AAPC

Your essential illustrated coding guide for dermatology/plastics, including CPT®, HCPCS, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

CODERS' SPECIALTY GUIDE

Dermatology & Plastics

2022

Contents

Introduction 3

General 5

Integumentary System 11

Musculoskeletal System 362

Respiratory System 446

Cardiovascular System 485

Digestive System 497

Male Genital System 515

Female Genital System 521

Eye and Ocular Adnexa 523

Auditory System 527

Operating Microscope 530

Radiology 531

Pathology and Laboratory 557

Medicine 584

Evaluation and Management 622

Category III Codes 684

Proprietary Laboratory Analyses 693

HCPCS Level II Codes

- Medical and Surgical Supplies 694
- Outpatient PPS 695
- Durable Medical Equipment 697
- Procedures/Professional Services 699
- Medical Services 710
- Temporary Codes 712
- Temporary National Codes (Non-Medicare) 730

ICD-10 CrossRef Details 733

Modifier Descriptors 969

Terminology 979

Code Index 1001

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $40.83, Non Facility: $49.26, OPPS Facility: $25.93, OPPS Non Facility: $25.93
RVU Facility Work RVU: 0.80, PE RVU: 0.35, Malpractice RVU: 0.11, Total RVU: 1.26
RVU Non-Facility Work RVU: 0.80, PE RVU: 0.61, Malpractice RVU: 0.11, Total RVU: 1.52
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3
Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.0)

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

ICD-10 CrossRef

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

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

Medicare Fees National Conversion Factor: 32.4085, Facility: $68.06, Non Facility: $131.25, OPPS Facility: $47.32, OPPS Non Facility: $47.32
RVU Facility Work RVU: 1.46, PE RVU: 0.50, Malpractice RVU: 0.14, Total RVU: 2.10
RVU Non-Facility Work RVU: 1.46, PE RVU: 2.45, Malpractice RVU: 0.14, Total RVU: 4.05
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[1], 0216T[1], 10004[1], 10008[1], 10010[1], 10011[1], 10012[1], 10021[1], 10035[1], 11102[1], 11103[1], 11104[1], 11105[1], 11106[1], 11107[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], J2001[1]

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96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], J2001[1]

ICD-10 CrossRef

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

+10010

Fine needle aspiration biopsy, including CT 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 CT imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $75.84, Non Facility: $270.94, OPPS Facility: $53.47, OPPS Non Facility: $53.47
RVU Facility Work RVU: 1.65, PE RVU: 0.55, Malpractice RVU: 0.14, Total RVU: 2.34
RVU Non-Facility Work RVU: 1.65, PE RVU: 6.57, Malpractice RVU: 0.14, Total RVU: 8.36
Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3
Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[1], 0216T[1], 10004[1], 10021[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], J2001[1]

ICD-10 CrossRef

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

10011

Fine needle aspiration biopsy, including MR 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 MR 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 +10012 for each additional lesion in addition to the primary code 10011.

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), and 10009 (CT) and +10006, +10008 and +10010 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

Medicare Fees National Conversion Factor: 32.4085, 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: XXX, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 51, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[1], 0216T[1], 10004[1], 10006[1], 10008[1], 10010[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], J2001[1]

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28309[1], 28320[1], 28322[1], 28341[1], 28360[1], 28705[1], 28715[1], 28725[1], 28730[1], 28735[1], 28737[1], 28740[1], 28750[1], 28760[1], 28800[1], 28805[1], 29000[1], 29010[1], 29015[1], 29035[1], 29040[1], 29044[1], 29046[1], 29049[1], 29055[1], 29058[1], 29065[1], 29075[1], 29085[1], 29086[1], 29105[1], 29125[1], 29126[1], 29130[1], 29131[1], 29200[1], 29240[1], 29260[1], 29280[1], 29305[1], 29325[1], 29345[1], 29355[1], 29358[1], 29365[1], 29405[1], 29425[1], 29435[1], 29440[1], 29445[1], 29450[1], 29505[1], 29515[1], 29520[1], 29530[1], 29540[1], 29550[1], 29580[1], 29581[1], 29584[1], 29804[1], 29806[1], 29807[1], 29819[1], 29821[1], 29822[1], 29823[1], 29824[1], 29825[1], 29826[1], 29836[1], 29838[1], 29845[1], 29847[1], 29850[1], 29851[1], 29855[1], 29856[1], 29873[1], 29876[1], 29877[1], 29879[1], 29880[1], 29881[1], 29882[1], 29883[1], 29884[1], 29885[1], 29886[1], 29887[1], 29888[1], 29889[1], 29894[1], 29897[1], 29898[1], 29900[1], 29901[1], 29902[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], 49013[1], 49014[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], 97610[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[1], 99496[1], G0168[1], G0428[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

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

11042

Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound. The provider uses appropriate instruments such as forceps and scissors to remove infected or dead tissue material from the wound. She does debridement until she sees viable tissue, including excising tissue from the wound until she sees healthy bleeding on the skin edges. She then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to the first 20 cm^2 of subcutaneous tissue. Also include any debridement of the epidermal and dermal layers in this code.

Coding Tips

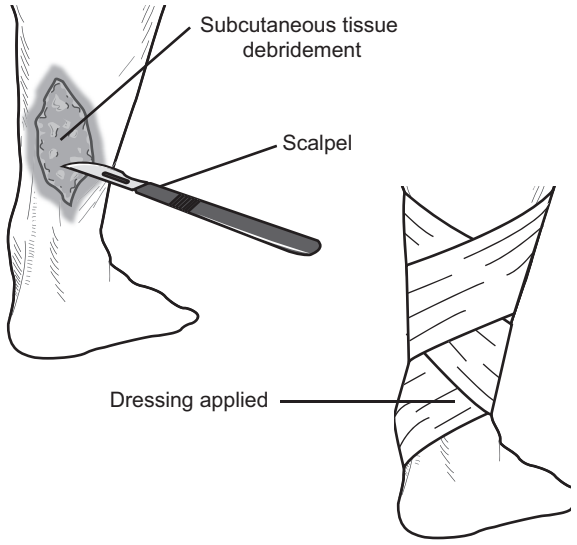
Use +11045 as an add-on code for each additional 20 cm^2 of body surface.

If the debridement includes muscle and/or fascia in addition to subcutaneous tissue, dermis, and epidermis, see 11043.

If the debridement includes bone, see 11044.

See wound care management codes 97597 and 97598 for debridement of the upper layer(s) of skin (dermis and epidermis) only.

Illustration



11042, +11045

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $57.04, Non Facility: $126.07, OPPS Facility: $32.73, OPPS Non Facility: $32.73
RVU Facility Work RVU: 1.01, PE RVU: 0.63, Malpractice RVU: 0.12, Total RVU: 1.76
RVU Non-Facility Work RVU: 1.01, PE RVU: 2.76, Malpractice RVU: 0.12, Total RVU: 3.89
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, 51, 52, 53, 58, 59, 76, 77, 78, 79, 99, AG, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, 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

CCI Alerts (version 27.0)

0213T[0], 0216T[0], 0552T[1], 10030[1], 10060[1], 11000[1], 11008[1], 11010[1], 11011[1], 11719[1], 11720[1], 11721[1], 12007[1], 12014[1], 12016[1], 12017[1], 12018[1], 12036[1], 12037[1], 12041[1], 12044[1], 12046[1], 12047[1], 12053[1], 12055[1], 12056[1], 12057[1], 13102[1], 13122[1], 13133[1], 13153[1], 15852[1], 17000[1], 17250[1], 20526[1], 20552[1], 20553[1], 20560[1], 20561[1], 24300[1],

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the tissue or allow the wound to heal by secondary intention if the area has good vascularization (blood flow). He sends the specimen to the pathology lab for analysis.

Coding Tips

For a tangential biopsy (e.g., shave, scoop, saucerize, curette) using a blade or curette, report 11102 for the initial lesion and +11103 for each separate additional lesion, and for a punch biopsy of the skin, report 11104 for the initial lesion and +11105 for each additional separate lesion.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $29.49, Non Facility: $70.33, OPPS Facility: $17.50, OPPS Non Facility: $17.50
RVU Facility Work RVU: 0.54, PE RVU: 0.30, Malpractice RVU: 0.07, Total RVU: 0.91
RVU Non-Facility Work RVU: 0.54, PE RVU: 1.56, Malpractice RVU: 0.07, Total RVU: 2.17
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, 51, 52, 53, 58, 59, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, LT, PD, Q5, Q6, QJ, RT, SC, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.0)

00170[0], 0213T[0], 0216T[0], 0470T[1], 0471T[1], 0596T[1], 0597T[1], 10011[1], 11000[1], 11001[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11719[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 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], 96931[1], 96932[1], 96933[1], 96934[1], 96935[1], 96936[1], 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[0], 99447[0], 99448[0], 99449[0], 99451[0], 99495[1], 99496[1], G0127[1], G0168[1], G0463[1], G0471[1], J0670[1], J2001[1]

ICD-10 CrossRef

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

11200

Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

Clinical Responsibility

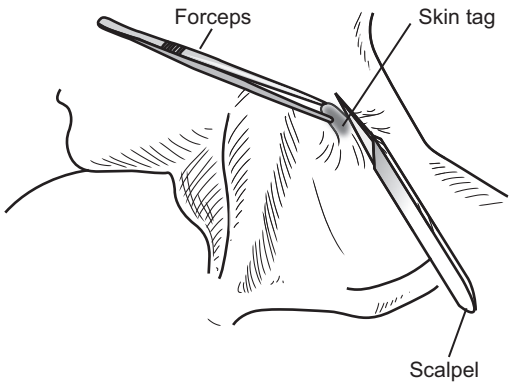
When the patient is appropriately prepped and anesthetized, the provider evaluates the location and size of the skin tags. She uses forceps, scissors, or a blade to remove the skin tags. She may remove smaller tags painlessly without applying anesthesia. She applies an antibiotic after removing skin tags. Use this code for removal of skin tag lesions, up to 15.

Coding Tips

Use +11201 when the services involve removal of one or more additional skin tags of any area.

For excision of benign lesions other than skin tags, see 11400 to 11446.

Illustration



11200

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $71.30, Non Facility: $86.53, OPPS Facility: $26.57, OPPS Non Facility: $26.57
RVU Facility Work RVU: 0.82, PE RVU: 1.29, Malpractice RVU: 0.09, Total RVU: 2.20
RVU Non-Facility Work RVU: 0.82, PE RVU: 1.76, Malpractice RVU: 0.09, Total RVU: 2.67
Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

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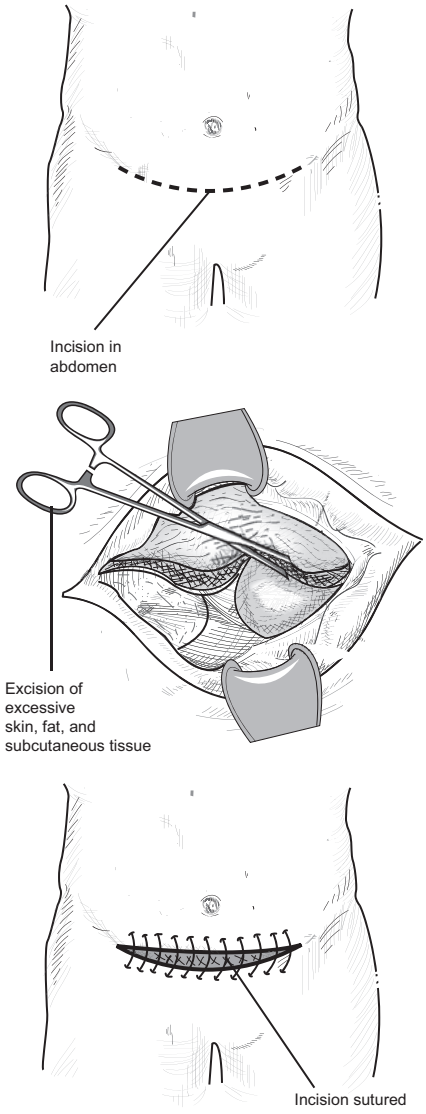
Illustration



15830

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $1,117.45, Non Facility: $1,117.45, OPPS Facility: $554.51, OPPS Non Facility: $554.51
RVU Facility Work RVU: 17.11, PE RVU: 13.94, Malpractice RVU: 3.43, Total RVU: 34.48
RVU Non-Facility Work RVU: 17.11, PE RVU: 13.94, Malpractice RVU: 3.43, Total RVU: 34.48
Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: R, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 51, 52, 53, 58, 59, 62, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11102[1], 11104[1], 11106[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], 14000[1], 14001[1], 14301[1], 14302[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 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

E65, E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, L85.9, L87.9, L89.90-L89.95, L89.94, L89.95, M35.6, M79.3, T81.40XA-T81.40XS, Z41.1, Z42.8, Z68.25-Z68.29, Z68.30-Z68.39, Z68.51, Z68.54

15832

Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh

Clinical Responsibility

The physician makes a horizontal incision with a scalpel over the thigh area and removes excess fat. The physician can also use a cannula or hollow needles to suction out excess amounts of fat. Excessive loose skin is also elliptically excised using a scalpel and cautery.

Coding Tips

See code range 15830-15839 for similar procedures on different parts of the body.

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Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11102[1], 11104[1], 11106[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 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], J2001[1]

ICD-10 CrossRef

E65, E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, L54, L85.9, L89.303, L89.304, L89.313, L89.314, L89.323, L89.324, L89.43, L89.44, L89.90-L89.95, L89.94, L89.95, L97.109, L97.909, M79.3, T81.40XA-T81.40XS, Z41.1, Z42.8, Z68.25-Z68.29, Z68.30-Z68.39, Z68.51, Z68.54

15836

Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm

Clinical Responsibility

The physician makes a horizontal incision with a scalpel over the arm area and removes excess fat. The physician can also use a cannula or hollow needles to suction out excess amounts of fat. Excessive loose skin is also elliptically excised using a scalpel and cautery.

Coding Tips

See code range 15830-15839 for similar procedures on different parts of the body.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $723.36, Non Facility: $723.36, OPPS Facility: $343.85, OPPS Non Facility: $343.85
RVU Facility Work RVU: 10.61, PE RVU: 9.49, Malpractice RVU: 2.22, Total RVU: 22.32
RVU Non-Facility Work RVU: 10.61, PE RVU: 9.49, Malpractice RVU: 2.22, Total RVU: 22.32
Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 47, 50, 51, 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, XE, XP, XS, XU

CCI Alerts (version 27.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 11102[1], 11104[1], 11106[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 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

E65, E66.01, E66.09, E66.1-E66.3, E66.8, E66.9, L54, L85.9, L89.003, L89.004, L89.013, L89.014, L89.023, L89.024, L89.90-L89.95, L89.94, L89.95, L90.9, L91.9, M79.3, T81.40XA-T81.40XS, Z41.1, Z42.8, Z68.25-Z68.29, Z68.30-Z68.39, Z68.51, Z68.54

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G0168

Wound closure utilizing tissue adhesive(s) only

Clinical Responsibility

The provider uses a tissue adhesive such as cyanoacrylate, instead of staples or sutures, for incisional or laceration repair. Tissue adhesives also replace subcutaneous sutures for larger wounds. The provider applies cyanoacrylate tissue adhesive to form a bond across the edges of the wound. This protects the skin and wound site, inhibits the growth of bacteria, and helps prevent infection. The adhesive closes the wound and permits normal healing with minimal discomfort to the patient. Use this code for Medicare patients who have wound closure through tissue adhesive for both inpatient and outpatient services.

Coding Tips

G codes identify professional healthcare procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

Medicare uses this code if tissue adhesive is used by itself on a simple injury, without sutures, staples, or other closure materials. Often private payers use the CPT® simple repair codes, specifically 12001 through 12018. Check with your payer regarding their preferences prior to submitting the claim.

BETOS

P6C: Minor procedures - other (Medicare fee schedule)

G0219

PET imaging whole body; melanoma for non-covered indications

Clinical Responsibility

In this procedure, the provider injects a radioactive tracer or radionuclide into the patient's bloodstream. This radionuclide reaches the tumor site through the bloodstream, breaks into tiny positively charged particles called positrons, and emits gamma rays. The provider uses a PET scanner to detect the gamma rays and identify cancer that develops from melanocytes, or pigment cells present in the skin. The scanner provides images of the entire body to illustrate a detailed picture of the tissues for the purpose of detecting melanoma in regional lymph nodes, a noncovered indication for PET scanning.

Coding Tips

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

To report PET imaging of the whole body for other indications, use CPT® code 78813, Positron emission tomography, or PET, imaging; whole body.

BETOS

I4B: Imaging/procedure - other

G0378

Hospital observation service, per hour

Clinical Responsibility

A provider assigns an observation status to a patient who comes to the emergency room and the provider places him in an observation bed to monitor and decide whether he requires admission to the hospital or he can be treated and discharged. This service provides an alternative to inpatient service to the patient, whose clinical status is unstable or at risk of short term deterioration. This service is reported for each hour of hospital observation service.

Coding Tips

Use one unit of this code for each hour of hospital observation service

There are appropriate observation care codes in CPT® that you may use when the payer does not accept G code. These codes are; 99234-99236, 99217, 99218-99220, 99224-99226. Check with the individual payer for their reporting requirements.

BETOS

M2A: Hospital visit - initial

G0379

Direct admission of patient for hospital observation care

Clinical Responsibility

An observation status is assigned to a patient when the provider places the patient in to an observation bed for monitoring. This code represents the observation service for a direct patient admission into observation care, for a patient who is directly referred to the hospital by a provider in the community. This observation service is not associated with an emergency room visit, critical care service, or outpatient visit. This service provides an alternative to inpatient admission of the patient whose clinical status is unstable or at risk of short term deterioration allowing for the patient to be monitored to decide whether the patient requires admission to the hospital or he can be discharged.

Coding Tips

There are appropriate observation care codes in CPT® that you may use when payer do not accept G code. These codes are; 99234 to 99236, 99217, 99218 to 99220, or 99224 to 99226.

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Q4236

Carepatch, per square centimeter

Clinical Responsibility

This code describes the supply of carePATCHTM, a wound covering allograft derived from human amniotic membrane that providers use to treat nonhealing wounds such as diabetic foot ulcers and venous leg ulcers and burn injuries. carePATCHTM is a dehydrated thin membrane allograft of collagen that includes basement membrane and stromal matrix. The amniotic tissue also provides growth factors that help in soft tissues regeneration. The allograft is immune privileged, which means there is minor or no risk of foreign body reaction that can lead to fibrosis and graft failure.

Diabetic foot ulcer, a complication of diabetes, is an open sore or wound on the foot. Venous leg ulcers are caused by poor venous blood flow (venous insufficiency) in the legs due to damaged venous valves that cause blood to pool in veins; also known as venous stasis ulcers.

The amount used depends on the size of the wound or injury.

Coding Tips

For additional skin substitute codes, see the HCPCS Level II code range beginning with Q4100.

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

Many payers consider skin or soft tissue substitutes experimental and not medically necessary. Check with your payer for their guidelines.

The Centers for Medicare & Medicaid Services (CMS) has classified skin substitutes by cost, high or low, and packages those of the same class into associated surgical procedures for hospital outpatient departments and ambulatory surgery centers. Medicare may separately pay for an item furnished on a different date of service as the primary service. Check for the most recent CMS and payer guidelines for definitive reimbursement information.

BETOS

O1E: Other drugs

Q4237

Cryo-cord, per square centimeter

Clinical Responsibility

This code describes the supply of Cryo-CordTM wound coverings derived from cryopreserved human umbilical cord. Providers use the allograft for chronic nonhealing wounds such as diabetic foot ulcers and venous leg ulcers or the affected area. Cryo-CordTM retains placental tissue growth factors, cytokines, and Wharton's Jelly, the mucoid connective tissue of the umbilical cord.

Diabetic foot ulcer, a complication of diabetes, is an open sore or wound on the foot. Venous leg ulcers are caused by poor venous blood flow (venous insufficiency) in the legs due to damaged venous valves that cause blood to pool in veins; also known as venous stasis ulcers.

The amount used depends on the size of the wound.

Coding Tips

For additional skin substitute codes, see the HCPCS Level II code range beginning with Q4100.

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

Many payers consider skin or soft tissue substitutes experimental and not medically necessary. Check with your payer for their guidelines.

The Centers for Medicare & Medicaid Services (CMS) has classified skin substitutes by cost, high or low, and packages those of the same class into associated surgical procedures for hospital outpatient departments and ambulatory surgery centers. Medicare may separately pay for an item furnished on a different date of service as the primary service. Check for the most recent CMS and payer guidelines for definitive reimbursement information.

BETOS

O1E: Other drugs

Q4238

Derm-maxx, per square centimeter

Clinical Responsibility

This code describes the supply of Derm-Maxx, wound coverings derived from a process that preserves collagen and elastic tissue fibers. Cellular infiltration, attachment, and proliferation are supported by the extracellular matrix, and the process used to produce the allograft maintains the open channels through which cells can migrate, multiply, and create new blood vessels. The allograft is freeze-dried.

The amount used depends on the size of the wound.

Coding Tips

For additional skin substitute codes, see the HCPCS Level II code range beginning with Q4100.

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

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ICD-10 CrossRef Details

A01.09 Typhoid fever with other complications
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.8 Other respiratory tuberculosis
A18.01 Tuberculosis of spine
A18.03 Tuberculosis of other bones
A18.2 Tuberculous peripheral lymphadenopathy
A18.4 Tuberculosis of skin and subcutaneous tissue
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
A21.1 Oculoglandular tularemia
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.81 Oculoglandular listeriosis
A36.89 Other diphtheritic complications
A38.8 Scarlet fever with other complications
A39.82 Meningococcal retrobulbar neuritis
A41.3 Sepsis due to Hemophilus influenzae
A42.0 Pulmonary actinomycosis
A42.2 Cervicofacial actinomycosis
A46 Erysipelas
A48.52 Wound botulism
A48.8 Other specified bacterial diseases
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.44 Late congenital syphilitic optic nerve atrophy
A51.39 Other secondary syphilis of skin
A52.15 Late syphilitic neuropathy
A56.02 Chlamydial vulvovaginitis
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.04 Herpesviral vulvovaginitis
A60.1 Herpesviral infection of perianal skin and rectum
A60.9 Anogenital herpesviral infection, unspecified
A63.0 Anogenital (venereal) warts
A66.0 Initial lesions of yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
A92.39 West Nile virus infection with other complications
B00.1 Herpesviral vesicular dermatitis
B00.50 Herpesviral ocular disease, unspecified
B00.53 Herpesviral conjunctivitis
B00.59 Other herpesviral disease of eye
B00.9 Herpesviral infection, unspecified
B01.89 Other varicella complications
B01.9 Varicella without complication
B02.0 Zoster encephalitis
B02.21 Postherpetic geniculate ganglionitis
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
B03 Smallpox
B04 Monkeypox
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
B07.0 Plantar wart
B07.8 Other viral warts
B07.9 Viral wart, unspecified
B08.09 Other orthopoxvirus infections
B08.1 Molluscum contagiosum
B08.21 Exanthema subitum [sixth disease] due to human herpesvirus 6
B08.22 Exanthema subitum [sixth disease] due to human herpesvirus 7
B08.8 Other specified viral infections characterized by skin and mucous membrane lesions
B09 Unspecified viral infection characterized by skin and mucous membrane lesions
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
B16.2 Acute hepatitis B without delta-agent with hepatic coma
B16.9 Acute hepatitis B without delta-agent and without hepatic coma
B17.10 Acute hepatitis C without hepatic coma
B17.11 Acute hepatitis C with hepatic coma
B19.0 Unspecified viral hepatitis with hepatic coma
B19.10 Unspecified viral hepatitis B without hepatic coma
B19.11 Unspecified viral hepatitis B with hepatic coma
B19.20 Unspecified viral hepatitis C without hepatic coma
B19.21 Unspecified viral hepatitis C with hepatic coma
B19.9 Unspecified viral hepatitis without hepatic coma
B20 Human immunodeficiency virus [HIV] disease
B26.89 Other mumps complications
B26.9 Mumps without complication
B27.00 Gammaherpesviral mononucleosis without complication
B27.09 Gammaherpesviral mononucleosis with other complications
B27.10 Cytomegaloviral mononucleosis without complications
B27.19 Cytomegaloviral mononucleosis with other complication
B27.80 Other infectious mononucleosis without complication
B27.89 Other infectious mononucleosis with other complication
B27.90 Infectious mononucleosis, unspecified without complication
B27.99 Infectious mononucleosis, unspecified with other complication
B35.0 Tinea barbae and tinea capitis
B35.1 Tinea unguium
B35.2 Tinea manuum
B35.3 Tinea pedis

C25.7 Malignant neoplasm of other parts of pancreas
C25.8 Malignant neoplasm of overlapping sites of pancreas
C25.9 Malignant neoplasm of pancreas, unspecified
C26.0 Malignant neoplasm of intestinal tract, part unspecified
C26.1 Malignant neoplasm of spleen
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
C31.9 Malignant neoplasm of accessory sinus, unspecified
C32.0 Malignant neoplasm of glottis
C32.1 Malignant neoplasm of supraglottis
C32.2 Malignant neoplasm of subglottis
C32.3 Malignant neoplasm of laryngeal cartilage
C32.8 Malignant neoplasm of overlapping sites of larynx
C32.9 Malignant neoplasm of larynx, unspecified
C33 Malignant neoplasm of trachea
C34.00 Malignant neoplasm of unspecified main bronchus
C34.01 Malignant neoplasm of right main bronchus
C34.02 Malignant neoplasm of left main bronchus
C34.10 Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11 Malignant neoplasm of upper lobe, right bronchus or lung
C34.12 Malignant neoplasm of upper lobe, left bronchus or lung
C34.2 Malignant neoplasm of middle lobe, bronchus or lung
C34.30 Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31 Malignant neoplasm of lower lobe, right bronchus or lung
C34.32 Malignant neoplasm of lower lobe, left bronchus or lung
C34.80 Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82 Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91 Malignant neoplasm of unspecified part of right bronchus or lung
C34.92 Malignant neoplasm of unspecified part of left bronchus or lung
C37 Malignant neoplasm of thymus
C38.0 Malignant neoplasm of heart
C38.1 Malignant neoplasm of anterior mediastinum
C38.2 Malignant neoplasm of posterior mediastinum
C38.3 Malignant neoplasm of mediastinum, part unspecified
C38.4 Malignant neoplasm of pleura
C38.8 Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0 Malignant neoplasm of upper respiratory tract, part unspecified
C39.9 Malignant neoplasm of lower respiratory tract, part unspecified
C40.00 Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01 Malignant neoplasm of scapula and long bones of right upper limb
C40.02 Malignant neoplasm of scapula and long bones of left upper limb
C40.10 Malignant neoplasm of short bones of unspecified upper limb
C40.11 Malignant neoplasm of short bones of right upper limb
C40.12 Malignant neoplasm of short bones of left upper limb
C40.20 Malignant neoplasm of long bones of unspecified lower limb
C40.21 Malignant neoplasm of long bones of right lower limb
C40.22 Malignant neoplasm of long bones of left lower limb
C40.30 Malignant neoplasm of short bones of unspecified lower limb
C40.31 Malignant neoplasm of short bones of right lower limb
C40.32 Malignant neoplasm of short bones of left lower limb
C40.80 Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81 Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82 Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90 Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91 Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92 Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0 Malignant neoplasm of bones of skull and face
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
C43.10 Malignant melanoma of unspecified eyelid, including canthus
C43.111 Malignant melanoma of right upper eyelid, including canthus
C43.112 Malignant melanoma of right lower eyelid, including canthus
C43.121 Malignant melanoma of left upper eyelid, including canthus
C43.122 Malignant melanoma of left lower eyelid, including canthus
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
C44.00 Unspecified malignant neoplasm of skin of lip
C44.01 Basal cell carcinoma of skin of lip
C44.02 Squamous cell carcinoma of skin of lip
C44.09 Other specified malignant neoplasm of skin of lip
C44.101 Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus

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
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

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Modifier	Description
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
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
K3	Lower extremity prosthesis functional level 3 - has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion
K4	Lower extremity prosthesis functional level 4 - has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete
KA	Add on option/accessory for wheelchair
KB	Beneficiary requested upgrade for ABN, more than 4 modifiers identified on claim
KC	Replacement of special power wheelchair interface
KD	Drug or biological infused through DME

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Terminology

Terminology	Explanation
Abbe Estlander operation	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
Abdominal wall	May refer to muscle covering the abdomen, or to the skin, fascia, muscle, and membranes marking the boundaries of the abdominal cavity.
Ablate	To remove tissue, a body part, or an organ or destroy its function.
Ablation	Surgical destruction of abnormal tissue or organ growth.
Abrasion	Removal of superficial layers of skin.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
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.
Acne	Eruptions of small oil secreting glands below the skin surface due to infection or inflammation; also known as pimples.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Actinotherapy	Therapeutic use of ultraviolet light rays to treat various skin diseases.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Allergenic extract	A protein containing an extract purified from a substance to which a patient may be allergic.
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.
Alopecia	Hair loss.
Alveolar cleft	Congenital defect in which a cleft, or gap, occurs in the alveolar arch, the tooth bearing portion of the jaw bone.
Alveolar ridge	A ridge like border on the upper and lower jaw containing tooth sockets.
Ambulatory care	Medical care rendered in an outpatient setting, i.e., not requiring an overnight stay in a hospital.
Anagen	The active phase of the hair growth cycle; in this phase, the hair grows about 1 cm every 28 days.
Anaphylactic / Anaphylaxis	The body's severe allergic reaction towards a specific substance which acts as an allergen.
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	Substance that reduces sensitivity to pain.
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Anterior	Closer to the front part of the body.
Anterior intrusion	Abnormal projection of a structure in a frontward direction.
Anteroposterior or AP view	The X-ray beam travels from front to back.
Antibiotic	Substance that inhibits infection.
Antiretroviral therapy	Drug treatment for patients with HIV, which can prolong their life.
Antrotomy	An incision through the wall of the antrum, or the pyramid shaped maxillary sinus.
Anus	External opening of the rectum where gastrointestinal tract ends.
Apert syndrome	Rare congenital disorder resulting in significant facial deformity, or craniofacial dysostosis, and webbing deformities of the hands and feet.
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.
Articular disk	An oval of flexible cartilage separating two bones that form a joint.
Aseptic	Conditions characterized by freedom from contamination by any microorganism.

Clinical staff member	A person who works under the supervision of a provider or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but does not individually report that professional service; other policies may also affect who may report specified services.
Closed reduction	Restoration of normal anatomy without a surgical incision; typically relates to fractures, dislocations, or hernias.
Clot	A semisolid mass, as of blood or lymph.
Clue cells	Epithelial cells that contain rod shaped bacteria implicated as the cause of bacterial vaginosis.
Coccygectomy	Surgical removal of the coccyx.
Coccyx	Small bone at the end of the vertebral column, referred to as the tailbone.
Collagen	Insoluble fibrous protein, chief constituent of connective tissue.
Collagenase	Enzymes responsible for breakdown of peptide bonds in collagen, a structural protein of connective tissues in animals.
Collimator	A device that helps to shape the beam of radiation emerging from the machine and it limits the maximum field size of a beam.
Columellar strut	A column shaped graft of cartilage used to support the nasal tip in a nasal reconstruction.
Communicating veins	Superficial veins found in the subcutaneous tissue such as the long or short saphenous vein that connect to the deep venous system, or the veins found underneath the deep fascia of the lower limb that travel along with the major arteries.
Complex repairs	These are often reconstructive procedures and include the creation of a defect to be repaired (for instance, excision of the scar and subsequent closure). Such repairs do not, however, include lesion excision, which is separately reportable.
Composite skin graft	Graft consisting of skin as well as underlying cartilage or other any tissue.
Computed tomography	Computed tomography, or CT, is when the provider rotates an X-ray tube and X-ray detectors around a patient, which produces a tomogram, a computer generated cross sectional image; providers use CT to diagnose, manage, and treat diseases.
Computer algorithm analysis	Formulas used to calculate the final image of the X-ray data.
Concha bullosa	An air filled cavity within the concha or the groove located high up in the bones comprising the nasal passage.
Condyloma	A raised growth on the skin commonly found in the genital region; it is caused by viral infection and is transmitted by contact.
Congenital	Present at birth.
Congestive heart failure	Excessive fluid collects in the tissues of the lungs, trunk, or extremities due to heart disease; it results in difficulty breathing and increased blood pressure; too much salt intake contributes to this condition.
Conjunctiva	The transparent membrane covering the front of the eye and lining the eyelids.
Connective tissue	One of four types of body tissues, it connects and protects other tissues and structures; other tissue types are epithelial, muscle, and nervous; connective tissue can be loose or fibrous.
Contralateral	Occurring on, affecting, or acting in conjunction with a part on the opposite side of the body.
Contrast	A special dye used in radiology imaging to improve the visibility of internal structures or organs of the body, which providers administer to patients through various routes, including oral and intravenously; also called contrast material, contrast medium, contrast media, contrast agent, or contrast dye.
Corn	Caused by skin friction; mainly appears on top or side of toes as a small thickened area with a dense central area.
Coronal incision	An incision across the scalp on the crown, or corona, of the head from one side to the other; used synonymously with bicoronal and bitemporal incision.
Costochondral	Referring to the rib bone and rib cartilage.
Cranial suture	Area of union between bones of the skull, consisting of strong fibrous tissue.
Craniectomy	Surgical excision of a portion of the cranium, or skull.
Craniofacial	Referring to the cranium, or skull, and face.

Code Index

Codes	Page No.
0232T	684
0394T	684
0419T	685
0420T	685
0479T	686
+0480T	687
0489T	687
0490T	688
0491T	689
+0492T	689
0493T	690
0512T	690
+0513T	691
0045U	693
+10004	5
10005	5
+10006	6
10007	6
+10008	7
10009	7
+10010	8
10011	8
+10012	9
10021	9
10030	11
10035	11
+10036	12
10040	13
10060	14
10061	15
10080	16
10081	17
10120	17
10121	18
10140	19
10160	20
10180	20
11000	21
+11001	22
11004	23
11005	24
11006	24
+11008	25
11010	26
11011	28
11012	29
11042	31
11043	32
11044	33
+11045	34
+11046	34
+11047	35
11055	35
11056	36
11057	37
11102	38
+11103	38
11104	39
+11105	40
11106	41
+11107	41
11200	42
+11201	43
11300	43
11301	44
11302	45
11303	46
11305	47
11306	48
11307	50
11308	50
11310	51
11311	53
11312	54
11313	55
11400	56
11401	57
11402	58
11403	59
11404	60
11406	60
11420	61
11421	62
11422	63
11423	64
11424	65
11426	66
11440	67
11441	69
11442	70
11443	71
11444	72
11446	73
11450	74
11451	75
11462	77
11463	78
11470	79
11471	80
11600	81
11601	82
11602	83
11603	85
11604	86
11606	87
11620	88
11621	89
11622	90
11623	91
11624	93
11626	94
11640	95
11641	96
11642	97
11643	98
11644	99
11646	100
11719	101
11720	102
11721	103
11730	104
+11732	105
11740	105
11750	106
11755	107
11760	108
11762	109
11765	110
11770	111
11771	111
11772	112
11900	113
11901	114
11920	115
11921	115
+11922	116
11950	116
11951	117
11952	118
11954	119
11960	119
11970	120
11971	121
11976	122
11980	123
11981	124
11982	124
11983	125
12001	126
12002	126
12004	127
12005	128
12006	128
12007	129
12011	130
12013	130
12014	131
12015	132
12016	132
12017	133
12018	133
12020	134
12021	135
12031	136
12032	137
12034	138
12035	140
12036	141
12037	143
12041	144
12042	145
12044	147
12045	148
12046	150
12047	151
12051	152
12052	153
12053	155
12054	156
12055	158
12056	159
12057	160
13100	161
13101	162
+13102	163
13120	164
13121	164
+13122	165
13131	166
13132	167

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