

Procedural Coding Expert

The Ultimate Guide to CPT® Coding



2012

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Introduction

Procedural coding is the translation of medical services, procedures, events, and circumstances into numeric and alphanumeric codes to facilitate insurance billing. Core coding reference books, specifically the CPT book and derivative works, are the key to understanding these codes. The *Procedural Coding Expert* was developed to enhance the coding information of the AMA's CPT products with critical billing guidance.

The family of codes used to report medical or surgical services and procedures is collectively referred to as HCPCS (Healthcare Common Procedural Coding System) codes. HCPCS Level I codes consist of five-digit numeric codes utilized from the physician's *Current Procedural Terminology* (CPT®) as published and maintained by the American Medical Association (AMA). These types of codes are the most frequently used to report services and are the focus of the *Procedural Coding Expert*. This family is comprised of two distinct parts or levels: Level I and Level II.

CPT (HCPCS Level I) Codes

CPT codes consist of the five-digit numeric codes listed in the Physicians' Current Procedural Terminology published by the American Medical Association. These are the most frequently used codes to report services and procedures, since the code book mainly consists of physician procedures. The codes are updated annually, and the new codes for the upcoming year are available at the end of the preceding year for use on January 1, 2012.

Locating a CPT Code

To code appropriately, it is necessary to have a working knowledge of medical terminology and anatomy and to understand the conventions of the CPT book. Transforming verbal descriptions of procedures and services into the most appropriate numerical code(s) for reporting them is a complex activity that was originally accomplished to provide access to data in medical records according to diagnoses and operations for medical research, education, and administrative purposes. Medical codes today are utilized to facilitate payment of health services, to evaluate utilization patterns, and to study the appropriateness of healthcare costs. Coding provides the basis for epidemiological studies and research into the quality of healthcare.

Once familiar with the *Procedural Coding Expert* book, identifying appropriate codes becomes less of a task. The numbers at the top of each page are for easy reference and give the range of codes located on that particular page.

Most sections list the sequence of codes in the following order:

- Top to bottom of body (head to toe)
- Central to peripheral in some subsections (i.e., cardiovascular and nervous system codes)
- Outside to inside of body (incision/excision)

There are two ways to locate a code in the *Procedural Coding Expert* book:

- By anatomical site (numerically)
- The Index (alphabetically)

A code can be located simply by knowing the site or body system. For example, if a patient had an EKG performed in the emergency department, the user should try to locate a code through the Index. Alternatively, the coder may know that the patient's heart was being monitored, which means a code from the Medicine (90000) series in the Cardiovascular section should be used to report this procedure.

The Index is organized by main terms, shown in bold typeface. There are four primary classes of main entries:

- Procedure or service – Laparoscopy, Angioplasty

- Organ or other anatomic site – Arm, Chest, Abdomen
- Condition – Angina, Lesion
- Synonyms, eponyms and abbreviations – EKG, ABG, HDL

The main term is divided into specific sub-terms that help in selecting the appropriate code.

Whenever more than one code applies to a given index entry, a code range is listed. If two or more nonsequential codes apply, they will be separated by a comma. For example:

Cerebrospinal

fluid

shunt, 63740, 63746, 78650

If more than one sequential code applies, they will be separated by a hyphen. For example:

Office and/or Other Outpatient Services

Established patient 99211-99215

A cross reference provides instructions to the user on where to look when entries are listed under another heading.

See directs the user to refer to the term listed. This is used primarily for synonyms, eponyms and abbreviations, such as:

Heart

see Septal Defect

The alphabetic index is not a substitute for the main text of CPT. The user must always refer to the main text to ensure that the code selection is accurate and not assign any codes from the Index entry alone.

CPT Symbols

In addition to understanding the layout of CPT and knowing how to reference the book, the user must also understand symbols and their meanings.

● Indicates a new code has been added to the edition the coder is referencing. For example:

- 64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

▲ Indicates the code number is the same, but the definition or description has changed since the last edition

- ▲ 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

⸈ Indicates a selection of suffixes that append to the main portion (prefix) of the code. For example:

77261 Therapeutic radiology treatment planning; simple
77262 intermediate
77263 complex

▶◀ Indicates new and revised text other than within the procedure code description

▶(Do not report 75989 in conjunction with 47490)◀

⊙ Identifies codes that are exempt from the use of modifier 51, but have not been designated as add-on procedures/ services.

- ⊙ 99143 Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time

Note: For more information on modifier 51, see the Modifier chapter.

⊙ Identifies codes that include conscious sedation.

- 92960 Cardioversion, elective, electrical conversion of arrhythmia; external

✓ Identifies codes that have been created for vaccines that are pending FDA approval (at the time of the publication of that year's CPT).

- ✓ 90664 Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use

Add-on Codes

Add-on procedures or services are ones that are performed in addition to the primary procedure/service. In the CPT book, a + indicates a CPT add-on code.

- 99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

- + 99292 each additional 30 minutes (List separately in addition to code for primary service)

The add-on procedure is performed on the same day by the same provider that performed the primary procedure/service. These codes should never be reported alone and should not be reported with modifier 51.

Modifiers

Modifiers consist of two numeric or alphanumeric digits appended to a code to indicate when a service or procedure that still fits the code description was altered by a specific circumstance or when additional information about the procedure performed needs to be provided. See the Modifier chapter for an in-depth breakdown of modifiers and their usage.

Unlisted Procedure or Service

The procedure performed may not always be found with a designated code assignment in CPT. Unlisted procedure codes are provided in every section to be used in these cases. An accompanying operative report or other visit documentation is required when reporting unlisted codes in order for the payer to identify what the procedure entailed and determine its eligibility for reimbursement. An unlisted procedure code should not be used when a Category III code better describes the procedure performed.

Surgical Package

The concept of a global fee for surgical procedures is a long-established concept under which a single fee is billed that pays for all necessary services normally furnished by the surgeon before, during, and after the procedure. Since the fee schedule is based on uniform national relative values, it is necessary to have a uniform national definition of global surgery to assure that equivalent payment is made for the same amount of work and resources.

The following items are included in the global package reimbursement:

- local anesthesia, digital block, or topical anesthesia
- after the decision for surgery is made, one E/M service one day before or the day of surgery
- postoperative care that occurs directly after the procedure
- examining the patient in the recovery area
- any postoperative care occurring during the designated postoperative period

To assist in this uniform implementation, the CPT Editorial Panel created five modifiers (24, 25, 59, 78, and 79) to identify a service or procedure furnished during a global period that is not a part of the global surgery fee, such as a service unrelated to the condition requiring surgery or for treating the underlying condition and not for normal recovery from the surgery. These types of services may be reported in addition to the global fee.

Category II Codes

The Category II section of CPT contains a set of supplemental tracking codes that can be used for performance measurement. This section of codes was implemented in 2004 to facilitate data collection about the quality of care rendered for specific conditions by coding certain services and test results that support nationally established performance measures with evidence of contributing to increased quality patient care. It is not required for providers to report these codes; the use of these codes is optional.

Category II codes consist of five numeric-alpha codes that end in an F and the following categories are included in this code set:

- Composite Codes
- Patient Management
- Patient History
- Physical Examination
- Diagnostic/Screening Processes or Results
- Therapeutic, Preventive or Other Interventions
- Follow-up or Other Outcomes
- Patient Safety
- Structural Measures

Category III Codes

Category III codes are temporary codes that identify emerging technologies, services, and procedures, and allow for data collection to determine clinical efficacy, utilization, and outcomes. They consist of four numbers, followed by the letter.

A Category III code should be reported instead of an unlisted code if it better describes the procedure that was performed. These temporary codes may or may not be assigned a Category I CPT code in the future.

Using the Procedural Coding Expert

Basic steps in coding procedures/services

There are two ways to locate CPT® codes in the *Procedural Coding Expert*: by anatomic site within the section for that body system, or by referencing the Index.

If a user is familiar with the anatomic site, (s)he could simply go directly to that section of the PCE to locate a code. Since the shoulder was incised, the code would most likely be near the beginning of that section before a code pertaining to skin repair on a more peripheral location of an extremity.

The Index is organized by main terms. Main terms in the Index are shown in bold typeface. There are four primary classes of main terms:

- Procedure or service – endoscopy, anastomosis, splint
- Organ or other anatomic site – tibia, colon, salivary gland
- Condition – abscess, entropion, tetralogy of Fallot
- Synonym, eponyms, and abbreviations – EEG, Bricker operation, Clagett procedure

Each main term can stand alone or can be followed by additional levels of terms that add further specificity or clarification. When more specific levels of terms appear, these subterms need to be reviewed before selecting the code to be assigned.

Whenever more than one code applies to a given index entry, a code range is listed. If several nonsequential codes or code ranges apply, they will be separated by a comma.

UGA	under general anesthesia
UGI	upper gastrointestinal
ultra	beyond, in excess, ultraviolet; ultraligation; ultrasonic
up ad lib	up as desired
UPJ	ureteropelvic junction
URI	upper respiratory infection
US	ultrasonic, ultrasound
USA	unstable angina
UTI	urinary tract infection
UVJ	ureterovesical junction
VA	visual acuity
VBAC	vaginal birth after caesarean
VBP	venous blood pressure
VC	ventricular contraction
VENT	ventral
VF/Vfib	ventricular fibrillation
VLDL	very low density lipoprotein
VMA	vanillylmandelic acid
VP	venous pressure, venipuncture
VPB	ventricular premature beats
VPC	ventricular premature contractions
VS	vital signs
VSD	ventricular septal defect
VT/Vtach	ventricular tachycardia
W	vessel wall
W/C	wheelchair
WBC	white blood cell
WD	well developed
WHO	World Health Organization
WN	well nourished
WNL	within normal limits
WPW	Wolff-Parkinson - White Syndrome
X	times

Coding Terms Glossary

The following definitions are medical terms commonly seen while coding and billing the healthcare field:

Abdominal Aorta – The portion of the aorta (main blood vessel of the body) in the abdomen.

Ablation – Destruction of selected portions of tissue.

Abscess – A localized collection of pus in any part of the body, usually surrounded by inflamed tissue.

ACE (Angiotensin-Converting Enzyme) Inhibitor – A drug that lowers blood pressure by interfering with the breakdown of a substance involved in blood pressure regulation.

Acute Sinusitis – Symptoms of sinusitis that begin suddenly.

Adenoma – Benign tumor of glandular origin (e.g., parathyroid adenoma).

Adhesion – Fibrous scars caused when body tissues that are normally separate are joined. Abdominal adhesions may be painful when stretched because fibrous tissue is not elastic.

Adrenal Glands – Two glands (located above each kidney), of which the cortex (outer portion) produces cortisone-like hormones and the medulla (inner portion) produces adrenalin and noradrenalin. Adrenal glands help the body's metabolism and regulation of sodium, potassium, and blood pressure.

Adrenaline – The hormone secreted by the central part (medulla) of the adrenal gland.

Aldosterone – Produced by the adrenal glands. Helps to regulate salt and water balance by holding on to salt and water and removing potassium.

Allergen – A substance (e.g., food, fur, pollen, or dust) that is normally harmless but causes an allergic reaction in susceptible people.

Allergic Conjunctivitis – Red, itchy, watery eyes; a result of an exposure to an allergen or an irritant.

Allergy – Reaction of the immune system to substances that, in the majority of people, do not cause symptoms.

Alveoli – Air sacs in the lungs where oxygen and carbon dioxide are exchanged to and from the bloodstream.

Amenorrhea – Complete absence of menstruation.

Amniocentesis – The suction of fluid from the amniotic sac through the use of a needle inserted through the abdomen.

Analgesia – Loss of sensibility to pain, and/or loss of response to a painful stimulus.

Analgesic – A medication that reduces or eliminates pain.

Anaphylaxis – A severe and life-threatening allergic reaction to a substance.

Anaplastic Thyroid Cancer – A rare type of thyroid cancer that spreads rapidly. This is the least common but most deadly of all thyroid cancers.

Androgens – Hormones responsible for facial hair and other secondary masculine characteristics

Anemia – A condition of too few red blood cells in the blood.

Anesthesia – Loss of sensation of a body part when induced by the administration of a drug.

Anesthetic – An agent that causes loss of sensation with or without the loss of consciousness.

Aneurysm – A sac-like protrusion from a blood vessel or the heart, resulting from a weakening of the vessel wall or heart muscle.

Angina (or Angina Pectoris) – Pain, discomfort, pressure or squeezing, usually centered in the chest that results from diseased blood vessels restricting blood and oxygen flow to the heart. Tightness or heaviness in the arms, neck or jaw, shortness of breath, nausea, sweating, weakness or palpitations may also be present. This is usually due to a clogged artery to the heart.

Angiography – An x-ray technique that makes use of contrast injected into the coronary arteries to study blood circulation through the vessels. This test allows physicians to measure the degrees of obstruction to blood flow.

Angioplasty – A non-surgical technique for treating diseases arteries by temporarily inflating a tiny balloon inside an artery to push aside plaque build-up.

Anterior – Front of the body or situated nearer the front of the body.

Anterolateral – Situated or occurring in front of and to the side.

Antibiotic – A substance that combats bacterial infection.

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 aneurysm, 0078T-0081T
 infrarenal, 34800-34805, 34825-34832
 thoracic, 33877
 arch, 33852-33853
 artery, 35452, 35472
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15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
17.86	16.23	090	1	2	0	1		

AMA: Sep 2000:7, Feb 2004:11, May 2004:12, Feb 2005:16

15824 Rhytidectomy; forehead **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	000	50	51	62	80		
15.51	15.51	000	1	2	0	0		

15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	000	50	51	62	80		
13.40	13.40	000	1	2	0	0		

15826 Rhytidectomy; glabellar frown lines **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	000	50	51	62	80		
11.18	11.18	000	1	2	0	0		

15828 Rhytidectomy; cheek, chin, and neck **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	000	50	51	62	80		
38.13	38.13	000	1	2	0	0		

15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	000	50	51	62	80		
38.13	38.13	000	1	2	0	0		

Coding Guidance

A panniculectomy (removal of excess skin and subcutaneous tissue) at the incision site of an open procedure, such as hernia repair, is not separately reportable. However, when an abdominoplasty is also done that requires a significant amount of work more than a panniculectomy, both 15830 and 15847 for the abdominoplasty may be reported.

15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
34.30	34.30	090	0	2	1	2		

15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
27.17	27.17	090	0	2	1	2		

15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
25.51	25.51	090	0	2	0	0		

15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
25.68	25.68	090	0	2	0	0		

15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
27.17	27.17	090	0	2	0	0		

15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
21.22	21.22	090	0	2	0	0		

15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand **G2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
24.22	20.50	090	0	2	0	0		

15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad **G2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
16.97	16.97	090	0	2	0	0		

15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area **A2 T**

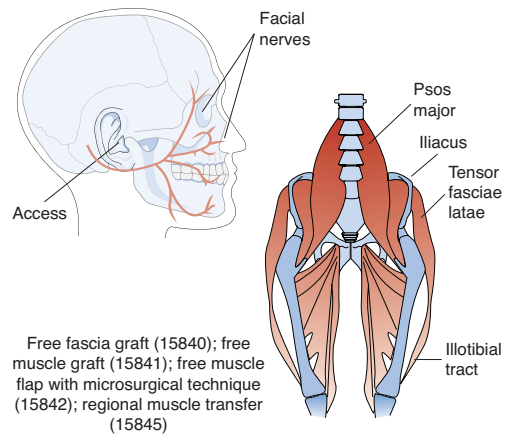
RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
25.20	21.35	090	0	2	0	0		

15840 Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
30.13	30.13	090	0	2	0	1		

AMA: Jan 1997:1, Nov 1997:19, Apr 1998:15, Jun 2002:7, May 2006:17

Graft for facial nerve paralysis



15841 Graft for facial nerve paralysis; free muscle graft (including obtaining graft) **A2 T**

RVU		Global Days			Modifiers			
Non-Fac Total	Fac Total	090	50	51	62	80		
49.76	49.76	090	0	2	1	2		

AMA: Jan 1997:1, Jun 2002:7

15842 Graft for facial nerve paralysis; free muscle flap by microsurgical technique **G2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
74.67	74.67	090	0	2	1	2	

15845 Graft for facial nerve paralysis; regional muscle transfer **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
28.78	28.78	090	0	2	0	2	

+ 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
14.99	14.99	YYY	0	0	1	2	

15850 Removal of sutures under anesthesia (other than local), same surgeon **G2 I**

Coding Tip

Suture removal by the operating surgeon (not under anesthesia) is part of the global surgical package

Suture removal by a physician other than the operating surgeon who initially placed the sutures (not under anesthesia) is reported with an E/M code

Re-dressing of wounds, wound irrigation, or irrigation of tubes/catheters is included

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
2.51	1.17	XXX	9	9	9	9	

AMA: Spring 1993:34, Nov 1997:22

15851 Removal of sutures under anesthesia (other than local), other surgeon **P3 I**

Coding Tip

Suture removal by the operating surgeon (not under anesthesia) is part of the global surgical package

Suture removal by a physician other than the operating surgeon who initially placed the sutures (not under anesthesia) is reported with an E/M code

Re-dressing of wounds, wound irrigation, or irrigation of tubes/catheters is included

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
2.76	1.35	000	0	2	0	1	

AMA: Spring 1993:34, Nov 1997:22

15852 Dressing change (for other than burns) under anesthesia (other than local) **R2 X**

Coding Tip

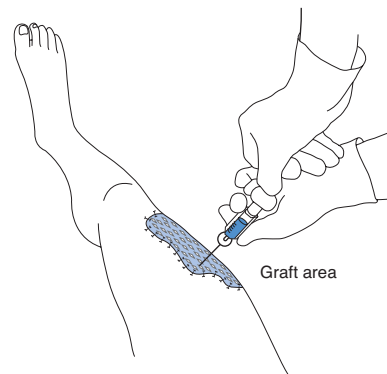
Report when dressing change without suture removal is done under anesthesia

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
1.39	1.39	000	0	2	0	1	

15860 Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft **G2 X**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
3.23	3.23	000	0	2	0	0	

Intravenous injection of agent to test vascular flow in flap or graft



The physician injects a dye agent (e.g., fluorescein) to test vascular flow in a flap or graft area. The agent is injected intravenously.

15876 Suction assisted lipectomy; head and neck **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
9.20	9.20	000	0	2	0	0	

15877 Suction assisted lipectomy; trunk **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
16.43	16.43	000	0	2	0	0	

AMA: Oct 1999:10, Feb 2005:14

15878 Suction assisted lipectomy; upper extremity **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
9.20	9.20	000	1	2	0	0	

15879 Suction assisted lipectomy; lower extremity **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
16.43	16.43	000	1	2	0	0	

Excisional Decubitus Ulcer Procedures

15920 Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
17.57	17.57	090	0	2	0	0	

Pub 100-3, 1, 270.4

15922 Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
22.62	22.62	090	0	2	1	2	

Pub 100-3, 1, 270.4

15931 Excision, sacral pressure ulcer, with primary suture; **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
19.65	19.65	090	0	2	0	1	

Pub 100-3, 1, 270.4

31291 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region C

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
36.81	36.81	010		1	2	0	0

AMA: Winter 1993:24, Jan 1997:4

31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
29.88	29.88	010		1	2	0	0

AMA: Winter 1993:24, Jan 1997:4

31293 Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
32.55	32.55	010		1	2	0	0

AMA: Winter 1993:24, Jan 1997:4

31294 Nasal/sinus endoscopy, surgical; with optic nerve decompression T

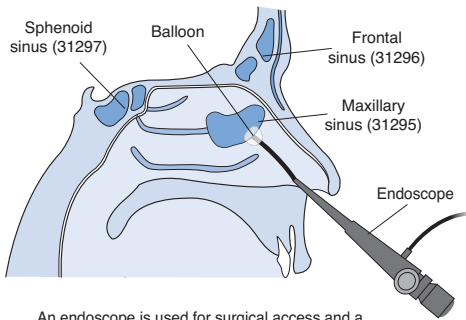
RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
37.30	37.30	010		1	2	0	0

AMA: Winter 1993:24, Jan 1997:4

31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa G2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
60.12	5.17	000		1	2	0	2

Nasal/sinus endoscopy, with ostium dilation



An endoscope is used for surgical access and a balloon is used for dilation of the sinus ostium.

31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation) G2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
112.41	6.18	000		1	2	0	2

31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation) G2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
111.35	5.06	000		1	2	0	0

Other Sinus Procedures

31299 Unlisted procedure, accessory sinuses T X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
0.00	0.00	YYY		0	2	1	0

Laryngeal Procedures

Incisional Laryngeal Procedures

31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
37.39	37.39	090		0	2	1	2

31320 Laryngotomy (thyrotomy, laryngofissure); diagnostic A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
19.28	19.28	090		0	2	0	0

31360 Laryngectomy; total, without radical neck dissection C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
60.86	60.86	090		0	2	1	2

31365 Laryngectomy; total, with radical neck dissection C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
75.56	75.56	090		0	2	1	2

AMA: Oct 2001:10

31367 Laryngectomy; subtotal supraglottic, without radical neck dissection C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
65.00	65.00	090		0	2	1	2

31368 Laryngectomy; subtotal supraglottic, with radical neck dissection C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
72.17	72.17	090		0	2	1	2

31370 Partial laryngectomy (hemilaryngectomy); horizontal C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
61.05	61.05	090		0	2	1	2

31375 Partial laryngectomy (hemilaryngectomy); laterovertical C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
57.88	57.88	090		0	2	1	2

31380 Partial laryngectomy (hemilaryngectomy); anterovertical C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
57.02	57.02	090		0	2	1	2

31382 Partial laryngectomy (hemilaryngectomy); antero-latero-vertical C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
62.57	62.57	090	0	2	1	2	

31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
83.99	83.99	090	0	2	1	2	

31395 Pharyngolaryngectomy, with radical neck dissection; with reconstruction C PQR

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
88.68	88.68	090	0	2	1	2	

31400 Arytenoidectomy or arytenoidopexy, external approach A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
29.64	29.64	090	0	2	0	2	

31420 Epiglottidectomy A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
24.80	24.80	090	0	2	1	2	

Excisional Laryngeal Procedures

Coding Guidance

Do not report for elective intubation for non-emergency reasons, such as bronchoscopy or general anesthesia.

G2 S 31500 Intubation, endotracheal, emergency procedure G2 S

Coding Tip

See also emergency tracheostomy procedure - 31603-31605

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
3.24	3.24	000	0	0	0	0	1

AMA: Nov 1999:32-33, Oct 2003:2, Aug 2004:8, Jul 2006:4, Jul 2007:1, Dec 2009:10

31502 Tracheotomy tube change prior to establishment of fistula tract G2 S

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
1.04	1.04	000	0	2	0	1	

AMA: Winter 1990:6

Endoscopic Laryngeal Procedures

Coding Guidance

When a diagnostic endoscopy is done to determine that a non-endoscopic, surgical procedure is necessary, the diagnostic procedure may be reported separately as a distinct, diagnostic service. Modifier 58 may be used to note that the surgical procedure deemed necessary as a result of the diagnostic endoscopy, and the diagnostic endoscopy itself are planned or staged procedures. When an open surgical procedure is accompanied by a diagnostic endoscopy to evaluate the patient's respiratory system anatomy or determine surgical efficacy, the endoscopy is not reported. If the larynx is viewed during esophagoscopy through the esophagoscope, it cannot be reported. However, if it is viewed through a separate laryngoscope, both the laryngoscopy and the esophagoscopy may be reported.

31505 Laryngoscopy, indirect; diagnostic (separate procedure) P2 T

Coding Tip

Report only when diagnostic laryngoscopy alone is performed
Direct diagnostic laryngoscopy - 31525; with operating microscope - 31526

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
2.45	1.45	000	0	2	0	1	

AMA: Nov 1999:13

31510 Laryngoscopy, indirect; with biopsy A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
6.25	3.63	000	0	3	0	0	

AMA: Nov 1999:13

31511 Laryngoscopy, indirect; with removal of foreign body A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
6.23	3.84	000	0	3	0	1	

AMA: Nov 1999:13

31512 Laryngoscopy, indirect; with removal of lesion A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
6.18	3.92	000	0	3	0	0	

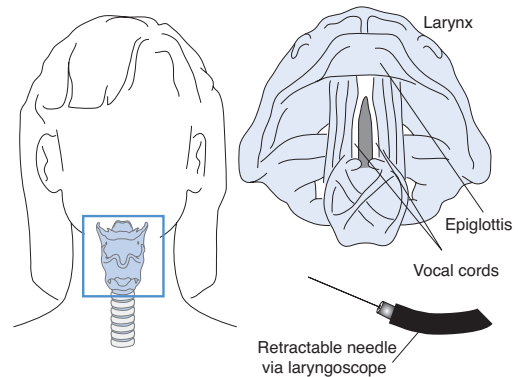
AMA: Nov 1999:13

31513 Laryngoscopy, indirect; with vocal cord injection A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
3.98	3.98	000	0	3	0	0	

AMA: Nov 1999:13

Laryngoscopy, indirect; with injection



The physician examines the vocal cords, the tongue, and the top of the throat and injects the vocal cords to treat paralysis/atrophy

31515 Laryngoscopy direct, with or without tracheoscopy; for aspiration A2 T

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
6.16	3.29	000	0	2	0	1	

Coding Guidance

When a diagnostic endoscopy is done to determine that a non-endoscopic, surgical procedure is necessary, the diagnostic procedure may be reported separately as a distinct, diagnostic

44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
59.74	59.74	090	0	2	1	2

AMA: May 2003:3

+ 44213 Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) I

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
5.55	5.55	ZZZ	0	0	1	2

44227 Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
48.59	48.59	090	0	2	1	2

44238 Unlisted laparoscopy procedure, intestine (except rectum) I X

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
0.00	0.00	YYY	1	2	0	2

AMA: May 2003:4

Enterostomy Creation/Revision Procedures

44300 Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
24.43	24.43	090	0	2	1	2

AMA: Mar 2002:10, Aug 2008:7

44310 Ileostomy or jejunostomy, non-tube C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
30.28	30.28	090	0	2	1	2

AMA: Mar 2002:10, Apr 2006:1

44312 Revision of ileostomy; simple (release of superficial scar) (separate procedure) A2 I PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
17.20	17.20	090	0	2	0	0

AMA: Spring 1993:35

44314 Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
29.28	29.28	090	0	2	1	2

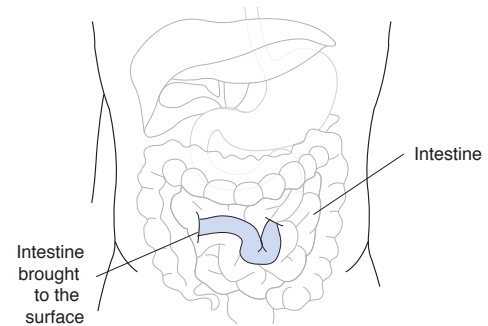
44316 Continent ileostomy (Kock procedure) (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
40.83	40.83	090	0	2	1	2

44320 Colostomy or skin level cecostomy; C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
34.79	34.79	090	0	2	1	2

Colostomy or skin level cecostomy



For 44320, a loop of the large intestine or the end of the large intestine is brought to the skin surface for the elimination of waste. Report 44322 for multiple biopsies.

44322 Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
28.44	28.44	090	0	2	1	2

44340 Revision of colostomy; simple (release of superficial scar) (separate procedure) A2 I PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
17.83	17.83	090	0	2	1	1

44345 Revision of colostomy; complicated (reconstruction in-depth) (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
30.47	30.47	090	0	2	1	2

44346 Revision of colostomy; with repair of paracolostomy hernia (separate procedure) C PQR

RVU		Global Days	Modifiers			
Non-Fac Total	Fac Total		50	51	62	80
34.22	34.22	090	0	2	1	2

Endoscopic Small Intestine/Stomal Procedures

Coding Guidance

When a surgical endoscopy directly follows a diagnostic endoscopy, the diagnostic portion is included. When a diagnostic endoscopic service is provided in conjunction with therapeutic endoscopic services, report only the more comprehensive endoscopic code that describes the service. If different therapeutic endoscopic services performed are not adequately described by a comprehensive service code, the appropriate multiple GI endoscopy codes can be used. When an endoscopy is performed to confirm or establish anatomical landmarks as a scout endoscopy, the procedure is not reported separately. When an endoscopy is done as a diagnostic procedure for basing the decision to do a more extensive open surgical procedure, the endoscopy may be separately reported. Control of bleeding resulting from an endoscopy and performed at the time of

the service is included. It if becomes necessary to repeat an endoscopy in order to control bleeding, then a procedure code for endoscopic control of bleeding may be reported with a modifier identifying a return to the operative room in the postoperative period.

- 44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
4.74	4.74	000	0	2	0	1	

AMA: Spring 1994:7

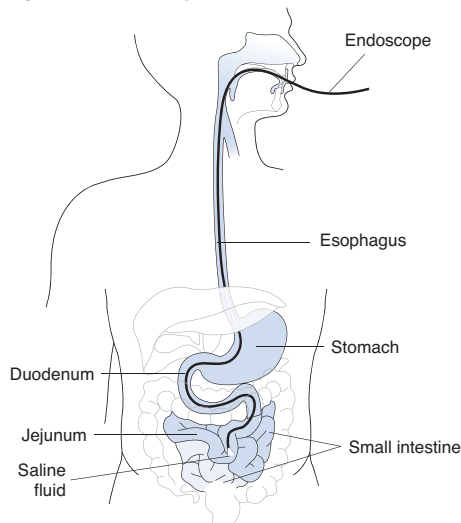
Pub 100-3, 1, 100.2

- 44361 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
5.20	5.20	000	0	3	0	1	

Pub 100-3, 1, 100.2

Small intestinal endoscopy, enteroscopy beyond second portion of duodenum



A flexible or rigid endoscope is inserted through the mouth or nose and through the gastrointestinal tract

- 44363 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
6.21	6.21	000	0	3	0	0	

Pub 100-3, 1, 100.2

- 44364 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
6.65	6.65	000	0	3	0	0	

Pub 100-3, 1, 100.2

- 44365 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
5.94	5.94	000	0	3	0	0	

Pub 100-3, 1, 100.2

- 44366 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
7.82	7.82	000	0	3	0	1	

Pub 100-3, 1, 100.2

- 44369 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
7.99	7.99	000	0	3	0	0	

Pub 100-3, 1, 100.2

- 44370 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
8.63	8.63	000	0	3	0	0	

AMA: Nov 2001:7

Pub 100-3, 1, 100.2

- 44372 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
7.68	7.68	000	0	3	0	1	

AMA: Spring 1994:7

Pub 100-3, 1, 100.2

- 44373 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
6.18	6.18	000	0	3	0	1	

AMA: Spring 1994:7

Pub 100-3, 1, 100.2

69632 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
32.12	32.12	090	1	2	0	1	

69633 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
31.00	31.00	090	1	2	0	1	

69635 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
36.40	36.40	090	1	2	0	1	

69636 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
41.15	41.15	090	1	2	0	0	

69637 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
41.03	41.03	090	1	2	0	0	

69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
31.03	31.03	090	1	2	0	1	

69642 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
39.93	39.93	090	1	2	0	1	

69643 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
36.49	36.49	090	1	2	0	1	

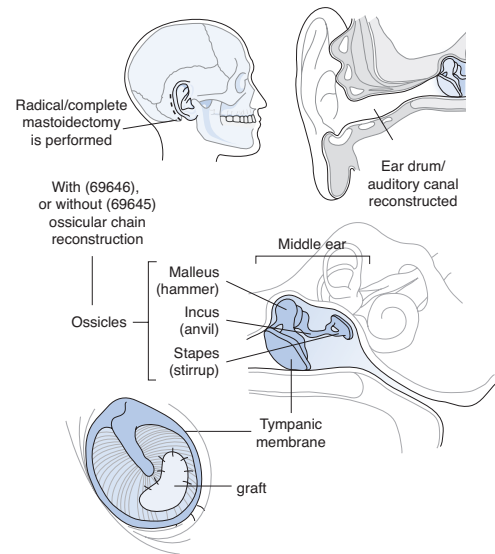
69644 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
44.14	44.14	090	1	2	0	1	

69645 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
43.34	43.34	090	1	2	0	1	

Tympanoplasty with mastoidectomy radical/complete with/without ossicular chain reconstruction



69646 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
45.98	45.98	090	1	2	0	0	

69650 Stapes mobilization **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
23.80	23.80	090	1	2	0	1	

69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
27.69	27.69	090	1	2	0	1	

69661 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
36.09	36.09	090		1	2	0	0

69662 Revision of stapedectomy or stapedotomy **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
34.57	34.57	090		1	2	0	1

69666 Repair oval window fistula **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
24.06	24.06	090		1	2	0	0

69667 Repair round window fistula **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
24.10	24.10	090		1	2	0	0

69670 Mastoid obliteration (separate procedure) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
28.11	28.11	090		1	2	0	2

69676 Tympanic neurectomy **A2 I**

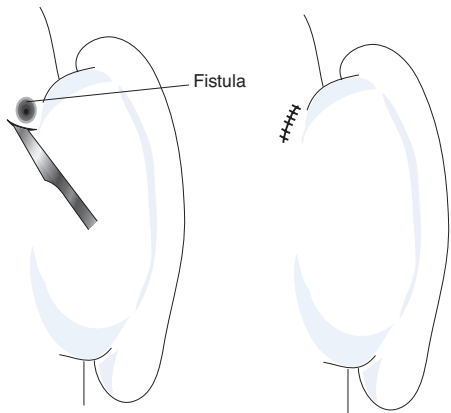
RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
24.79	24.79	090		1	2	0	1

Other Middle Ear Procedures

69700 Closure postauricular fistula, mastoid (separate procedure) **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
20.55	20.55	090		1	2	0	1

Closure postauricular fistula, mastoid



The fistula tract is excised and repaired with sutures

69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone **I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
14.09	14.09	XXX		9	9	9	9

69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
25.79	25.79	090		1	2	0	2

69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy **H8 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
32.15	32.15	090		1	2	0	1

69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy **H8 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
39.82	39.82	090		1	2	0	1

69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy **H8 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
33.98	33.98	090		1	2	0	1

69718 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy **H8 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
40.24	40.24	090		1	2	0	1

69720 Decompression facial nerve, intratemporal; lateral to geniculate ganglion **A2 I PQR**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
35.04	35.04	090		1	2	1	0

69725 Decompression facial nerve, intratemporal; including medial to geniculate ganglion **I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
56.32	56.32	090		1	2	0	2

69740 Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
34.96	34.96	090		1	2	0	2

69745 Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion **A2 I**

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total			50	51	62	80
37.25	37.25	090		1	2	0	2

88740 Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

88741 Hemoglobin, quantitative, transcutaneous, per day; methemoglobin A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

88749 Unlisted in vivo (eg, transcutaneous) laboratory service A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

Other Laboratory/Pathology Procedures

89049 Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
7.52	1.96	XXX	0	0	0	0	

AMA: Mar 2006:6, May 2006:19
Pub 100-4, 16, 70.8-70.9

89050 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.17	0.17	XXX	9	9	9	9	

AMA: Aug 2005:9

89051 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.23	0.23	XXX	9	9	9	9	

89055 Leukocyte assessment, fecal, qualitative or semiquantitative A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.17	0.17	XXX	9	9	9	9	

AMA: Jul 2003:9

89060 Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.28	0.28	XXX	9	9	9	9	
26 0.57	0.57	XXX	0	0	0	0	

89125 Fat stain, feces, urine, or respiratory secretions A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.24	0.24	XXX	9	9	9	9	

89160 Meat fibers, feces A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.11	0.11	XXX	9	9	9	9	

89190 Nasal smear for eosinophils A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.17	0.17	XXX	9	9	9	9	

89220 Sputum, obtaining specimen, aerosol induced technique (separate procedure) X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.47	0.47	XXX	0	0	0	0	

AMA: Aug 2005:9
Pub 100-4, 16, 70.8-70.9

89230 Sweat collection by iontophoresis X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.09	0.09	XXX	0	0	0	0	

Pub 100-3, 1, 190.5

89240 Unlisted miscellaneous pathology test X X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	0	0	0	0	

AMA: Nov 2005:14, Jan 2007:30

Reproductive Medicine Procedures/Testing

89250 Culture of oocyte(s)/embryo(s), less than 4 days; ♀ X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
13.51	13.51	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2, May 2004:16, Jun 2004:9
Pub 100-4, 16, 70.8-70.9

89251 Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos ♀ X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2
Pub 100-4, 16, 70.8-70.9

89253 Assisted embryo hatching, microtechniques (any method) ♀ X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2, May 2004:16, Jun 2004:9
Pub 100-4, 16, 70.8-70.9

89254 Oocyte identification from follicular fluid ♀ X

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total	50	51	62	80		
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2, May 2004:16, Jun 2004:9
Pub 100-4, 16, 70.8-70.9

89255 Preparation of embryo for transfer (any method) ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35-36, Jan 1998:6, Oct 1998:1, Apr 2004:2, May 2004:16, Jun 2004:9

Pub 100-4, 16, 70.8-70.9

89257 Sperm identification from aspiration (other than seminal fluid) ♂ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2

Pub 100-4, 16, 70.8-70.9

89258 Cryopreservation; embryo(s) ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2,4

Pub 100-4, 16, 70.8-70.9

89259 Cryopreservation; sperm ♂ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:35,36, Jan 1998:6, Oct 1998:1, Apr 2004:2,4

Pub 100-4, 16, 70.8-70.9

89260 Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis ♂ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:36, Jan 1998:6, Oct 1998:1, Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89261 Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis ♂ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1997:36, Jan 1998:6, Oct 1998:1, Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89264 Sperm identification from testis tissue, fresh or cryopreserved ♂ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Nov 1998:30, Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89268 Insemination of oocytes ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89272 Extended culture of oocyte(s)/embryo(s), 4-7 days ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89280 Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89281 Assisted oocyte fertilization, microtechnique; greater than 10 oocytes ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:3,4

Pub 100-4, 16, 70.8-70.9

89290 Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:5

Pub 100-4, 16, 70.8-70.9

89291 Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos ♀ ✕

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.00	0.00	XXX	9	9	9	9	

AMA: Apr 2004:5

Pub 100-4, 16, 70.8-70.9

89300 Semen analysis; presence and/or motility of sperm including Huhner test (post coital) ♂ A

Coding Tip

For a CLIA-waived test, add modifier QW to 87805, although this test may not be covered by Medicare. Contact Medicare for claims instructions.

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.39	0.39	XXX	9	9	9	9	

AMA: Nov 1997:36, Jul 1998:10, Oct 1998:4, Apr 2004:3, Aug 2005:9

89310 Semen analysis; motility and count (not including Huhner test) ♂ A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.34	0.34	XXX	9	9	9	9	

AMA: Jul 2003:9, Apr 2004:3

89320 Semen analysis; volume, count, motility, and differential ♂ A

RVU		Global Days		Modifiers			
Non-Fac Total	Fac Total		50	51	62	80	
0.39	0.39	XXX	9	9	9	9	

AMA: Apr 2004:3, Apr 2008:5