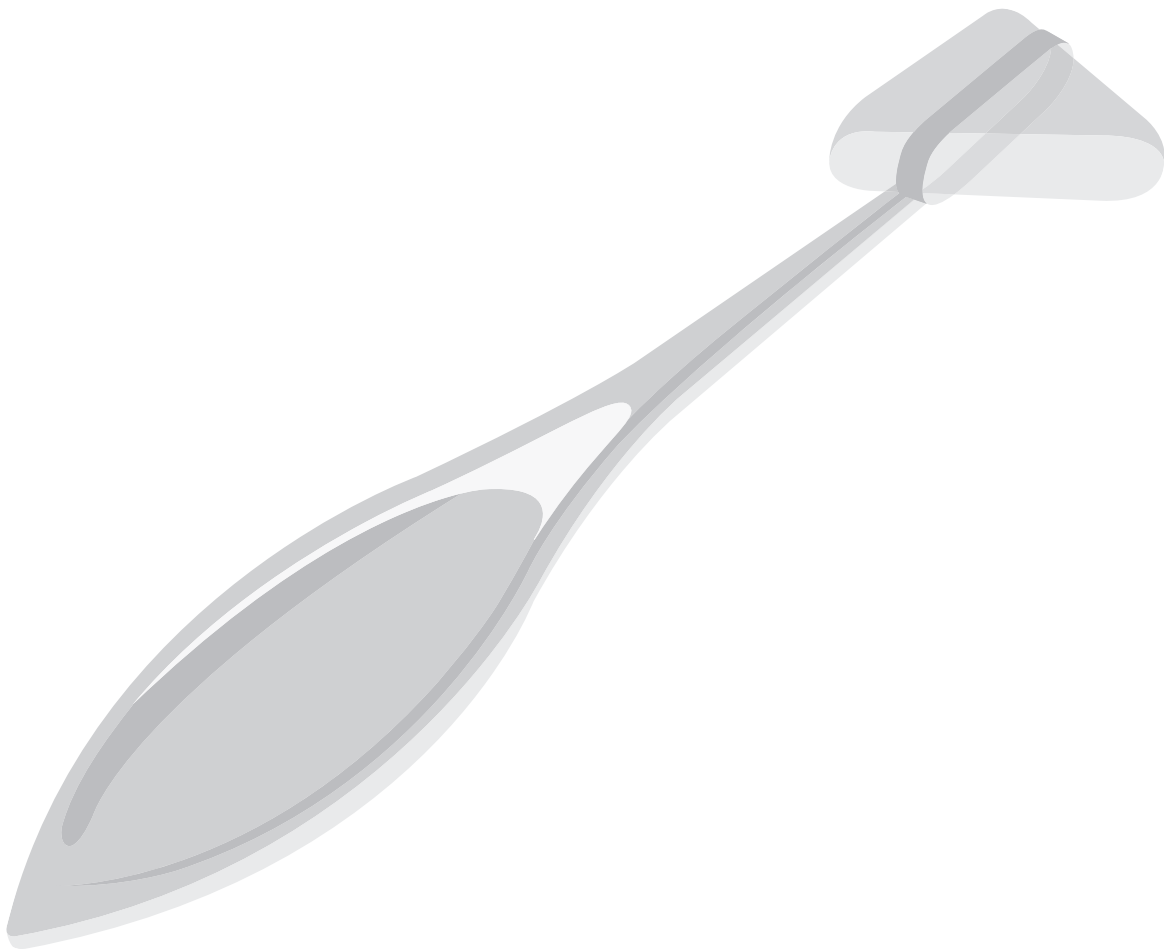


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# Illustrated Coding and Billing for **Primary Care**

A Comprehensive Specialty Guide



**Expert**

**2011**

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**Upper GI Series** – An x-ray exam of the upper part of the digestive tract.

**Urethritis** – An infection limited to the urethra.

**Urokinase** – An enzyme derived from human urine that dissolves blood clots.

**Urticaria** – A skin condition commonly known as hives.

**Uvea** – Part of the eye, the uvea collectively refers to the iris, the choroid of the eye, and the ciliary body.

**Valvular Regurgitation** – Regurgitation of blood (blood moving the wrong way) in the heart. Caused by a heart valve malfunction.

**Valvuloplasty** – The reshaping of a heart valve with surgical or catheter techniques.

**Varicose Vein** – Any vein that is abnormally dilated, usually from long-standing pressure within.

**Vascular** – Pertaining to the blood vessels.

**Vasodilators** – Any medications that dilate (widen) the arteries.

**Vasopressors** – Any medications that elevate blood pressure.

**Veins** – Any of a series of blood vessels of the vascular system that carry blood from various parts of the body back to the heart. Veins return oxygen-depleted blood to the heart.

**Ventricles (Right and Left)** – The two lower chambers of the heart.

**Ventricular Fibrillation** – A condition in which the ventricles contract in a rapid, unsynchronized fashion. When fibrillation occurs, the ventricles cannot pump blood throughout the body.

**Ventricular Tachycardia** – An arrhythmia (abnormal heartbeat) in the ventricle, characterized by a very fast heartbeat

**Vertebra** – One of the 33 bones of the spinal column. A cervical, thoracic, or lumbar vertebra has a cylindrically-shaped bony anteriorly and a neural arch posteriorly (composed primarily of the laminae and pedicles as well as the other structures in the posterior aspect of the vertebra) that protects the spinal cord. The plural of vertebra is vertebrae.

**Vertigo** – A feeling of dizziness or spinning.

**Visual Acuity** – The clarity or clearness of the vision, a measure of how well a person sees. The ability to distinguish details and shapes of objects. Also called central vision.

**Vitreous Humor** – The vitreous humor is a clear, jelly-like substance that fills the middle of the eye.

**Wolff-Parkinson-White Syndrome** – A condition in which an extra electrical pathway connects the atria (two upper chambers) and the ventricles (two lower chambers). It may cause a rapid heartbeat.

**X-ray** – A form of radiation used to create a picture of internal body structures on film.

## Abbreviations

The following definitions are medical terms commonly seen while coding/billing for primary care:

a	before meals
A	without, lack of, apathy
A & P	anterior and posterior; auscultation and percussion abd abdomen
AA	aortic aneurysm; ascending aorta
AAA	abdominal aortic aneurysm
AAR	aortic arch syndrome
AAT	atrial demand triggered pacemaker
Ab	antibody
Ab	away from Ω
ABE	acute bacterial endocarditis
ABG	arterial blood gases
ABP	arterial blood pressure ac before meals
ACBG	aortocoronary bypass graft
ACD	absolute cardiac dullness
ACE	angiotensin converting enzyme
ACG	angiocardiology
ACI	acute coronary insufficiency
ACL	anterior cruciate ligament
ACT	anticoagulant therapy; active motion
ACTH	adrenocorticotrophic hormone
ad	to, toward, near to
Ad lib	as desired
ADG	atrial diastolic gallop
ADH	antidiuretic hormone
ADL	activities of daily living
AED	automatic external defibrillator
AEI	atrial escape interval
AEP	average evoked potential
AER	average evoked response
AF	aortic flow; atrial fibrillation
AFB	acid-fast bacilli
AFIB	atrial fibrillation
AFP	alpha-fetoprotein
AGA	appropriate for gestational age
AI	aortic insufficiency
AICD	automated implantable cardio-defibrillator
AIDS	acquired immune deficiency syndrome
AKA	above knee amputation
ALMI	anterior lateral myocardial infarction
ALP	alkaline phosphatase
ALT	alanine transaminase, alanine aminotransferase
AMA	against medical advice

of Diseases, 10th Edition (ICD-10). To view these Mappings, refer to the following link:

[http://www.contextodata.com/2010ICD10CMMappings/2010\\_I9Gem.txt](http://www.contextodata.com/2010ICD10CMMappings/2010_I9Gem.txt)  
[http://www.contextodata.com/2010ICD10CMMappings/2010\\_I10Gem.txt](http://www.contextodata.com/2010ICD10CMMappings/2010_I10Gem.txt)

### ICD-10-CM Code Set Improvements

The clinical modification of ICD-10 represents a significant improvement over ICD-9-CM. Some of the specific organizational improvements that provide greater specificity in code assignment include:

- The addition of information relevant to ambulatory and managed care encounters
- Expanded injury codes, grouped by anatomical site rather than injury category
- The creation of combination diagnosis/symptom or manifestation codes to reduce the number of codes needed to fully describe a condition as well as combination codes for poisonings and external causes
- The addition of 6th and 7th characters with the seventh digit extensions representing visit encounter or sequelae for injuries and external causes
- Added laterality
- Full code titles for all codes with the incorporation of common 4th and 5th digit subclassifications (no more referring back to common fourth and fifth digits to understand the full code)
- V and E codes are no longer supplemental classifications
- Postoperative complications have been grouped within a procedure-specific body system chapter

### Official Coding Guideline Differences

In order to code more effectively, the Official Guidelines for Coding and Reporting should be reviewed. Below are examples of the ICD-9-CM and ICD-10-CM Guidelines placed side-by-side and the differences between the two become readily apparent. Because the format and structure of ICD-10-CM has undergone a number of changes, there is additional information as well as the changes.

ICD-9-CM General Coding Guidelines	ICD-10-CM General Coding Guidelines
<b>Locating a Code in ICD-9-CM</b>	<b>Locating a Code in ICD-10-CM</b>
Locate each term in the Alphabetic Index and verify the code selected in the Tabular List. Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.	To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record, first locate the term in the Index, and then verify the code in the Tabular List. Read and be guided by instructional notations that appear in both the Index and the Tabular List.  It is essential to use both the Index and Tabular List when locating and assigning a code. The Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. A dash (-) at the end of an Index entry indicates that additional characters are required. Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.

ICD-9-CM General Coding Guidelines	ICD-10-CM General Coding Guidelines
<b>Level of Detail in Coding</b>	<b>Level of Detail in Coding</b>
ICD-9-CM diagnosis codes are composed of codes with 3, 4, or 5 digits. Codes with three digits are included in ICD-9-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater detail.	ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6, or 7 digits. Codes with three digits are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater detail.
A three digit code is to be used only if it is not further subdivided. Where fourth-digit subcategories and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code.	A three-digit code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable.
<b>Codes from 001.0 through V91.99</b>	<b>Codes from A00.0 through T88.9, Z00-Z99.89</b>
The appropriate code or codes from 001.0 through V91.99 must be used to identify problems, complaints or other reason(s) for the encounter/visit.	The appropriate code or codes from A00.0 through T88.9, Z00-Z99.89 must be used to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit.
<b>Signs and Symptoms</b>	<b>Signs and Symptoms</b>
Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 16 of ICD-9-CM, Symptoms, Signs, and Ill-defined conditions (codes 780.0-799.9) contains many, but not all codes for symptoms.	Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0-R99) contains many, but not all codes for symptoms.

### Primary Care Specific ICD-10-CM Coding Information

#### Diabetes Mellitus

Insufficient production of insulin is the primary cause of Type 1 diabetes. A total lack or insufficient production of insulin results from the destruction of beta cells in the pancreas that produce insulin. A less common cause of Type 1 diabetes is production of a defective type of insulin. Without insulin, glucose in the blood cannot be taken up by the cells of the body where the insulin is needed to perform metabolic processes and produce energy. This causes glucose to remain in the bloodstream, resulting in hyperglycemia. The unutilized glucose is eventually excreted in the urine.

Type 2 diabetes is caused by insulin resistance which means that even though an adequate amount of insulin is produced, the cells of the body cannot effectively use the insulin that is produced. Insulin resistance results in the same inability of glucose to enter the cells of the body which in turn causes hyperglycemia.

Other causes of diabetes include an underlying condition, such as Cushing's syndrome, malignant neoplasm, or pancreatitis, or drug or chemical induced diabetes. A third cause, gestational diabetes, is a complication of pregnancy.

Untreated or uncontrolled diabetes leads to a number of adverse effects on other body systems and can affect the eyes, kidneys,

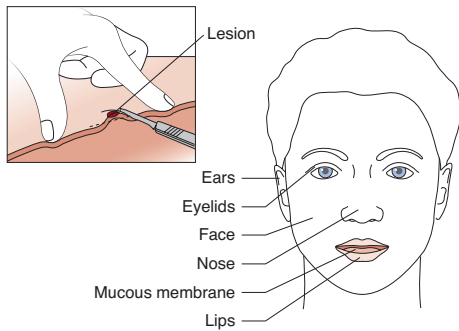
### 11440-11446

- 11440** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- 11442** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
- 11443** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- 11444** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
- 11446** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

#### Plain English Description

A benign lesion other than a skin tag of the face, ears, eyelids, nose, lips, or mucous membrane is excised along with a margin of normal tissue. Commonly excised benign lesions include: lipomas, dermatofibromas, pyogenic granulomas, epidermoid cysts, and benign nevi. The area is cleansed and a local anesthetic injected. A narrow margin of healthy tissue is identified and a full-thickness incision is made through the dermis. The incision is carried around the lesion and the entire lesion is excised. The lesion is sent to the laboratory for separately reportable histologic evaluation. Bleeding is controlled by electrocautery or chemical cautery. The wound may be closed using simple single layer suture technique. Separately reportable intermediate (layer) closure, complex repair, skin graft, or pedicle flap may also be used to close the surgical wound. Use 11440 for excision diameter 0.5 cm or less, 11441 for excision diameter 0.6-1.0 cm, 11442 for excision diameter of 1.1-2.0 cm, 11443 for excision diameter of 2.1-3.0 cm, 11444 for excision diameter of 3.1-4.0, and 11446 for excision diameter of over 4.0 cm.

#### Excision, other benign lesion including margins, except skin tag



Report code that corresponds to the size of lesion excised

#### ICD-9-CM Diagnostic Codes (commonly used)

- 078.10** Viral warts, unspecified
- 078.19** Other specified viral warts
- 210.0** Benign neoplasm of lip
- 214.0** Lipoma of skin and subcutaneous tissue of face
- 215.0** Other benign neoplasm of connective and other soft tissue of head, face, and neck
- 216.0** Benign neoplasm of skin of lip
- 216.1** Benign neoplasm of eyelid, including canthus
- 216.2** Benign neoplasm of ear and external auditory canal
- 216.3** Benign neoplasm of skin of other and unspecified parts of face
- 216.4** Benign neoplasm of scalp and skin of neck
- 228.01** Hemangioma of skin and subcutaneous tissue

- 229.8** Benign neoplasm of other specified sites
- 238.1** Neoplasm of uncertain behavior of connective and other soft tissue
- 373.31** Eczematous dermatitis of eyelid
- 373.5** Other infective dermatitis of eyelid
- 374.84** Cysts of eyelids
- 448.1** Nevus, non-neoplastic
- 692.79** Other dermatitis due to solar radiation
- 694.60** Benign mucous membrane pemphigoid without ocular involvement
- 701.1** Keratoderma, acquired
- 701.2** Acquired acanthosis nigricans
- 701.4** Keloid scar
- 701.5** Other abnormal granulation tissue
- 701.8** Other specified hypertrophic and atrophic conditions of skin
- 701.9** Unspecified hypertrophic and atrophic conditions of skin
- 702.0** Actinic keratosis
- 702.11** Inflamed seborrheic keratosis
- 702.19** Other seborrheic keratosis
- 706.2** Sebaceous cyst
- 709.2** Scar conditions and fibrosis of skin
- 709.4** Foreign body granuloma of skin and subcutaneous tissue
- 709.8** Other specified disorders of skin
- 709.9** Unspecified disorder of skin and subcutaneous tissue
- 743.62** Congenital deformities of eyelids
- 743.63** Other specified congenital anomalies of eyelid
- 757.39** Other specified congenital anomalies of skin

#### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
11440	1.05	1.72	2.59	0.16	2.93	3.80	010	A
11441	1.53	2.02	3.02	0.24	3.79	4.79	010	A
11442	1.77	2.16	3.33	0.29	4.22	5.39	010	A
11443	2.34	2.46	3.71	0.38	5.18	6.43	010	A
11444	3.19	2.90	4.37	0.52	6.61	8.08	010	A
11446	4.80	3.82	5.52	0.80	9.42	11.12	010	A

#### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
11440	0	2	0	0	1
11441	0	2	0	0	1
11442	0	2	0	0	1
11443	0	2	0	0	1
11444	0	2	0	0	1
11446	0	2	0	0	1

#### CCI

- 11440** There are too many associated CCI codes to list. Refer to Appendix A for complete list
- 11441** There are too many associated CCI codes to list. Refer to Appendix A for complete list
- 11442** There are too many associated CCI codes to list. Refer to Appendix A for complete list
- 11443** There are too many associated CCI codes to list. Refer to Appendix A for complete list
- 11444** There are too many associated CCI codes to list. Refer to Appendix A for complete list
- 11446** There are too many associated CCI codes to list. Refer to Appendix A for complete list

#### Pub 100

Pub 100-3, 1, 250.4

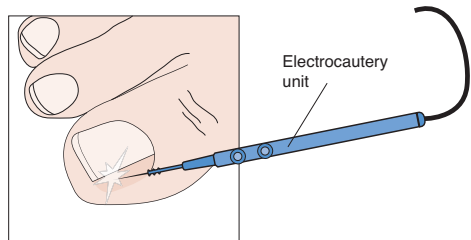
## 11750-11752

- 11750** Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
- 11752** Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx

### Plain English Description

An excision of nail and nail matrix, partial or complete, is performed for permanent removal of the nail or a portion of the nail. This procedure is typically performed to treat chronic ingrown toenails. It may also be performed with amputation of the tuft of the distal phalanx if the nail is deformed or sunken due to injury or disease. Partial excision involves excising the lateral aspects of the nail and then ablating the nail-forming matrix. A nail elevator is inserted under the distal edge of the nail and the nail plate is freed from the lateral edge. The new lateral edge is identified and nail splitter is used to cut the nail straight back to the most proximal edge under the nail fold. The severed lateral piece of nail is grasped with a hemostat and removed by rotating the fragment outward toward the lateral nail fold and pulling the nail straight out toward the end of the toe. The nail matrix is destroyed using a flat matricectomy electrode which is placed below the nail fold just above the nail bed. Cautery is applied to the matrix and entire exposed nail bed. Any granulation tissue is also destroyed by electrocautery. The excision and cautery process is repeated on the opposite side of the nail as needed. Antibiotic ointment and a dressing are applied. A complete excision is performed in the same manner except that the entire nail is excised and the entire matrix ablated with electrocautery. If amputation of the tuft of the distal phalanx is required, an incision is made at the distal aspect of the toe and tissue dissected to expose the distal phalanx. The distal tuft is then amputated and the distal phalanx remodeled. Use 11750 for partial or complete excision of nail and nail matrix or 11752 if the procedure is performed with amputation of the distal tuft of the phalanx.

**Excision of nail and nail matrix**



Electrocautery/excision is used to remove the nail plate and nail matrix, either partially or completely (11750). When a tuft of the distal phalanx is also amputated (11752).

### ICD-9-CM Diagnostic Codes (commonly used)

- 110.1** Dermatophytosis of nail
- 249.00** Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified
- 249.01** Secondary diabetes mellitus without mention of complication, uncontrolled
- 249.80** Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified
- 681.02** Onychia and paronychia of finger
- 681.10** Unspecified cellulitis and abscess of toe
- 681.11** Onychia and paronychia of toe
- 686.9** Unspecified local infection of skin and subcutaneous tissue
- 703.0** Ingrowing nail
- 703.8** Other specified diseases of nail
- 703.9** Unspecified disease of nail
- 707.15** Ulcer of other part of foot
- 730.17** Chronic osteomyelitis involving ankle and foot
- 730.27** Unspecified osteomyelitis involving ankle and foot
- 735.0** Hallux valgus (acquired)
- 785.4** Gangrene

### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
<b>11750</b>	2.50	2.31	3.54	0.22	5.03	6.26	010	A
<b>11752</b>	3.63	3.59	5.00	0.39	7.61	9.02	010	A

### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
<b>11750</b>	0	2	0	0	1
<b>11752</b>	0	2	0	0	1

### CCI

- 11750** 10060<sup>1</sup>, 11000<sup>1</sup>, 11040<sup>1</sup>, 11041<sup>1</sup>, 11042<sup>1</sup>, 11055<sup>1</sup>, 11056<sup>1</sup>, 11057<sup>1</sup>, 11719<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11730<sup>1</sup>, 11740<sup>1</sup>, 11755<sup>1</sup>, 11760<sup>1</sup>, 11765<sup>1</sup>, 11900<sup>1</sup>, 11901<sup>1</sup>, 13131<sup>1</sup>, 15852<sup>1</sup>, 17250<sup>1</sup>, 20550<sup>1</sup>, 20551<sup>1</sup>, 20552<sup>1</sup>, 20553<sup>1</sup>, 29075<sup>1</sup>, 29085<sup>1</sup>, 29086<sup>1</sup>, 29125<sup>1</sup>, 29126<sup>1</sup>, 29130<sup>1</sup>, 29131<sup>1</sup>, 29280<sup>1</sup>, 29440<sup>1</sup>, 29450<sup>1</sup>, 29515<sup>1</sup>, 29540<sup>1</sup>, 29550<sup>1</sup>, 29580<sup>1</sup>, 29581<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 37202<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62310<sup>0</sup>, 62311<sup>0</sup>, 62318<sup>0</sup>, 62319<sup>0</sup>, 64400<sup>0</sup>, 64402<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64410<sup>0</sup>, 64412<sup>0</sup>, 64413<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64470<sup>0</sup>, 64475<sup>0</sup>, 64479<sup>0</sup>, 64483<sup>0</sup>, 64490<sup>0</sup>, 64493<sup>0</sup>, 64505<sup>0</sup>, 64508<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 64550<sup>0</sup>, 69990<sup>0</sup>, 87070<sup>0</sup>, 87076<sup>0</sup>, 87077<sup>0</sup>, 87102<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 94002<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96405<sup>1</sup>, 96406<sup>1</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 97605<sup>1</sup>, 97606<sup>1</sup>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, G0127<sup>1</sup>, G0168<sup>1</sup>, J2001<sup>1</sup>
- 11752** 10060<sup>1</sup>, 10061<sup>1</sup>, 11000<sup>1</sup>, 11040<sup>1</sup>, 11041<sup>1</sup>, 11042<sup>1</sup>, 11720<sup>1</sup>, 11721<sup>1</sup>, 11730<sup>1</sup>, 11740<sup>1</sup>, 11750<sup>1</sup>, 11755<sup>1</sup>, 11760<sup>1</sup>, 11765<sup>1</sup>, 11900<sup>1</sup>, 11901<sup>1</sup>, 12032<sup>1</sup>, 13131<sup>1</sup>, 17250<sup>1</sup>, 20550<sup>1</sup>, 20551<sup>1</sup>, 20552<sup>1</sup>, 20553<sup>1</sup>, 29075<sup>1</sup>, 29085<sup>1</sup>, 29086<sup>1</sup>, 29125<sup>1</sup>, 29126<sup>1</sup>, 29130<sup>1</sup>, 29131<sup>1</sup>, 29280<sup>1</sup>, 29440<sup>1</sup>, 29450<sup>1</sup>, 29515<sup>1</sup>, 29540<sup>1</sup>, 29550<sup>1</sup>, 29580<sup>1</sup>, 29581<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 37202<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62310<sup>0</sup>, 62311<sup>0</sup>, 62318<sup>0</sup>, 62319<sup>0</sup>, 64400<sup>0</sup>, 64402<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64410<sup>0</sup>, 64412<sup>0</sup>, 64413<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64470<sup>0</sup>, 64475<sup>0</sup>, 64479<sup>0</sup>, 64483<sup>0</sup>, 64490<sup>0</sup>, 64493<sup>0</sup>, 64505<sup>0</sup>, 64508<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 64550<sup>0</sup>, 69990<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 94002<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96405<sup>1</sup>, 96406<sup>1</sup>, 97597<sup>1</sup>, 97598<sup>1</sup>, 97602<sup>1</sup>, 97605<sup>1</sup>, 97606<sup>1</sup>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>

### Pub 100

No Pub 100 references apply to this code or code range.

\*\* See Appendix for CCI information

\* See Appendix for Modifier Rules

● New Code

▲ Revised Code

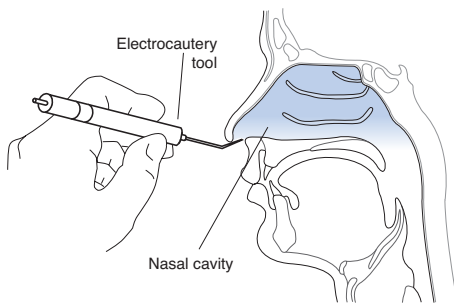
### 30901-30906

- 30901** Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
- 30903** Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
- 30905** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
- 30906** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent

#### Plain English Description

Nasal hemorrhage is also referred to as epistaxis. The most common sites of bleeding are the anterior portion of the nasal septum at the plexus of vessels known as the Kiesselbach's plexus or the ethmoidal vessels also located in the anterior region of the nasal cavity. Less common is bleeding from the sphenopalatine artery located posteriorly. Pledgets soaked in an anesthetic-vasoconstrictor solution are inserted into the nasal cavity for 10-15 minutes to anesthetize and shrink the nasal mucosa. Following removal of the pledgets, the nasal cavity is examined. If the bleeding point can be identified, bleeding is controlled with pressure followed by chemical cautery using a silver nitrate stick applied to the bleeding point. Alternatively, electrocautery may be used. If pressure and electrocautery or chemical cautery fails, Vaseline gauze packing, a nasal tampon or sponge, or an epistaxis balloon may be used. Use 30901 for treatment of a simple anterior nasal hemorrhage by any method and 30902 for a complex anterior nasal hemorrhage. Use 30905 for treatment of a simple posterior nasal hemorrhage and 30906 for a complex posterior nasal hemorrhage.

**Control, nasal hemorrhage**



Packing and/or cautery is used to seal nasal hemorrhaging; anterior, simple (30901) or complex (30903); posterior, initial (30905) or subsequent (30906).

#### ICD-9-CM Diagnostic Codes (commonly used)

- 477.9** Allergic rhinitis cause, unspecified
- 478.0** Hypertrophy of nasal turbinates
- 784.7** Epistaxis
- 802.0** Closed fracture of nasal bones
- 802.1** Open fracture of nasal bones

#### RVU(s)(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
<b>30901</b>	1.10	0.43	1.57	0.16	1.69	2.83	000	A
<b>30903</b>	1.54	0.63	4.02	0.23	2.40	5.79	000	A
<b>30905</b>	1.97	0.79	4.91	0.30	3.06	7.18	000	A
<b>30906</b>	2.45	1.22	5.36	0.33	4.00	8.14	000	A

#### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
<b>30901</b>	1	2	0	0	1
<b>30903</b>	1	2	0	0	1
<b>30905</b>	2	2	0	0	1
<b>30906</b>	2	2	0	0	1

#### CCI

<b>30901</b>	30801 <sup>0</sup> , 30802 <sup>1</sup> , 30906 <sup>E1</sup> , 36000 <sup>1</sup> , 36400 <sup>1</sup> , 36405 <sup>1</sup> , 36406 <sup>1</sup> , 36410 <sup>1</sup> , 36420 <sup>1</sup> , 36425 <sup>1</sup> , 36430 <sup>1</sup> , 36440 <sup>1</sup> , 36600 <sup>1</sup> , 36640 <sup>1</sup> , 37202 <sup>1</sup> , 43752 <sup>1</sup> , 51701 <sup>1</sup> , 51702 <sup>1</sup> , 51703 <sup>1</sup> , 62310 <sup>0</sup> , 62311 <sup>0</sup> , 62318 <sup>0</sup> , 62319 <sup>0</sup> , 64400 <sup>0</sup> , 64402 <sup>0</sup> , 64405 <sup>0</sup> , 64408 <sup>0</sup> , 64410 <sup>0</sup> , 64412 <sup>0</sup> , 64413 <sup>0</sup> , 64415 <sup>0</sup> , 64416 <sup>0</sup> , 64417 <sup>0</sup> , 64418 <sup>0</sup> , 64420 <sup>0</sup> , 64421 <sup>0</sup> , 64425 <sup>0</sup> , 64430 <sup>0</sup> , 64435 <sup>0</sup> , 64445 <sup>0</sup> , 64446 <sup>0</sup> , 64447 <sup>0</sup> , 64448 <sup>0</sup> , 64449 <sup>0</sup> , 64450 <sup>0</sup> , 64470 <sup>0</sup> , 64475 <sup>0</sup> , 64479 <sup>0</sup> , 64483 <sup>0</sup> , 64490 <sup>0</sup> , 64493 <sup>0</sup> , 64505 <sup>0</sup> , 64508 <sup>0</sup> , 64510 <sup>0</sup> , 64517 <sup>0</sup> , 64520 <sup>0</sup> , 64530 <sup>0</sup> , 64550 <sup>0</sup> , 69990 <sup>0</sup> , 92502 <sup>0</sup> , 92511 <sup>1</sup> , 93000 <sup>1</sup> , 93005 <sup>1</sup> , 93010 <sup>1</sup> , 93040 <sup>1</sup> , 93041 <sup>1</sup> , 93042 <sup>1</sup> , 93318 <sup>1</sup> , 94002 <sup>1</sup> , 95829 <sup>1</sup> , 95955 <sup>1</sup> , 96360 <sup>1</sup> , 96372 <sup>1</sup> , 96374 <sup>1</sup> , 96375 <sup>1</sup> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup> , J2001 <sup>1</sup>
<b>30903</b>	30801 <sup>0</sup> , 30802 <sup>1</sup> , 30901 <sup>1</sup> , 30906 <sup>E1</sup> , 36000 <sup>1</sup> , 36400 <sup>1</sup> , 36405 <sup>1</sup> , 36406 <sup>1</sup> , 36410 <sup>1</sup> , 36420 <sup>1</sup> , 36425 <sup>1</sup> , 36430 <sup>1</sup> , 36440 <sup>1</sup> , 36600 <sup>1</sup> , 36640 <sup>1</sup> , 37202 <sup>1</sup> , 43752 <sup>1</sup> , 51701 <sup>1</sup> , 51702 <sup>1</sup> , 51703 <sup>1</sup> , 62310 <sup>0</sup> , 62311 <sup>0</sup> , 62318 <sup>0</sup> , 62319 <sup>0</sup> , 64400 <sup>0</sup> , 64402 <sup>0</sup> , 64405 <sup>0</sup> , 64408 <sup>0</sup> , 64410 <sup>0</sup> , 64412 <sup>0</sup> , 64413 <sup>0</sup> , 64415 <sup>0</sup> , 64416 <sup>0</sup> , 64417 <sup>0</sup> , 64418 <sup>0</sup> , 64420 <sup>0</sup> , 64421 <sup>0</sup> , 64425 <sup>0</sup> , 64430 <sup>0</sup> , 64435 <sup>0</sup> , 64445 <sup>0</sup> , 64446 <sup>0</sup> , 64447 <sup>0</sup> , 64448 <sup>0</sup> , 64449 <sup>0</sup> , 64450 <sup>0</sup> , 64470 <sup>0</sup> , 64475 <sup>0</sup> , 64479 <sup>0</sup> , 64483 <sup>0</sup> , 64490 <sup>0</sup> , 64493 <sup>0</sup> , 64505 <sup>0</sup> , 64508 <sup>0</sup> , 64510 <sup>0</sup> , 64517 <sup>0</sup> , 64520 <sup>0</sup> , 64530 <sup>0</sup> , 64550 <sup>0</sup> , 69990 <sup>0</sup> , 92502 <sup>0</sup> , 92511 <sup>1</sup> , 93000 <sup>1</sup> , 93005 <sup>1</sup> , 93010 <sup>1</sup> , 93040 <sup>1</sup> , 93041 <sup>1</sup> , 93042 <sup>1</sup> , 93318 <sup>1</sup> , 94002 <sup>1</sup> , 95829 <sup>1</sup> , 95955 <sup>1</sup> , 96360 <sup>1</sup> , 96372 <sup>1</sup> , 96374 <sup>1</sup> , 96375 <sup>1</sup> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup> , J2001 <sup>1</sup>
<b>30905</b>	30801 <sup>0</sup> , 30802 <sup>1</sup> , 30901 <sup>1</sup> , 30903 <sup>1</sup> , 30906 <sup>E1</sup> , 36000 <sup>1</sup> , 36400 <sup>1</sup> , 36405 <sup>1</sup> , 36406 <sup>1</sup> , 36410 <sup>1</sup> , 36420 <sup>1</sup> , 36425 <sup>1</sup> , 36430 <sup>1</sup> , 36440 <sup>1</sup> , 36600 <sup>1</sup> , 36640 <sup>1</sup> , 37202 <sup>1</sup> , 43752 <sup>1</sup> , 51701 <sup>1</sup> , 51702 <sup>1</sup> , 51703 <sup>1</sup> , 62310 <sup>0</sup> , 62311 <sup>0</sup> , 62318 <sup>0</sup> , 62319 <sup>0</sup> , 64400 <sup>0</sup> , 64402 <sup>0</sup> , 64405 <sup>0</sup> , 64408 <sup>0</sup> , 64410 <sup>0</sup> , 64412 <sup>0</sup> , 64413 <sup>0</sup> , 64415 <sup>0</sup> , 64416 <sup>0</sup> , 64417 <sup>0</sup> , 64418 <sup>0</sup> , 64420 <sup>0</sup> , 64421 <sup>0</sup> , 64425 <sup>0</sup> , 64430 <sup>0</sup> , 64435 <sup>0</sup> , 64445 <sup>0</sup> , 64446 <sup>0</sup> , 64447 <sup>0</sup> , 64448 <sup>0</sup> , 64449 <sup>0</sup> , 64450 <sup>0</sup> , 64470 <sup>0</sup> , 64475 <sup>0</sup> , 64479 <sup>0</sup> , 64483 <sup>0</sup> , 64490 <sup>0</sup> , 64493 <sup>0</sup> , 64505 <sup>0</sup> , 64508 <sup>0</sup> , 64510 <sup>0</sup> , 64517 <sup>0</sup> , 64520 <sup>0</sup> , 64530 <sup>0</sup> , 64550 <sup>0</sup> , 69990 <sup>0</sup> , 92502 <sup>0</sup> , 92511 <sup>1</sup> , 93000 <sup>1</sup> , 93005 <sup>1</sup> , 93010 <sup>1</sup> , 93040 <sup>1</sup> , 93041 <sup>1</sup> , 93042 <sup>1</sup> , 93318 <sup>1</sup> , 94002 <sup>1</sup> , 95829 <sup>1</sup> , 95955 <sup>1</sup> , 96360 <sup>1</sup> , 96372 <sup>1</sup> , 96374 <sup>1</sup> , 96375 <sup>1</sup> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup> , J2001 <sup>1</sup>
<b>30906</b>	30801 <sup>0</sup> , 30802 <sup>1</sup> , 36000 <sup>1</sup> , 36400 <sup>1</sup> , 36405 <sup>1</sup> , 36406 <sup>1</sup> , 36410 <sup>1</sup> , 36420 <sup>1</sup> , 36425 <sup>1</sup> , 36430 <sup>1</sup> , 36440 <sup>1</sup> , 36600 <sup>1</sup> , 36640 <sup>1</sup> , 37202 <sup>1</sup> , 43752 <sup>1</sup> , 51701 <sup>1</sup> , 51702 <sup>1</sup> , 51703 <sup>1</sup> , 62310 <sup>0</sup> , 62311 <sup>0</sup> , 62318 <sup>0</sup> , 62319 <sup>0</sup> , 64400 <sup>0</sup> , 64402 <sup>0</sup> , 64405 <sup>0</sup> , 64408 <sup>0</sup> , 64410 <sup>0</sup> , 64412 <sup>0</sup> , 64413 <sup>0</sup> , 64415 <sup>0</sup> , 64416 <sup>0</sup> , 64417 <sup>0</sup> , 64418 <sup>0</sup> , 64420 <sup>0</sup> , 64421 <sup>0</sup> , 64425 <sup>0</sup> , 64430 <sup>0</sup> , 64435 <sup>0</sup> , 64445 <sup>0</sup> , 64446 <sup>0</sup> , 64447 <sup>0</sup> , 64448 <sup>0</sup> , 64449 <sup>0</sup> , 64450 <sup>0</sup> , 64470 <sup>0</sup> , 64475 <sup>0</sup> , 64479 <sup>0</sup> , 64483 <sup>0</sup> , 64490 <sup>0</sup> , 64493 <sup>0</sup> , 64505 <sup>0</sup> , 64508 <sup>0</sup> , 64510 <sup>0</sup> , 64517 <sup>0</sup> , 64520 <sup>0</sup> , 64530 <sup>0</sup> , 64550 <sup>0</sup> , 69990 <sup>0</sup> , 92502 <sup>0</sup> , 93000 <sup>1</sup> , 93005 <sup>1</sup> , 93010 <sup>1</sup> , 93040 <sup>1</sup> , 93041 <sup>1</sup> , 93042 <sup>1</sup> , 93318 <sup>1</sup> , 94002 <sup>1</sup> , 95829 <sup>1</sup> , 95955 <sup>1</sup> , 96360 <sup>1</sup> , 96372 <sup>1</sup> , 96374 <sup>1</sup> , 96375 <sup>1</sup> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup> , J2001 <sup>1</sup>

#### Pub 100

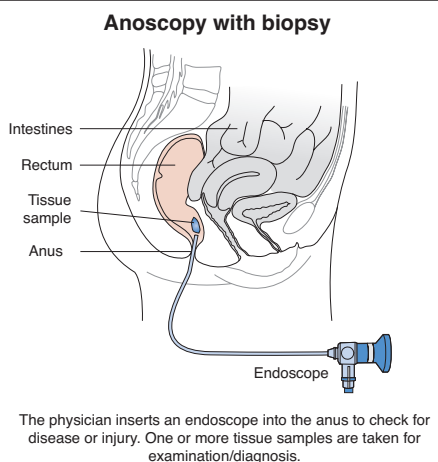
No Pub 100 references apply to this code or code range.

# 46606

**46606** Anoscopy; with biopsy, single or multiple

## Plain English Description

The anus is visually inspected and a digital rectal exam is performed as needed. The obturator is inserted into the scope which is introduced into the anus and advanced using a twisting motion while the patient bears down. The obturator is removed and the eyepiece attached. The scope is then withdrawn and the mucosa carefully inspected. A biopsy forceps is passed through the biopsy channel in the endoscope. The biopsy forceps is opened and a tissue sample captured. The forceps is closed and then removed from the anoscope with the tissue sample. One or more tissue samples (biopsies) are obtained and sent for separately reportable laboratory analysis.



## ICD-9-CM Diagnostic Codes (commonly used)

- 042 Human immunodeficiency virus (HIV) disease
- 078.11 Condyloma acuminatum
- 154.1 Malignant neoplasm of rectum
- 154.2 Malignant neoplasm of anal canal
- 154.3 Malignant neoplasm of anus, unspecified site
- 211.4 Benign neoplasm of rectum and anal canal
- 230.5 Carcinoma in situ of anal canal
- 235.5 Neoplasm of uncertain behavior of other and unspecified digestive organs
- 239.0 Neoplasm of unspecified nature of digestive system
- 455.0 Internal hemorrhoids without complication
- 455.1 Internal thrombosed hemorrhoids
- 455.2 Internal hemorrhoids with other complication
- 455.3 External hemorrhoids without complication
- 455.4 External thrombosed hemorrhoids
- 455.5 External hemorrhoids with other complication
- 455.7 Unspecified thrombosed hemorrhoids
- 455.9 Residual hemorrhoidal skin tags
- 558.9 Other and unspecified noninfectious gastroenteritis and colitis
- 560.39 Other impaction of intestine
- 560.81 Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)
- 560.89 Other specified intestinal obstruction
- 564.00 Unspecified constipation
- 564.09 Other constipation
- 564.4 Other postoperative functional disorders
- 564.89 Other functional disorders of intestine
- 565.0 Anal fissure
- 565.1 Anal fistula
- 566 Abscess of anal and rectal regions
- 567.1 Pneumococcal peritonitis
- 567.21 Peritonitis (acute) generalized
- 567.22 Peritoneal abscess
- 567.29 Other suppurative peritonitis
- 567.31 Psoas muscle abscess
- 567.39 Other retroperitoneal infections

- 567.81 Choleperitonitis
- 567.89 Other specified peritonitis
- 567.9 Unspecified peritonitis
- 569.1 Rectal prolapse
- 569.2 Stenosis of rectum and anus
- 569.3 Hemorrhage of rectum and anus
- 569.41 Ulcer of anus and rectum
- 569.42 Anal or rectal pain
- 569.44 Dysplasia of anus
- 569.49 Other specified disorders of rectum and anus
- 578.1 Blood in stool
- 751.2 Congenital atresia and stenosis of large intestine, rectum, and anal canal
- 796.70 Abnormal glandular Papanicolaou smear of anus
- 796.71 Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
- 796.72 Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
- 796.73 Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
- 796.74 Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
- 796.75 Anal high risk human papillomavirus (HPV) DNA test positive
- 796.76 Papanicolaou smear of anus with cytologic evidence of malignancy
- 796.79 Other abnormal Papanicolaou smear of anus and anal HPV
- V10.05 Personal history of malignant neoplasm of large intestine
- V10.06 Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus

## RVU(s)(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
46606	1.20	0.78	4.84	0.23	2.21	6.27	000	A

## Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
46606	0	3	0	0	1

## CCI

46606	00740 <sup>0</sup> , 00810 <sup>0</sup> , 00902 <sup>0</sup> , 36000 <sup>1</sup> , 36005 <sup>1</sup> , 36010 <sup>1</sup> , 36011 <sup>1</sup> , 36012 <sup>1</sup> , 36013 <sup>1</sup> , 36014 <sup>1</sup> , 36015 <sup>1</sup> , 36400 <sup>1</sup> , 36405 <sup>1</sup> , 36406 <sup>1</sup> , 36410 <sup>1</sup> , 36420 <sup>1</sup> , 36425 <sup>1</sup> , 36430 <sup>1</sup> , 36440 <sup>1</sup> , 36600 <sup>1</sup> , 36640 <sup>1</sup> , 37202 <sup>1</sup> , 43752 <sup>1</sup> , 45900 <sup>0</sup> , 45905 <sup>0</sup> , 45910 <sup>0</sup> , 45915 <sup>0</sup> , 45990 <sup>1</sup> , 46040 <sup>0</sup> , 46080 <sup>0</sup> , 46210 <sup>0</sup> , 46211 <sup>0</sup> , 46220 <sup>0</sup> , 46600 <sup>0</sup> , 46614 <sup>1</sup> , 46940 <sup>0</sup> , 46942 <sup>0</sup> , 51701 <sup>1</sup> , 51702 <sup>1</sup> , 51703 <sup>1</sup> , 62310 <sup>0</sup> , 62311 <sup>0</sup> , 62318 <sup>0</sup> , 62319 <sup>0</sup> , 64400 <sup>0</sup> , 64402 <sup>0</sup> , 64405 <sup>0</sup> , 64408 <sup>0</sup> , 64410 <sup>0</sup> , 64412 <sup>0</sup> , 64413 <sup>0</sup> , 64415 <sup>0</sup> , 64416 <sup>0</sup> , 64417 <sup>0</sup> , 64418 <sup>0</sup> , 64420 <sup>0</sup> , 64421 <sup>0</sup> , 64425 <sup>0</sup> , 64430 <sup>0</sup> , 64435 <sup>0</sup> , 64445 <sup>0</sup> , 64446 <sup>0</sup> , 64447 <sup>0</sup> , 64448 <sup>0</sup> , 64449 <sup>0</sup> , 64450 <sup>0</sup> , 64470 <sup>0</sup> , 64475 <sup>0</sup> , 64479 <sup>0</sup> , 64483 <sup>0</sup> , 64490 <sup>0</sup> , 64493 <sup>0</sup> , 64505 <sup>0</sup> , 64508 <sup>0</sup> , 64510 <sup>0</sup> , 64517 <sup>0</sup> , 64520 <sup>0</sup> , 64530 <sup>0</sup> , 64550 <sup>0</sup> , 69990 <sup>0</sup> , 76000 <sup>1</sup> , 76001 <sup>1</sup> , 93000 <sup>1</sup> , 93005 <sup>1</sup> , 93010 <sup>1</sup> , 93040 <sup>1</sup> , 93041 <sup>1</sup> , 93042 <sup>1</sup> , 93318 <sup>1</sup> , 94002 <sup>1</sup> , 94760 <sup>0</sup> , 94761 <sup>0</sup> , 95829 <sup>1</sup> , 95955 <sup>1</sup> , 96360 <sup>1</sup> , 96365 <sup>1</sup> , 96372 <sup>1</sup> , 96374 <sup>1</sup> , 96375 <sup>1</sup> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup>
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## Pub 100

Pub 100-3, 1, 100.2

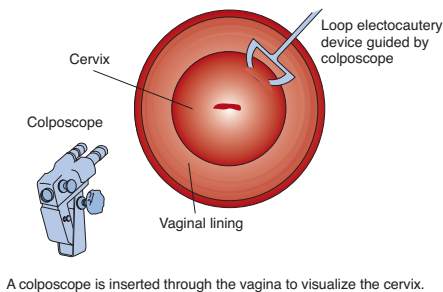
**57460-57461**

- 57460** Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
- 57461** Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix

**Plain English Description**

The physician performs a colposcopy of the cervix and upper adjacent vagina with a loop electrode biopsy of the cervix. A colposcope is an instrument that looks like a pair of binoculars mounted on a pedestal with a light attached. The colposcope lenses magnify the tissue of the vagina and cervix, if present, allowing better visualization of abnormal tissue. The colposcope is placed at the vaginal opening. A speculum is then placed into the vagina to separate the vaginal wall and allow visualization of the cervix and upper adjacent vaginal wall. The cervix and upper adjacent vagina are examined under two or three different magnifications. Acetic acid is then applied to allow better visualization of abnormal cells. Following the application of acetic acid, different colored filters are used to visualize blood vessels and any abnormal blood vessel patterns noted. Next, the cervix and upper adjacent vagina are painted with an iodine solution that stains the glycogen in the cells. Normal cells stain a dark-brown color. Any areas that do not stain are biopsied as are previously identified areas showing abnormal blood vessel patterns using a thin wire loop that conducts an electrical current to remove the piece of tissue (57460). This may be referred to as a loop electrical excision procedure (LEEP). Following the colposcopy procedure, the patient is placed on a grounding pad and an insulated speculum connected to smoke-evacuator tubing is inserted into the vagina. The cervix is visualized and a local anesthetic with epinephrine is injected beneath the surface of the cervical epithelium. Abnormal tissue is biopsied using the thin wire loop that conducts the electrical current. Alternatively, a loop electrode conization of the cervix may be performed (57461). Conization refers to the removal of a cone-shaped section of tissue from the cervix. Conization is accomplished using a thin wire loop for deep excision of the entire transformation zone. This may be accomplished in a single pass of the loop or using a two pass technique. Bleeding is controlled by painting the cervix with Monsel solution or by electrocautery.

**Colposcopy of the cervix with loop electrode biopsy(s)**



A colposcope is inserted through the vagina to visualize the cervix. A thin wire loop electrode removes a tissue sample.

**ICD-9-CM Diagnostic Codes (commonly used)**

- 078.11** Condyloma acuminatum
- 079.4** Human papillomavirus in conditions classified elsewhere and of unspecified site
- 180.0** Malignant neoplasm of endocervix
- 180.1** Malignant neoplasm of exocervix
- 180.8** Malignant neoplasm of other specified sites of cervix
- 180.9** Malignant neoplasm of cervix uteri, unspecified site
- 218.9** Leiomyoma of uterus, unspecified
- 219.0** Benign neoplasm of cervix uteri
- 233.1** Carcinoma in situ of cervix uteri
- 616.0** Cervicitis and endocervicitis
- 617.3** Endometriosis of pelvic peritoneum
- 618.5** Prolapse of vaginal vault after hysterectomy
- 622.0** Erosion and ectropion of cervix
- 622.10** Dysplasia of cervix, unspecified
- 622.11** Mild dysplasia of cervix

- 622.12** Moderate dysplasia of cervix
- 622.2** Leukoplakia of cervix (uteri)
- 622.4** Stricture and stenosis of cervix
- 622.5** Incompetence of cervix
- 622.6** Hypertrophic elongation of cervix
- 622.7** Mucous polyp of cervix
- 623.5** Leukorrhea not specified as infective
- 623.7** Polyp of vagina
- 625.8** Other specified symptoms associated with female genital organs
- 625.9** Unspecified symptom associated with female genital organs
- 626.4** Irregular menstrual cycle
- 626.8** Other disorders of menstruation and other abnormal bleeding from female genital tract
- 627.1** Postmenopausal bleeding
- 795.00** Abnormal glandular Papanicolaou smear of cervix
- 795.01** Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
- 795.02** Papanicolaou smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
- 795.03** Papanicolaou smear of cervix with low grade squamous intraepithelial lesion (LSIL)
- 795.04** Papanicolaou smear of cervix with high grade squamous intraepithelial lesion (HSIL)
- 795.05** Cervical high risk human papillomavirus (HPV) DNA test positive
- 795.13** Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LSIL)
- 795.14** Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HSIL)
- 795.15** Vaginal high risk human papillomavirus (HPV) DNA test positive
- 795.16** Papanicolaou smear of vagina with cytologic evidence of malignancy
- 795.19** Other abnormal Papanicolaou smear of vagina and vaginal HPV
- V88.02** Acquired absence of uterus with remaining cervical stump

**RVU(s)(s)**

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
57460	2.83	1.56	5.32	0.48	4.87	8.63	000	A
57461	3.43	1.60	5.69	0.58	5.61	9.70	000	A

**Modifiers\***

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
57460	0	3	0	0	1
57461	0	3	0	0	1

**CCI**

- 57460** 00940<sup>0</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 37202<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>0</sup>, 51702<sup>0</sup>, 51703<sup>1</sup>, 57100<sup>1</sup>, 57180<sup>1</sup>, 57410<sup>0</sup>, 57420<sup>0</sup>, 57421<sup>1</sup>, 57452<sup>0</sup>, 57454<sup>0</sup>, 57455<sup>0</sup>, 57500<sup>0</sup>, 57800<sup>0</sup>, 58100<sup>0</sup>, 62310<sup>0</sup>, 62311<sup>0</sup>, 62318<sup>0</sup>, 62319<sup>0</sup>, 64400<sup>0</sup>, 64402<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64410<sup>0</sup>, 64412<sup>0</sup>, 64413<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64470<sup>0</sup>, 64475<sup>0</sup>, 64479<sup>0</sup>, 64483<sup>0</sup>, 64490<sup>0</sup>, 64493<sup>0</sup>, 64505<sup>0</sup>, 64508<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 64550<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 76001<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 94002<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>

- 57461** 00940<sup>0</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 37202<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>0</sup>, 51702<sup>0</sup>, 51703<sup>1</sup>, 57100<sup>1</sup>, 57180<sup>1</sup>, 57410<sup>0</sup>, 57420<sup>0</sup>, 57421<sup>1</sup>, 57452<sup>0</sup>, 57454<sup>0</sup>, 57455<sup>0</sup>, 57456<sup>0</sup>, 57460<sup>0</sup>, 57500<sup>0</sup>, 57800<sup>0</sup>, 58100<sup>0</sup>, 62310<sup>0</sup>, 62311<sup>0</sup>, 62318<sup>0</sup>, 62319<sup>0</sup>, 64400<sup>0</sup>, 64402<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64410<sup>0</sup>, 64412<sup>0</sup>, 64413<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64470<sup>0</sup>, 64475<sup>0</sup>, 64479<sup>0</sup>, 64483<sup>0</sup>, 64490<sup>0</sup>, 64493<sup>0</sup>, 64505<sup>0</sup>, 64508<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 64550<sup>0</sup>, 69990<sup>0</sup>, 76000<sup>1</sup>, 76001<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 94002<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>

**Pub 100**

No Pub 100 references apply to this code or code range.

\*\* See Appendix for CCI information

\* See Appendix for Modifier Rules

● New Code

▲ Revised Code

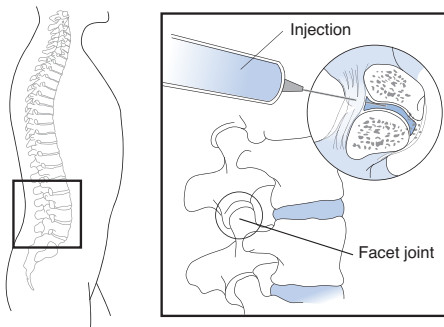
**64493-64495**

- 64493** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
- 64494** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
- 64495** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

**Plain English Description**

Paravertebral facet joints, also called zygapophyseal joints, are located on the back (posterior) of the spine on each side of the vertebra at the point where one vertebra overlaps the next. Facet joint pain may be associated with post laminectomy syndrome or other spine surgery due to destabilization of the spinal joints, scar tissue formation, or recurrent disc herniation. Other causes include spondylosis, spondylolisthesis, and arthritis. Using fluoroscopic or CT guidance, a diagnostic or therapeutic facet joint injection or injection of nerves innervating the joint is performed. The skin overlying the facet joint is prepped and a local anesthetic injected. A spinal needle is directed into the facet joint space until bone or cartilage is encountered. A small amount of contrast material is injected to verify that the needle is correctly positioned. This is followed by injection of a local anesthetic and/or steroid. Diagnostic facet joint injection uses a local anesthetic to identify the specific area generating the pain. If the patient experiences pain relief for a significant period of time following a diagnostic injection, the physician will perform a therapeutic injection on a subsequent date of service using a long acting local anesthetic in conjunction with a steroid. Use 64493 for a single lumbar or sacral facet joint injection; use 64494 for the second level; use 64495 for the third and any additional lumbar or sacral levels injected.

**Injection, diagnostic or therapeutic agent, paravertebral facet joint, lumbar or sacral**



Single lumbar or sacral facet joint injection (64493); second level (64494); third and any additional levels (64495)

**ICD-9-CM Diagnostic Codes (commonly used)**

- 338.0** Central pain syndrome
- 338.4** Chronic pain syndrome
- 721.0** Cervical spondylosis without myelopathy
- 721.1** Cervical spondylosis with myelopathy
- 721.2** Thoracic spondylosis without myelopathy
- 721.3** Lumbosacral spondylosis without myelopathy
- 721.41** Spondylosis with myelopathy thoracic region
- 721.42** Spondylosis with myelopathy lumbar region
- 722.0** Displacement of cervical intervertebral disc without myelopathy
- 722.10** Displacement of lumbar intervertebral disc without myelopathy
- 722.11** Displacement of thoracic intervertebral disc without myelopathy
- 722.31** Schmorl's nodes of thoracic region
- 722.32** Schmorl's nodes of lumbar region
- 722.4** Degeneration of cervical intervertebral disc
- 722.51** Degeneration of thoracic or thoracolumbar intervertebral disc

- 722.52** Degeneration of lumbar or lumbosacral intervertebral disc
- 722.71** Intervertebral disc disorder with myelopathy, cervical region
- 722.72** Intervertebral disc disorder with myelopathy, thoracic region
- 722.73** Intervertebral disc disorder with myelopathy, lumbar region
- 722.83** Postlaminectomy syndrome of lumbar region
- 722.91** Other and unspecified disc disorder of cervical region
- 722.92** Other and unspecified disc disorder of thoracic region
- 722.93** Other and unspecified disc disorder of lumbar region
- 723.0** Spinal stenosis in cervical region
- 723.1** Cervicalgia
- 724.01** Spinal stenosis of thoracic region
- 724.02** Spinal stenosis of lumbar region
- 724.1** Pain in thoracic spine
- 724.2** Lumbago
- 724.3** Sciatica
- 724.4** Thoracic or lumbosacral neuritis or radiculitis, unspecified
- 724.6** Disorders of sacrum
- 733.90** Disorder of bone and cartilage, unspecified

**RVU(s)(s)**

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
64493	1.52	1.10	3.50	0.14	2.76	5.16	000	A
64494	1.00	0.49	1.51	0.08	1.57	2.59	ZZZ	A
64495	1.00	0.52	1.54	0.08	1.60	2.62	ZZZ	A

**Modifiers\***

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
64493	1	2	0	0	2
64494	1	0	0	0	2
64495	1	0	0	0	2

**CCI**

- 64493** 0178T<sup>1</sup>, 0179T<sup>1</sup>, 0180T<sup>1</sup>, 01991<sup>0</sup>, 01992<sup>0</sup>, 20550<sup>1</sup>, 20551<sup>1</sup>, 20552<sup>1</sup>, 20553<sup>1</sup>, 20600<sup>1</sup>, 20605<sup>1</sup>, 20610<sup>1</sup>, 36140<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 72275<sup>1</sup>, 76000<sup>1</sup>, 76001<sup>1</sup>, 76998<sup>1</sup>, 77002<sup>1</sup>, 77003<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 90862<sup>1</sup>, 92585<sup>0</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 94002<sup>1</sup>, 95822<sup>0</sup>, 95829<sup>1</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95870<sup>0</sup>, 95900<sup>0</sup>, 95904<sup>0</sup>, 95920<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95934<sup>0</sup>, 95936<sup>0</sup>, 95937<sup>0</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>
- 64494** 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 76000<sup>1</sup>, 76001<sup>1</sup>, 76998<sup>1</sup>, 77003<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 92585<sup>0</sup>, 95822<sup>0</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95870<sup>0</sup>, 95900<sup>0</sup>, 95904<sup>0</sup>, 95920<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95934<sup>0</sup>, 95936<sup>0</sup>, 95937<sup>0</sup>
- 64495** 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 76000<sup>1</sup>, 76001<sup>1</sup>, 76998<sup>1</sup>, 77003<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 92585<sup>0</sup>, 95822<sup>0</sup>, 95860<sup>0</sup>, 95861<sup>0</sup>, 95867<sup>0</sup>, 95868<sup>0</sup>, 95870<sup>0</sup>, 95900<sup>0</sup>, 95904<sup>0</sup>, 95920<sup>0</sup>, 95925<sup>0</sup>, 95926<sup>0</sup>, 95927<sup>0</sup>, 95928<sup>0</sup>, 95929<sup>0</sup>, 95930<sup>0</sup>, 95933<sup>0</sup>, 95934<sup>0</sup>, 95936<sup>0</sup>, 95937<sup>0</sup>

**Pub 100**

No Pub 100 references apply to this code or code range.

## Volume 2 – Alphabetic Index

The Alphabetic Index also makes use of certain instructional conventions to help guide the user in appropriate code selection and sequencing.

### Special Instruction Notes

The “*see*” instruction directs the user to another main term to find the correct code.

#### Example:

##### Crisis

Vascular – *see* Disease, cerebrovascular, acute

The “*see also*” instruction directs the user to also refer to the suggested main term for additional information on the condition or disease.

#### Example:

**Crohn’s disease** (*see also* Enteritis, regional) 555.9

### Punctuation

[ ] Slanted brackets identify situations when more than one code is needed to correctly code the condition. The index lists the codes in sequencing order with the secondary code in brackets.

#### Example:

**Mononeuropathy** (*see also* Mononeuritis) 355.9  
diabetic NEC 250.6x [355.9]

( ) Parentheses enclose nonessential modifiers which may or may not be used with the diagnosis or condition listed in the index. These nonessential modifiers may help in clarifying the documentation, but the presence or absence of any of them does not change the code number selection.

#### Example:

**Cyst** (mucus) (retention) (serous) (simple)

## ICD-9-CM Coding

ICD-9-CM diagnostic coding is a necessity when submitting claims to payers for reimbursement. It also identifies the reason for the patient’s visit to the provider and will indicate the medical necessity of the services rendered by the provider. The following are guidelines that instruct on ICD-9-CM diagnostic coding:

1. Consult Volume 2, Alphabetic Index to ICD-9-CM, first. Locate the main entry term. The Alphabetic Index is arranged by condition.
2. Refer to Volume 1 of the ICD-9-CM, locating the selected code in the Tabular List. Review any exclusion notes or other instructions for proper coding before final selection of codes. Also, refer to the addenda for any new diagnostic codes or corrections.
3. Read and apply all other conventions used in the Tabular List and Alphabetic Index.
4. Code only confirmed diagnoses. Do not code “suspected,” “rule out” or “probable” diagnoses. If there is not a confirmed diagnosis for outpatient service, code the symptom(s). For inpatient, short-term, acute care, and long term care coding, if only a “suspected,” “rule-out,” or “probable” diagnosis is listed, it should be coded as if it existed or was established.
5. Code only the confirmed diagnoses if both the diagnoses and symptoms are documented in the medical record, except

when the diagnoses and symptoms are not related, then code both.

6. Code to the level of highest specificity. Check to see if the diagnostic code consists of three, four, or five numbers. Truncated codes will be denied if a claim is submitted without all of the digits.
7. Chronic diseases and conditions treated on an ongoing basis may be coded as many times as the patient receives treatment and care for the condition(s).
8. Code all documented conditions that coexist at the time of the patient encounter that require or affect patient care, treatment, or management.

## 2011 ICD-9-CM Primary Care Diagnostic Code Index

### Abnormal

movements, involuntary 781.0  
Papanicolaou smear, cervix 795.00  
weight gain 783.1

### Absence

acquired  
both cervix and uterus, V88.01  
cervix with remaining uterus, V88.03  
uterus with remaining cervical stump, V88.02  
menstruation, 626.0

**Acidosis, newborn, other** 775.81

**Acne, other** 706.1

**Actinic keratosis** 702.0

**Adjustment reaction/disorder**

prolonged depressive 309.1  
with depressed mood 309.0

**Adverse effect (of)**

Anesthesia 995.22  
insulin 995.23  
unspecified drug, medicinal and biological substance 995.20

**Airway obstruction, chronic, NEC** 496

**Allergic rhinitis**

cause unspecified 477.9  
due to animal (cat)(dog) hair and dander 477.2

**Allergy, drug, other** 995.27

**Alopecia** 704.00

**Altered mental status** 780.97

**Alzheimer’s disease** 331.0

**Amyloidosis**

other 277.39  
unspecified 277.30

**Anemia**

antineoplastic chemotherapy-induced 285.3  
due to disorders of glutathione metabolism 282.2  
hemolytic due to enzyme deficiency 282.3  
iron deficiency, unspecified 280.9  
unspecified 285.9

**Aneurysm, abdominal, without rupture** 441.4

**Angina pectoris, other and unspecified** 413.9

**Anorexia** 783.0

**Jurisdiction D Information**

Claims, Correspondence, Redetermination Requests, Refunds, FOIA, etc.

**Noridian Administrative Services**

PO Box 6727  
Fargo ND 58108-6727  
Electronic Funds Transfer (EFT) Forms

**Noridian Administrative Services**

PO Box 6728  
Fargo ND 58108-6728

**Benefit Protection****Noridian Administrative Services**

PO Box 6736  
Fargo ND 58108-6736

**Advance Determination of Medicare Coverage (ADMC)****IntegriGuard, LLC**

2301 N 117 Ave Suite 200  
Omaha NE 68164  
Fax: 1-402-498-2306

**Reconsiderations/Administrative Law Judge (ALJ) Hearing Requests****RiverTrust Solutions**

PO Box 180208  
Chattanooga, TN 37401-7208

**ALJ Status Inquiries****Office of Medicare Hearings and Appeals (OMHA)**

BP Tower & Garage  
200 Public Square Suite 1300  
Cleveland OH 44114-2316

**Jurisdiction D Durable Medical Equipment****Benefit Integrity Support Center (DME-BISC)**

Richard Kensic, Benefit Integrity Manager  
DME-BISC  
PO Box 51152  
Los Angeles CA 90051-5452  
[www.integriguard.org/gov/psc/dme-bisc.html](http://www.integriguard.org/gov/psc/dme-bisc.html)

**Additional Resources****Supplier Enrollment/Inquiries**

National Supplier Clearinghouse  
PO Box 100142  
Columbia SC 29202-3142

**Overnight Mailing Address****National Supplier Clearinghouse**

2300 Springdale Drive Bldg 1  
Camden SC 29020  
Phone: 1-866-238-9652  
[www.palmettogba.com/nsc](http://www.palmettogba.com/nsc)

The supplier enrollment form, CMS 855S, is available at [www.cms.gov/cmsforms/downloads/cms855S.pdf](http://www.cms.gov/cmsforms/downloads/cms855S.pdf)

**Coding Assistance****Statistical Analysis Durable Medical Equipment Regional Contractor (SADMERC)**

Palmetto Government Benefits Administrators  
Medicare SADMERC Operations  
PO Box 100143  
Columbia SC 29202-3143  
Phone: 1-877-735-1326  
[www.palmettogba.com/sadmerc](http://www.palmettogba.com/sadmerc)

**2011 Primary Care HCPCS Level II Code Index****5% dextrose**

and 0.45% normal saline, 1000 ml S5010  
with potassium chloride and magnesium sulfate  
1000 ml S5013  
1500 ml S5014  
in lactated Ringer's, 1000 ml S5011  
with potassium chloride, 1000 ml S5012

**Abortion, medically induced, oral medication S0199****Adapter, breast pump, replacement A4282****Adhesion barrier C1765****Administration**

hepatitis B vaccine G0010  
influenza virus vaccine G0008  
medication, other than oral and/or injectable, by health care agency/professional, per visit T1503  
pneumococcal vaccine G0009

**Albuterol**

inhalation solution  
concentrated form, 1 mg J7611  
unit dose, 1 mg J7613  
up to 2.5 mg and ipratropium bromide, up to 0.5 mg J7620

**Amantadine hydrochloride, oral, per 100 mg G9033****Aminolevulinic acid HCl, topical administration, 20%, J7308****Analysis, semen, presence and/or motility, sperm G0027****Antiplatelet therapy**

coronary artery disease patient G8036  
documented G8036  
not documented G8037

**Asthma kit S8097****Barrier, adhesion C1765****Blood occult test, feces G0394****Blood pressure**

cuff A4663  
reading  
diastolic  
< 80 MM HG, G8679  
80 - 89 MM HG, G8680  
≥ 90 MM HG, G8676  
systolic  
< 130 MM HG, G8677  
≥ 140 MM HG, 8675  
130 TO 139 MM HG, G8678

**Bottle, cap, breast pump replacement A4283**

- ❶ In some hospitals with residency programs, Medicare pays through the medical program or graduate medical education (GME) program. Because of this, they will not reimburse for a resident when they are used as an assistant surgeon. Although under special circumstances, payment may be made if there is a emergent situation that is life-threatening.

### 90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

- ❶ Check with payers to determine if the provider may bill for the laboratory procedure if not performed by the provider.

### 91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of the modifier 91.

**Note:** This modifier may not be used when tests are rerun to confirm initial results due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

### 92 Alternative Laboratory Platform Testing

When laboratory testing is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the laboratory procedure code (HIV testing 86701-86703). The test does not require permanent dedicated space, hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of testing is not in itself determinative of the use of this modifier.

### 99 Multiple Modifiers

Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure, and other applicable modifiers may be listed as part of the description of the service.

- ❶ Check with payers to determine if this modifier is necessary when reporting multiple modifiers.

## Approved Modifiers For Ambulatory Surgery Center (ASC) Hospital Outpatient Use

There are some differences in modifiers for professional and ASC hospital use. The following list consists of the only approved modifiers that can be used in an ASC/hospital setting:

### 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M

service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This service may be reported by adding modifier 25 to the appropriate level of E/M service.

**Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

- ❶ According to Medicare, modifier 25 may be appended to an Emergency Department Services E/M code (99281-99285) if provided on the same day as a diagnostic or therapeutic procedure.

### 27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding the modifier 27 to each appropriate level outpatient and/or emergency department code(s). This modifier provides a means of reporting circumstances involving E/M services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic).

**Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient E/M services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine services codes.

### 50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding the modifier 50 to the appropriate 5-digit code.

- ❶ Reported on procedures performed at the same operative session, this modifier should be reported only once as a one-line item for Medicare, with the modifier appended to the end of the code.
- ❶ Some payers may accept the bilateral procedures as two-line items, with HCPCS Level II modifiers LT and RT appended to the end of the codes.

### 52 Reduced Services

Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstance or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

- ❶ Procedures reported with modifier 52 are typically billed at a reduced amount. Most payers do not require documentation to support the use of modifier 52 and will reimburse the procedure at a reduced level.

### 58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure.

**Note:** For treatment of a problem that requires a return to the operating/procedure room (e.g., unanticipated clinical condition), see modifier 78.

- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

The documentation guidelines for E/M services reflect the needs of the typical adult population. For certain groups of patients, the recorded information may vary slightly from that described here. Specifically, the medical records of infants, children, adolescents and pregnant women may have additional or modified information recorded in each history and examination area.

For example, the content of a pediatric examination will vary with the age and development of the child. Although not specifically defined in these documentation guidelines, these variations on history and examination are generally recognized as appropriate.

### 1995 Federal Guidance

Current CMS guidance indicates that providers may use either the 1995 or 1997 E/M documentation guidelines. Find below the 1995 CMS guidance pertaining to the physical exam:

#### Documentation of Examination

The levels of E/M services are based on four types of examination that are defined as follows:

- **Problem Focused** – a limited examination of the affected body area or organ system.
- **Expanded Problem Focused** – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
- **Detailed** – an extended examination of the affected body area(s) and other symptomatic or related organ system(s).
- **Comprehensive** – a general multi-system examination or complete examination of a single organ system.

For purposes of examination, the following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axillae
- Abdomen
- Genitalia, groin, buttocks
- Back, including spine
- Each extremity

For purposes of examination, the following organ systems are recognized:

- Cardiovascular
- Ears, nose, mouth and throat
- Constitutional
- Eyes
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hematologic/Lymphatic/Immunologic

The extent of examinations performed and documented is dependent upon clinical judgment and the nature of the presenting problem(s). They range from limited examinations of single body areas to general multi-system examinations.

DG: Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented. A notation of “abnormal” without elaboration is insufficient

DG: Abnormal or unexpected findings of the examination of the unaffected or asymptomatic body area(s) or organ system(s) should be described

DG: A brief statement or notation indicating “negative” or “normal” is sufficient to document normal findings related to unaffected area(s) or asymptomatic organ system(s)

DG: The medical record for a general multi-system examination should include findings about 8 or more of the 12 organ systems.

### 1997 Federal Guidance

In 1997, CMS introduced physical exam criteria that was intended to allow specialists to perform higher level services while staying closer to those organ systems pertinent to their specialty or area of concern. The original 1995 guidelines seemed to be too oriented towards primary care and unfair to specialists. A series of alternative exams was devised which used an “elemental” or “bullet-point” approach to the exam. These guidelines were developed jointly by the AMA and CMS.

The 1997 CMS guidance is included here for the both General Multi-System Examination and the Single System Examination(s) relevant to this specialty.

#### General Multi-System Examination

General multi-system examinations are described in detail. To qualify for a given level of multi-system examination, the following content and documentation requirements should be met:

- **Problem Focused Examination** – should include performance and documentation of one to five elements identified by a bullet (•) in one or more organ system(s) or body area(s).
- **Expanded Problem Focused Examination** – should include performance and documentation of at least six elements identified by a bullet (•) in one or more organ system(s) or body area(s).
- **Detailed Examination** – should include at least six organ systems or body areas. For each system/area selected, performance and documentation of at least two elements identified by a bullet (•) is expected. Alternatively, a detailed examination may include performance and documentation of at least twelve elements identified by a bullet (•) in two or more organ systems or body areas.
- **Comprehensive Examination** – should include at least nine organ systems or body areas. For each system/area selected, all elements of the examination identified by a bullet (•) should be performed, unless specific directions limit the content of the examination. For each area/system, documentation of at least two elements identified by a bullet is expected.

Find on the following page the 1997 CMS guidance pertaining to multi-system physical exam: