

CODERS' SPECIALTY GUIDE

Podiatry



2027



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

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General Surgical Procedures

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$36.92, Non Facility Fee: \$53.37; Non-QP Conversion Factor \$33.4009, Facility Fee: \$36.74, Non Facility Fee: \$53.11
RVU (Facility): Work 0.78, PE 0.19, Mal 0.13, Total 1.10
RVU (Non-Facility): Work 0.78, PE 0.68, Mal 0.13, Total 1.59
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T¹, 0216T¹, 10012¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

ICD-10-CM Cross References

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

C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X3, 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, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$62.77, Non Facility Fee: \$132.93; Non-QP Conversion Factor \$33.4009, Facility Fee: \$62.46, Non Facility Fee: \$132.27

RVU (Facility): Work 1.42, PE 0.28, Mal 0.17, Total 1.87

RVU (Non-Facility): Work 1.42, PE 2.37, Mal 0.17, Total 3.96

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

Practitioner MUE: 1

Modifier Allowances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T¹, 0216T¹, 10004¹, 10008¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64473¹, 64474¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

ICD-10-CM Cross References

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

+10006

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$43.30, Non Facility Fee: \$60.42; Non-QP Conversion Factor \$33.4009, Facility Fee: \$43.09, Non Facility Fee: \$60.12

RVU (Facility): Work 0.98, PE 0.2, Mal 0.11, Total 1.29

RVU (Non-Facility): Work 0.98, PE 0.71, Mal 0.11, Total 1.80

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

Practitioner MUE: 3

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T¹, 0216T¹, 10004¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

ICD-10-CM Cross References

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

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

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

Coding Tips

Report +10008 for each additional lesion in addition to the primary code 10007.

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

Integumentary System

10030

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

Clinical Responsibility

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

Coding Tips

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

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

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

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$118.83, Non Facility Fee: \$624.69; Non-QP Conversion Factor \$33.4009, Facility Fee: \$118.24, Non Facility Fee: \$621.59

RVU (Facility): Work 2.68, PE 0.51, Mal 0.35, Total 3.54

RVU (Non-Facility): Work 2.68, PE 15.58, Mal 0.35, Total 18.61

MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

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

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0903T¹, 0904T¹, 0905T¹, 10060¹, 10061¹, 10080¹, 10081¹, 10140¹, 10160¹, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹, 11642¹, 11643¹, 11644¹, 11646¹, 11719¹,

11720¹, 11721¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 61650¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 75989¹, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77003¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0127¹, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

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

10035

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

Clinical Responsibility

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

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

Coding Tips

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$71.50, Non Facility Fee: \$347.42; Non-QP Conversion Factor \$33.4009, Facility Fee: \$71.14, Non Facility Fee: \$345.70

RVU (Facility): Work 1.66, PE 0.3, Mal 0.17, Total 2.13

RVU (Non-Facility): Work 1.66, PE 8.52, Mal 0.17, Total 10.35

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

Practitioner MUE: 1

Modifier Allowances

22, 47, 50, 51, 52, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AS, CT, GA, GC, GY, GZ, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0903T¹, 0904T¹, 0905T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 19281¹, 19282¹, 19283¹, 19284¹, 19285¹, 19286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 36680¹, 43752¹, 49412¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77011¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

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

+10036

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$36.92, Non Facility Fee: \$292.04; Non-QP Conversion Factor \$33.4009, Facility Fee: \$36.74, Non Facility Fee: \$290.59

RVU (Facility): Work 0.83, PE 0.16, Mal 0.11, Total 1.10

RVU (Non-Facility): Work 0.83, PE 7.76, Mal 0.11, Total 8.70

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

Practitioner MUE: 2

Modifier Allowances

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

NCCI Alerts (version 32.0)

00400⁰, 0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹,

13151¹, 13152¹, 13153¹, 19281¹, 19282¹, 19283¹, 19284¹, 19286¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 36680¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64463⁰, 64479⁰, 64483⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64493⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77011¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

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

10060

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$101.04, Non Facility Fee: \$129.23; Non-QP Conversion Factor \$33.4009, Facility Fee: \$100.54, Non Facility Fee: \$128.59

RVU (Facility): Work 1.19, PE 1.69, Mal 0.13, Total 3.01

RVU (Non-Facility): Work 1.19, PE 2.53, Mal 0.13, Total 3.85

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0903T¹, 0904T¹, 0905T¹, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹, 11642¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 30000¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

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

10061

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

Clinical Responsibility

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

Coding Tips

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

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

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$174.22, Non Facility Fee: \$221.21; **Non-QP** Conversion Factor \$33.4009, Facility Fee: \$173.35, Non Facility Fee: \$220.11

RVU (Facility): Work 2.39, PE 2.47, Mal 0.33, Total 5.19

RVU (Non-Facility): Work 2.39, PE 3.87, Mal 0.33, Total 6.59

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 32.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 0903T¹, 0904T¹, 0905T¹, 10060¹, 11055¹, 11056¹, 11057¹, 11406¹, 11424¹, 11426¹, 11440¹, 11444¹, 11446¹, 11450¹, 11451¹, 11463¹, 11470¹, 11471¹, 11604¹, 11606¹, 11623¹, 11624¹, 11626¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11750¹, 11760¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473⁰, 64474⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

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

10120

Incision and removal of foreign body, subcutaneous tissues; simple

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses appropriate instrumentation to remove the foreign body. As this is a simple incision, it is not complicated; therefore, this type of foreign body removal requires no dissection. The provider incises the skin around the foreign body to better expose it and then removes it with forceps. The provider closes the incision and cleans and dresses the wound.

Coding Tips

For a complicated I&D of a foreign body, report 10121. Be sure the documentation supports a complicated procedure. A complicated I&D may require more extended exploration, imaging guidance, and/or layered closure of the wound.

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0490T¹, 0566T¹, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0718T¹, 0903T¹, 0904T¹, 0905T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20527¹, 20550¹, 20551¹, 20552¹, 20553¹, 20560¹, 20561¹, 20600¹, 20604¹, 20605¹, 20606¹, 20610¹, 20611¹, 20704¹, 28289¹, 29345¹, 29355¹, 29358¹, 29405¹, 29425¹, 29445¹, 29450¹, 29505¹, 29515¹, 29540¹, 29550¹, 29580¹, 29581¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64455¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹

ICD-10-CM Cross References

M24.874-M24.876, S93.121A-S93.121S, S93.122A-S93.122S, S93.123A-S93.123S, S93.124A-S93.124S, S93.125A-S93.125S, S93.126A-S93.126S, S93.129A-S93.129S, S93.141A-S93.141S, S93.142A-S93.142S, S93.143A-S93.143S, S93.144A-S93.144S, S93.145A-S93.145S, S93.146A-S93.146S, S93.149A, S93.149S, S93.301A-S93.301S, S93.302A-S93.302S, S93.303A-S93.303S, S93.304A-S93.304S, S93.305A-S93.305S, S93.306A-S93.306S

28635

Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider reduces the metatarsophalangeal joint dislocation. She first performs a separately reportable X-ray to examine the dislocated joint. She then manually adjusts the bones by pushing

or pulling to bring them to their normal alignment. She next places the toe or foot in a splint or brace for a period of four weeks. She may perform a separately reported X-ray examination of the joint to confirm the reduction of the dislocation.

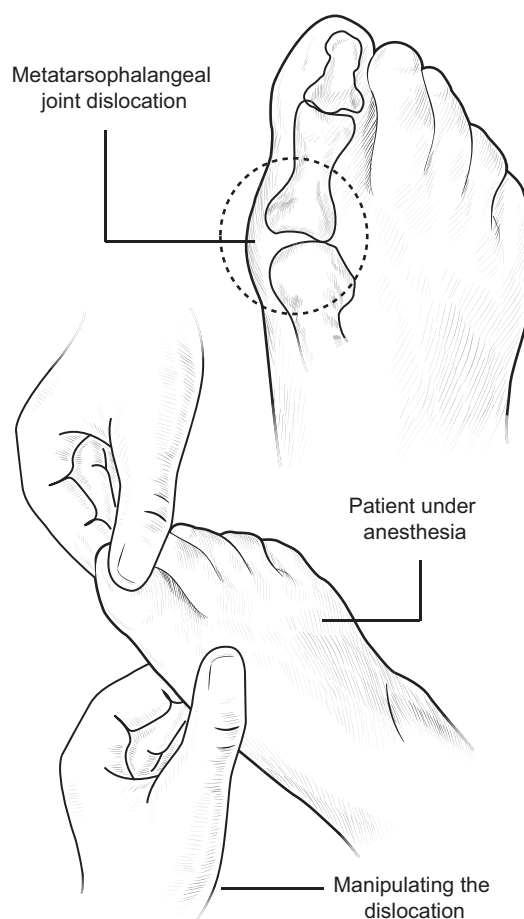
Coding Tips

Use 28630 when the provider reduces a metatarsophalangeal joint dislocation without using anesthesia for the patient.

Use 28636 when the provider performs percutaneous skeletal fixation of the metatarsophalangeal joint, with manipulation.

Use 28645 when the provider performs open treatment of the metatarsophalangeal joint dislocation with or without internal fixation.

Illustration



28635

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$123.86, Non Facility Fee: \$175.56; Non-QP Conversion Factor \$33.4009, Facility Fee: \$123.25, Non Facility Fee: \$174.69

RVU (Facility): Work 1.91, PE 1.56, Mal 0.22, Total 3.69

RVU (Non-Facility): Work 1.91, PE 3.1, Mal 0.22, Total 5.23

MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0490T¹, 0566T¹, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0718T¹, 0903T¹, 0904T¹, 0905T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20527¹, 20550¹, 20551¹, 20552¹, 20553¹, 20560¹, 20561¹, 20600¹, 20604¹, 20605¹, 20606¹, 20610¹, 20611¹, 20704¹, 28289¹, 28630¹, 29345¹, 29355¹, 29358¹, 29405¹, 29425¹, 29445¹, 29450¹, 29505¹, 29515¹, 29540¹, 29550¹, 29580¹, 29581¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64455¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

M24.874-M24.876, S93.121A-S93.121S, S93.122A-S93.122S, S93.123A-S93.123S, S93.124A-S93.124S, S93.125A-S93.125S, S93.126A-S93.126S, S93.129A-S93.129S, S93.141A-S93.141S, S93.142A-S93.142S, S93.143A-S93.143S, S93.144A-S93.144S, S93.145A-S93.145S, S93.146A-S93.146S, S93.149A-S93.149S, S93.301A-S93.301S, S93.302A-S93.302S, S93.303A-S93.303S, S93.304A-S93.304S, S93.305A-S93.305S, S93.306A-S93.306S

28636

Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider reduces the metatarsophalangeal joint dislocation. He first performs a separately reportable X-ray to examine the dislocated joint. He then manually adjusts the bones by pushing

or pulling to bring them back to their normal alignment. He next creates a small incision in the skin over the dislocated joint. He then inserts pins and screws through this incision to hold the reduced dislocation in place. Finally, he closes the wound by suturing the skin. He next places the foot or toe in a splint or brace for a period of four weeks. He may perform a separately reported X-ray examination of the joint to confirm the reduction of the dislocation.

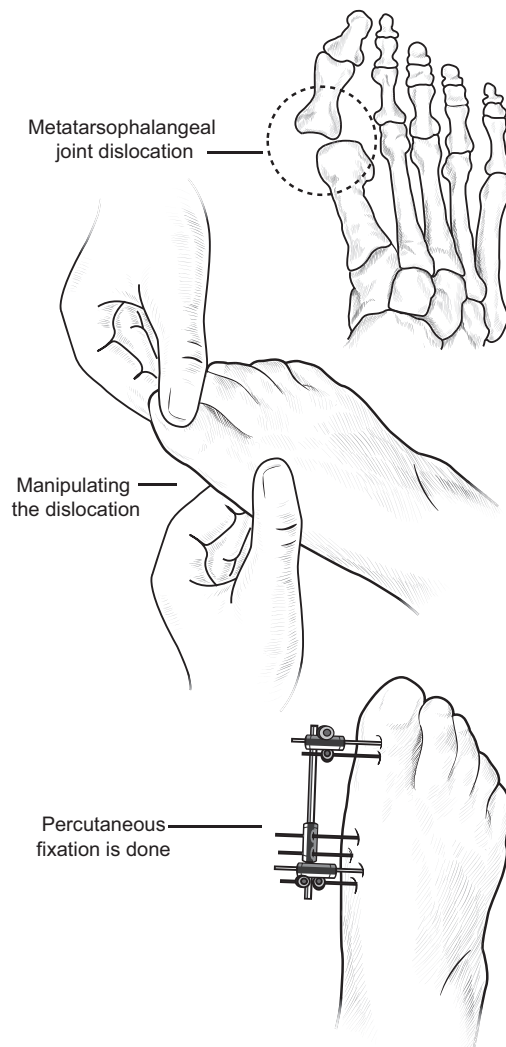
Coding Tips

Use 28630 when the provider reduces a metatarsophalangeal joint dislocation without using anesthesia.

Use 28635 when the provider reduces a metatarsophalangeal joint dislocation and the service requires anesthesia.

Use 28645 when the provider performs open treatment of the metatarsophalangeal joint dislocation with or without internal fixation.

Illustration



28636

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor \$: 33.5675, Facility Fee: \$218.52, Non Facility Fee: \$390.05; Non-QP Conversion Factor \$33.4009, Facility Fee: \$217.44, Non Facility Fee: \$388.12
RVU (Facility): Work 2.7, PE 3.24, Mal 0.57, Total 6.51
RVU (Non-Facility): Work 2.7, PE 8.35, Mal 0.57, Total 11.62
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 4

Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 73, 74, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01470⁰, 0213T⁰, 0216T⁰, 0490T¹, 0566T¹, 0594T¹, 0596T¹, 0597T¹, 0708T¹, 0709T¹, 0718T¹, 0903T¹, 0904T¹, 0905T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20527¹, 20550¹, 20551¹, 20552¹, 20553¹, 20560¹, 20561¹, 20600¹, 20604¹, 20605¹, 20606¹, 20610¹, 20611¹, 20650¹, 20690¹, 20704¹, 28289¹, 28310¹, 28630¹, 28635¹, 29345¹, 29355¹, 29358¹, 29405¹, 29425¹, 29445¹, 29450¹, 29505¹, 29515¹, 29540¹, 29550¹, 29580¹, 29581¹, 29700¹, 29705¹, 29710¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64455¹, 64461⁰, 64462⁰, 64463⁰, 64466¹, 64467¹, 64468¹, 64469¹, 64473¹, 64474¹, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

M24.874-M24.876, S93.121A-S93.121S, S93.122A-S93.122S, S93.123A-S93.123S, S93.124A-S93.124S, S93.125A-S93.125S, S93.126A-S93.126S, S93.129A-S93.129S, S93.141A-S93.141S, S93.142A-S93.142S, S93.143A-S93.143S, S93.144A-S93.144S, S93.145A-S93.145S, S93.146A-S93.146S, S93.149A-S93.149S,

S93.301A-S93.301S, S93.302A-S93.302S, S93.303A-S93.303S, S93.304A-S93.304S, S93.305A-S93.305S, S93.306A-S93.306S

28645

Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the skin over the dislocated joint. She then dissects down through subcutaneous tissue, protecting the nerves and vessels. She next retracts the muscles to have adequate exposure of the dislocated bones. She then adjusts the bones to reduce the dislocation. She may fix the reduced joint using implants like screws, nails, wires, etc., for extra stability. Finally, she closes the wound by suturing the skin layers together. She next places the toe or foot in a splint or brace for a period of four weeks. She may perform a separately reported X-ray examination of the joint to confirm the reduction of the dislocation.

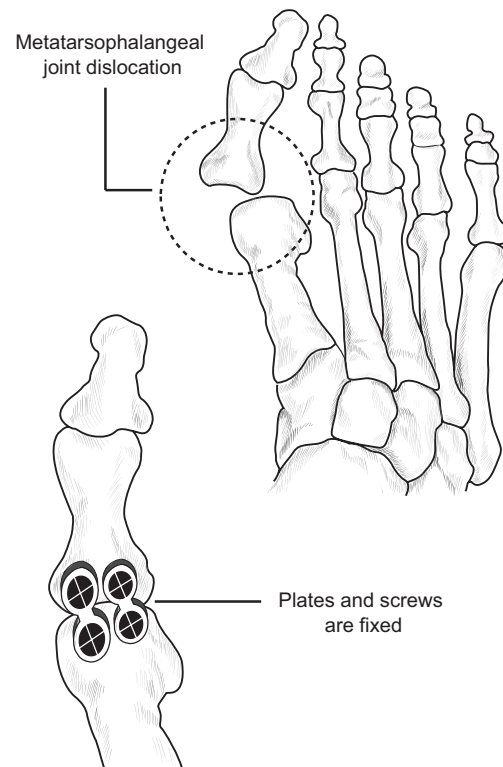
Coding Tips

Use 28630 when the provider reduces a metatarsophalangeal joint dislocation without using anesthesia for the patient.

Use 28635 when the provider reduces a metatarsophalangeal joint dislocation and the service requires anesthesia.

Use 28636 when the provider performs percutaneous skeletal fixation of the metatarsophalangeal joint, with manipulation.

Illustration



28645

HCPCS Level II Codes

Medical and Surgical Supplies

A5500

For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe

Clinical Responsibility

This code reports the fitting, follow up, and custom or off the shelf preparation of shoes to accommodate shoe inserts. These type of shoes help diabetic patients walk and provide the necessary padding over the pressure points on the patient's foot thereby preventing pressure sores and ulcers on the feet. These shoes can also help with ambulation of patients with an amputated foot. Amputation is the surgical removal of a complete or partial appendage of the body. Many diabetics have a hampered blood circulation, ulcer deformity, or peripheral neuropathy in the foot of the patient. Diabetic neuropathy is an injury of the nerves of the feet due to diabetes. This code represents the per shoe fitting, follow up and any custom preparation of each off the shelf depth inlay shoe that accommodates a multi density or depth insert.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS, codes that begin with an A represent medical and surgical supplies, including supplies to help treat patients with urinary incontinence, ostomies, respiratory problems, and patients receiving dialysis.

For a custom molded shoe, report A5501, For diabetics only, fitting including follow up, custom preparation and supply of shoe molded from casts of patient's foot, custom molded shoe, per shoe.

For a custom molded shoe with a roller or rigid rocker bottom, report A5503, For diabetics only, modification including fitting of off the shelf depth inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe.

For a custom molded shoe with wedges, report A5504, For diabetics only, modification including fitting of off the shelf depth inlay shoe or custom molded shoe with wedges, per shoe.

BETOS

D1F: Prosthetic/Orthotic devices

A5512

For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each

Clinical Responsibility

The provider fits, forms, and supplies a single, prefabricated, multiple density insert for a foot deformity in a diabetic patient. A diabetic shoe insert is a removable inlay that is molded to the patient's foot and made of a material suitable to the patient's requirements. This insert is in total contact with the patient's foot, including weight bearing areas and the arches. The layer that is responsible for holding the shape of the insert is known as the base layer and must have a thickness of at least one quarter inch and a hardness rating of Shore A 35 durometers or higher or be at least three sixteenths of an inch in thickness with a hardness rating of Shore A 40 durometers or higher. The provider molds the insert at 230 degrees Fahrenheit or higher. The base layer should continue from the heel up to the metatarsal head. Modifications to the insert can help attain total contact with the foot. Medicare approves custom shoe inserts for diabetics when they are a medical necessity, the patient has diabetes mellitus as the diagnosis code, and the individual is suffering from any diabetes related condition.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals.

Don't report A5512 with other footwear codes from the range L3215 to L3253.

For varying types and sizes of shoe inserts depending upon the foot deformity in a diabetic patient, select the appropriate code from the range A5500 to A5513.

BETOS

D1F: Prosthetic/Orthotic devices

A5513

For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

Clinical Responsibility

The provider fits, custom fabricates, and supplies a multiple density shoe insert for a foot deformity in a diabetic patient. The provider makes a mold of the patient's foot and uses it as a model to form a diabetic shoe insert, a removable inlay made of a material suitable to the patient's requirements. This insert maintains total contact with the patient's foot, including weight bearing areas and the arches. The provider uses arch filler and other shaping material as needed to form the insert. The base layer is responsible for holding the shape of the insert and must have

a thickness of at least three sixteenths of an inch with a hardness rating of Shore A 35 durometers or higher. The base layer should continue from the heel up to the metatarsal head. Modifications to the insert can help attain total contact with the foot. Medicare approves custom shoe inserts for diabetics when they are a medical necessity, the patient has diabetes mellitus as the diagnosis code, and the individual is suffering from any diabetes related condition.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals.

Don't report A5512 with other footwear codes from the range L3215 to L3253.

For varying types and sizes of shoe inserts depending upon the foot deformity in a diabetic patient, select the appropriate code from the range A5500 to A5513.

BETOS

D1F: Prosthetic/Orthotic devices

A5514

For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

Clinical Responsibility

The provider fits, custom fabricates, and supplies a multiple-density shoe insert for a foot deformity in a diabetic patient. The provider uses a digitized model of the patient's foot to design and carve a diabetic shoe insert, a removable inlay made of a material suitable to the patient's requirements. This insert maintains total contact with the patient's foot, including weightbearing areas and the arches. The provider uses arch filler and other shaping material as needed to form the insert. The base layer is responsible for holding the shape of the insert and must have a thickness of at least 3/16 inch with a hardness rating of Shore A 40 durometer or higher. The base layer should continue from the heel up to the metatarsal head. Modifications to the insert can help attain total contact with the foot. Medicare approves custom shoe inserts for diabetics when they are a medical necessity, the patient has diabetes mellitus as the diagnosis code, and the individual is suffering from any diabetes-related condition.

Coding Tips

Don't report A5514 with other footwear codes from the range L3215 to L3253.

For varying types and sizes of shoe inserts depending upon the foot deformity in a diabetic patient, select the appropriate code from the range A5500 to A5515.

Healthcare Common Procedure Coding System (HCPCS) codes that begin with an A, represent medical and surgical supplies,

including supplies to help treat patients with urinary incontinence, ostomies, respiratory problems, and patients receiving dialysis.

BETOS

D1F: Prosthetic/Orthotic devices

A6010

Collagen based wound filler, dry form, sterile, per gram of collagen

Clinical Responsibility

The patient receives the application of a collagen based wound dressing in a powdered form to fill an open wound, typically following a surgical procedure or the debridement of a nonhealing wound. Collagen, a protein, gives strength to a wound and increases tissue growth, thereby promoting healing. Up to a one month supply of surgical dressings may be sent home with a patient for self application. The size and or amount of dressing materials must be appropriate to the size of the wound. Dressings may require frequent changes, even daily, in the initial phase of treatment or with wounds with heavy drainage. Medicare covers surgical dressings as long as the provider documents them as medically necessary.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals.

This code is for the powdered form of a collagen wound dressing. For the gel form, report A6011, Collagen based wound filler, gel or paste, per gram of collagen.

Use the appropriate HCPCS modifier to report the number of wounds to which a dressing is applied and not the total number of wounds present. For example, if the patient has six wounds but only three are dressed with powdered collagen based wound filler, report A6010 with modifier A3, Dressing for three wounds.

Append modifier AW, Item furnished in conjunction with a surgical dressing, as applicable.

Append LT, Left side, or RT, Right side, for extremity wounds.

For dressings sent home with the patient, the place of service as the patient's residence must be indicated, i.e., POS 12.

BETOS

D1A: Medical/surgical supplies

A6021

Collagen dressing, sterile, size 16 sq. in. or less, each

Clinical Responsibility

The patient receives the application of a sterile collagen wound dressing with a size of 16 square inches or less to promote wound healing by increasing the tissue repair. Collagen, a protein, gives strength to a wound and increases tissue growth, thereby promoting healing. Up to a one month supply of surgical dressings may be sent home with a patient for self application. The size and

Temporary Codes

Q4038

Cast supplies, short leg cast, adult (11 years +), fiberglass

Clinical Responsibility

A short leg fiberglass cast immobilizes the leg from the base of the toes to just below the knee. A cast surrounds, supports, and stabilizes a broken bone or other anatomical structure until healing takes place. A fiberglass cast consists of fibers of glass woven into a rough cloth and mixed with a resin, like polyurethane, that allows it to be molded. Fiberglass is lighter than plaster, longer lasting, and heat resistant. The uses of short leg casts include fractures of the tibia, fibula, calcaneus, metatarsals, tarsals, or ankle sprains in adults ages 11 years and above.

Coding Tips

Q codes represent reimbursement of temporary codes for supplies, drugs and other biological devices that do not have any permanent code.

For other casting supplies, see Q4001 to Q4050.

For each casting supply code, bill only one unit per cast.

BETOS

D1A: Medical/surgical supplies

Q4039

Cast supplies, short leg cast, pediatric (0-10 years), plaster

Clinical Responsibility

A child's short leg plaster cast immobilizes the leg from the base of the toes to just below the knee. A cast surrounds, supports, and stabilizes a broken bone or other anatomical structure until healing takes place. A plaster cast consists of cotton bandages and plaster of Paris, or ground gypsum, a mineral that hardens when mixed with water. A plaster short leg cast molds to the fracture site and holds the bone in its normal anatomical position. The uses for short leg casts include fractures of the ankle or foot in children ages 10 years and younger. A short leg cast holds the limb in a required position postoperatively and regulates or controls abnormalities of the ankle and foot.

Coding Tips

Q codes represent reimbursement of temporary codes for supplies, drugs and other biological devices that do not have any permanent code.

For other casting supplies, see Q4001 to Q4050.

For each casting supply code, bill only one unit per cast.

BETOS

D1A: Medical/surgical supplies

Q4133

Grafix prime, grafixpl prime, stravax and stravaxpl, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of Grafix Prime® and Grafix PL Prime®, Stravax® and StravaxPL®, wound coverings derived from human placenta that providers use to treat wounds that are difficult to heal. This may include ulcers due to diabetes and vascular insufficiency, burns, and all wounds that are difficult to treat with other methods of wound healing. Grafix Prime® is made of two layers, epithelial and stromal. Thanks to its origin as human placenta tissue, Grafix Prime® is rich in collagen membranes, stem cells, and growth factors. Grafix Prime® is a matrix that helps in the growth of cells forming supporting structures, leading to cell attachment and tissue regeneration. Grafix Prime® is a thin, flexible, transparent membrane. Stravax® and StravaxPL® are similar products.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

O1E: Other drugs

Q4186

Epifix, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of EpiFix®, an allograft taken from human amniotic membrane, used to regenerate soft tissues for treatment of chronic wounds. Providers use EpiFix® to treat full and partial thickness wounds, diabetic ulcers, vascular ulcers, postoperative wounds, and burns. EpiFix® aids in the growth of cells forming supporting structures, leading to cell attachment and tissue regeneration.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

O1E: Other drugs

ICD-10-CM Cross Reference Details

A01.04	Typhoid arthritis	B35.8	Other dermatophytoses
A01.05	Typhoid osteomyelitis	B35.9	Dermatophytosis, unspecified
A18.01	Tuberculosis of spine	B37.2	Candidiasis of skin and nail
A18.02	Tuberculous arthritis of other joints	B37.49	Other urogenital candidiasis
A18.03	Tuberculosis of other bones	B38.3	Cutaneous coccidioidomycosis
A18.09	Other musculoskeletal tuberculosis	B40.3	Cutaneous blastomycosis
A31.0	Pulmonary mycobacterial infection	B42.1	Lymphocutaneous sporotrichosis
A50.43	Late congenital syphilitic polyneuropathy	B43.0	Cutaneous chromomycosis
A50.44	Late congenital syphilitic optic nerve atrophy	B43.2	Subcutaneous pheomycotic abscess and cyst
A52.15	Late syphilitic neuropathy	B45.2	Cutaneous cryptococcosis
A52.16	Charcot's arthropathy (tabetic)	B46.3	Cutaneous mucormycosis
A66.0	Initial lesions of yaws	B55.1	Cutaneous leishmaniasis
A66.2	Other early skin lesions of yaws	B55.2	Mucocutaneous leishmaniasis
A66.3	Hyperkeratosis of yaws	B58.82	Toxoplasma myositis
A67.0	Primary lesions of pinta	B65.3	Cercarial dermatitis
A67.1	Intermediate lesions of pinta	B67.32	Echinococcus granulosus infection, multiple sites
A67.2	Late lesions of pinta	B67.39	Echinococcus granulosus infection, other sites
A67.3	Mixed lesions of pinta	B67.4	Echinococcus granulosus infection, unspecified
A80.30	Acute paralytic poliomyelitis, unspecified	B78.1	Cutaneous strongyloidiasis
A80.39	Other acute paralytic poliomyelitis	B85.0	Pediculosis due to Pediculus humanus capitis
A80.9	Acute poliomyelitis, unspecified	B86	Scabies
B00.1	Herpesviral vesicular dermatitis	B87.0	Cutaneous myiasis
B00.9	Herpesviral infection, unspecified	B87.81	Genitourinary myiasis
B02.0	Zoster encephalitis	B88.01	Infestation by Demodex mites
B02.1	Zoster meningitis	B88.09	Other acariasis
B02.21	Postherpetic geniculate ganglionitis	B90.1	Sequelae of genitourinary tuberculosis
B02.22	Postherpetic trigeminal neuralgia	B91	Sequelae of poliomyelitis
B02.23	Postherpetic polyneuropathy	B95.2	Enterococcus as the cause of diseases classified elsewhere
B02.24	Postherpetic myelitis	B96.22	Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
B02.29	Other postherpetic nervous system involvement	B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
B02.7	Disseminated zoster	B97.29	Other coronavirus as the cause of diseases classified elsewhere
B02.8	Zoster with other complications	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B02.9	Zoster without complications	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere
B03	Smallpox	B99.8	Other infectious disease
B04	Monkeypox	B99.9	Unspecified infectious disease
B05.89	Other measles complications	C00.0	Malignant neoplasm of external upper lip
B05.9	Measles without complication	C00.1	Malignant neoplasm of external lower lip
B06.00	Rubella with neurological complication, unspecified	C00.2	Malignant neoplasm of external lip, unspecified
B06.89	Other rubella complications	C00.3	Malignant neoplasm of upper lip, inner aspect
B06.9	Rubella without complication	C00.4	Malignant neoplasm of lower lip, inner aspect
B07.0	Plantar wart	C00.5	Malignant neoplasm of lip, unspecified, inner aspect
B07.8	Other viral warts	C00.6	Malignant neoplasm of commissure of lip, unspecified
B07.9	Viral wart, unspecified	C00.8	Malignant neoplasm of overlapping sites of lip
B08.09	Other orthopoxvirus infections	C00.9	Malignant neoplasm of lip, unspecified
B08.1	Molluscum contagiosum	C01	Malignant neoplasm of base of tongue
B08.21	Exanthema subitum [sixth disease] due to human herpesvirus 6	C02.0	Malignant neoplasm of dorsal surface of tongue
B08.22	Exanthema subitum [sixth disease] due to human herpesvirus 7	C02.1	Malignant neoplasm of border of tongue
B08.8	Other specified viral infections characterized by skin and mucous membrane lesions	C02.2	Malignant neoplasm of ventral surface of tongue
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
B20	Human immunodeficiency virus [HIV] disease	C02.4	Malignant neoplasm of lingual tonsil
B26.84	Mumps polyneuropathy	C02.8	Malignant neoplasm of overlapping sites of tongue
B26.89	Other mumps complications	C02.9	Malignant neoplasm of tongue, unspecified
B26.9	Mumps without complication	C03.0	Malignant neoplasm of upper gum
B27.00	Gammaherpesviral mononucleosis without complication	C03.1	Malignant neoplasm of lower gum
B27.01	Gammaherpesviral mononucleosis with polyneuropathy	C03.9	Malignant neoplasm of gum, unspecified
B27.09	Gammaherpesviral mononucleosis with other complications	C04.0	Malignant neoplasm of anterior floor of mouth
B27.11	Cytomegaloviral mononucleosis with polyneuropathy	C04.1	Malignant neoplasm of lateral floor of mouth
B27.80	Other infectious mononucleosis without complication	C04.8	Malignant neoplasm of overlapping sites of floor of mouth
B27.81	Other infectious mononucleosis with polyneuropathy	C04.9	Malignant neoplasm of floor of mouth, unspecified
B27.91	Infectious mononucleosis, unspecified with polyneuropathy	C05.0	Malignant neoplasm of hard palate
B34.2	Coronavirus infection, unspecified	C05.1	Malignant neoplasm of soft palate
B35.0	Tinea barbae and tinea capitis	C05.2	Malignant neoplasm of uvula
B35.1	Tinea unguium	C05.9	Malignant neoplasm of palate, unspecified
B35.3	Tinea pedis		

C06.0	Malignant neoplasm of cheek mucosa	C32.2	Malignant neoplasm of subglottis
C06.1	Malignant neoplasm of vestibule of mouth	C32.3	Malignant neoplasm of laryngeal cartilage
C06.2	Malignant neoplasm of retromolar area	C32.8	Malignant neoplasm of overlapping sites of larynx
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	C32.9	Malignant neoplasm of larynx, unspecified
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	C34.00	Malignant neoplasm of unspecified main bronchus
C06.9	Malignant neoplasm of mouth, unspecified	C34.01	Malignant neoplasm of right main bronchus
C07	Malignant neoplasm of parotid gland	C34.02	Malignant neoplasm of left main bronchus
C08.0	Malignant neoplasm of submandibular gland	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C08.1	Malignant neoplasm of sublingual gland	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C08.9	Malignant neoplasm of major salivary gland, unspecified	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C09.0	Malignant neoplasm of tonsillar fossa	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C09.9	Malignant neoplasm of tonsil, unspecified	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C10.0	Malignant neoplasm of vallecula	C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C10.1	Malignant neoplasm of anterior surface of epiglottis	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C10.2	Malignant neoplasm of lateral wall of oropharynx	C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C10.3	Malignant neoplasm of posterior wall of oropharynx	C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C10.4	Malignant neoplasm of branchial cleft	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C10.8	Malignant neoplasm of overlapping sites of oropharynx	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C10.9	Malignant neoplasm of oropharynx, unspecified	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C11.0	Malignant neoplasm of superior wall of nasopharynx	C37	Malignant neoplasm of thymus
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C38.1	Malignant neoplasm of anterior mediastinum
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C38.2	Malignant neoplasm of posterior mediastinum
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C38.3	Malignant neoplasm of mediastinum, part unspecified
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	C38.4	Malignant neoplasm of pleura
C11.9	Malignant neoplasm of nasopharynx, unspecified	C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C12	Malignant neoplasm of pyriform sinus	C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C13.0	Malignant neoplasm of postcricoid region	C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C13.2	Malignant neoplasm of posterior wall of hypopharynx	C40.10	Malignant neoplasm of short bones of unspecified upper limb
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	C40.11	Malignant neoplasm of short bones of right upper limb
C13.9	Malignant neoplasm of hypopharynx, unspecified	C40.12	Malignant neoplasm of short bones of left upper limb
C14.0	Malignant neoplasm of pharynx, unspecified	C40.20	Malignant neoplasm of long bones of unspecified lower limb
C14.2	Malignant neoplasm of Waldeyer's ring	C40.21	Malignant neoplasm of long bones of right lower limb
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	C40.22	Malignant neoplasm of long bones of left lower limb
C15.3	Malignant neoplasm of upper third of esophagus	C40.30	Malignant neoplasm of short bones of unspecified lower limb
C15.4	Malignant neoplasm of middle third of esophagus	C40.31	Malignant neoplasm of short bones of right lower limb
C15.5	Malignant neoplasm of lower third of esophagus	C40.32	Malignant neoplasm of short bones of left lower limb
C15.8	Malignant neoplasm of overlapping sites of esophagus	C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C15.9	Malignant neoplasm of esophagus, unspecified	C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C16.9	Malignant neoplasm of stomach, unspecified	C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C17.9	Malignant neoplasm of small intestine, unspecified	C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C18.8	Malignant neoplasm of overlapping sites of colon	C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C18.9	Malignant neoplasm of colon, unspecified	C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C19	Malignant neoplasm of rectosigmoid junction	C41.0	Malignant neoplasm of bones of skull and face
C20	Malignant neoplasm of rectum	C41.1	Malignant neoplasm of mandible
C21.0	Malignant neoplasm of anus, unspecified	C41.2	Malignant neoplasm of vertebral column
C22.0	Liver cell carcinoma	C41.3	Malignant neoplasm of ribs, sternum and clavicle
C22.2	Hepatoblastoma	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C22.3	Angiosarcoma of liver	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C22.4	Other sarcomas of liver	C43.0	Malignant melanoma of lip
C22.7	Other specified carcinomas of liver	C43.10	Malignant melanoma of unspecified eyelid, including canthus
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	C43.111	Malignant melanoma of right upper eyelid, including canthus
C23	Malignant neoplasm of gallbladder		
C24.9	Malignant neoplasm of biliary tract, unspecified		
C25.9	Malignant neoplasm of pancreas, unspecified		
C26.0	Malignant neoplasm of intestinal tract, part unspecified		
C26.9	Malignant neoplasm of ill-defined sites within the digestive system		
C30.0	Malignant neoplasm of nasal cavity		
C30.1	Malignant neoplasm of middle ear		
C31.0	Malignant neoplasm of maxillary sinus		
C31.1	Malignant neoplasm of ethmoidal sinus		
C31.2	Malignant neoplasm of frontal sinus		
C31.3	Malignant neoplasm of sphenoid sinus		
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses		
C32.0	Malignant neoplasm of glottis		
C32.1	Malignant neoplasm of supraglottis		

Modifier Descriptors

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

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

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

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

Terminology

Terminology	Explanation
Abductor hallucis muscle	Muscle of the great toe which draws it away from the body.
Abscess	Sac or pocket formed due to the accumulation of purulent material, pus, in the soft tissue.
Accessory navicular bone	An extra bone on the inner side of the foot that can cause irritation and require removal.
Achilles	Tendon at the heel, or calcaneal tendon.
Achilles tendon	Tendon that attaches the gastrocnemius and soleus muscles, muscles on the back of the lower leg, to the ankle bone.
Acromioclavicular, or AC, joint	Union of the acromion, or shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
Adhesiolysis	Freeing up adhesions by cutting and dividing, typically with a combination of sharp and blunt dissection.
Adhesion	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.
Ambulatory	The ability to walk or suitability for walking.
Amputate	Removal of a limb or digit.
Amputation	Surgical removal of a complete or partial appendage of the body.
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
Anesthetic agent	Substance that reduces sensitivity to pain.
Ankle joint	Joint composed by the tibia, the fibula, and the talus.
Anterior	Closer to the front part of the body.
Anterior tibial extensors	Muscle of anterior part of leg.
Anteroposterior, or AP, view	The X-ray projection travels from front to back.
Antibiotic	A substance that inhibits infection.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antiinflammatory	Substance that reduces pain, swelling, and inflammation.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Arthrocentesis	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
Arthrodesis	Surgical procedure involving fusion of the bones adjacent to a joint to immobilize the joint.
Arthrography	Radiography of a joint after injecting one or more contrast dyes into the joint; it is a diagnostic injection that visualizes an injury by means of a contrast dye and X-ray.

Terminology	Explanation
Arthroplasty	Reconstruction or replacement of a joint, the point of union of two musculoskeletal structures, such as two bones.
Arthroscope	A tubular instrument with a fiberoptic light source and camera used for viewing the inside of a joint.
Arthroscopy	Use of tiny camera to view inside of a joint.
Arthrotomy	Surgical incision of a joint, the point of union of two musculoskeletal structures, such as two bones.
Articular cartilage	Tissue covering the ends of the bone, where the two bones join to each other.
Aspirate	Small amount of cells or fluid from a cyst or mass.
Aspiration	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
Astragalus	Ankle bone, also known as talus.
Autograft	Donor tissue or organ obtained from one part or area of the body and placed on a different body part or area of the same individual.
Axial	Situated around an axis or central point.
Benign	Not malignant, generally treatable or not needing treatment.
Benign lesions	Diseased tissue that is noncancerous.
Benign tumor	Mass of cells, which does not spread to other parts of the body.
Bilateral	On two sides; opposite of unilateral.
Biopsy	To remove a portion or the entirety of suspicious tissue for pathologic examination; types of biopsies include excisional, incisional, punch, needle, and open.
Bivalving	Cutting a cast into two parallel sides to relieve swelling or pressure.
Blunt dissection	Separation of tissue layers using the fingers; sharp dissection separates tissue layers using a blade.
Body cast or jacket	A shell made up of plaster that a provider uses to immobilize the anatomical structure until the injury heals.
Bone cortex	Superficial part of the bone.
Bone cyst	Abnormal sac usually containing fluid inside the bone.
Bone graft	A graft taken from one bone to fill the defect in another bone of the body.
Bone spur	Bony projection that occurs along a joint; also known as an osteophyte.
Bossing	Painful prominence.
Brace, cast, or splint	An external device that is used to hold a broken bone or dislocated joint in correct position.
Bulla	Localized fluid-filled lesions that are greater than 1 cm in diameter such as a large blister.
Bunion	Also called hallux valgus, a deformity in which the first toe points toward the second toe, causing the foot to bump out to the side at the base of the first toe.
Bunionectomy	Excision of a deformity that develops on the first metatarsal bone and causes the big toe to bend toward the second toe.
Burn Eschar	A piece of dead tissue that sheds off from the surface of the skin after a burn injury.
Burr	Surgical instrument to create an opening in bone.
Bursa	Fluid filled sac that prevents joints, muscles, and tendons from rubbing together.
Bursal sac	Fluid filled sac that prevents joints, muscles, and tendons from rubbing together.
Bypass graft	Placing a vein graft between an obstructed artery and a nonobstructed artery, or before and after an obstruction in a single artery to reestablish blood flow; providers may also anastomose two arteries together in such a way as to bypass an obstruction in one of the arteries.
Calcaneum or calcaneus	Large tarsal bone of the heel.
Callus	Caused by skin pressure; mainly appears on soles of feet or hands as an area of toughened skin.
Cancellous	Spongy bone; a type of tissue that forms the bone.
Cancellous bone graft	A graft consisting of spongy bone that can trigger new bone formation quickly.
Capsule	A membrane sac enclosing a body part.
Capsulotomy	Surgical incision of a capsule, a protective membrane encasing a structure like a joint, lens, or kidney.

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