

2016 PROCEDURAL CODING E X P E R T

CPT® Codes with Medicare Essentials Enhanced for Accuracy

Procedural Coding Expert 2016



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Introduction

Thank you for your purchase! We are pleased to offer you our unique resource for coding procedures and services, which is based on the AMA's Current Procedural Terminology (CPT[®]) coding system. The code set in this book is compliant with the Health Information Portability and Accountability Act (HIPAA) for coding procedures and services.

This book goes beyond the basics to help you code accurately and efficiently. In addition to including the official Index and chapters with Category I, II, and III codes, we've crafted a select set of bonus features based on requests from coders in the field as well as the recommendations of our core group of veteran coding educators.

We've also customized the Index to provide you with the easiest method for finding codes for services and procedures, which includes significantly reducing the number of "See" cross-references. Not having numerous "See" cross-references enables you to quickly find the correct code(s) to review without having to be redirected throughout the manual.

Our goal was to apply our unique approach to focusing on the practical application of the codes to this procedure coding manual. For instance, for specific procedures, you'll find billing and reporting information needed to submit clean claims to payers. We included facility and non-facility RVUs, global days, MUEs, and ASC payment indicators. You will also find all modifiers that apply to a CPT[®] code and references to CPT[®] Assistant articles. We provided icons for new and revised codes, as well as icons showing male, female, and maternity procedures.

This manual is also packed with anatomical and procedural illustrations: turn to the front of the book to find specific anatomy diagrams; turn to the individual procedure codes to review illustrations for countless procedures. Features that you'll benefit from page after page include the following:

- New/revised/deleted codes advice
- New code articles to orient you to the new 2016 codes
- E/M coding advice to get you through the tricky spots
- CPT[®] and HCPCS modifiers, definitions, and tips for how and when you should append modifiers
- PQRS codes and their associated quality measure
- Anatomical illustrations
- Procedure illustrations
- Appendixes packed with crucial information:
 - ✓ New, revised, and deleted codes for 2016
 - ✓ Crosswalks for deleted codes
 - ✓ Inpatient-only procedure codes
 - ✓ HCPCS Level II modifiers

- Category II modifiers
- Anesthesia modifiers
- Resequenced codes*
- Vascular families for interventional radiology coding
- ✓ Modifier 51 exempt codes
- ✓ Modifier 63 exempt codes
- ✓ Add-on codes
- Moderate sedation codes
- Brand-name vaccinations associated with CPT[®] codes
- Medicare Physician Fee Schedule Payment System Fact Sheet
- Place of service
- Type of service
- PQRS codes and their associated measure
- ✓ Drug class lists
- Payment Status Indicators

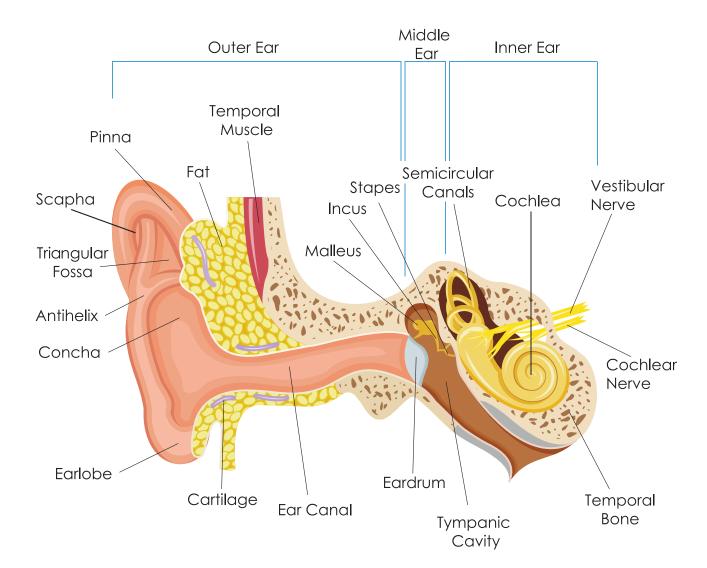
*The American Medical Association (AMA) uses a numbering methodology for resequencing, which is the practice of displaying codes outside of their numerical order.

Symbols & Conventions for This Manual

•	New Code
	Revised Code
+	Add-On Code
#	Resequenced Code
۲	Conscious Sedation included
4	FDA Approval Pending
0	Modifier 51 Exempt
63 ⁰	Modifier 63 Exempt
우	Female only procedures
o™	Male only procedures
Μ	Maternity
PQRS	PQRS quality measure
FRVU	Facility total RVU
NFRVU	Non-facility total RVU
GD	Global Days
MUE	Medically Unlikely Edit
MOD	Modifier crosswalk
ASC PI	ASC Payment Indicator
ASC Sep. Pay	ASC Separate Payment
APC SI	APC Status Indicator
APC	APC value
CPT Asst	CPT [®] Assistant Article reference

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EAR ANATOMY



New/Revised/Deleted Codes Advice for 2016

New Codes

New Code	Description	Advice							
	Evaluation and Management								
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	CPT [®] 2016 adds +99415 to report each hour of additional time beyond the typical time set for E/M service that a physician or other qualified health care professional spends with a patient. At this time, CPT [®] does not provide an indication as to the reason for adding +99415 and +99416, which should not be used with PQRS codes 99354 and 99355, Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service (first hour and each additional half hour respectively). Report +99415 for the first hour of additional time that the staff spends under the provider's supervision when the clinical staff spends additional time directly with the patient during an office or outpatient E/M service. You must report this							
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	add-on code with an appropriate primary code for E/M service. CPT [®] 2016 adds +99416 to report each half hour of additional time beyond the typical time set for E/M service that a physician or other qualified health care professional spends with a patient. At this time, CPT [®] does not provide an indication as to the reason for adding +99415 and +99416, which should not be used with PQRS codes 99354 and 99355, Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service (first hour and each additional half hour respectively). Report +99416 for each half hour of additional time when the clinical staff spends additional time directly with the patient during an office or outpatient E/M service. You must report this add-on code with an appropriate primary code for E/M service.							
		Integumentary System							
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	CPT [®] 2016 adds 10035 for localization of lesions in the soft tissues. In this procedure, the provider places a clip, metallic pellet, wire or needle, or radioactive seeds through the skin into soft tissue to mark a single lesion and guide surgical excision of the lesion or for radiation therapy localization. While other CPT [®] codes exist for placement of markers in specific areas of the body, such as intrathoracic, intra-abdominal, the prostate, or breast, no code existed for placement of markers in soft tissue. Codes 10035 and 10036 meet that need (for a single lesion and each additional lesion respectively) and bundle in imaging guidance, the use of technologies that display live images on a video monitor. Imaging guidance should not be reported separately when reporting 10035 or 10036.							
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	CPT [®] 2016 adds +10036 for localization of additional lesions in the soft tissues, after the first. In this procedure, the provider places a clip, metallic pellet, wire or needle, or radioactive seeds through the skin into soft tissue to mark additional lesions and guide surgical excision of the lesions or for radiation therapy localization. While other CPT [®] codes exist for placement of markers in specific areas of the body, such as intrathoracic, intra-abdominal, the prostate, or breast, no code existed for placement of markers in soft tissue. Codes 10035 and 10036 meet that need (for a single lesion and each additional lesion respectively) and bundle in imaging guidance, the use of technologies that display live images on a video monitor. Imaging guidance should not be reported separately when reporting 10035 or 10036.							

New Code Articles for the New 2016 Codes

The following articles are from The Coding Institute's specialty newsletters covering 2016 CPT[®] changes for various specialties. The articles included here are the most current articles available at the time of the publication of this book. For more articles on coding for individual specialties, check www.supercoder.com/coding-newsletters for a complete list of specialty newsletters available for subscription.

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General E/M Principles

Pay Attention to 3-Year Rule to Decide Between New vs. Established Codes

The location of the encounter won't be the deciding factor.

Even before you start looking at the history, exam, and medical decision making components of an office visit, you first need to determine if the patient is new or established. Whether you report 99211-99215 (*Office or other outpatient visit for the evaluation and management of an established patient* ...) or 99201-99205 (*Office or other outpatient visit for the evaluation and management of a new patient* ...) depends on the answer. Understanding the essential three-year rule will make that choice a breeze.

Take a look at what the experts have to say about when — and how — to apply the infamous three-year criterion.

Turn to CPT[®] for Guidance

The chief factor in determining whether a patient is new or established is time and, you must decide whether your provider has seen the patient in the past, and if he has, how long ago.

Rule: CPT[®] clearly defines what qualifies as an established patient: "An established patient is one who received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years."

Ask yourself, "Has the patient seen the provider in the past three years?" Here's how to code based on your answer:

- Yes: If your provider has billed for a professional service in the past three years for a patient, you'll report any subsequent visits using established patient E/M codes (such as 99211-99215), says Becky Boone, CPC, CUC, certified reimbursement assistant for the University of Missouri Department of Surgery in Columbia.
- No: If your provider has not seen the patient within the past three years, you can report a new patient E/M code (such as 99201-99205), instructs Christy Shanley, CPC, CUC, administrator for the University of California, Irvine department of urology.

Don't Assume a New Provider Means New Patient

If the patient has been seen before within the same practice, even though he switched doctors, he is an established patient.

If you are in a group physician setting, under the same tax ID, you have to determine if the patient has seen any of the doctors (of the same specialty) and when before you can decide on a new or established patient code.

Example: An internist in your practice provides an initial inpatient consultation to a patient he's never seen before. The patient then comes to your office for follow-up care one week later, but sees a different internist because the first provider is unavailable. You should report an established patient office visit for the physician's in-office follow-up. Even though the patient has never been to your office, and the second physician has never seen the patient, you should report an established patient code. The patient is an established patient because a physician in the same specialty and group provided professional services within the past three years.

Exception: The rules differ for subspecialties. If your practice has sub-specialists, you may have a situation when you should use new patient E/M codes for an otherwise established patient. Check with your individual payers to see how they define new and established patient visits with regard to different specialties and sub-specialties in the same group.

CPT[®] 2012 clarified the definition, now stating, "A new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years." The portions of the description that were new for 2012 are underlined.

What this means to you: If your practice employs various subspecialists, CPT[®] now makes it clear that you can bill claims for patients who see different doctors with different subspecialties using a new patient code [such as 99201-99205], according to **Peter A. Hollmann, MD**, chair of the CPT[®] Editorial Panel, during the CPT[®] 2012 Annual Symposium in Chicago.

Avoid Coding Based on Location

You should not use place of service (POS) as an indication of new versus established patient. Based on CPT[®]'s established patient definition, new versus established refers to the patient's relationship to the physician, not his relationship to the practice or its location.

"POS is irrelevant," Shanley says. Even if your physician saw a patient in the emergency room rather than in your

Excision, Finger

Finger Bone Cyst or Tumor 26200-26215 Lesion, Tendon Sheath or Joint Capsule 26160 Vascular Malformation 26111, 26113, 26115, 26116 Fistula Anal 46270-46288 Breast, Lactiferous Duct 19112 Foot Bone Cyst or Tumor Phalanges 28108 Talus or Calcaneus 28100-28103 Lesion, Tendon, Tendon Sheath or Joint Capsule 28090 Plantar Fascia 28060, 28062 Forearm or Wrist. Tumor Subcutaneous 25071, 25075 Subfascial 25073, 25076 Gallbladder 47600, 47605, 47610, 47612, 47620 Laparoscopic 47562, 47563, 47564 Ganglion Cyst Tendon, Tendon Sheath or Joint Capsule Foot 28090 Hand or Finger 26160 Toe 28092 Wrist Primary 25111 Recurrent 25112 Gums/Gingiva 41820 Alveolar Process, Partial 41830 Lesion or Tumor 41825, 41826, 41827 Operculum 41821 Hand or Finger Cyst or Lesion, Tendon Sheath or Joint Capsule 26160 Tumor or Vascular Malformation, Soft Tissues Subcutaneous 26111, 26115 Subfascial 26113, 26116 Heart Donor 33930, 33940 Tumor 33120, 33130 Hemorrhoids, See Hemorrhoidectomy Hip 27070, 27071 Bone Cyst or Tumor 27065, 27066, 27067 Bursa 27060, 27062 Partial 27070, 27071 Tumor, Soft Tissues 27043, 27045, 27047, 27048 Hippocampus and Amygdala 61566 Humerus Bone Cyst or Tumor 23150, 24110 With Allograft 23156, 24116 With Autograft 23155, 24115 Humeral Head 23174, 23195 Partial, Bone 23184, 24140 Sequestrum 24134, 23174 Hydrocele Spermatic Cord, Unilateral 55500 Tunica Vaginalis Bilateral 55041 Unilateral 55040 Hygroma, Cystic

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Without Deep Neurovascular Dissection

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66155, 66160

Iridectomy 66600-66635

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Leg

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38550

45136

27067

Innominate Bone

Intestines

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Enterectomy, Donor

Lesion 44110, 44111

Cadaver 44132

Living 44133

Partial 44133

Iris

Small Intestine

llium

Hymenal Ring, Partial 56700

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Surgical Procedures on the Skin, Subcutaneous and Accessory Structures (10030-11646)

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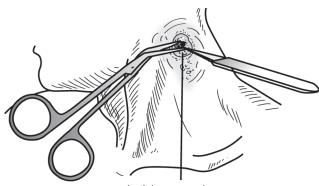
- 10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tlssue (eg, extremity, abdominal wall, neck), percutaneous FRVU 4.47 NFRVU 22.06 GD XXX MUE 2
 MOD 22, 47, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AQ, AR, AS, GA, GC, GZ, PD, XE, XP, XS, XU
 ASC PI: P2 ASC Sep. Pay: Yes APC SI: T APC: 0007 CPT[®] Asst: MAY 2014; Vol 24: Issue 5, MAY 2014; Vol 24: Issue 5, NOV 2013; Vol 23: Issue 11
- Placement of soft tlssue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
- Placement of soft tlssue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures (10040-10180)

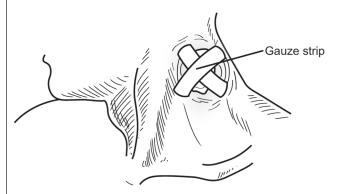
10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
 FRVU 2.50 NFRVU 2.86 GD 010 MUE 1
 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 99, AQ, AR, CS, GC, GJ, GR, KX, PD, Q5, Q6, QJ, QJ, XE, XP, XS, XU
 ASC PI: N1 ASC Sep. Pay: No APC SI: T APC: 0012 CPT[®] Asst: FEB 2008; Vol 18: Issue 2



10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single FRVU 2.76 NFRVU 3.31 GD 010 MUE 1
 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU
 ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0006 CPT[®] Asst: SEP 2012; Vol 22: Issue 9, APR 2010; Vol 20: Issue 4, DEC 2006; Vol 16: Issue 12



Incision over abscess



10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple

FRVU 5.13 NFRVU 5.85 GD 010 MUE 1

MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: P2 ASC Sep. Pay: Yes APC SI: T APC: 0006 CPT[®] Asst: SEP 2012; Vol 22: Issue 9, DEC 2006; Vol 16: Issue 12

- 10080
 Incision and drainage of pilonidal cyst; simple

 FRVU 2.95
 NFRVU 5.08
 GD 010
 MUE 1

 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR,
 GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

 ASC PI: P2
 ASC Sep. Pay: Yes
 APC SI: T
 APC: 0006

 CPT® Asst: MAY 2007; Vol 17: Issue 5, DEC 2006; Vol 16: Issue 12
- 10081Incision and drainage of pilonidal cyst; complicatedFRVU 4.86NFRVU 7.61GD 010MUE 1

NFRVU Non-facility total RVU GD Global Days MUE Medically Unlikely Edit MOD Modifier crosswalk ASC PI ASC Payment Indicator ASC Sep. Pay ASC Separate Payment APC SI APC Status Indicator APC APC value CPT Asst CPT® Assistant Article reference

10120	MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0007 CPT® Asst: MAY 2007; Vol 17: Issue 5, DEC 2006; Vol 16: Issue 12 Incision and removal of foreign body, subcutaneous tissues; simple FRVU 2.96 NFRVU 4.32 GD 010 MUE 3 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: P3 ASC Sep. Pay: Yes APC: 0016 CPT® Asst: APR 2013; Vol 23: Issue 4, DEC 2013; Vol 23: Issue 12, SEP 2012; Vol 22: Issue 9, DEC 2006; Vol 16: Issue 12 Incision and removal of foreign body, subcutaneous tissues; complicated POIS FRVU 5.31 NFRVU 7.75 GD 010 MUE 2 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 90, A0, AP		Incision and drainage, complex, postoperative wound infection PORS FRVU 5.13 NFRVU 6.99 GD 010 MUE 2 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0008 CPT® Asst: NOV 2014; Vol 24: Issue 11, DEC 2006; Vol 16: Issue 12 Issue 12 Issue 12 Issue 12 Debridement of extensive eczematous or infected skin; up to 10% of body surface PORS FRVU 0.82 NFRVU 1.54 GD 000 MUE 1 MOD 22, 51, 52, 53, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU PORS FRVU 0.82 NFRVU 1.54 Content of the section o
	MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0021 CPT® Asst: DEC 2013; Vol 23: Issue 12, SEP 2012; Vol 22: Issue 9, DEC 2006; Vol 16: Issue 12	11001	ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0016 CPT® Asst: MAY 2011; Vol 21: Issue 5 Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part
10140	Incision and drainage of hematoma, seroma or fluid collection FRVU 3.38 NFRVU 4.62 GD 010 MUE 2 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0007 CPT® Asst: NOV 2014; Vol 24: Issue 11, DEC 2006; Vol 16: Issue 12	11004	thereof (List separately in addition to code for primary procedure) FRVU 0.40 NFRVU 0.59 GD ZZZ MUE 1 MOD 51, 52, 53, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: N1 ASC Sep. Pay: No CPT® Asst: MAY 2011; Vol 21: Issue 5 Debridement of skin, subcutaneous tissue, muscle
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst POIS FRVU 2.74 NFRVU 3.69 GD 010 MUE 3 MOD 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 99, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0006 CPT® Asst: APR 2010; Vol 20: Issue 4		and fascia for necrotizing soft tIssue infection; external genitalia and perineum FRVU 16.74 GD 000 MUE 1 MOD 22, 51, 52, 53, 58, 59, 76, 77, 99, AQ, AR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU CPT® Asst: OCT 2013; Vol 23: Issue 10, JAN 2012; Vol 22: Issue 1, MAY 2011; Vol 21: Issue 5
		11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tlssue infection; abdominal wall, with or without fascial closure PORS FRVU 22.62 NFRVU 22.62 GD 000 MUE 1 MOD 22, 51, 52, 53, 58, 59, 76, 77, AQ, AR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU CPT® Asst: OCT 2013; Vol 23: Issue 10, JAN 2012; Vol 22: Issue 1, MAY 2011; Vol 21: Issue 5
	Puncture aspiration through needle	11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tIssue infection; external genitalia, perineum and abdominal wall, with or without fascial closure FRVU 20.27 NFRVU 20.27 GD 000 MUE 1 MOD 22, 51, 52, 53, 58, 59, 76, 77, AQ, AR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU CPT® Asst: OCT 2013; Vol 23: Issue 10, JAN 2012; Vol 22: Issue 1, MAY 2011; Vol 21: Issue 5

New Code A Revised Code + Add-On Code # Resequenced Code Conscious Sedation included + FDA Approval Pending
 Modifier 51 Exempt
 Modifier 63 Exempt
 Female only procedures
 Maternity
 PQRS quality measure

PQRS

PQRS

AR, CR, ET, GA,

GR, KX, LT, PD,

64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus FRVU 20.78 NFRVU 20.78 GD 090 MUE 1		Carpal Tunnel Syndrome
	MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: G2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: AUG 2013; Vol 23: Issue 5, JUN 2012; Vol 22: Issue 6, FEB 2010; Vol 20: Issue 2, JUN 2001; Vol 11: Issue 6		- FAA
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus FRVU 18.63 NFRVU 18.63 GD 090 MUE 1 MOD 22, 50, 51, 52, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: G2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: DEC 2013; Vol 23: Issue 12, JUN 2012; Vol 22: Issue 6, FEB 2010; Vol 20: Issue 2, JUN 2001; Vol 11: Issue 6		ompression of the redian nerve
64716	Neuroplasty and/or transposition; cranial nerve (specify) FRVU 15.35 NFRVU 15.35 GD 090 MUE 2 MOD 22, 47, 51, 52, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: FEB 2010; Vol 20: Issue 2, JUN 2001; Vol 11: Issue 6	64722	Decompression; unspecified nerve(s) (specify) FRVU 10.68 NFRVU 10.68 GD 090 MUE 4 MOD 22, 47, 51, 52, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220
64718	Neuroplasty and/or transposition; ulnar nerve at elbow FRVU 17.00 NFRVU 17.00 GD 090 MUE 1 MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: FEB 2010; Vol 20: Issue 2, MAR 2009; Vol 19: Issue 3, JUN 2001; Vol 11: Issue 6	64726	 CPT® Asst: FEB 2010; Vol 20: Issue 2, JUN 2001; Vol 11: Issue 6 Decompression; plantar digital nerve FRVU 7.91 NFRVU 7.91 GD 090 MUE 2 MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: FEB 2010; Vol 20: Issue 2, JUN 2001; Vol 11: Issue 6
64719	Neuroplasty and/or transposition; ulnar nerve at wrist FRVU 11.47 NFRVU 11.47 GD 090 MUE 1 MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: FEB 2010; Vol 20: Issue 2, MAR 2009; Vol 19: Issue 3, JUN 2001; Vol 11: Issue 6	<u>64727</u>	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) FRVU 5.35 NFRVU 5.35 GD ZZZ MUE 2 MOD 22, 52, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU ASC PI: N1 ASC Sep. Pay: No CPT® Asst: JUN 2012; Vol 22: Issue 6, FEB 2010; Vol 20: Issue 2,
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel FRVU 12.24 NFRVU 12.33 GD 090 MUE 1 MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220 CPT® Asst: JUL 2015; Vol 25: Issue 7, DEC 2013; Vol 23: Issue 12, JUN 2012; Vol 22: Issue 6, SEP 2012; Vol 22: Issue 9, FEB 2010; Vol 20: Issue 2, AUG 2009; Vol 19: Issue 8, NOV 2006; Vol 16: Issue 11, JUN 2001; Vol 11: Issue 6	Extrac	CPT® ASSE: JUN 2012; Vol 22: ISSUE 6, FEB 2010; Vol 20: ISSUE 2, JUN 2001; Vol 11: Issue 6 ection or Avulsion Procedures on the cranial Nerves, Peripheral Nerves, and omic Nervous System (64732-64772) Transection or avulsion of; supraorbital nerve FRVU 10.91 NFRVU 10.91 GD 090 MUE 1 MOD 22, 47, 50, 51, 52, 54, 55, 56, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD Q5, Q6, QJ, RT, XE, XP, XS, XU ASC PI: A2 ASC Sep. Pay: Yes APC SI: T APC: 0220

New Code ▲ Revised Code + Add-On Code # Resequenced Code
© Conscious Sedation included

< 🛇 Modifier 51 Exempt 🔗 Modifier 63 Exempt 🗣 Female only procedures 🔗 Male only procedures 🕅 Maternity PORS PQRS quality measure **FRVU** Facility total RVU

SURGERY/NERVOUS SYSTEM

Measurement of ocular blood flow by repetitive 0198T intraocular pressure sampling, with interpretation report FRVU 0.00 NFRVU 0.00 GD XXX MUE 2 MOD 59, 76, GY, GZ, Q6, XE, XP, XS, XU **APC SI:** S **APC:** 0698 **0200T** Percutaneous sacral augmentation (sacroplasty unilateral injection(s), including the use of a bal or mechanical device, when used, 1 or more nee includes imaging guidance and bone biopsy, wh performed FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD 50, GY, GZ, LT, Q6, RT ASC PI: G2 ASC Sep. Pay: Yes APC SI: T APC: CPT® Asst: JAN 2015; Vol 25: Issue 1, APR 2015; Vol 25: 0201T Percutaneous sacral augmentation (sacroplasty bilateral injections, including the use of a balloo mechanical device, when used, 2 or more need includes imaging guidance and bone biopsy, wh performed FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GY, GZ, Q6 ASC PI: G2 ASC Sep. Pay: Yes APC SI: T APC: CPT® Asst: JAN 2015: Vol 25: Issue 1. APR 2015: Vol 25 0202T Posterior vertebral joint(s) arthroplasty (eg, face replacement), including facetectomy, laminector foraminotomy, and vertebral column fixation, in of bone cement, when performed, including flue single level, lumbar spine FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GY, GZ, Q6 0205T Intravascular catheter-based coronary vessel or spectroscopy (eg, infrared) during diagnostic ev and/or therapeutic intervention including imagin supervision, interpretation, and report, each ves separately in addition to code for primary proce FRVU 0.00 NFRVU 0.00 GD ZZZ MUE None MOD GY, GZ, Q6 0206T Computerized database analysis of multiple cycl of digitized cardiac electrical data from two or m ECG leads, including transmission to a remote center, application of multiple nonlinear mathem transformations, with coronary artery obstruction severity assessment FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GY, GZ, Q6 **APC SI:** S **APC:** 0420 0207T Evacuation of meibomian glands, automated, us and intermittent pressure, unilateral FRVU 0.00 NFRVU 0.00 GD XXX MUE 2 MOD 47, GY, GZ, Q6 APC SI: S APC: 0230 CPT® Asst: MAY 2014: Vol 24: Issue 5

		Category III Codes
		0198T - 0214T
on and	0208T	Pure tone audiometry (threshold), automated; air only FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GN, GY, GZ, Q6 APC SI: S APC: 0364 CPT® Asst: OCT 2014; Vol 24: Issue 8
r), Iloon edles, nen	0209T	Pure tone audiometry (threshold), automated; air and bone FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GN, GY, GZ, Q6 APC SI: S APC: 0364 CPT® Asst: OCT 2014; Vol 24: Issue 8, MAR 2011; Vol 21: Issue 3
0050 5: Issue 4 7), on or	0210T	Speech audiometry threshold, automated FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GN, GY, GZ, Q6 APC SI: S APC: 0364 CPT® Asst: OCT 2014; Vol 24: Issue 8
les, nen 0050 5: Issue 4	0211T	Speech audiometry threshold, automated; with speech recognition FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GN, GY, GZ, Q6 APC SI: S APC: 0364 CPT® Asst: OCT 2014; Vol 24: Issue 8, MAR 2011; Vol 21: Issue 3
et joint[s] my, ijection oroscopy, PQRS	0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD GN, GY, GZ, Q6 APC SI: S APC: 0365 CPT® Asst: OCT 2014; Vol 24: Issue 8, MAR 2011; Vol 21: Issue 3
r graft valuation ng ssel (List edure)	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level FRVU 0.00 NFRVU 0.00 GD XXX MUE 1 MOD 50, GY, GZ, LT, Q6, RT ASC PI: R2 ASC Sep. Pay: Yes APC SI: T APC: 0207 CPT® Asst: FEB 2011; Vol 21: Issue 2, JUL 2011; Vol 21: Issue 7
les nore natical on	0214T +	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) FRVU 0.00 NFRVU 0.00 GD ZZZ MUE 1 MOD 50, GY, GZ, LT, Q6, RT ASC PI: N1 ASC Sep. Pay: No CPT® Asst: FEB 2011; Vol 21: Issue 2, JUL 2011; Vol 21: Issue 7
sing heat		

NFRVU Non-facility total RVU GD Global Days MUE Medically Unlikely Edit MOD Modifier crosswalk ASC PI ASC Payment Indicator ASC Sep. Pay ASC Separate Payment APC SI APC Status Indicator APC APC value CPT Asst CPT® Assistant Article reference

CATEGORY III CODES

Code Title	Description						
GK	Reasonable and necessary item/service as- sociated with a GA or GZ modifier						
GL	Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)						
GM	Multiple patients on one ambulance trip						
GN	Services delivered under an outpatient speech language pathology plan of care						
GO	Services delivered under an outpatient occu- pational therapy plan of care						
GP	Services delivered under an outpatient physi- cal therapy plan of care						
GQ	Via asynchronous telecommunications system						
GR	This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy						
GS	Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level						
GT	Via interactive audio and video telecommuni- cation systems						
GU	Waiver of liability statement issued as required by payer policy, routine notice						
GV	Attending physician not employed or paid under arrangement by the patient's hospice provider						
GW	Service not related to the hospice patient's terminal condition						
GX	Notice of liability issued, voluntary under payer policy						
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit						
GZ	Item or service expected to be denied as not reasonable and necessary						
Н9	Court-ordered						
HA	Child/adolescent program						
НВ	Adult program, non-geriatric						
НС	Adult program, geriatric						
HD	Pregnant/parenting women's program						
HE	Mental health program						
HF	Substance abuse program						
HG	Opioid addiction treatment program						
нн	Integrated mental health/substance abuse program						
н	Integrated mental health and intellectual dis- ability/developmental disabilities program						
HJ	Employee assistance program						
нк	Specialized mental health programs for high- risk populations						
HL	Intern						

Code Title	Description								
НМ	Less than bachelor degree level								
HN	Bachelor's degree level								
НО	Master's degree level								
HP	Doctoral level								
HQ	Group setting								
HR	Family/couple with client present								
HS	Family/couple without client present								
HT	Multi-disciplinary team								
HU	Funded by child welfare agency								
HV	Funded state addictions agency								
HW	Funded by state mental health agency								
ΗХ	Funded by county/local agency								
HY	Funded by juvenile justice agency								
HZ	Funded by criminal justice agency								
J1	Competitive acquisition program no-pay sub- mission for a prescription number								
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration								
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology								
J4	DMEPOS item subject to DMEPOS competi- tive bidding program that is furnished by a hospital upon discharge								
JA	Administered intravenously								
JB	Administered subcutaneously								
JC	Skin substitute used as a graft								
JD	Skin substitute not used as a graft								
JE	Administered via dialysate								
JW	Drug amount discarded/not administered to any patient								
К0	Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.								
К1	Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. typical of the limited and unlimited household ambulator.								
K2	Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfac- es. typical of the limited community ambulator.								
К3	Lower extremity prosthesis functional level 3 - has the ability or potential for ambulation with variable cadence. typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.								

Appendix O: PQRS Codes and Their Associated Quality Measure

Measure #	Code	Measure #	Code	Measure #	Code		Measure #	Code	Measure #	Code
1	3044F	19	G8397	40.01	3095F	1	56.03	2010F	82	G8720
1	3045F	19	G8398	40.01	3096F	1	59.01	4045F	83	1119F
1	3046F	20	G8629	40.01	G8633	1	59.02	4045F	83	3265F
2	3048F	20	G8630	40.01	G8634	1	59.03	4045F	83	G9202
2	3049F	20	G8631	40.01	G8635	1	64	2015F	84	4151F
2	3050F	20	G8632	41	4005F	1	64	2016F	84	G9203
5	3021F	21	G9196	41	G0402	1	65	G0402	84	G9204
5	3022F	21	G9197	43	4110F	1	65	G8708	84	G9205
5	4010F	21	G9198	44	4115F	1	65	G8709	85	G8458
5.01	3021F	22	4042F	44.01	4115F	1	65	G8710	85	G9206
5.01	4010F	22	4046F	45	4043F	1	66	3210F	85	G9207
6	4086F	22	4049F	45	G8702	1	66	G0402	85	G9208
7	4008F	23	4044F	45	G8703	1	66	G8711	87	G8460
7	G8694	24	5015F	46	1111F	1	67	3155F	87	G8461
7	G9188	24	G0402	46	G0402	1	68	3160F	87	G9209
7	G9189	24.01	5015F	46	G0438	1	68	4090F	87	G9210
7	G9190	28	4084F	46	G0439		68	4095F	87	G9211
7	G9191	30	4047F	47	1123F	1	69	4100F	91	4130F
7	G9192	30	4048F	47	1124F	1	70	3170F	93	4131F
8	G8395	31	G9199	47	G0402		71	3315F	93	4132F
8	G8396	31	G9200	48	1090F	1	71	3316F	99	3250F
8	G8450	31	G9201	49	1091F	1	71	3370F	99	3260F
8	G8451	32	G8696	49	G0402		71	3372F	100	G8721
8	G8452	32	G8697	50	0509F	1	71	3374F	100	G8722
8	G8923	32	G8698	50	G0402	1	71	3376F	100	G8723
8.01	3021F	33	4075F	51	3023F		71	3378F	100	G8724
8.01	G8450	35	6010F	52	4025F	1	71	3380F	102	3269F
8.01	G8451	35	6015F	52	G8924		71	4179F	102	3270F
8.01	G8452	35	6020F	52	G8925		72	3382F	102	3271F
9	G0402	36	G8699	52	G8926		72	3384F	102	3272F
9	G8126	36	G8700	53	1038F		72	3386F	102	3273F
9	G8127	36	G8701	53	1039F		72	3388F	102	3274F
9	G8128	39	G8399	53	4140F		72	3390F	104	4164F
9.01	G0402	39	G8400	53	4144F		72	G8927	104	G8464
9.01	G9193	39	G8401	54	3120F		72	G8928	104	G8465
9.01	G9194	40	3095F	55	G8704		72	G8929	106	1040F
9.01	G9195	40	3096F	55	G8705		76	6030F	106	G8930
12	2027F	40	G0402	55	G8706		81	G8713	106	G8931
14	2019F	40	G8633	55	G8707		81	G8714	107	G8932
18	2021F	40	G8634	56.01	2010F		81	G8717	107	G8933
19	5010F	40	G8635	56.02	2010F		82	G8718	108	4187F

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