29425[1], 29435[1], 29505[1], 29540[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 61650[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[1], 99447[0], 99448[0], 99449[0], G0463[1], G0471[1]

ICD-10 CrossRef

T83.718A-T83.718S, T84.318A-T84.318S, T84.328A-T84.328S, T84.398A-T84.398S, T84.418A-T84.418S, T84.428A-T84.428S, T84.498A-T84.498S, T84.7XXA-T84.7XXS, T84.81XA-T84.81XS, T84.82XA-T84.82XS, T84.83XA-T84.83XS, T84.84XA-T84.84XS, T84.85XA-T84.85XS, T84.86XA-T84.86XS, T84.89XA-T84.89XS, T84.9XXA-T84.9XXS, T85.618A-T85.618S, T85.628A-T85.628S, T85.638A-T85.638S, T85.698A-T85.698S,

Z45.89, Z45.9, Z47.2, Z96.698, Z96.7, Z96.89, Z96.9

0511T

Removal and reinsertion of sinus tarsi implant

Clinical Responsibility

With the patient in the supine position, appropriately prepped, and using local anesthesia, the provider makes a small on the lateral side (outside) of the ankle/heel region over the sinus tarsi. He removes the initial implant. He debrides the sinus tarsi, if necessary, taking care not to injure the interosseous talocalcaneal ligament. He introduces a blunt lever through the sinus tarsi and underneath the neck of the talus. He pushes the lever distally to supinate the foot while an assistant pronates the forefoot to move the head of the talus upward, outward, and backward and reposition it so that pronation is corrected. He inserts trial prostheses of increasing size until the correct size is determined, choosing the smallest implant that corrects the deformity and holds the sinus tarsi stable. At this point, if he has released the PTT, he reattaches it to achieve optimum tension. After this, he inserts the actual implant the same size as the trial implant and closes the incision in routine fashion. He may apply a compression cast.

A sinus tarsi implant, also referred to as subtalar arthroereisis, treats hyperpronation (flexible flatfoot deformity); it may also be used to treat dysfunction of the posterior tibial tendon, tarsal coalition (an abnormal connection between the tarsal bones on the back of the foot), and accessory navicular syndrome (an extranavicular bone near or attached to the posterior tibial tendon).

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: YYY, Radiology

15772[1], 15773[1], 15774[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 64713[1], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99335[1], 99336[1], 99337[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10 CrossRef

M17.0-M17.2, M17.10-M17.12, M17.30-M17.32, M17.4, M17.5, M17.9

0566T

Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral

Clinical Responsibility

With the patient appropriately prepared and anesthetized, the provider injects a previously prepared autologous cellular implant into the patient's knee(s) to treat osteoarthritis.

Coding Tips

Because this 0566T is a unilateral procedure code, you need to use modifier 50 to indicate a bilateral procedure.

For harvesting of the adipose tissue and preparation of the cellular implant, see 0565T.

Do not confuse 0565T and 0566T with 15771, +15772, 15773, and +15774 for harvesting of autologous fat by liposuction technique and grafting it to specific areas of the body. Codes 15771 to 15774 do not involve culturing and preparation or injection of an autologous cellular implant.

Because the technologies and procedures covered by a category III code may be investigational or not yet approved by the FDA, the coder should seek guidance from the payer as to whether the procedure is covered. Even if the procedure is not payable, it should be coded and reported for tracking purposes.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: YYY, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

00400[0], 01380[0], 0213T[0], 0216T[0], 0232T[1], 0481T[1], 0596T[1], 0597T[1], 10030[1], 10060[1], 10061[1], 10140[1], 10160[1], 11900[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1],

15851[1], 20500[1], 20501[1], 20527[1], 20550[1], 20551[1], 20552[1], 20553[1], 20610[1], 20611[1], 24300[1], 25259[1], 26340[1], 29065[1], 29075[1], 29085[1], 29105[1], 29125[1], 29130[1], 29240[1], 29260[1], 29345[1], 29355[1], 29365[1], 29405[1], 29425[1], 29505[1], 29515[1], 29530[1], 29540[1], 29580[1], 29581[1], 29584[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[1], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 72255[1], 72265[1], 72295[1], 76000[1], 76080[1], 76380[1], 76881[1], 76882[1], 76942[1], 76998[1], 77001[1], 77002[1], 77003[1], 77012[1], 77021[1], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95907[1], 95908[1], 95909[1], 95910[1], 95911[1], 95912[1], 95913[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99217[1], 99218[1], 99219[1], 99220[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99241[1], 99242[1], 99243[1], 99244[1], 99245[1], 99251[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99334[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0168[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

M17.0-M17.2, M17.10-M17.12, M17.30-M17.32, M17.4, M17.5, M17.9

0594T

Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device

Modifier: 0 = not allowed, 1 = allowed

CATEGORY III CODES

G2149

Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during pacu stay, other medical reason(s))

Clinical Responsibility

Multimodal pain management uses a combination of two or more methods to help control a patient's pain, including but not limited to opioid and non-opioid medications (NSAIDs, COX-2 inhibitors, anticonvulsants like gabapentin and pregabalin that also treat neuropathic pain), topical medications, nerve blocks, and nonpharmacologic therapies. Multimodal pain management may be used postoperatively for patients who have undergone joint replacement therapy and in chronic pain management for conditions like fibromyalgia.

Report this code when multimodal pain management was not used because of allergy to multiple NSAIDs or other medications, the patient was intubated, liver (hepatic) failure, the patient did not report pain curing a post-anesthesia care unit (PACU) stay, or other medical reasons.

This code is used to fulfil reporting requirements for a model care program or MIPS/APM quality measure, but no specific measure could be determined at the time of this writing.

Coding Tips

To report multimodal pain management not used, see G2150.

If multimodal pain management was used, see G2148.

BETOS

Z2: Undefined codes

G2150

Multimodal pain management was not used

Clinical Responsibility

Multimodal pain management uses a combination of two or more methods to help control a patient's pain, including but not limited to opioid and non-opioid medications (NSAIDs, COX-2 inhibitors, anticonvulsants like gabapentin and pregabalin that also treat neuropathic pain), topical medications, nerve blocks, and nonpharmacologic therapies. Report this code when documentation indicates multimodal pain management was not used. This is a tracking code for performance measurement.

Coding Tips

To report multimodal pain management was used, see G2148. If multimodal pain management was not used for medical reasons, see G2149.

BETOS

Z2: Undefined codes

G2181

Bmi not documented due to medical reason or patient refusal of height or weight measurement

Clinical Responsibility

Body mass index (BMI) is a method to determine body fat by dividing a person's weight in kilograms by the square of that person's height in meters. This code is appropriate when the provider does not document BMI either because of a medical reason or because the patient refused a height or weight measurement.

BETOS

Z2: Undefined codes

G2183

Documentation patient unable to communicate and informant not available

Clinical Responsibility

This code applies when the provider documents that a patient is not able to communicate and there is no informant available for that patient. This code applies to a quality program.

BETOS

Z2: Undefined codes

G2184

Patient does not have a caregiver

Clinical Responsibility

This code applies when the provider documents that a patient does not have a caregiver. This code applies to a quality program.

BETOS

Z2: Undefined codes

G2187

Patients with clinical indications for imaging of the head: head trauma

Clinical Responsibility

This code applies when the provider documents that a patient suffered head trauma, and that is the clinical indication for the patient to undergo imaging of the head. This code applies to a quality program.

BETOS

Z2: Undefined codes

G2188

Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age

Clinical Responsibility

This code applies when the clinician documents that a patient is over 50 and is suffering from a new or different kind of headache, and that is the clinical indication for the patient to undergo imaging of the head. This code applies to a quality program.

G2251

Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion

Clinical Responsibility

The provider spends five to 10 minutes in technology-based communication with an established patient. Report this code only if this service is performed unrelated to a previous evaluation and management (E/M) service within the past seven days, and no related E/M service or procedure results from this service within the next 24 hours or at the next available appointment. The provider must be a qualified health care professional who cannot report E/M services.

BETOS

M5D: Specialist - other

G2252

Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Clinical Responsibility

The provider spends 11-20 minutes in technology-based communication with an established patient. Report this code only if this service is performed unrelated to a previous evaluation and management (E/M) service within the past seven days, and no related E/M service or procedure results from this service within the next 24 hours or at the next available appointment. The provider must be a physician or other

healthcare professional who is qualified to report an E/M service.

BETOS

M5D: Specialist - other

G4021

Orthopedic surgery mips specialty set

Clinical Responsibility

This code is specific to the Orthopedic MIPS Specialty Set. Medicare develops and maintains specialty measure sets to assist Merit-based Incentive Payment System (MIPS) eligible clinicians with selecting quality measures that are most relevant to their scope of practice.

BETOS

Z2: Undefined codes

G4025

Physical medicine mips specialty set

Clinical Responsibility

This code is specific to the Physical Medicine MIPS Specialty Set. Medicare develops and maintains specialty measure sets to assist Merit-based Incentive Payment System (MIPS) eligible clinicians with selecting quality measures that are most relevant to their scope of practice.

BETOS

Z2: Undefined codes

G9482

Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other

physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

Clinical Responsibility

Use this code for a remote visit for a new patient who is being seen post-discharge for a procedure covered in the Medicare CMS Innovation Center Demonstration Project model and the discussion lasts about 20 minutes. This model is designed to coordinate patient care for hip and knee replacements; also called lower extremity joint replacements (LEJR).

In this instance, the healthcare provider communicates with the patient through interactive means regarding one or more low to moderately severe medical problems. The nature of the problem(s) requires an expanded history and examination and straightforward medical decision-making that typically takes 20 minutes to communicate with the patient and/or family. These three key components must be met to support the service level.This service could include patient assessment of functional status and fall risk, review of medications, assessment of adherence with treatment recommendations, patient education, communication and coordination with other treating clinicians, and care management to improve beneficiary connections to community and other services.

Coding Tips

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

BETOS

Z2: Undefined codes

G9488

Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms

Modifier: 0 = not allowed, 1 = allowed

ICD-10 CrossRef Details

A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A02.21	Salmonella meningitis
A06.1	Chronic intestinal amebiasis
A06.5	Amebic lung abscess
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.14	Tuberculosis of prostate
A18.16	Tuberculosis of cervix
A18.2	Tuberculous peripheral lymphadenopathy
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.81	Tuberculosis of thyroid gland
A18.84	Tuberculosis of heart
A21.1	Oculoglandular tularemia
A24.2	Subacute and chronic melioidosis
A27.0	Leptospirosis icterohemorrhagica
A27.81	Aseptic meningitis in leptospirosis
A27.89	Other forms of leptospirosis
A31.0	Pulmonary mycobacterial infection
A32.81	Oculoglandular listeriosis
A36.0	Pharyngeal diphtheria
A36.1	Nasopharyngeal diphtheria
A36.2	Laryngeal diphtheria
A36.89	Other diphtheritic complications
A38.8	Scarlet fever with other complications
A39.3	Chronic meningococcemia
A39.50	Meningococcal carditis, unspecified
A39.51	Meningococcal endocarditis
A39.52	Meningococcal myocarditis
A39.53	Meningococcal pericarditis
A39.82	Meningococcal retrobulbar neuritis
A39.83	Meningococcal arthritis
A39.84	Postmeningococcal arthritis
A41.2	Sepsis due to unspecified staphylococcus
A41.3	Sepsis due to Hemophilus influenzae
A42.0	Pulmonary actinomycosis
A42.2	Cervicofacial actinomycosis
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A50.49	Other late congenital neurosyphilis
A50.55	Late congenital syphilitic arthropathy
A50.56	Late congenital syphilitic osteochondropathy
A51.41	Secondary syphilitic meningitis
A51.44	Secondary syphilitic nephritis
A51.45	Secondary syphilitic hepatitis
A51.46	Secondary syphilitic osteopathy
A52.00	Cardiovascular syphilis, unspecified
A52.01	Syphilitic aneurysm of aorta
A52.02	Syphilitic aortitis
A52.03	Syphilitic endocarditis
A52.04	Syphilitic cerebral arteritis
A52.05	Other cerebrovascular syphilis
A52.06	Other syphilitic heart involvement
A52.09	Other cardiovascular syphilis
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A52.75	Syphilis of kidney and ureter
A52.78	Syphilis of other musculoskeletal tissue
A54.21	Gonococcal infection of kidney and ureter
A54.41	Gonococcal spondylopathy
A54.42	Gonococcal arthritis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.89	Other gonococcal infections
A69.0	Necrotizing ulcerative stomatitis
A79.82	Anaplasmosis [A. phagocytophilum]
A80.39	Other acute paralytic poliomyelitis
A80.4	Acute nonparalytic poliomyelitis
A80.9	Acute poliomyelitis, unspecified
A86	Unspecified viral encephalitis
A87.0	Enteroviral meningitis
A87.1	Adenoviral meningitis
A87.2	Lymphocytic choriomeningitis
A87.8	Other viral meningitis
A92.39	West Nile virus infection with other complications
B00.50	Herpesviral ocular disease, unspecified
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B01.89	Other varicella complications
B01.9	Varicella without complication
B02.30	Zoster ocular disease, unspecified
B02.31	Zoster conjunctivitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease
B02.8	Zoster with other complications
B02.9	Zoster without complications
B05.3	Measles complicated by otitis media
B05.4	Measles with intestinal complications
B05.89	Other measles complications
B05.9	Measles without complication
B06.00	Rubella with neurological complication, unspecified
B06.09	Other neurological complications of rubella
B06.89	Other rubella complications
B06.9	Rubella without complication
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma

C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.02	Squamous cell carcinoma of skin of lip
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.501	Unspecified malignant neoplasm of skin of breast

C44.511	Basal cell carcinoma of skin of breast
C44.521	Squamous cell carcinoma of skin of breast
C44.591	Other specified malignant neoplasm of skin of breast
C44.90	Unspecified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C4A.0	Merkel cell carcinoma of lip

Modifier Descriptors

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

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

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

Modifier	Description
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
J1	Competitive acquisition program no-pay submission for a prescription number
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge
J5	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
JA	Administered intravenously
JB	Administered subcutaneously
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JE	Administered via dialysate
JG	Drug or biological acquired with 340b drug pricing program discount
JW	Drug amount discarded/not administered to any patient
K0	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
K1	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
K2	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
Abduction	Movement of the body part away from the medial line of the body.
Abduction pillow or splint	A medical device used to immobilize an extremity after a surgical procedure to help decrease the risk of a dislocation.
Abductor	Muscle that draws a body part away from the midline of the body.
Abductor hallucis muscle	Muscle of the great toe which draws it away from the body.
Abductor muscle of hip	A group of muscles in the buttock that lifts the thigh out to the side.
Ablation	Removal of tissue, a body part, or an organ or destruction of its function.
Abrasion arthroplasty	Refinishing the surfaces of a joint through a grinding process.
Abscess	A collection of pus in a walled off sac or pocket, caused by infection.
Abscess cavity	Pocket formed due to the accumulation of purulent material, pus.
Accessory navicular bone	An extra bone on the inner side of the foot that can cause irritation and require removal.
Acetabular rim	Margin of the acetabulum.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Achilles	Tendon at the heel, or calcaneal tendon.
Achilles tendon	Large tendon at the back the heel that connects the muscles of the calf to the calcaneal bone, or heel; also called tendo calcaneus.
Acromioclavicular joint	A joint between the acromion process of the scapula, or shoulder blade, and the clavicle, or collar bone.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Acromion	A bony process, or projection, on the scapula, or shoulder blade, that extends over the joint.
Acromionectomy	Surgical excision of the acromion, a bony projection on scapula, or shoulder blade, that extends over the joint.
Acromioplasty	Surgical revision of the acromion, a bony projection on the end of the shoulder blade, to relieve compression on the rotator cuff.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adductor	A muscle that helps a body part to move toward the centerline of the body or limb.
Adductor aponeurosis	A thin band of tissue that separates the two ends of ulnar collateral ligaments.
Adductor muscle	Group of muscles that pulls the body part towards the midline of the body.
Adductors	A group of muscles of the thigh that moves the thigh toward the midline of the body.
Adductors of hip	Group of muscles that moves the thigh toward the midline of the body.
Adhesiolysis	Freeing up adhesions by cutting and dividing, typically with a combination of sharp and blunt dissection.
Adhesions	Fibrous bands, which typically result from inflammation or injury during surgery, that form between tissues and organs; they may be thought of as internal scar tissue.
Advance directive	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.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft.
Alveolar bone	The alveolar bone contains the tooth sockets; also called the alveolar ridge or alveolar process.

Terminology	Explanation
Atlas	The first cervical vertebra, or C1, one of the interlocking bones in the neck; it arises as a bony projection from the top of the ring shaped axis, or second cervical vertebra, and provides a pivot point for the skull; also called the dens, the peg, and the odontoid process.
Augmentation	To increase.
Auricular	Related to the ear.
Autogenous tissue graft	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
Autograft	A tissue graft harvested from another location in the patient's own body.
Autologous	Surgical placement of any tissue from one part of the body to another location in the same patient, also applies to reinfusion of blood or its components to the same patient from which the blood was removed.
Autologous chondrocyte implantation	Surgical placement of healthy cartilage cells previously harvested from the patient and then grown and expanded in a laboratory environment.
Autologous chondrocyte implantation or ACI	Implantation of healthy cartilage cells harvested from the patient and grown in the laboratory for transplantation in a subsequent procedure.
Autopolymerizing acrylic resin	Fast bonding, quick curing substance, commonly used in dentistry.
Avascular	Related to a lack of blood vessels.
Avascular necrosis	Death of bone tissue due to lack of blood supply.
Avulsed	Forcibly tear away.
Avulsion	Tearing away of muscle from its normal attachment on the bone.
Avulsion injury	Injury to the tendon due to forceful contraction of a muscle against resistance, resulting in chipping of bone.
Axial	Situated around an axis or central point.
Axial skeleton	The bones of the skull, spine, rib cage, and sternum.
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Axillary fold	A fold of skin and muscle that bounds the axilla, or armpit, in front and back.
Axis	The ring shaped second cervical vertebra, or C2, one of the interlocking bones in the neck; also called the epistropheus.
Baker's cyst	A fluid filled pouch at the back of the knee that causes pain and cramps, aggravating the pain during knee movements.
Basal cistern	A wide space between the temporal lobes covered by the arachnoid membrane; it contains the circle of Willis, an area at the base of the brain where the carotid arteries branch off and supply blood to most of the brain; also called the interpeduncular cistern or cisterna interpeduncularis.
Below knee amputation, or BKA	Amputation of the leg below the knee.
Benign	Refers to a condition, tumor, or growth that is not cancerous.
Benign lesion	Area of damaged or diseased tissue that is noncancerous.
Benign tumor	An unwanted and abnormal growth in body part. These tumors do not invade neighboring tissues or organs but can cause mechanical pressures which may damage normal functioning of neighboring organs, nerves or vessels.
Bennett fracture	A fracture dislocation at the carpometacarpal joint at the base of the thumb, involving the first metacarpal bone.
Bennett quadricepsplasty	A procedure aimed at lengthening the entire quadriceps muscle with the drawback of loss of active knee extension, or straightening.
Bicep muscle	A muscle in front of the upper arm that bends the elbow.
Biceps femoris	Muscle at the back of the thigh that is responsible for bending the leg at the hip.
Biceps tendon	Fibrous tissue that attaches the biceps muscle, responsible for motion of the forearm, to its bony attachment at the shoulder and at the elbow.
Bicipital tuberosity	An oval projection on the inner aspect of the neck of the radius.

Code Index

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