

Coding and Billing for

# **Urology/ Nephrology**

A Comprehensive and Illustrative Specialty Guide



**2011**

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**Urea** – A waste product found in the blood and caused by the breakdown of protein in the liver. Urea is normally removed from the blood by the kidneys and then excreted in the urine.

**Urea breath test** – Test used to detect *Helicobacter pylori* infection. The test measures breath samples for urease, an enzyme *H. Pylori* produces.

**Ureter** – The tube that drains urine from the kidney to the bladder.

**Ureteroscopy** – A flexible, fiberoptic instrument resembling a long, thin telescope is inserted through the urethra and bladder up to the ureter to visualize the tube. Often used for retrieval of kidney stones.

**Urethra** – The tube that carries urine from the bladder to the outside of the body.

**Urethral obstruction** – A blockage in the urethra. A kidney stone is the most common cause.

**Urethral pressure profile** – A test that measures pressures along the length of the urethra.

**Urethral pressure static** – Refers to measurement of pressure at a single point in the urethra.

**Urethritis** – Inflammation of the urethra.

**Urge** – The feeling of the need to urinate.

**Urge incontinence** – The inability to hold urine.

**Urgency** – The symptom of sudden onset of a strong urge to urinate.

**Uric acid stone** – A kidney stone that may result from animal protein in the diet.

**Urinalysis** – A test of a urine sample that can reveal many problems of the urinary system and other body systems. The sample may be observed for physical characteristics, chemistry, the presence of drugs or germs, or other signs of disease.

**Urinary frequency** – Urination eight or more times a day.

**Urinary incontinence (UI)** – Involuntary loss of urine sufficient to be a problem. There are several types of UI, but all are characterized by an inability to restrain voiding.

**Urinary retention** – The inability to empty the bladder.

**Urinary tract** – The system that takes wastes from the blood and carries them out of the body in the form of urine. The urinary tract includes the kidneys, ureters, bladder, and urethra.

**Urinary tract infections (UTI)** – UTIs are caused by bacteria that invade the urinary system and multiply, leading to an infection.

**Urinary urgency** – Inability to delay urination.

**Urinate** – To release urine from the bladder.

**Urine** – Liquid waste product filtered from the blood by the kidneys, stored in the bladder, and expelled from the body through the urethra by the act of voiding or urinating.

**Urodynamic tests** – Measures of the bladder's ability to hold and release urine.

**Uroflow test** – Measurement of the rate at which urine flows out of the body. A lower than normal rate can indicate obstruction.

**Urolithiasis** – Stones in the urinary system.

**Urologist** – A surgeon specializing in diseases involving the urinary systems of both sexes and the reproductive organs of men. Four to six years of specialized training after the medical school.

**Uroradiologist** – A radiologist specializing in diagnosis of genitourinary tract.

**Urostomy** – An opening through the skin to the urinary tract to allow urine to drain when normal voiding is not possible.

**Vagina** – The tube in a woman's body that runs beside the urethra and connects the womb (uterus) to the outside of the body. Sometimes called the birth canal.

**Vaportrode** – A type of cautery electrode that vaporizes prostatic tissue. This creates a larger prostatic channel which makes urination easier.

**Vasalva** – Bearing down to apply pressure to the bladder.

**Vasoepididymostomy** – A microsurgical procedure that uses a microscopic camera and very small operative tools to correct obstructions in the genital tract. The procedure requires removal of the blockage in the epididymis (the coiled tube that extends the length of each testis and connects with a larger duct - the vas deferens) and re-attachment of the epididymis to the vas deferens.

**Vasovasostomy** – Vasovasostomy is a vasectomy reversal, the re-connection of the severed ends of the vas deferens restoring the flow of sperm through the vas deferens.

**Vesica sling procedure** – A surgical sling procedure used to stabilize the bladder neck and provide support for the urethra using autologous or synthetic sling material. This procedure treats both hypermobility and ISD.

**Vesicoureteral reflux** – An abnormal condition in which urine backs up into the ureters and occasionally into the kidneys, raising the risk of infection.

## Abbreviations

The following definitions are medical terms commonly seen while coding/billing for Urology/Nephrology:

a	before meals
A	without, lack of
A & P	anterior and posterior; auscultation and percussion
Ab	antibody
Ab	away from
abd	abdomen
ABG	arterial blood gases
ABP	arterial blood pressure
ac	before meals
ACT	anticoagulant therapy; active motion
ACTH	adrenocorticotropic hormone
Ad	to, toward, near to
Ad lib	as desired
ADH	antidiuretic hormone
AFB	acid-fast bacilli
AIDS	acquired immune deficiency syndrome
ALP	alkaline phosphatase
ALT	alanine transaminase, alanine aminotransferase
AMA	against medical advice
AMB	ambulatory

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.

### Urology/Nephrology Specific ICD-10-CM Coding Information

In ICD-9-CM, diseases of the genitourinary system are coded to Chapter 10. In ICD-10-CM, diseases of the genitourinary system are coded in Chapter 14. This chapter in ICD-10-CM also contains codes for many conditions that are considered symptoms related to the genitourinary system and reported in the Signs, Symptoms, and Ill-Defined Conditions chapter in ICD-9-CM.

The table below shows examples of conditions that have been moved from the signs and symptoms chapter to the genitourinary chapter in ICD-10-CM:

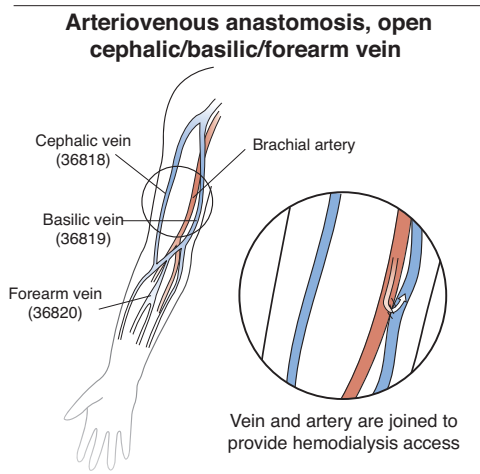
Condition	ICD-9-CM	ICD-10-CM
Urge incontinence	788.31	N39.41
Incontinence without sensory awareness	788.34	N39.42
Male stress incontinence	788.32	N39.3
Overflow incontinence	788.38	N39.490
Other specified urinary incontinence	788.39	N39.498
Post-void dribbling	788.35	N39.43
Nocturnal enuresis	788.36	N39.44
Continuous leakage	788.37	N39.49

### 36818-36820

- 36818** Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
- 36819** Arteriovenous anastomosis, open; by upper arm basilic vein transposition
- 36820** Arteriovenous anastomosis, open; by forearm vein transposition

#### Plain English Description

An open arteriovenous anastomosis is performed to provide hemodialysis access by upper arm cephalic vein transposition (36818), upper arm basilic vein transposition (36819), or forearm vein transposition (36820). In 36818, an incision is made medially in the upper arm to expose the brachial artery and a second incision is made laterally to expose the cephalic vein. The cephalic vein is assessed to ensure that it is patent and of adequate size. A subcutaneous tunnel is then created between the two incisions. The cephalic vein is mobilized and branches ligated. The mobilized segment of cephalic vein is transected taking care to ensure that it is of adequate length for transposition to a more superficial location and tunneling to the brachial artery. The cephalic vein is pulled through the tunnel. An incision is made in the brachial artery and the segment of cephalic vein sutured (anastomosed) to the brachial artery at the arteriotomy site. In 36819, an incision is made in the medial upper arm and the basilic vein and brachial artery exposed. The basilic vein is assessed and if it is found to be patent and of adequate size, the excision is extended exposing the entire basilic vein up to the point where it joins the axillary vein. The basilic vein is then transected near the elbow, branches are ligated, and the basilic vein is transposed and tunneled subcutaneously to the point where it will be connected to the brachial artery. An incision is made in the brachial artery and the transposed segment of basilic vein is anastomosed to the brachial artery at the arteriotomy site. In 36820, the basilic vein is mobilized from the level of the wrist to the middle of the forearm, transposed and tunneled subcutaneously, and then connected to the radial artery or less commonly to the ulnar artery.



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

- 250.40** Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled
- 250.41** Diabetes mellitus with renal manifestations, type I, not stated as uncontrolled
- 250.42** Diabetes mellitus with renal manifestations, type II or unspecified type, uncontrolled
- 250.43** Diabetes mellitus with renal manifestations, type I, uncontrolled
- 403.01** Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
- 403.11** Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
- 403.91** Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
- 404.02** Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.03** Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease

- 404.12** Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.92** Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.93** Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease
- 584.5** Acute kidney failure with lesion of tubular necrosis
- 584.9** Acute kidney failure, unspecified
- 585.5** Chronic kidney disease, stage V
- 585.6** End stage renal disease
- 585.9** Chronic kidney disease, unspecified
- 586** Renal failure, unspecified
- 593.9** Unspecified disorder of kidney and ureter
- 996.1** Mechanical complication of other vascular device, implant, and graft
- 996.73** Other complications due to renal dialysis device, implant, and graft
- 996.74** Other complications due to other vascular device, implant, and graft
- V45.1** Renal dialysis status

#### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
<b>36818</b>	11.89	6.28	6.28	2.65	20.82	20.82	090	A
<b>36819</b>	14.47	7.08	7.08	3.25	24.80	24.80	090	A
<b>36820</b>	14.47	7.27	7.27	3.23	24.97	24.97	090	A

#### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
<b>36818</b>	0	2	1	0	2
<b>36819</b>	0	2	1	0	2
<b>36820</b>	1	2	1	0	2

#### CCI

- 36818** 01844<sup>0</sup>, 01924<sup>0</sup>, 01925<sup>0</sup>, 01926<sup>0</sup>, 35206<sup>1</sup>, 35226<sup>1</sup>, 35236<sup>1</sup>, 35256<sup>1</sup>, 35266<sup>1</sup>, 35286<sup>1</sup>, 35860<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36005<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>, 36800<sup>1</sup>, 36810<sup>1</sup>, 36815<sup>1</sup>, 36821<sup>1</sup>, 36822<sup>1</sup>, 36825<sup>1</sup>, 36830<sup>1</sup>, 36831<sup>1</sup>, 36832<sup>1</sup>, 36833<sup>1</sup>, 36834<sup>1</sup>, 36835<sup>1</sup>, 36860<sup>1</sup>, 36861<sup>1</sup>, 36870<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>, 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>, 64419<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64443<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>, 64455<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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>
- 36819** 01844<sup>0</sup>, 01924<sup>0</sup>, 01925<sup>0</sup>, 01926<sup>0</sup>, 35206<sup>1</sup>, 35226<sup>1</sup>, 35236<sup>1</sup>, 35256<sup>1</sup>, 35266<sup>1</sup>, 35286<sup>1</sup>, 35860<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36005<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>, 36818<sup>1</sup>, 36821<sup>1</sup>, 36823<sup>1</sup>, 36830<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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>
- 36820** 01844<sup>0</sup>, 01924<sup>0</sup>, 01925<sup>0</sup>, 01926<sup>0</sup>, 35206<sup>1</sup>, 35226<sup>1</sup>, 35236<sup>1</sup>, 35256<sup>1</sup>, 35266<sup>1</sup>, 35286<sup>1</sup>, 35860<sup>1</sup>, 36000<sup>1</sup>, 36005<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>, 36818<sup>1</sup>, 36819<sup>1</sup>, 36823<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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</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

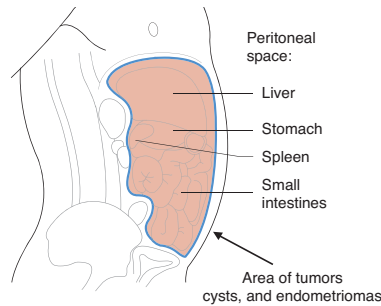
**49203-49205**

- 49203** Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
- 49204** Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
- 49205** Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter

**Plain English Description**

Open excision or destruction of intra-abdominal or retroperitoneal tumors, cysts, or endometriomas is performed. Tumors may be benign, such as endometrioma or benign cystic mesothelioma, or malignant, such as adenocarcinoma, malignant mesothelioma, desmoplastic small cell tumors, or liposarcoma. Malignant tumors may be primary or secondary. Tumors may be completely excised or they may be destroyed by electrocautery or laser. Destruction is also referred to as surgical ablation. An incision is made in the abdomen to the level of the peritoneum, which is grasped, elevated, and incised taking care to avoid injury to the bowel and other internal organs. The peritoneal cavity is opened. Any adhesions are dissected and the abdominal viscera is exposed. The entire abdominal cavity is explored visually and by palpation and all masses and other abnormalities are noted. The location, size, and extent of the first tumor are noted. The tumor is either excised or destroyed by electrocautery or laser. This is repeated until all tumors have been excised or destroyed. Retroperitoneal tumors are treated in the same fashion taking care to avoid injury to the kidneys, ureters, and renal vessels. Use 49203 if the diameter of the largest tumor is 5.0 cm or less in diameter, 49204 if the largest tumor is 5.1 to 10.0 cm in diameter, and 49205 if the largest tumor is greater than 10.0 cm in diameter.

**Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas**



Open excision or destruction of intra-abdominal or retroperitoneal tumors, cysts, or endometriomas is performed.

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

- 171.6** Malignant neoplasm of connective and other soft tissue of pelvis
- 209.74** Secondary neuroendocrine tumor of peritoneum
- 209.75** Secondary Merkel cell carcinoma
- 209.79** Secondary neuroendocrine tumor of other sites
- 215.6** Other benign neoplasm of connective and other soft tissue of pelvis
- 235.4** Neoplasm of uncertain behavior of retroperitoneum and peritoneum
- 239.89** Neoplasms of unspecified nature of other specified sites
- 617.9** Endometriosis, site unspecified
- 619.9** Unspecified fistula involving female genital tract

**RVU(s)**

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
<b>49203</b>	20.13	10.74	10.74	3.92	34.79	34.79	090	A
<b>49204</b>	26.13	13.12	13.12	5.07	44.32	44.32	090	A
<b>49205</b>	30.13	14.72	14.72	6.02	50.87	50.87	090	A

**Modifiers\***

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
<b>49203</b>	0	2	1	0	2
<b>49204</b>	0	2	1	0	2
<b>49205</b>	0	2	1	0	2

**CCI**

<b>49203</b>	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> , 38500 <sup>1</sup> , 38770 <sup>1</sup> , 38780 <sup>1</sup> , 43752 <sup>1</sup> , 43832 <sup>1</sup> , 44005 <sup>0</sup> , 44180 <sup>0</sup> , 44820 <sup>0</sup> , 44850 <sup>0</sup> , 44950 <sup>0</sup> , 47382 <sup>1</sup> , 49000 <sup>0</sup> , 49002 <sup>1</sup> , 49010 <sup>0</sup> , 49040 <sup>1</sup> , 49255 <sup>0</sup> , 49322 <sup>1</sup> , 49323 <sup>1</sup> , 49560 <sup>1</sup> , 49561 <sup>1</sup> , 49565 <sup>1</sup> , 49566 <sup>1</sup> , 49570 <sup>0</sup> , 49572 <sup>1</sup> , 49580 <sup>1</sup> , 49582 <sup>1</sup> , 49585 <sup>1</sup> , 49587 <sup>1</sup> , 50010 <sup>1</sup> , 50205 <sup>1</sup> , 50220 <sup>1</sup> , 50280 <sup>1</sup> , 50290 <sup>1</sup> , 50592 <sup>1</sup> , 50593 <sup>1</sup> , 58700 <sup>0</sup> , 58720 <sup>0</sup> , 58805 <sup>0</sup> , 58900 <sup>0</sup> , 58920 <sup>1</sup> , 58925 <sup>1</sup> , 58940 <sup>1</sup> , 58950 <sup>0</sup> , 58960 <sup>1</sup> , 60540 <sup>1</sup> , 60545 <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> , 64458 <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> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup>
<b>49204</b>	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> , 38500 <sup>1</sup> , 38770 <sup>1</sup> , 38780 <sup>1</sup> , 43752 <sup>1</sup> , 43832 <sup>1</sup> , 44005 <sup>0</sup> , 44160 <sup>1</sup> , 44180 <sup>0</sup> , 44820 <sup>0</sup> , 44850 <sup>0</sup> , 44950 <sup>0</sup> , 47370 <sup>1</sup> , 47371 <sup>1</sup> , 47380 <sup>1</sup> , 47381 <sup>1</sup> , 47382 <sup>1</sup> , 49000 <sup>0</sup> , 49002 <sup>1</sup> , 49010 <sup>0</sup> , 49040 <sup>1</sup> , 49203 <sup>1</sup> , 49255 <sup>0</sup> , 49322 <sup>1</sup> , 49323 <sup>1</sup> , 49560 <sup>1</sup> , 49561 <sup>1</sup> , 49565 <sup>1</sup> , 49566 <sup>1</sup> , 49570 <sup>0</sup> , 49572 <sup>1</sup> , 49580 <sup>1</sup> , 49582 <sup>1</sup> , 49585 <sup>1</sup> , 49587 <sup>1</sup> , 50010 <sup>1</sup> , 50205 <sup>1</sup> , 50220 <sup>1</sup> , 50225 <sup>1</sup> , 50230 <sup>1</sup> , 50234 <sup>1</sup> , 50250 <sup>1</sup> , 50280 <sup>1</sup> , 50290 <sup>1</sup> , 50542 <sup>1</sup> , 50592 <sup>1</sup> , 50593 <sup>1</sup> , 50715 <sup>1</sup> , 58200 <sup>1</sup> , 58700 <sup>0</sup> , 58720 <sup>0</sup> , 58805 <sup>0</sup> , 58900 <sup>0</sup> , 58920 <sup>1</sup> , 58925 <sup>1</sup> , 58940 <sup>1</sup> , 58950 <sup>0</sup> , 58951 <sup>0</sup> , 58956 <sup>1</sup> , 58960 <sup>1</sup> , 60540 <sup>1</sup> , 60545 <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> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</sup>
<b>49205</b>	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> , 38500 <sup>1</sup> , 38770 <sup>1</sup> , 38780 <sup>1</sup> , 43752 <sup>1</sup> , 43832 <sup>1</sup> , 44005 <sup>0</sup> , 44160 <sup>1</sup> , 44180 <sup>0</sup> , 44820 <sup>0</sup> , 44850 <sup>0</sup> , 44950 <sup>0</sup> , 47370 <sup>1</sup> , 47371 <sup>1</sup> , 47380 <sup>1</sup> , 47381 <sup>1</sup> , 47382 <sup>1</sup> , 49000 <sup>0</sup> , 49002 <sup>1</sup> , 49010 <sup>0</sup> , 49040 <sup>1</sup> , 49203 <sup>1</sup> , 49204 <sup>1</sup> , 49255 <sup>0</sup> , 49322 <sup>1</sup> , 49323 <sup>1</sup> , 49560 <sup>1</sup> , 49561 <sup>1</sup> , 49565 <sup>1</sup> , 49566 <sup>1</sup> , 49570 <sup>0</sup> , 49572 <sup>1</sup> , 49580 <sup>1</sup> , 49582 <sup>1</sup> , 49585 <sup>1</sup> , 49587 <sup>1</sup> , 50010 <sup>1</sup> , 50205 <sup>1</sup> , 50220 <sup>1</sup> , 50225 <sup>1</sup> , 50230 <sup>1</sup> , 50234 <sup>1</sup> , 50250 <sup>1</sup> , 50280 <sup>1</sup> , 50290 <sup>1</sup> , 50542 <sup>1</sup> , 50592 <sup>1</sup> , 50593 <sup>1</sup> , 50715 <sup>1</sup> , 58200 <sup>1</sup> , 58700 <sup>0</sup> , 58720 <sup>0</sup> , 58805 <sup>0</sup> , 58900 <sup>0</sup> , 58920 <sup>1</sup> , 58925 <sup>1</sup> , 58940 <sup>1</sup> , 58950 <sup>0</sup> , 58951 <sup>0</sup> , 58956 <sup>1</sup> , 58960 <sup>1</sup> , 60540 <sup>1</sup> , 60545 <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> , 99148 <sup>0</sup> , 99149 <sup>0</sup> , 99150 <sup>0</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

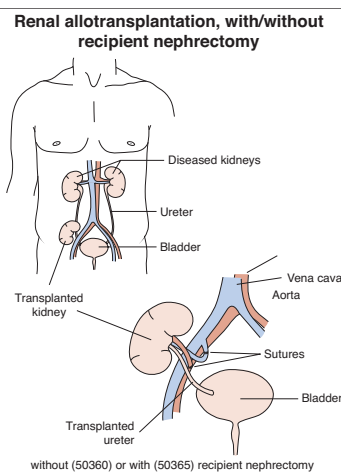
▲ Revised Code

**50360-50365**

- 50360** Renal allotransplantation, implantation of graft; without recipient nephrectomy
- 50365** Renal allotransplantation, implantation of graft; with recipient nephrectomy

**Plain English Description**

The physician transplants the prepared kidney obtained from a cadaver or living donor in the transplant recipient. An incision is made in the lower abdomen. The transversalis fascia is incised and the retroperitoneal space entered. The peritoneum is retracted medially to allow exposure of the iliac blood vessels. Lymphatic vessels surrounding the iliac blood vessels are ligated and divided. The iliac blood vessels are dissected free of surrounding tissue from the region immediately above of the iliac lymph nodes to the bifurcation of the external and internal iliac artery. Vascular clamps are applied. The external iliac vein is incised and the prepared renal vein in the renal allograft is anastomosed to the external iliac vein. If more than one renal vein is present in the allograft, these are anastomosed separately to the external iliac vein. The prepared renal artery is then anastomosed to the internal or external iliac artery. If more than one renal artery is present, separate incisions are made and each artery is anastomosed to a separate site in the internal or external iliac artery. Vascular clamps are released, the anastomosis sites inspected, and any bleeding controlled. The ureter in the donor kidney is now prepared for anastomosis. The dome of the bladder is exposed and incised. The ureter is trimmed to the correct length and the end spatulated to match the opening in the bladder. The mucosa of the bladder and ureter are anastomosed followed by closure of the destrusor muscle layer over the ureter. A temporary stent may be placed to ensure patency at the anastomosis site. The kidney is then placed in the paraspsoas fossa taking care to avoid any kinking of the blood vessels or ureter. Incisions are closed. Report 50360 when the kidney transplant is performed as described above leaving the recipient kidney intact. Report 50365 when the recipient kidney is removed at the time of the transplant procedure. A wide flank incision is made immediately below the lower border of the ribs or near the 11th or 12th rib. Alternatively, an anterior subcostal approach may be utilized. The kidney and ureter are exposed. The renal artery and vein are isolated, ligated and divided. The kidney is dissected free from surrounding tissue. The ureter is divided and the intact segment of ureter closed. Bleeding is controlled, drains placed as needed, and the incisions closed. The physician then proceeds with the transplant procedure as described above.



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

- 189.0** Malignant neoplasm of kidney, except pelvis
- 189.1** Malignant neoplasm of renal pelvis
- 209.24** Malignant carcinoid tumor of the kidney
- 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
- 250.40** Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled

- 250.41** Diabetes mellitus with renal manifestations, type I, not stated as uncontrolled
- 250.42** Diabetes mellitus with renal manifestations, type II or unspecified type, uncontrolled
- 250.43** Diabetes mellitus with renal manifestations, type I, uncontrolled
- 403.01** Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
- 403.11** Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
- 403.91** Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
- 580.0** Acute glomerulonephritis with lesion of proliferative glomerulonephritis
- 580.4** Acute glomerulonephritis with lesion of rapidly progressive glomerulonephritis
- 580.89** Acute glomerulonephritis with other specified pathological lesion in kidney
- 580.9** Acute glomerulonephritis with unspecified pathological lesion in kidney
- 581.0** Nephrotic syndrome with lesion of proliferative glomerulonephritis
- 581.1** Nephrotic syndrome with lesion of membranous glomerulonephritis
- 581.2** Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis
- 582.0** Chronic glomerulonephritis with lesion of proliferative glomerulonephritis
- 583.81** Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere
- 583.89** Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney
- 583.9** Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney
- 585.5** Chronic kidney disease, stage V
- 585.6** End stage renal disease
- 585.9** Chronic kidney disease, unspecified
- 586** Renal failure, unspecified
- 751.61** Biliary atresia, congenital
- 753.15** Renal dysplasia
- 866.00** Unspecified injury to kidney without open wound into cavity
- 866.01** Hematoma of kidney, without rupture of capsule, without open wound into cavity
- 866.02** Laceration of kidney without open wound into cavity
- 866.03** Complete disruption of kidney parenchyma, without open wound into cavity
- 866.10** Unspecified injury to kidney with open wound into cavity
- 866.11** Hematoma of kidney, without rupture of capsule, with open wound into cavity
- 866.12** Laceration of kidney with open wound into cavity
- 866.13** Complete disruption of kidney parenchyma, with open wound into cavity
- 996.81** Complications of transplanted kidney
- V42.0** Kidney replaced by transplant
- V43.89** Other organ or tissue replacement status, not elsewhere classified
- V45.1** Renal dialysis status

**RVU(s)**

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
50360	40.90	24.92	24.92	8.28	74.10	74.10	090	A
50365	46.13	27.52	27.52	9.82	83.47	83.47	090	A

**Modifiers\***

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
50360	0	2	2	2	2
50365	1	2	2	2	2

**CCI**

- 50360** *There are too many associated CCI codes to list. Refer to Appendix A for complete list.*
- 50365** *There are too many associated CCI codes to list. Refer to Appendix A for complete list.*

**Pub 100**

*Pub 100-4, 3, 90.1-90.12*

# 51597

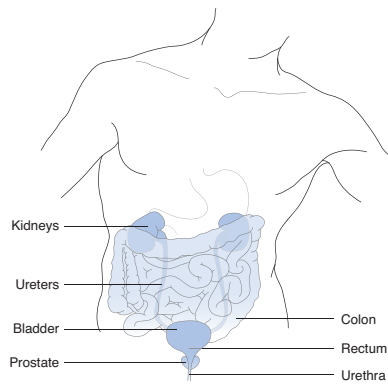
**51597** Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

## Plain English Description

Pelvic exenteration is performed to treat a primary bladder, prostatic, and/or urethral malignancy that has spread to other pelvic tissues or organs. The extent of the procedure depends on which organs have metastatic disease. The procedure includes removal of the bladder with urinary diversion and resection of the rectum and colon with colostomy as needed. Reproductive organs may also be removed if they have not been removed during a previous surgery. Females will have the uterus, ovaries, fallopian tubes, and cervix removed. Males will have the prostate removed. The abdomen is opened and explored. The liver, peritoneum, bowel, and aortic and pelvic lymph nodes are inspected. Biopsies are taken as needed. The pararectal, paravesical, and Retzius spaces are opened. If a total hysterectomy is needed, the round ligaments are cut and tied. The broad ligaments are opened. The infundibulopelvic ligaments are clamped, cut, and tied along with the ovarian vessels. If a prostatectomy is needed, the prostate is dissected free of surrounding tissues and removed. The retroperitoneal space is opened and the ureters are exposed. The hypogastric artery is identified and divided. The cardinal ligaments are divided. The ureters are dissected free of surrounding tissue, ligated, and divided. The rectal space between the rectosigmoid colon and the sacrum/coccyx is developed. The sigmoid arcade and superior vessels are ligated. The rectosigmoid colon is divided. The rectum is elevated and freed from surrounding tissues. The bladder is freed from the pubic symphysis. The urethra, rectum, and vagina are divided below the level of the malignancy. All involved pelvic organs are removed, including some or all of the following: ovaries, tubes, uterus, cervix, bladder, distal ureters, rectum, and colon. Following removal of involved organs, the rectum and colon are anastomosed or a colostomy is performed. The proximal ureters are then transplanted to provide urinary diversion. If noncontinent diversion is employed, a ureteroileal conduit may be created by implanting the ureters in a segment of ileum which is then brought out in a cutaneous stoma. Alternatively, a continent pouch using the right colon may be developed. The exenterated pelvis is reconstructed using omental, myocutaneous and/or muscle flaps.

### Complete pelvic exenteration

Lower urinary system is removed, including bladder, lower ureters, urethra, prostate, and lymph nodes. All or part of the uterus, rectum or colon may also be removed.



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

- 153.9** Malignant neoplasm of colon, unspecified site
- 185** Malignant neoplasm of prostate
- 188.0** Malignant neoplasm of trigone of urinary bladder
- 188.1** Malignant neoplasm of dome of urinary bladder
- 188.2** Malignant neoplasm of lateral wall of urinary bladder
- 188.3** Malignant neoplasm of anterior wall of urinary bladder
- 188.4** Malignant neoplasm of posterior wall of urinary bladder
- 188.5** Malignant neoplasm of bladder neck
- 188.6** Malignant neoplasm of ureteric orifice
- 188.8** Malignant neoplasm of other specified sites of bladder
- 188.9** Malignant neoplasm of bladder, part unspecified

- 196.2** Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
- 196.5** Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb
- 196.6** Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
- 198.1** Secondary malignant neoplasm of other urinary organs
- 198.6** Secondary malignant neoplasm of ovary
- 198.82** Secondary malignant neoplasm of genital organs
- 233.7** Carcinoma in situ of bladder

## RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
51597	42.86	22.42	22.42	4.52	69.80	69.80	090	A

## Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
51597	0	2	1	0	2

## CCI

51597	00910 <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>	44005 <sup>0</sup>	44140 <sup>1</sup>	44141 <sup>1</sup>	44143 <sup>1</sup>	44144 <sup>1</sup>	44145 <sup>1</sup>	44146 <sup>1</sup>	44147 <sup>1</sup>	44150 <sup>1</sup>	44151 <sup>1</sup>	44155 <sup>1</sup>	44156 <sup>1</sup>	44157 <sup>1</sup>	44158 <sup>1</sup>	44180 <sup>1</sup>	44188 <sup>1</sup>	44320 <sup>1</sup>	44322 <sup>1</sup>	44340 <sup>1</sup>	44345 <sup>1</sup>	44346 <sup>1</sup>	44620 <sup>1</sup>	44625 <sup>1</sup>	44820 <sup>0</sup>	44850 <sup>0</sup>	44950 <sup>0</sup>	45110 <sup>1</sup>	45111 <sup>1</sup>	45112 <sup>1</sup>	45113 <sup>1</sup>	45114 <sup>1</sup>	45116 <sup>1</sup>	45119 <sup>1</sup>	45120 <sup>1</sup>	45121 <sup>1</sup>	45123 <sup>1</sup>	45126 <sup>E1</sup>	45130 <sup>1</sup>	45135 <sup>1</sup>	45160 <sup>1</sup>	45170 <sup>1</sup>	45171 <sup>1</sup>	45172 <sup>1</sup>	45190 <sup>1</sup>	45395 <sup>1</sup>	45397 <sup>1</sup>	45505 <sup>1</sup>	45540 <sup>1</sup>	46080 <sup>1</sup>	46083 <sup>1</sup>	46200 <sup>1</sup>	46210 <sup>1</sup>	46220 <sup>1</sup>	46221 <sup>1</sup>	46230 <sup>1</sup>	46250 <sup>1</sup>	46255 <sup>1</sup>	46257 <sup>1</sup>	46258 <sup>1</sup>	46260 <sup>1</sup>	46261 <sup>1</sup>	46262 <sup>1</sup>	46270 <sup>1</sup>	46275 <sup>1</sup>	46280 <sup>1</sup>	46285 <sup>1</sup>	46600 <sup>1</sup>	46940 <sup>1</sup>	46942 <sup>1</sup>	46947 <sup>1</sup>	49000 <sup>0</sup>	49002 <sup>1</sup>	49010 <sup>0</sup>	49020 <sup>1</sup>	49040 <sup>1</sup>	49080 <sup>1</sup>	49203 <sup>1</sup>	49204 <sup>1</sup>	49205 <sup>1</sup>	49255 <sup>0</sup>	49560 <sup>1</sup>	49561 <sup>1</sup>	49565 <sup>1</sup>	49566 <sup>1</sup>	49570 <sup>1</sup>	49580 <sup>1</sup>	49582 <sup>1</sup>	49585 <sup>1</sup>	49587 <sup>1</sup>	50650 <sup>0</sup>	50715 <sup>1</sup>	50800 <sup>0</sup>	50810 <sup>0</sup>	50813 <sup>0</sup>	50820 <sup>0</sup>	51040 <sup>1</sup>	51045 <sup>0</sup>	51520 <sup>0</sup>	51525 <sup>0</sup>	51550 <sup>1</sup>	51555 <sup>1</sup>	51565 <sup>1</sup>	51570 <sup>0</sup>	51575 <sup>1</sup>	51580 <sup>1</sup>	51585 <sup>1</sup>	51590 <sup>1</sup>	51595 <sup>1</sup>	51596 <sup>1</sup>	51701 <sup>0</sup>	51702 <sup>0</sup>	51703 <sup>0</sup>	51709 <sup>0</sup>	57106 <sup>1</sup>	57410 <sup>0</sup>	57530 <sup>1</sup>	57531 <sup>1</sup>	57540 <sup>1</sup>	57545 <sup>1</sup>	57550 <sup>1</sup>	57555 <sup>1</sup>	57556 <sup>1</sup>	57557 <sup>1</sup>	58100 <sup>0</sup>	58120 <sup>0</sup>	58140 <sup>1</sup>	58145 <sup>1</sup>	58146 <sup>1</sup>	58150 <sup>1</sup>	58152 <sup>1</sup>	58180 <sup>1</sup>	58200 <sup>1</sup>	58210 <sup>1</sup>	58240 <sup>E1</sup>	58260 <sup>1</sup>	58262 <sup>1</sup>	58263 <sup>1</sup>	58267 <sup>1</sup>	58270 <sup>1</sup>	58275 <sup>1</sup>	58280 <sup>1</sup>	58290 <sup>1</sup>	58291 <sup>1</sup>	58292 <sup>1</sup>	58293 <sup>1</sup>	58294 <sup>1</sup>	58541 <sup>1</sup>	58542 <sup>1</sup>	58543 <sup>1</sup>	58544 <sup>1</sup>	58548 <sup>1</sup>	58558 <sup>0</sup>	58570 <sup>1</sup>	58571 <sup>1</sup>	58572 <sup>1</sup>	58573 <sup>1</sup>	58660 <sup>1</sup>	58662 <sup>1</sup>	58950 <sup>1</sup>	58951 <sup>1</sup>	58952 <sup>1</sup>	58953 <sup>0</sup>	58954 <sup>0</sup>	58956 <sup>1</sup>	58957 <sup>1</sup>	58958 <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>	99148 <sup>0</sup>	99149 <sup>0</sup>	99150 <sup>0</sup>	P9612 <sup>0</sup>
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## Pub 100

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

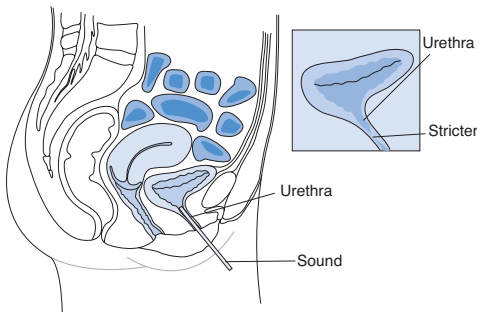
## 53660-53665

- 53660** Dilation of female urethra including suppository and/or instillation; initial
- 53661** Dilation of female urethra including suppository and/or instillation; subsequent
- 53665** Dilation of female urethra, general or conduction (spinal) anesthesia

### Plain English Description

Dilation of the female urethra is performed. This procedure is done to treat a narrowing or stricture of the urethra caused by injury, scarring, congenital anomaly, or other conditions. The urethral opening is cleansed. A local anesthetic is applied in the form of a suppository, jelly, or liquid to numb the urethra. Alternatively, general or conduction (spinal) anesthesia may be used. A series of tubes or dilators are then passed through the urethral opening to the urethrovaginal junction to increase the diameter of the narrowed segment of urethra. A urethroscope may be used to guide the dilators. Following the dilation procedure, a catheter may be inserted and left in place to drain the bladder. Use 53660 for initial dilation or 53661 for subsequent dilation performed under local anesthesia. Use 53665 for dilation (initial or subsequent) performed under general or conduction (spinal) anesthesia.

#### Dilation of female urethra, general or conduction (spinal) anesthesia



A device is inserted into the urethra of a female patient to widen a section of the urethra that has become constricted.

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

- 188.9** Malignant neoplasm of bladder, part unspecified
- 591** Hydronephrosis
- 595.9** Cystitis, unspecified
- 596.0** Bladder neck obstruction
- 597.80** Urethritis, unspecified
- 597.81** Urethral syndrome NOS
- 597.89** Other urethritis
- 598.00** Urethral structure due to unspecified infection
- 598.01** Urethral structure due to infective diseases classified elsewhere
- 598.1** Traumatic urethral stricture
- 598.2** Postoperative urethral stricture
- 598.8** Other specified causes of urethral stricture
- 598.9** Urethral stricture, unspecified
- 599.69** Urinary obstruction, not elsewhere classified
- 599.82** Intrinsic (urethral) sphincter deficiency [ISD]
- 599.89** Other specified disorders of urinary tract
- 599.9** Unspecified disorder of urethra and urinary tract
- 625.6** Stress incontinence, female
- 753.6** Congenital atresia and stenosis of urethra and bladder neck
- 788.20** Retention of urine, unspecified
- 788.21** Incomplete bladder emptying
- 788.31** Urge incontinence
- 788.41** Urinary frequency
- 788.43** Nocturia
- 788.62** Slowing of urinary stream

### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
<b>53660</b>	0.71	0.48	1.42	0.07	1.26	2.20	000	A
<b>53661</b>	0.72	0.44	1.38	0.07	1.23	2.17	000	A
<b>53665</b>	0.76	0.33	0.33	0.08	1.17	1.17	000	A

### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
<b>53660</b>	0	2	0	0	1
<b>53661</b>	0	2	0	0	1
<b>53665</b>	0	2	0	0	1

### CCI

- 53660** 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>, 53080<sup>1</sup>, 53661<sup>E1</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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>, P9612<sup>0</sup>
- 53661** 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>, 51700<sup>0</sup>, 51701<sup>0</sup>, 51702<sup>0</sup>, 51703<sup>1</sup>, 53080<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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>, J2001<sup>1</sup>, P9612<sup>0</sup>
- 53665** 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>, 53080<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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>

### Pub 100

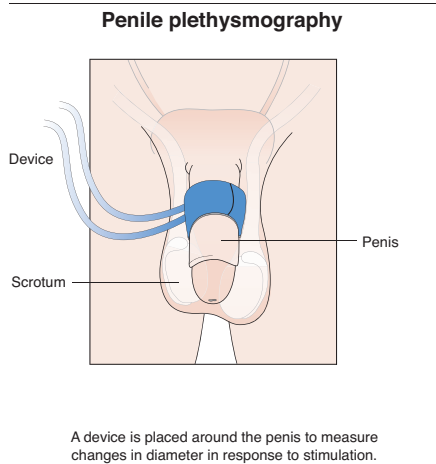
No Pub 100 references apply to this code or code range.

## 54240

**54240** Penile plethysmography

### Plain English Description

A plethysmograph is a device that measures blood flow in the various parts of the body. Penile plethysmography, also referred to as penile pulse volume recording, is used to diagnose erectile dysfunction. Either a volumetric air chamber type or a circumferential transducer type may be used. The volumetric air chamber type is placed over the patient's penis. As the penis becomes erect, air is displaced and the amount of air displacement is measured. The circumferential transducer type uses a rubber ring filled with mercury or indium/gallium that is placed around the shaft of the patient's penis. As the penis becomes erect, changes in diameter are measured. The physician reviews the results of the plethysmography and provides a written interpretation of the results.



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

- 257.2 Other testicular hypofunction
- 302.72 Psychosexual dysfunction with inhibited sexual excitement
- 607.2 Other inflammatory disorders of penis
- 607.82 Vascular disorders of penis
- 607.83 Edema of penis
- 607.84 Impotence of organic origin
- 607.89 Other specified disorders of penis
- 607.9 Unspecified disorder of penis
- 747.60 Anomaly of the peripheral vascular system, unspecified site
- V41.7 Problems with sexual function

### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
54240	1.31	1.60	1.60	0.09	3.00	3.00	000	A

### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
54240	0	0	0	0	0

### CCI

**54240** 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>, 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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>

### Pub 100

Pub 100-3, 1, 20.14; 100-3, 1, 160.26

## 54250

**54250** Nocturnal penile tumescence and/or rigidity test

### Plain English Description

This test is performed to determine whether the patient is having normal erections during sleep. The results are used to evaluate the cause of and/or level of erectile dysfunction. The test may be done at home or in a sleep lab. An electronic monitoring device is used to record how many erections occur during sleep, how long the erections last, and how rigid the penis becomes during each erection. The physician reviews the recording and provides a written interpretation of the results.

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

- 250.70 Diabetes mellitus with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
- 250.71 Diabetes mellitus with peripheral circulatory disorders, type I, not stated as uncontrolled
- 250.72 Diabetes mellitus with peripheral circulatory disorders, type II or unspecified type, uncontrolled
- 302.72 Psychosexual dysfunction with inhibited sexual excitement
- 607.82 Vascular disorders of penis
- 607.84 Impotence of organic origin
- 607.89 Other specified disorders of penis
- 607.9 Unspecified disorder of penis

### RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Non-Facility	Total Facility	Global	Status
54250	2.22	1.33	1.33	0.15	3.70	3.70	000	A

### Modifiers\*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
54250	0	0	0	0	0

### CCI

**54250** 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>, 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>, 99148<sup>0</sup>, 99149<sup>0</sup>, 99150<sup>0</sup>

### Pub 100

Pub 100-2, 15, 70

\*\* See Appendix for CCI information

\* See Appendix for Modifier Rules

● New Code

▲ Revised Code

**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 Urology/Nephrology Diagnostic Code Index****Abnormal**

reaction/late complication, urinary catheterization E879.6  
tumor markers, other 795.89  
urinary stream, other 788.69

**Abscess**

genital organs, acquired V45.77  
prostate 601.2  
renal, perinephric 590.2  
urethral 597.0

**Acetonuria** 791.6**Aftercare following**

sterilization reversal V26.22  
surgery  
genitourinary system, NEC V58.76  
skin and subcutaneous tissue, NEC V58.77

**Agensis/dysgenesis, renal** 753.0**Anemia, chemotherapy induced** 285.3**Anomalies, congenital**

bladder, other 753.8  
cervix, NOS 752.40  
other, 752.49  
external female genitalia, NOS 752.40  
other 752.49  
genital organs, NOS 752.9  
kidney 753.3  
penile 752.69  
urachus 753.7  
ureter 753.4  
urethra, other 753.8  
urinary system, NOS 753.9  
vagina, NOS 752.40  
other 752.49

**Anuria** 788.5**Artificial opening status, urinary tract** V44.6**Atony, bladder** 596.4**Atresia/stenosis, congenital**

bladder neck 753.6  
urethra 753.6

**Atrophy**

prostate 602.2  
testis 608.3

**Attention to artificial opening**

- cystotomy V55.6
- other, urinary tract V55.6

**Azoospermia** 606.0**Balanitis, xerotica obliterans** 607.81**Balanoposthitis** 607.1**Bariatric surgery status** V45.86**Biliuria** 791.4**Bladder**

- emptying, incomplete 788.21
- exstrophy 753.5
- neurogenic, NOS 596.54
- paralysis 596.53
- rupture, nontraumatic 596.6

**Burn, genitalia**

- blisters with epidermal loss, second degree 942.25
- degree, NOS 942.05
- full-thickness skin loss, third degree 942.35

**Calculus**

- bladder
  - diverticulum 594.0
  - other 594.1
- kidney 592.0
- lower urinary tract, NOS 594.9
  - other 594.8
- prostate 602.0
- ureter 592.1
- urethra 594.2
- urinary, NOS 592.9

**Candidiasis, other urogenital sites** 112.2**Carcinoma in situ**

- bladder 233.7
- male genital organs, other/unspec 233.6
- penis 233.5
- prostate 233.4
- urinary organs, other/unspec 233.9

**Caruncle, urethral** 599.3**Casts in urine, other** 791.7**Cell count, white blood cells**

- decreased, other 288.59
- elevated, other 288.69

**Cervicitis, gonococcal**

- acute 098.15
- chronic 098.35

**Chancroid** 099.0**Chordee, congenital** 752.63**Chronic pain syndrome** 338.4**Chylocele, tunica vaginalis** 608.84**Chyluria** 791.1**Colic, renal** 788.0**Compliance, low, bladder** 596.52**Complication**

- mechanical
  - genitourinary device/implant/graft, NOS 996.30
  - other 996.39

**Complication – continued**

- mechanical
  - intrauterine contraceptive device 996.32
  - catheter, urethral (indwelling) 996.31
  - urinary, NEC 997.5

**Congestion/hemorrhage, prostate** 602.1**Contraceptive management**

- other specified V25.8
- sterilization V25.2

**Crushing injury, genitalia, external** 926.0**Cyst**

- embryonic, cervix/vagina/external female genitalia 752.41
- kidney
  - acquired 593.2
  - single, congenital 753.11
- prostate 600.3

**Cystitis, NOS** 595.9

- acute 595.0
- chronic
  - interstitial 595.1
  - other 595.2
- cystica 595.81
- gonococcal
  - acute 098.11
  - chronic 098.31
- in diseases classified elsewhere 595.4
- irradiation 595.82
- specified 595.89

**Cystocele**

- lateral 618.02
- midline 618.01

**Defect, obstructive**

- renal pelvis and ureter, NOS 753.20
- other 753.29

**Deficiency, intrinsic, urethral sphincter** 599.82**Diabetes**

- insipidus, nephrogenic 588.1
- mellitus, with renal manifestations
  - secondary 249.40
  - uncontrolled 249.41
- Type I 250.41
  - uncontrolled 250.43
- Type II 250.40
  - uncontrolled 250.42

**Discharge, urethral** 788.7**Disease**

- kidney
  - chronic
    - stage I 585.1
    - stage II 585.2
    - stage III 585.3
    - stage IV 585.4
    - stage V 585.5
    - unspecified 585.9

**Unlisted Codes**

The terminology used in the descriptions for unlisted codes varies within HCPCS Level II codes. For example:

J3490	Unclassified biologics
J7599	Immunosuppressive drug, not otherwise classified
E1699	Dialysis equipment, not otherwise specified

Do not use an unlisted code if a code exists that identifies the supply, service, or procedure provided better.

**HCPCS Level II Update**

Many of the new HCPCS codes found at the end of this chapter were part of the CMS Physician Voluntary Reporting Program (PVRP). These codes fall in the range of G codes.

Under the voluntary reporting program, physicians who chose to participate helped capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care. Voluntary reporting of quality data through the PVRP began January 1, 2006, and ended December 31, 2006.

PVRP was implemented as the first step toward pay for performance for physician practice and has been replaced with the Physician Quality Reporting Initiative (PQRI).

The PQRI was built on CMS and provider experience with the PVRP and was established pursuant to the Tax Relief and Health Care Act of 2006. The PQRI provides an incentive payment to eligible professionals who successfully submit data for a designated set of quality measures for services paid under the Medicare Physician Fee Schedule.

The PVRP measures have been incorporated into the PQRI, which consists of quality measures and their final specifications. CPT Category II codes and specified G codes are to be used in reporting the data on Medicare claims and are identified in the measure specifications. For more information on PQRI, see the CMS website <http://www.cms.hhs.gov/PQRI/>.

**Durable Medical Equipment**

Durable medical equipment (DME) consists of prosthetics, orthotics, and other supplies. Some supplies can be billed to the local Medicare carrier; others cannot. For supplies that cannot be billed to a local carrier, the only other method of reimbursement is through a durable medical equipment Medicare administrative contractor (DME MAC). In order to receive reimbursement from a DME MAC, the provider must be a certified durable medical equipment supplier.

Under Section 911 of the Medicare Prescription Drug, Improvement and Modernization Act (MMA), Congress mandated that the Secretary of Health and Human Services replace the current contracting authority under Title XVIII of the Social Security Act with the Medicare Administrative Contractor (MAC) authority. Contracting reform requires that CMS use competitive procedures to replace its current fiscal intermediaries (FIs) and carriers with a uniform type of administrative entity, referred to as Medicare Administrative Contractors (MACs) and that MACs must re-compete every five years. The FIs handled claims processing and benefit payment functions for institutional providers under Part A and Part B of the Medicare

program, while carriers performed the same functions for professional providers under Part B of the program.

The following is a listing of the current DME MACs and their contact information.

**Durable Medical Equipment Medicare Administrative Contractors (DME MACs)*****Jurisdiction A***

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

**NHIC (National Heritage Insurance Corp.)**

PO Box 9146  
Hingham MA 02043-9146  
Supplier Customer Service: 1-866-419-9458  
IVR: 1-866-419-9458  
EDI Help Desk: 1-866-563-0049  
[www.medicarenhic.com/dme](http://www.medicarenhic.com/dme)

***Jurisdiction B***

Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin

**National Government Services**

PO Box 240  
Indianapolis IN 46207-0240  
Supplier Customer Service/IVR: 1-877-299-7900  
EDI Contact Center: 1-877-273-4334  
[www.adminastar.com](http://www.adminastar.com)

***Jurisdiction C***

Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Virginia, West Virginia

**CIGNA Government Services**

PO Box 20010  
Nashville TN 37202  
Supplier Customer Services: 1-866-270-4909  
IVR: 1-866-238-9650  
[www.cignagovernmentservices.com](http://www.cignagovernmentservices.com)  
EDI Contact Center: 1-888-613-9271 or [www.palmettogba.com/jcedi](http://www.palmettogba.com/jcedi)

***Jurisdiction D***

Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, N. Mariana Islands, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

**Noridian Administrative Services**

901 40th Avenue South Suite 1  
Fargo ND 58103-2146  
IVR: 1-877-320-0390  
Supplier Contact Center: 1-866-243-7272  
[www.noridianmedicare.com](http://www.noridianmedicare.com)

**EDI**

Jurisdiction D EDI  
PO Box 690  
Nashville TN 37202  
Telephone: 1-866-224-3094

***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 Urology/Nephrology HCPCS Level II Code Index**

**Acetate concentrate solution, for hemodialysis** A4708

**Acid concentrate, solution, for hemodialysis** A4709

**Adhesive/non-adhesive, disk/foam pad** A5126

**Adhesive remover, wipe** A4456

**Air bubble detector for hemodialysis, replacement** E1530

**Alarm, pressure, replacement, for hemodialysis** E1540

**Ammonia test strips, for dialysis** A4774

**Antiseptic solution, for dialysis equipment** A4674

**Anesthetic, for dialysis**

injectable A4737

topical A4736

**Appliance cleaner, incontinence and ostomy** A5131

**Autogenous AV fistula received** G8530

**Bag, urinary**

drainage, leg/abdomen, with/without tube, with straps

latex A5112

vinyl A4358

leg strap replacement A5113-A5114

suspensory with leg A5105

**Bicarbonate concentrate**

hemodialysis

powder A4707

solution A4706

**Blood**

collection tube, vacuum, for dialysis A4770

glucose test strips, for dialysis A4772

leak detector for hemodialysis, replacement E1560

pressure

cuff A4663

monitor, automatic A4670

sphygmomanometer apparatus, with cuff, stethoscope A4660

pump, for hemodialysis, replacement E1620

tubing, arterial/venous, for hemodialysis A4750

**Brief/diaper**

adult sized, disposable

extra large T4524

large T4523

medium T4522

small, T4521

**Bulking agent implant, injectable**

urinary tract, 1 ml

dextranomer/hyaluronic acid copolymer L8604

synthetic L8606

**Cannulation set, fistula, for hemodialysis, A4730**

- 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.

**i** Modifier 58 must be used for purposes of identifying procedures performed by the original physician during the postoperative period of the original procedure, within the constraints of the modifier's definition. These procedures cannot be repeat operations (unless the procedures are more extensive than the original procedure) and cannot be for the treatment of complications requiring a return trip to the operating room.

The existence of modifier 58 does not negate the global fee concept. Services that are included in CPT as multiple sessions or are defined as including multiple services or events may not be billed with this modifier. This modifier is designed to allow a method of reporting additional, related surgeries that are due to a progression of the disease and are not to be used to avoid global surgery edits applicable to staged procedures.

Modifier 58 should be used on surgical codes only and has no effect on the payment amount.

Note: This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier 78.

**59 Distinct Procedural Service**

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesions, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is more appropriate, it should be used rather than modifier 59.

**Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

**i** Modifier 59 was established to demonstrate that multiple, yet distinct, services were provided to a patient on the same date of service by the same provider. Because distinct procedures or services rendered on the same day by the same physician cannot be easily identified and properly adjudicated by simply listing the CPT procedure codes, modifier 59 assists the payer or Medicare carrier in applying the appropriate reimbursement protocol. If the modifier is not used in these circumstances, services may be denied, with the explanation of benefits stating that the payer does not reimburse for this service because it is part of another service that was performed at the same time.

**73 Discontinued Out-patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to Administration of Anesthesia**

Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s), or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

**74 Discontinued Out-patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia**

Due to extenuating circumstances or those that threaten the well being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), or general) or after the procedure was started (e.g., incision made, intubation started, scope inserted). Under these circumstances, the intended service that is prepared for but cancelled

can be reported by its usual procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

**76 Repeat Procedure or Service by Same Physician**

It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service.

**77 Repeat Procedure by Another Physician**

It may be necessary to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated service.

**i** Appending this modifier does not guarantee payment of the repeat procedure, but will assist in determining duplicate billings for the procedure.

**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**

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

**i** Medicare includes specific medical and/or surgical care for postoperative complications within the global surgical package and does not allow additional payment. Included in the global surgical package are "additional medical and surgical services required of the surgeon during the postoperative period of the surgery because of complications which do not require additional trips to the operating room."

**79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period**

The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

**i** When billing for an unrelated procedure by the same physician during the postoperative period of an original procedure, a new postoperative period will begin with the subsequent procedure. A different ICD-9-CM diagnosis should be indicated on the claim to identify the unrelated procedure.

**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

- Genitourinary
- Integumentary (skin and/or breast)
- Psychiatric
- Hematologic/Lymphatic
- Neurological
- Endocrine
- Allergic/Immunologic

A problem pertinent ROS inquires about the system directly related to the problem(s) identified in the HPI.

An extended ROS inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems.

A complete ROS inquires about the system(s) directly related to the problem(s) identified in the HPI, plus all additional body systems.

#### **Past, Family, and/or Social History**

The Past, Family, and/or Social History (PFSH) consists of a review of three areas:

- Past history (the patient's past experiences with illnesses, operations, injuries and treatments)
- Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk)
- Social history (an age appropriate review of past and current activities)

For certain categories of E/M services that include only an interval history, it is not necessary to record information about the PFSH. Those categories are subsequent hospital care, follow-up inpatient consultations, and subsequent nursing facility care.

A pertinent PFSH is a review of the history area(s) directly related to the problem(s) identified in the HPI.

A complete PFSH is of a review of two or all three of the PFSH history areas, depending on the category of the E/M service. A review of all three history areas is required for services that include a comprehensive assessment or reassessment of the patient. A review of two of the three history areas is sufficient for other services.

## **Specific Definitions and Guidance for Exam Elements**

### **Documentation of Examination**

In the CPT book, the levels of E/M services are based on four types of examination:

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

These types of examinations have been defined for general multi-system and the following single organ systems:

- Cardiovascular
- Eyes
- Genitourinary (Male)
- Musculoskeletal
- Psychiatric
- Skin
- Ears, Nose, Mouth and Throat
- Genitourinary (Female)
- Hematologic/Lymphatic/Immunologic
- Neurological
- Respiratory

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:

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

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.

### **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 following are the 1997 CMS guidance pertaining to the general multi-system physical exam:

**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.

**Urology/Nephrology Examination**

System/Body Area	Elements of Examination
Constitutional	<ul style="list-style-type: none"> <li>• Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)</li> <li>• General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)</li> </ul>
Head and Face	
Eyes	
Ears, Nose, Mouth and Throat	
Neck	<ul style="list-style-type: none"> <li>• Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus)</li> <li>• Examination of thyroid (e.g., enlargement, tenderness, mass)</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>• Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)</li> <li>• Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>• Auscultation of heart with notation of abnormal sounds and murmurs</li> <li>• Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)</li> </ul>
Chest (Breasts)	[See genitourinary (female)]
Gastrointestinal (Abdomen)	<ul style="list-style-type: none"> <li>• Examination of abdomen with notation of presence of masses or tenderness</li> <li>• Examination of liver and spleen</li> <li>• Examination for presence or absence of hernia</li> <li>• Obtain stool sample for occult blood test when indicated</li> </ul>
Genitourinary	<p><b>MALE:</b></p> <ul style="list-style-type: none"> <li>• Inspection of anus and perineum</li> <li>• Examination (with or without specimen collection for smears and cultures) of genitalia including:                             <ul style="list-style-type: none"> <li>– Scrotum (e.g., lesions, cysts, rashes)</li> <li>– Testes (e.g., size, symmetry, masses)</li> <li>– Penis (e.g., lesions, presence or absence of foreskin, foreskin retractability, plaque, masses, scarring, deformities)</li> </ul> </li> <li>• Digital rectal examination including:                             <ul style="list-style-type: none"> <li>– Prostate gland (e.g., size, symmetry, nodularity, tenderness)</li> <li>– Sphincter tone, presence of hemorrhoids, rectal masses</li> <li>– Epididymides (e.g., size, symmetry, masses)</li> <li>– Urethral meatus (e.g., size, location, lesions, discharge)</li> <li>– Seminal vesicles (e.g., symmetry, tenderness, masses, enlargement)</li> </ul> </li> </ul> <p><b>FEMALE:</b></p> <p>Includes at least seven of the following eleven elements identified by bullets:</p> <ul style="list-style-type: none"> <li>• Inspection and palpation of breasts (e.g., masses or lumps, tenderness, symmetry, nipple discharge)</li> <li>• Digital rectal examination including sphincter tone, presence of hemorrhoids, rectal masses</li> </ul> <p>Pelvic examination (with or without specimen collection for smears and cultures) including:</p> <ul style="list-style-type: none"> <li>• Anus and perineum</li> <li>• Adnexa/parametria (e.g., masses, tenderness, organomegaly, nodularity)</li> <li>• Bladder (e.g., fullness, masses, tenderness)</li> <li>• Urethra (e.g., masses, tenderness, scarring)</li> <li>• Vagina (e.g., general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)</li> <li>• Uterus (e.g., size, contour, position, mobility, tenderness, consistency, descent or support)</li> <li>• External genitalia (e.g., general appearance, hair distribution, lesions)</li> <li>• Cervix (e.g., general appearance, lesions, discharge)</li> <li>• Urethral meatus (e.g., size, location, lesions, prolapse)</li> </ul>
Lymphatic	<ul style="list-style-type: none"> <li>• Palpation of lymph nodes in neck, axillae, groin and/or other location</li> </ul>
Musculoskeletal	
Extremities	
Skin	<ul style="list-style-type: none"> <li>• Inspection and/or palpation of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers)</li> </ul>
Neurological/ Psychiatric	<ul style="list-style-type: none"> <li>• Brief assessment of mental status including: Orientation (e.g., time, place and person) and Mood and affect (e.g., depression, anxiety, agitation)</li> </ul>

**Content and Documentation Requirements**

Level of Exam	Perform and Document:
Problem Focused	<b>One to five</b> elements identified by a bullet.
Expanded Problem Focused	<b>At least six</b> elements identified by a bullet.
Detailed	<b>At least twelve</b> elements identified by a bullet.
Comprehensive	Perform <b>all</b> elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border.