AAPC

CODERS' SPECIALTY GUIDE

Internal Medicine, Endocrinology, & Wound Care

2022

Contents

+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

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95, C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

Modifier: 0 = not allowed, 1 = allowed

RVU Non-Facility Work RVU: 1.81, PE RVU: 7.30, Malpractice RVU: 0.19, Total RVU: 9.30

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

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

CCI Alerts (version 27.0)

0213T[1], 0216T[1], 10004[1], 10005[1], 10006[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]

ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, 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, D48.1, D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M71.30, M79.4, 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, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+10008

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $55.42, Non Facility: $159.77, OPPS Facility: $38.24, OPPS Non Facility: $38.24

RVU Facility Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.12, Total RVU: 1.71

RVU Non-Facility Work RVU: 1.18, PE RVU: 3.63, Malpractice RVU: 0.12, Total RVU: 4.93

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, 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

Modifier: 0 = not allowed, 1 = allowed

15941

Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision, generally oval, or elliptical, in shape, around the ulcerated region of the ischium. He takes out the ulcerated tissue. He also removes a portion of underlying bone. He finally irrigates the wound, closes it with sutures, and applies dressing over it.

Coding Tips

The codes for excision of pressure ulcers rely on body site. Within the section on Pressure Ulcers, Decubitus Ulcers, Procedures, you'll find distinct decubitus, or pressure, ulcer excision codes for the following locations: Coccygeal, or tailbone, pressure ulcers, 15920 to 15922; Sacral, or base of spine, pressure ulcers, 15931 to 15937; Ischial, or lower pelvic bone, pressure ulcers, 15940 to 15946; Trochanteric, or top of thigh bone, pressure ulcers, 15950 to 15958.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $887.34, Non Facility: $887.34, OPPS Facility: $402.19, OPPS Non Facility: $402.19
RVU Facility Work RVU: 12.41, PE RVU: 12.35, Malpractice RVU: 2.62, Total RVU: 27.38
RVU Non-Facility Work RVU: 12.41, PE RVU: 12.35, Malpractice RVU: 2.62, Total RVU: 27.38
Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 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], 11010[1], 11011[1], 11012[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], 15756[1], 15757[1], 15940[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

I96, L89.300-L89.309, L89.310-L89.319, L89.320-L89.329, L89.46, L89.890-L89.899, L89.90-L89.96, M86.659, T81.40XA-T81.40XS

15944

Excision, ischial pressure ulcer, with skin flap closure

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision around the ulcerated region of the ischium and takes out the ulcerated tissue. He then chooses an area to take a skin flap from for closure, usually from the groin area at the front of the hip. He lifts the flap and transfers it to close the wound from the ulcer excision.

Coding Tips

The codes for excision of pressure ulcers rely on body site. Within the section on Pressure Ulcers, Decubitus Ulcers, Procedures, you'll find distinct decubitus, or pressure, ulcer excision codes for the following locations: Coccygeal, or tailbone, pressure ulcers, 15920 to 15922; Sacral, or base of spine, pressure ulcers, 15931 to 15937; Ischial, or lower pelvic bone, pressure ulcers, 15940 to 15946; Trochanteric, or top of thigh bone, pressure ulcers, 15950 to 15958.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $877.62, Non Facility: $877.62, OPPS Facility: $403.16, OPPS Non Facility: $403.16
RVU Facility Work RVU: 12.44, PE RVU: 12.15, Malpractice RVU: 2.49, Total RVU: 27.08
RVU Non-Facility Work RVU: 12.44, PE RVU: 12.15, Malpractice RVU: 2.49, Total RVU: 27.08
Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 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

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], 15952[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

I96, L76.33, L76.34, L89.200-L89.209, L89.210-L89.219, L89.220-L89.229, L89.46, L89.890-L89.899, L89.90-L89.96, M86.659, T81.40XA-T81.40XS

15956

Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision around the ulcerated region of the trochanter and takes out the ulcerated tissue. He then prepares the wound, creating a clean base for closure by a separately reportable service involving a myocutaneous flap or a skin graft taken from a donor site, usually from the tensor fasciae latae muscle.

Coding Tips

Report code 15958 if the ulcer service also includes removal of the bone.

Use 15936 for a similar excision of pressure ulcer and preparation service over the sacral region rather than the trochanteric region.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $1,116.80, Non Facility: $1,116.80, OPPS Facility: $544.14, OPPS Non Facility: $544.14
RVU Facility Work RVU: 16.79, PE RVU: 14.13, Malpractice RVU: 3.54, Total RVU: 34.46
RVU Non-Facility Work RVU: 16.79, PE RVU: 14.13, Malpractice RVU: 3.54, Total RVU: 34.46
Indicators Preoperative: 10.00, Intraoperative: 71.00, Postoperative: 19.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 62, 76, 77, 78, 79, 99, AQ, AR, 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], 11010[1], 11011[1], 11012[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

I96, L76.33, L76.34, L89.200-L89.209, L89.210-L89.219, L89.220-L89.229, L89.46, L89.890-L89.899, L89.90-L89.96, M79.18, M86.659, T81.40XA-T81.40XS, T85.613A-T85.613S, T85.623A-T85.623S

Modifier: 0 = not allowed, 1 = allowed

80047

Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of eight chemicals including ionized calcium, sodium, potassium, chloride, carbon dioxide, glucose, blood urea nitrogen, and creatinine. Notice in this code, the clinician measures ionized calcium, which is the active, or free form of calcium in the blood that is not attached to proteins. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws a blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires performance of all eight components to report. The eight panel tests include: 82330 for ionized calcium; 82374 for carbon dioxide, or bicarbonate; 82435 for chloride; 82565, creatinine; 82947, glucose; 84132 for potassium; 84295 for sodium, and 84520, blood urea nitrogen (BUN). The lab analyst may use a variety of methods to perform each of the tests in the panel.

A provider orders this test to assess a range of different acute and chronic health conditions. It is done often during routine health exams or in the emergency department to check on a person's kidneys, their electrolyte and acid to base balance, as well as their blood glucose and calcium levels.

Coding Tips

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

CCI Alerts (version 27.0)

80048^0, 80051^1, 82330^1, 82374^1, 82435^1, 82565^1, 82947^1, 84132^1, 84295^1, 84520^1, 96523^0

ICD-10 CrossRef

E74.89, E86.0, P74.421, P74.422, P74.49, R82.994, R82.998, Z00.00, Z00.01, Z01.812

80048

Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of eight chemicals including a total calcium, sodium, potassium, chloride, carbon dioxide, glucose, blood urea nitrogen, and creatinine. Notice in this code, the clinician measures total calcium, or both the active (or free) form of calcium in the blood that is not attached to proteins and the calcium bound to a protein such as albumin. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws the blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires the performance of all eight components to report. The eight panel tests include: 82310 for total calcium; 82374 for carbon dioxide, or bicarbonate; 82435 for chloride; 82565, creatinine; 82947, glucose; 84132 for potassium; 84295 for sodium, and 84520, blood urea nitrogen (BUN). The lab analyst may use a variety of methods to perform each of the panel tests.

The clinician orders these tests to assess the range of different acute and chronic health conditions. The panel may be done during routine health checks or in the emergency department to check on the patient's kidneys, electrolyte and fluid balance, as well as the glucose and calcium levels in the blood.

Coding Tips

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AR, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

CCI Alerts (version 27.0)

80051^1, 82310^1, 82374^1, 82435^1, 82565^1, 82947^1, 84132^1, 84295^1, 84520^1, 96523^0

ICD-10 CrossRef

E74.89, E86.0, O14.04, O14.05, O14.14, O14.15, O14.94, O14.95, P74.421, P74.422, P74.49, R82.994, R82.998, Z00.00, Z00.01, Z01.812

ICD-10 CrossRef

A92.5, B15.0, B15.9, B16.0-B16.9, B17.0-B17.2, B17.10, B17.11, B17.8, B17.9, B18.0-B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, F11.13, F12.13, F14.13, F14.93, F15.13, G93.3, I85.00, I85.01, I85.10, I85.11, K70.41, K71.0-K71.4, K71.10, K71.11, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K74.00-K74.02, K74.60, K74.69, K75.0-K75.3, K75.81, K75.89, K75.9, K76.2-K76.4, K76.6, K76.7, K76.81, M04.1, R10.0-R10.2, R10.10-R10.13, R10.30-R10.33, R10.811, R10.821, R10.83, R10.84, R10.9, R11.0, R11.10-R11.12, R11.14, R11.2, R16.0, R16.2, R17, R40.2410-R40.2414, R40.2420-R40.2424, R40.2430-R40.2434, R40.2440-R40.2444, R53.0-R53.2, R53.81-R53.83, R56.00, R56.01, R56.1, R62.0, R62.50-R62.59, R63.0-R63.6, R63.4, R63.5, R63.6, R73.03, R74.01, R74.02, R94.5, T86.40-T86.49, T86.8401-T86.8409, T86.8411-T86.8419, T86.8421-T86.8429, Z01.812, Z01.89, Z05.0-Z05.3, Z05.41-Z05.43, Z05.5, Z05.6, Z05.71-Z05.73, Z05.8, Z05.9, Z19.1, Z19.2, Z20.821, Z29.11, Z84.82

80076

Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of seven liver function indicators identified in the code descriptor. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws a blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires performance of all seven components to report. The seven panel tests include: 82040 for albumin; 82247 for total bilirubin and 82248 for direct bilirubin; 84075 for alkaline phosphatase; 84155 for total protein; 84460 for alanine amino transferase, or SGPT, and 84450 for aspartate amino transferase, or SGOT.

The lab analyst may use a variety of methods to perform each of the required panel tests.

The clinician orders this test to assess a patient with symptoms of liver disease or injury. It includes diagnosis and quantitative assessment of the disease and monitoring the effects of certain medications on the liver. Quantitation refers to measuring the exact amount of a substance.

Coding Tips

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more

tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AR, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 27.0)

82040[1], 82247[1], 82248[1], 84075[1], 84155[1], 84450[1], 84460[1], 96523[0]

ICD-10 CrossRef

A06.4, A52.74, B15.0, B15.9, B16.0-B16.9, B17.0-B17.2, B17.10, B17.11, B17.8, B17.9, B18.0-B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, B25.1, B26.81, B58.1, B67.0-B67.5, B67.8, C22.0-C22.9, C78.7, D01.5, E70.81, E70.89, E72.81, E72.89, E78.1-E78.3, E78.5, E80.4-E80.6, I10, K76.0-K76.7, K76.81, K76.89, K76.9, K77, L59.9, O26.611-O26.619, O26.62, P59.0, P59.1, P59.20, P59.29, P59.3, P59.8, P59.9, P78.84, Q44.0, Q44.1, Q44.4, Q44.5, Q44.6, Q44.7, R16.0, R16.2, R17, R74.01, R74.8, R74.9, R78.0, R82.2, R94.5, Z00.00, Z00.01, Z01.812, Z48.23, Z79.3, Z79.891

80305

Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service

Clinical Responsibility

The lab analyst performs all the technical steps of test(s) on a patient specimen, such as urine or blood, to test for any number of drug classes as presumptive screening. Presumptive refers to drug test results that indicate possible but not definitive presence of drugs and/or metabolites. The lab analyst may use any method capable of being read by direct optical observation only, often utilizing immunoassay, including dipsticks, cups, cards, and cartridges.

The lab analyst may also perform tests to validate that the specimen is urine and is from the patient, such as urinalysis, creatinine, or pH.

Although not limited to testing for a specific condition, clinicians may order this test for cases of suspected drug overdose or as a screening test for possible drug abuse. The test provides qualitative results, and the clinician may order follow-up testing to quantify the amount of a substance in the patient specimen for any drug class(es) that yield a positive result on this screening test.

Coding Tips

Report just one unit of 80305 per date of service.

Some payers may pay separately for collecting the specimen using a code such as 36415.

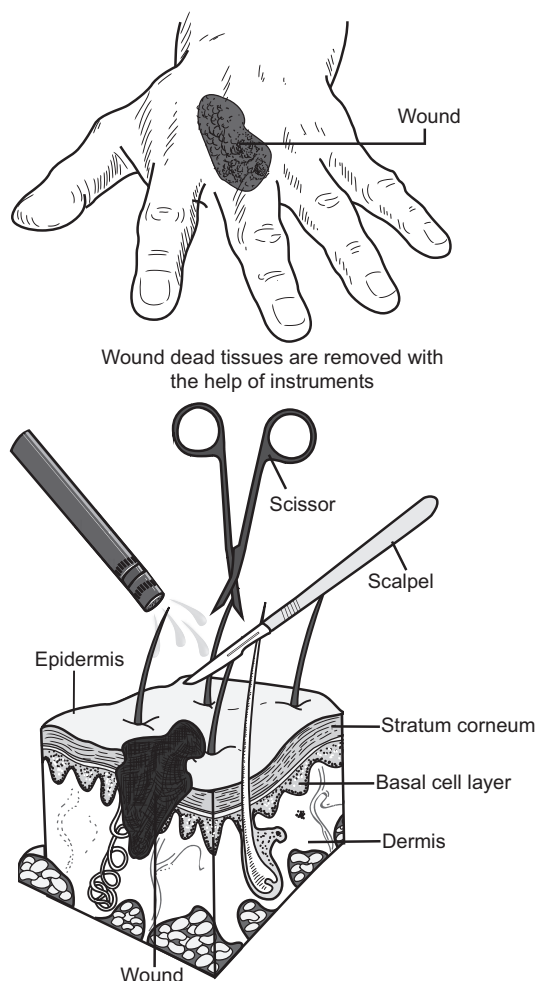Modifier: 0 = not allowed, 1 = allowed

of the wound, the provider may use a wet-to-dry dressing technique, where she applies saline gauze over the wound and allows the gauze to dry. Once the gauze adheres to the wound, the provider removes the gauze, thereby removing the dead tissue. Alternatively, she may apply naturally occurring proteolytic enzymes, like bacterial collagenase and papain/urea that selectively degrade the denatured collagen attached to the wound. The enzymes present no harm to the surrounding tissues, which is important for healing. Also, the provider may abrade the debris by scrubbing it vigorously or using a method such as larval therapy, sometimes referred to as therapeutic myiasis to treat skin and soft tissue wounds. In any technique, she then dresses the wound with non-adherent bacteria resistant gauze to prevent the wound from drying. The provider may treat one or more wounds during the session. She also instructs the patient or caregiver on how to provide care for the wound.

Coding Tips

The intent of this code is to allow reporting by nonphysicians, such as physician assistants, nurse practitioners, wound care nurses, or physical therapists, who have licenses to perform the procedures involved in non-selective debridement.

Illustration

Wound

Wound dead tissues are removed with the help of instruments

Scissor

Scalpel

Epidermis

Stratum corneum

Basal cell layer

Dermis

Wound

97602

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: B, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0
Modifier Allowances 22, 52, 53, 59, 76, 77, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GF, GJ, GN, GO, GP, GR, GY, GZ, KX, PD, Q5, Q6, QJ, SA, SC, ST, XE, XP, XS, XU

CCI Alerts (version 27.0)

00100^0, 00102^0, 00103^0, 00104^0, 00120^0, 00124^0, 00126^0, 00140^0, 00142^0, 00144^0, 00145^0, 00147^0, 00148^0, 00160^0, 00162^0, 00164^0, 00170^0, 00172^0, 00174^0, 00176^0, 00190^0, 00192^0, 00210^0, 00212^0, 00214^0, 00215^0, 00216^0, 00218^0, 00220^0, 00222^0, 00300^0, 00320^0, 00322^0, 00326^0, 00350^0, 00352^0, 00400^0, 00402^0, 00404^0, 00406^0, 00410^0, 00450^0, 00454^0, 00470^0, 00472^0, 00474^0, 00500^0, 00520^0, 00522^0, 00524^0, 00528^0, 00529^0, 00530^0, 00532^0, 00534^0, 00537^0, 00539^0, 00540^0, 00541^0, 00542^0, 00546^0, 00548^0, 00550^0, 00560^0, 00561^0, 00562^0, 00563^0, 00566^0, 00580^0, 00600^0, 00604^0, 00620^0, 00625^0, 00626^0, 00630^0, 00632^0, 00635^0, 00640^0, 00670^0, 00700^0, 00702^0, 00730^0, 00731^0, 00732^0, 00750^0, 00752^0, 00754^0, 00756^0, 00770^0, 00790^0, 00792^0, 00794^0, 00796^0, 00797^0, 00800^0, 00802^0, 00811^0, 00812^0, 00813^0, 00820^0, 00830^0, 00832^0, 00834^0, 00836^0, 00840^0, 00842^0, 00844^0, 00846^0, 00848^0, 00851^0, 00860^0, 00862^0, 00864^0, 00865^0, 00866^0, 00868^0, 00870^0, 00872^0, 00873^0, 00880^0, 00882^0, 00902^0, 00904^0, 00906^0, 00908^0, 00910^0, 00912^0, 00914^0, 00916^0, 00918^0, 00920^0, 00921^0, 00922^0, 00924^0, 00926^0, 00928^0, 00930^0, 00932^0, 00934^0, 00936^0, 00938^0, 00940^0, 00942^0, 00944^0, 00948^0, 00950^0, 00952^0, 01112^0, 01120^0, 01130^0, 01140^0, 01150^0, 01160^0, 01170^0, 01173^0, 01200^0, 01202^0, 01210^0, 01212^0, 01214^0, 01215^0, 01220^0, 01230^0, 01232^0, 01234^0, 01250^0, 01260^0, 01270^0, 01272^0, 01274^0, 01320^0, 01340^0, 01360^0, 01380^0, 01382^0, 01390^0, 01392^0, 01400^0, 01402^0, 01404^0, 01420^0, 01430^0, 01432^0, 01440^0, 01442^0, 01444^0, 01462^0, 01464^0, 01470^0, 01472^0, 01474^0, 01480^0, 01482^0, 01484^0, 01486^0, 01490^0, 01500^0, 01502^0, 01520^0, 01522^0, 01610^0, 01620^0, 01622^0, 01630^0, 01634^0, 01636^0, 01638^0, 01650^0, 01652^0, 01654^0, 01656^0, 01670^0, 01680^0, 01710^0, 01712^0, 01714^0, 01716^0, 01730^0, 01732^0, 01740^0, 01742^0, 01744^0, 01756^0, 01758^0, 01760^0, 01770^0, 01772^0, 01780^0, 01782^0, 01810^0, 01820^0, 01829^0, 01830^0, 01832^0, 01840^0, 01842^0, 01844^0, 01850^0, 01852^0, 01860^0, 01916^0, 01920^0, 01922^0, 01924^0, 01925^0, 01926^0, 01930^0, 01931^0, 01932^0, 01933^0, 01951^0, 01952^0, 01958^0, 01960^0, 01961^0, 01962^0, 01963^0, 01965^0, 01966^0, 01967^0, 01990^0, 01991^0, 01992^0, 01996^1, $0213T^1$, $0216T^1$, 11000^1, 11720^1, 11721^1, 11900^1, 11901^1, 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, 36591^1, 36592^0, 64400^1, 64405^1, 64408^1, 64415^1, 64416^1, 64417^1, 64418^1, 64420^1, 64421^1, 64425^1, 64430^1, 64435^1, 64445^1, 64446^1, 64447^1, 64448^1, 64449^1, 64450^1, 64451^1, 64454^1, 64461^1, 64463^1, 64479^1, 64483^1, 64486^1, 64487^1, 64488^1,

Modifier: 0 = not allowed, 1 = allowed

64489[1], 64490[1], 64493[1], 66987[1], 69990[0], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97164[1], 97607[0], 97608[0]

ICD-10 CrossRef

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

97605

Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

Clinical Responsibility

The provider cleans and checks the wound, with a total surface area less than or equal to 50 square centimeters, for absence of sinus tracts and fistulas. He then attaches a foam sponge, of the size and depth of the wound, over the wound using a transparent film. The film should be such that it provides a rigid seal. The provider; using appropriate durable medical equipment, then inserts suction tubing into the dressing through an opening in the transparent film and connects the tubing to a negative pressure therapy pump. He activates the pump. During the therapy, the provider observes the patient for signs of distress. He also ensures proper functioning of the equipment and the need to replace the canister where the suctioned material accumulates. He also instructs the patient or caregiver on how to provide care for the wound.

Coding Tips

After surgery, you may bill separately for negative pressure therapy as it is not a part of post-operative global care.

Fee Schedule

Medicare Fees National Conversion Factor: 32.4085, Facility: $23.66, Non Facility: $40.51, OPPS Facility: $17.82, OPPS Non Facility: $17.82
RVU Facility Work RVU: 0.55, PE RVU: 0.16, Malpractice RVU: 0.02, Total RVU: 0.73
RVU Non-Facility Work RVU: 0.55, PE RVU: 0.68, Malpractice RVU: 0.02, Total RVU: 1.25
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, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AR, AS, CQ, GC, GN, GR, KX, PD, Q6, XE, XP, XS, XU

CCI Alerts (version 27.0)

00100[0], 00102[0], 00103[0], 00104[0], 00120[0], 00124[0], 00126[0], 00140[0], 00142[0], 00144[0], 00145[0], 00147[0], 00148[0], 00160[0], 00162[0], 00164[0], 00170[0], 00172[0], 00174[0], 00176[0], 00190[0], 00192[0], 00210[0], 00211[0],

00212[0], 00214[0], 00215[0], 00216[0], 00218[0], 00220[0], 00222[0], 00300[0], 00320[0], 00322[0], 00326[0], 00350[0], 00352[0], 00400[0], 00402[0], 00404[0], 00406[0], 00410[0], 00450[0], 00454[0], 00470[0], 00472[0], 00474[0], 00500[0], 00520[0], 00522[0], 00524[0], 00528[0], 00529[0], 00530[0], 00532[0], 00534[0], 00537[0], 00539[0], 00540[0], 00541[0], 00542[0], 00546[0], 00548[0], 00550[0], 00560[0], 00561[0], 00562[0], 00563[0], 00566[0], 00567[0], 00580[0], 00600[0], 00604[0], 00620[0], 00625[0], 00626[0], 00630[0], 00632[0], 00635[0], 00640[0], 00670[0], 00700[0], 00702[0], 00730[0], 00731[0], 00732[0], 00750[0], 00752[0], 00754[0], 00756[0], 00770[0], 00790[0], 00792[0], 00794[0], 00796[0], 00797[0], 00800[0], 00802[0], 00811[0], 00812[0], 00813[0], 00820[0], 00830[0], 00832[0], 00834[0], 00836[0], 00840[0], 00842[0], 00844[0], 00846[0], 00848[0], 00851[0], 00860[0], 00862[0], 00864[0], 00865[0], 00866[0], 00868[0], 00870[0], 00872[0], 00873[0], 00880[0], 00882[0], 00902[0], 00904[0], 00906[0], 00908[0], 00910[0], 00912[0], 00914[0], 00916[0], 00918[0], 00920[0], 00921[0], 00922[0], 00924[0], 00926[0], 00928[0], 00930[0], 00932[0], 00934[0], 00936[0], 00938[0], 00940[0], 00942[0], 00944[0], 00948[0], 00950[0], 00952[0], 01112[0], 01120[0], 01130[0], 01140[0], 01150[0], 01160[0], 01170[0], 01173[0], 01200[0], 01202[0], 01210[0], 01212[0], 01214[0], 01215[0], 01220[0], 01230[0], 01232[0], 01234[0], 01250[0], 01260[0], 01270[0], 01272[0], 01274[0], 01320[0], 01340[0], 01360[0], 01380[0], 01382[0], 01390[0], 01392[0], 01400[0], 01402[0], 01404[0], 01420[0], 01430[0], 01432[0], 01440[0], 01442[0], 01444[0], 01462[0], 01464[0], 01470[0], 01472[0], 01474[0], 01480[0], 01482[0], 01484[0], 01486[0], 01490[0], 01500[0], 01502[0], 01520[0], 01522[0], 01610[0], 01620[0], 01622[0], 01630[0], 01634[0], 01636[0], 01638[0], 01650[0], 01652[0], 01654[0], 01656[0], 01670[0], 01680[0], 01710[0], 01712[0], 01714[0], 01716[0], 01730[0], 01732[0], 01740[0], 01742[0], 01744[0], 01756[0], 01758[0], 01760[0], 01770[0], 01772[0], 01780[0], 01782[0], 01810[0], 01820[0], 01829[0], 01830[0], 01832[0], 01840[0], 01842[0], 01844[0], 01850[0], 01852[0], 01860[0], 01916[0], 01920[0], 01922[0], 01924[0], 01925[0], 01926[0], 01930[0], 01931[0], 01932[0], 01933[0], 01935[0], 01936[0], 01951[0], 01952[0], 01958[0], 01960[0], 01961[0], 01962[0], 01963[0], 01965[0], 01966[0], 01967[0], 01990[0], 01991[0], 01992[0], 01996[1], 0213T[1], 0216T[1], 0552T[1], 11000[1], 11720[1], 11721[1], 11900[1], 11901[1], 36591[0], 36592[0], 64400[1], 64405[1], 64408[1], 64415[1], 64416[1], 64417[1], 64418[1], 64420[1], 64421[1], 64425[1], 64430[1], 64435[1], 64445[1], 64446[1], 64447[1], 64448[1], 64449[1], 64450[1], 64451[1], 64454[1], 64461[1], 64463[1], 64479[1], 64483[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 69990[0], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97164[1], 97602[0], 97607[1], 97608[0], 97610[1]

ICD-10 CrossRef

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

97606

Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

Clinical Responsibility

The provider cleans and checks the wound, with a total surface area greater than 50 square centimeters, for absence of sinus tracts and fistulas. He then attaches a foam sponge, of the size and depth of the wound, over the wound using a transparent film. The film should be such that it provides a rigid seal. The provider, using appropriate durable medical equipment, then inserts suction

Modifier: 0 = not allowed, 1 = allowed

ICD-10 CrossRef Details

A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1	Cholera due to Vibrio cholerae 01, biovar eltor
A00.9	Cholera, unspecified
A01.01	Typhoid meningitis
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection
A02.8	Other specified salmonella infections
A02.9	Salmonella infection, unspecified
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A03.9	Shigellosis, unspecified
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.4	Other intestinal Escherichia coli infections
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication
A05.5	Foodborne Vibrio vulnificus intoxication
A05.8	Other specified bacterial foodborne intoxications
A05.9	Bacterial foodborne intoxication, unspecified
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A06.3	Ameboma of intestine
A06.4	Amebic liver abscess
A06.5	Amebic lung abscess
A06.6	Amebic brain abscess
A06.7	Cutaneous amebiasis
A06.81	Amebic cystitis
A06.82	Other amebic genitourinary infections
A06.89	Other amebic infections
A06.9	Amebiasis, unspecified
A07.0	Balantidiasis
A07.1	Giardiasis [lambliasis]
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.4	Cyclosporiasis
A07.8	Other specified protozoal intestinal diseases
A07.9	Protozoal intestinal disease, unspecified
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.19	Acute gastroenteropathy due to other small round viruses
A08.2	Adenoviral enteritis
A08.31	Calicivirus enteritis

A08.32	Astrovirus enteritis
A08.39	Other viral enteritis
A08.4	Viral intestinal infection, unspecified
A08.8	Other specified intestinal infections
A09	Infectious gastroenteritis and colitis, unspecified
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A15.9	Respiratory tuberculosis unspecified
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
A20.1	Cellulocutaneous plague
A20.2	Pneumonic plague
A20.3	Plague meningitis
A20.7	Septicemic plague
A20.8	Other forms of plague
A21.1	Oculoglandular tularemia
A21.2	Pulmonary tularemia
A21.3	Gastrointestinal tularemia
A21.7	Generalized tularemia

A71.0	Initial stage of trachoma
A71.1	Active stage of trachoma
A71.9	Trachoma, unspecified
A74.0	Chlamydial conjunctivitis
A74.81	Chlamydial peritonitis
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
A75.3	Typhus fever due to Rickettsia tsutsugamushi
A78	Q fever
A80.0	Acute paralytic poliomyelitis, vaccine-associated
A80.1	Acute paralytic poliomyelitis, wild virus, imported
A80.2	Acute paralytic poliomyelitis, wild virus, indigenous
A80.30	Acute paralytic poliomyelitis, unspecified
A80.39	Other acute paralytic poliomyelitis
A80.4	Acute nonparalytic poliomyelitis
A80.9	Acute poliomyelitis, unspecified
A81.00	Creutzfeldt-Jakob disease, unspecified
A81.01	Variant Creutzfeldt-Jakob disease
A81.09	Other Creutzfeldt-Jakob disease
A81.1	Subacute sclerosing panencephalitis
A81.2	Progressive multifocal leukoencephalopathy
A81.81	Kuru
A81.82	Gerstmann-Straussler-Scheinker syndrome
A81.83	Fatal familial insomnia
A81.89	Other atypical virus infections of central nervous system
A81.9	Atypical virus infection of central nervous system, unspecified
A82.9	Rabies, unspecified
A84.81	Powassan virus disease
A84.89	Other tick-borne viral encephalitis
A85.0	Enteroviral encephalitis
A85.1	Adenoviral encephalitis
A85.8	Other specified viral encephalitis
A86	Unspecified viral encephalitis
A87.0	Enteroviral meningitis
A87.1	Adenoviral meningitis
A87.2	Lymphocytic choriomeningitis
A87.8	Other viral meningitis
A87.9	Viral meningitis, unspecified
A88.0	Enteroviral exanthematous fever [Boston exanthem]
A88.1	Epidemic vertigo
A88.8	Other specified viral infections of central nervous system
A89	Unspecified viral infection of central nervous system
A90	Dengue fever [classical dengue]
A91	Dengue hemorrhagic fever
A92.30	West Nile virus infection, unspecified
A92.31	West Nile virus infection with encephalitis
A92.32	West Nile virus infection with other neurologic manifestation
A92.39	West Nile virus infection with other complications
A92.5	Zika virus disease
B00.0	Eczema herpeticum
B00.1	Herpesviral vesicular dermatitis
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
B00.3	Herpesviral meningitis
B00.4	Herpesviral encephalitis
B00.50	Herpesviral ocular disease, unspecified
B00.51	Herpesviral iridocyclitis
B00.52	Herpesviral keratitis
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B00.7	Disseminated herpesviral disease
B00.81	Herpesviral hepatitis
B00.82	Herpes simplex myelitis
B00.89	Other herpesviral infection
B00.9	Herpesviral infection, unspecified
B01.0	Varicella meningitis
B01.11	Varicella encephalitis and encephalomyelitis
B01.12	Varicella myelitis
B01.2	Varicella pneumonia
B01.81	Varicella keratitis
B01.89	Other varicella complications
B01.9	Varicella without complication
B02.0	Zoster encephalitis
B02.1	Zoster meningitis
B02.21	Postherpetic geniculate ganglionitis
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.24	Postherpetic myelitis
B02.29	Other postherpetic nervous system involvement
B02.30	Zoster ocular disease, unspecified
B02.31	Zoster conjunctivitis
B02.32	Zoster iridocyclitis
B02.33	Zoster keratitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease
B02.7	Disseminated zoster
B02.8	Zoster with other complications
B02.9	Zoster without complications
B03	Smallpox
B05.0	Measles complicated by encephalitis
B05.1	Measles complicated by meningitis
B05.2	Measles complicated by pneumonia
B05.3	Measles complicated by otitis media
B05.4	Measles with intestinal complications
B05.81	Measles keratitis and keratoconjunctivitis
B05.89	Other measles complications
B05.9	Measles without complication
B06.00	Rubella with neurological complication, unspecified
B06.01	Rubella encephalitis
B06.02	Rubella meningitis
B06.09	Other neurological complications of rubella
B06.81	Rubella pneumonia
B06.82	Rubella arthritis
B06.89	Other rubella complications
B06.9	Rubella without complication
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.010	Cowpox
B08.011	Vaccinia not from vaccine
B08.02	Orf virus disease
B08.03	Pseudocowpox [milker's node]
B08.04	Paravaccinia, unspecified
B08.09	Other orthopoxvirus infections
B08.1	Molluscum contagiosum
B08.20	Exanthema subitum [sixth disease], unspecified
B08.21	Exanthema subitum [sixth disease] due to human herpesvirus 6
B08.22	Exanthema subitum [sixth disease] due to human herpesvirus 7
B08.3	Erythema infectiosum [fifth disease]
B08.4	Enteroviral vesicular stomatitis with exanthem
B08.5	Enteroviral vesicular pharyngitis
B08.60	Parapoxvirus infection, unspecified
B08.61	Bovine stomatitis
B08.62	Sealpox
B08.69	Other parapoxvirus infections
B08.70	Yatapoxvirus infection, unspecified
B08.71	Tanapox virus disease
B08.72	Yaba pox virus disease
B08.79	Other yatapoxvirus infections
B08.8	Other specified viral infections characterized by skin and mucous membrane lesions
B09	Unspecified viral infection characterized by skin and mucous membrane lesions
B10.01	Human herpesvirus 6 encephalitis
B10.09	Other human herpesvirus encephalitis
B10.81	Human herpesvirus 6 infection
B10.82	Human herpesvirus 7 infection
B10.89	Other human herpesvirus infection
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

Modifier Descriptors

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

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

Modifier	Description
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

Modifier	Description
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

Terminology

Terminology	Explanation
11 deoxycortisol	A precursor of cortisol; a steroid hormone, also known as Compound S.
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Acellular	Containing no cells.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetic acid	A substance with antibacterial and antifungal qualities.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Acute care	A level of service where a patient is actively treated for a brief but severe episode of illness, or injury
Adenoma	Blood filled growth.
Adenosine triphosphate, or ATP	ATP occurs when simple sugar glucose is broken down; it is a cell's main energy source.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adjuvant	A substance added to the vaccine to boost body's immune response to the vaccine.
Adolescent	Teenager.
Adrenal gland	A small gland located on the upper pole of each kidney that secretes hormones directly into the blood.
Adrenalectomy	Removal of one or both adrenal glands.
Adrenocorticotropic hormone, or ACTH	A hormone secreted by the pituitary gland in the brain that acts to regulate the cortex, or outer region, of the adrenal gland.
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.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Agar	A gelatinous material derived from algae that labs often mix with nutrients and other desired substances for use as a solid substrate on which to culture or grow microorganisms or other cells.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
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 known as an allogeneic graft or homograft.
Amnion	Inner membrane of the sac that covers the fetus.
Amniotic membrane	The thin layer of tissue that surrounds a fetus (developing baby) during pregnancy.
Amplification	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Amplitude	Strength, range or extent.
Amputation	Surgical removal of a complete or partial appendage of the body.
Anemia	Decrease in the amount of red blood cells, which results in a lack of oxygen in the blood.
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.

Terminology	Explanation
Casts, urine	The small tubular shaped objects frequently found in urine specimens; these are formed in the tubules within the kidney, that pass down from the lower end of the glomerular unit that serves as a filter in the kidney; they may appear as hyaline, meaning glassy, granular, or cellular, and can be of diagnostic importance.
Catalyze	Create a chemical reaction.
Catecholamines	A class of hormones known as neurotransmitters produced by the adrenal glands; includes epinephrine, norepinephrine, and dopamine.
Catheter	A catheter is a tube that can be inserted into a body cavity, duct, or vessel; catheters thereby allow drainage, administration of fluids or gases, or access by surgical instruments; the process of inserting a catheter is called catheterization.
cc, cm3	Abbreviation for cubic centimeter, a metric unit of measure of volume that equals approximately 0.034 U.S. fluid ounces; cubic centimeter has been replaced by milliliter (mL).
Central venous access device	A catheter inserted into large veins; internal jugular vein in the neck, subclavian vein in the chest, or the femoral vein in the groin; a provider uses these central lines in patients who require long term intravenous therapy.
Centrifugation	Process that rotates a mixture around a fixed axis at a high speed to separate it into its component parts.
Centrifuge tube	A special conical tipped plastic or glass test tube used for spinning down solutions where the sediment is to be separated from the supernatant, or upper fluid, portion.
Cerebrovascular accident	Also known as a stroke, when the blood flow to the brain stops due to a blockage or rupture of an artery.
Cervical cancer	Cancer of the cervix, the neck of the womb, or uterus.
Cervical fracture	Break in the neck bone or bones, C1 through C7.
Cervix	A narrow passage that is part of the uterus; the cervix lies just above the vagina or the birth canal.
Chemiluminescent	A chemical reaction that creates light.
Chemotherapy agent	Drugs used for cancer treatment; also known as cytotoxic agents.
Cholesterol	A steroid lipid, found in the cell membranes of all body tissues, and transported in the blood plasma.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition.
Chronic kidney disease	A condition of gradual loss of kidney function, described in five stages, with stage 1 being the least severe and stage 5 being end stage renal disease, requiring dialysis or kidney transplant for treatment.
Chronic obstructive pulmonary disease, or COPD	A progressive lung disease in which obstruction in the flow of air disturbs the normal breathing pattern; also known as emphysema or chronic bronchitis.
Cirrhosis	A chronic disease of the liver with inflammation and fibrous changes, frequently caused by hepatitis or alcoholism.
Claudication	A condition characterized by leg pain and cramping, especially in the calf that occurs the muscles of the legs do get enough blood and oxygen when they are working harder, such as during exercise or walking; when severe, claudication may occur even when at rest; also called peripheral artery disease or PAD and peripheral vascular disease or PVD.
Clean catch sample	A urine specimen collected by inserting the collection container into the urine stream and removing the container before stopping the urine flow, allowing for a specimen that is less likely to be contaminated.
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.
Clot	Collection of sticky blood cells that coagulates the blood.
Clysis	An infusion of fluid, typically done subcutaneously, for therapeutic purposes.
cm2, sq cm	Abbreviation for square centimeter, a metric unit of measure of area.
CMV immunoglobulin	A preparation of human immunoglobulin for intravenous administration.
Coagulation	The process that changes liquid blood to a gel, also called clotting.
Coccus	A round shaped bacterium; plural is cocci.

Code Index

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