

Current Procedural Coding Expert

CPT® codes with Medicare essentials
for enhanced accuracy

SAMPLE

2024

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This differs from the AMA CPT book, in which the coder is directed to a code range that contains the resequenced code and description, rather than to a specific location.

Resequenced codes will appear in brackets in the headers, section notes, and code ranges. For example:

27327-27339 [27329, 27337, 27339] Excision Soft Tissue Tumors Femur/Knee. Codes [27329, 27337, 27339] are included in section 27327-27339 in their resequenced positions.

Code also toxoid/vaccine (90476-90749 [90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, 90759])

This shows codes 90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, and 90759 are resequenced in this range of codes.

A list of all resequenced codes, in numeric order, and the page numbers they can be found on is located in appendix D.

Code Ranges for Medicare Billing

Optum will display the resequenced coding as assigned by the AMA in its CPT products so that the user may understand the code description relationships.

Each particular group of CPT codes in *Current Procedural Coding Expert* is organized in a more intuitive fashion for Medicare billing, being grouped by the Medicare rules and regulations as found in the official CMS online manuals that govern payment of these particular procedures and services, as in this example:

99221-99233 Inpatient Hospital Visits: Initial and Subsequent

CMS: 100-4,11,40.1.3 Independent Attending Physician Services; 100-4,12,30.6.10 Consultation Services; 100-4,12,30.6.15.1 Prolonged Services With Direct Face-to-Face Patient Contact; 100-4,12,30.6.4 Services Furnished Incident to Physician's Service; 100-4,12,30.6.9 Hospital Visit and Critical Care on Same Day

Icons

- **New Codes**
Codes that have been added since the last edition of the AMA CPT book was printed.
- ▲ **Revised Codes**
Codes that have been revised since the last edition of the AMA CPT book was printed.
- **New Web Release**
Codes that are new for the current year but will not be in the AMA CPT book until 2024.
- ▲ **Revised Web Release**
Codes that have been revised for the current year, but will not be in the AMA CPT book until 2024.
- # **Resequenced Codes**
Codes that are out of numeric order but apply to the appropriate category.
- ◀ **Audio-only Services**
Codes that may be reported for audio-only services. Modifier 93 must be appended to code.
- ★ **Telemedicine Services**
Codes that may be reported for telemedicine services. Modifier 95 must be appended to code.
- **Reinstated Code**
Codes that have been reinstated since the last edition of the book was printed.

Pink Color Bar—Not Covered by Medicare

Services and procedures identified by this color bar are never covered benefits under Medicare. Services and procedures that

are not covered may be billed directly to the patient at the time of the service.

Gray Color Bar—Unlisted Procedure

Unlisted CPT codes report procedures that have not been assigned a specific code number. An unlisted code delays payment due to the extra time necessary for review.

Green Color Bar—Resequenced Codes

Resequenced codes are codes that are out of numeric sequence—they are indicated with a green color bar. They are listed twice, in their resequenced position as well as in their original numeric position with a note that the code is out of numerical sequence and where the resequenced code and description can be found.

INCLUDES

Includes notes

Includes notes identify procedures and services that would be bundled in the procedure code. These are derived from AMA, CMS, NCCI, and Optum coding guidelines. This is not meant to be an all-inclusive list.

EXCLUDES

Excludes notes

Excludes notes may lead the user to other codes. They may identify services that are not bundled and may be separately reported, OR may lead the user to another more appropriate code. These are derived from AMA, CMS, NCCI, and Optum coding guidelines. This is not meant to be an all-inclusive list.

Code Also

This note identifies an additional code that should be reported with the service and may relate to another CPT code or an appropriate HCPCS code(s) that should be reported along with the CPT code when appropriate.

Code First

Found under add-on codes, this note identifies codes for primary procedures that should be reported first, with the add-on code reported as a secondary code.

Laboratory/Pathology Crosswalk

This icon denotes CPT codes in the laboratory and pathology section of CPT that may be reported separately with the primary CPT code.

Radiology Crosswalk

This icon denotes codes in the radiology section that may be used with the primary CPT code being reported.

Technical Component Only

Codes with this icon represent only the technical component (staff and equipment costs) of a procedure or service. Do not use either modifier 26 (professional component) or TC (technical component) with these codes.

Professional Component

Only codes with this icon represent the physician's work or professional component of a procedure or service. Do not use either modifier 26 (professional component) or TC (technical component) with these codes.

Bilateral Procedure

This icon identifies codes that can be reported bilaterally when the same surgeon provides the service for the same patient on the same date. Medicare allows payment for both procedures at 150 percent of the usual amount for one procedure. The modifier does not apply to bilateral procedures inclusive to one code.

Assist-at-Surgery Allowed

Services noted by this icon are allowed an assistant at surgery with a Medicare payment equal to 16 percent of the allowed amount for the global surgery for that procedure. No documentation is required.

Assist-at-Surgery Allowed with Documentation

Services noted by this icon are allowed an assistant at surgery with a Medicare payment equal to 16 percent of the allowed amount for the global surgery for that procedure. Documentation is required.

+ Add-on Codes
 This icon identifies procedures reported in addition to the primary procedure. The icon “+” denotes add-on codes. An add-on code is neither a stand-alone code nor subject to multiple procedure rules since it describes work in addition to the primary procedure.

According to Medicare guidelines, add-on codes may be identified in the following ways:

- The code is found on Change Request (CR) 7501 or successive CRs as a Type I, Type II, or Type III add-on code.
- The add-on code most often has a global period of “ZZZ” in the Medicare Physician Fee Schedule Database.
- The code is found in the CPT book with the icon “+” appended. Add-on code descriptors typically include the phrases “each additional” or “(List separately in addition to primary procedure).”

Ⓢ Optum Modifier 50 Exempt
 Codes identified by this icon indicate that the procedure should not be reported with modifier 50 (Bilateral procedures).

Ⓝ Modifier 51 Exempt
 Codes identified by this icon indicate that the procedure should not be reported with modifier 51 (Multiple procedures).

Ⓢ Optum Modifier 51 Exempt
 Codes identified by this Optum icon indicate that the procedure should not be reported with modifier 51 (Multiple procedures). Any code with this icon is backed by official AMA guidelines but was not identified by the AMA with their modifier 51 exempt icon.

📄 Correct Coding Initiative (CCI)
Current Procedural Coding Expert identifies those codes with corresponding CCI edits. The CCI edits define correct coding practices that serve as the basis of the national Medicare policy for paying claims. The code noted is the major service/procedure. The code may represent a column 1 code within the column 1/column 2 correct coding edits table or a code pair that is mutually exclusive of each other.

ⓧ CLIA Waived Test
 This symbol is used to distinguish those laboratory tests that can be performed using test systems that are waived from regulatory oversight established by the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The applicable CPT code for a CLIA waived test may be reported by providers who perform the testing but do not hold a CLIA license.

Ⓢ Modifier 63 Exempt
 This icon identifies procedures performed on infants that weigh less than 4 kg. Due to the complexity of performing procedures on infants less than 4 kg, modifier 63 may be added to the surgery codes to inform the payers of the special circumstances involved.

A2 – Z3 ASC Payment Indicators
 This icon identifies ASC status payment indicators. They indicate how the ASC payment rate was derived and/or how the procedure, item, or service is treated under the revised ASC payment system. For more information about these indicators and how they affect billing, consult *Optum’s Revenue Cycle Pro*.

The ASC payment indicators contained in this publication were effective as of October 1, 2022. Once released by CMS, the table with data effective January 1, 2023, will be available on our product update page at www.optumcoding.com/ProductUpdates/.

- A2** Surgical procedure on ASC list in 2007; payment based on OPPS relative payment weight.
- B5** Alternative code may be available; no payment made.
- D5** Deleted/discontinued code; no payment made.
- F4** Corneal tissue acquisition; hepatitis B vaccine; paid at reasonable cost.

- G2** Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
- H2** Brachytherapy source paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
- J7** OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.
- J8** Device-intensive procedure; paid at adjusted rate.
- K2** Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.
- K7** Unclassified drugs and biologicals; payment contractor-priced.
- L1** Influenza vaccine; pneumococcal vaccine. Packaged item/service; no separate payment made.
- L6** New technology intraocular lens (NTIOL); special payment.
- N1** Packaged service/item; no separate payment made.
- P2** Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility practice expense (PE) RVUs; payment based on OPPS relative payment weight.
- P3** Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.
- R2** Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight.
- Z2** Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.
- Z3** Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.

Age Edit
 This icon denotes codes intended for use with a specific age group, such as neonate, newborn, pediatric, and adult. This edit is based on age specifications in the CPT code descriptors, the product/service represented by the code *may* have age restrictions, and/or updates from the Integrated Outpatient Code Editor (I/OCE). Carefully review the code description to ensure the code you report most appropriately reflects the patient’s age.

M Maternity
 This icon identifies procedures that by definition should be used only for maternity patients generally between 9 and 64 years of age based on CMS I/OCE designations.

♀ Female Only
 This icon identifies procedures designated by CMS for females only based on CMS I/OCE designations.

♂ Male Only
 This icon identifies procedures designated by CMS for males only based on CMS I/OCE designations.

🏢 Facility RVU
 This icon precedes the facility RVU from CMS’s physician fee schedule (PFS). It can be found under the code description. New codes include no RVU information.

Ⓢ Nonfacility RVU
 This icon precedes the nonfacility RVU from CMS’s PFS. It can be found under the code description. New codes include no RVU information.

- U** Brachytherapy sources
- V** Clinic or emergency department visit
- Y** Nonimplantable durable medical equipment

Appendixes

Appendix A: Modifiers—This appendix identifies modifiers. A modifier is a two-position alpha or numeric code that is appended to a CPT or HCPCS code to clarify the services being reported. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as anatomical site, to the code. In addition, they help eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase the accuracy in reimbursement and coding consistency, ease editing, and capture payment data.

Appendix B: New, Revised, and Deleted Codes—This is a list of new, revised, and deleted CPT codes for the current year. This appendix also includes a list of web release new, revised, and deleted codes, which indicate official code changes in *Current Procedural Coding Expert* that will not be in the CPT code book until the following year.

Appendix C: Crosswalk of Deleted Codes—This appendix is a cross-reference from a deleted CPT code to an active code when one is available. The deleted code cross-reference will also appear under the deleted code description in the tabular section of the book.

Appendix D: Resequenced Codes—This appendix contains a list of codes that are not in numeric order in the book. AMA resequenced some of the code numbers to relocate codes in the same category but not in numeric sequence. In addition to the list of codes, this appendix provides the page number where the resequenced code may be found.

Appendix E: Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, Modifier 95 Telemedicine, and Modifier 93 Audio-only Services—This list includes add-on codes that cannot be reported alone, codes that are exempt from modifiers 50 and 51, codes that should not be reported with modifier 63, codes identified by the ★ icon to which modifier 95 may be appended when the service is provided as a synchronous telemedicine service and codes identified by the ◀ to which modifier 93 may be appended when the service is provided as an audio-only synchronous telemedicine service.

Appendix F: Medicare Internet-only Manuals (IOMs)—Previously, this appendix contained a verbatim printout of the Medicare Internet-only Manual references pertaining to specific codes. This appendix now contains a link to the IOMs on the Centers for Medicare and Medicaid Services website. The IOM references applicable to specific codes can still be found at the code level. For example:

93784-93790 Ambulatory Blood Pressure Monitoring
CMS: [100-3,20.19 Ambulatory Blood Pressure Monitoring \(20.19\)](#);
[100-4,32,10.1 Ambulatory Blood Pressure Monitoring Billing Requirements](#)

Appendix G: Quality Payment Program (QPP)—Previously, this appendix contained lists of the numerators and denominators applicable to the Medicare PQRS. However, with the implementation of the Quality Payment Program (QPP) mandated by passage of the Medicare Access and Chip Reauthorization Act (MACRA) of 2015, the PQRS system will be obsolete. This appendix now contains information pertinent to that legislation as well as a brief overview of the proposed changes for the following year, as is available by the date of this publication.

Appendix H: Inpatient-Only Procedures—This appendix identifies services with the status indicator “C.” Medicare will not pay an OPPI hospital or ASC when these procedures are performed on a Medicare patient as an outpatient. Physicians should refer to this list when scheduling Medicare patients for surgical procedures. CMS updates this list quarterly.

Appendix I: Place of Service and Type of Service—This appendix contains lists of place-of-service codes that should be used on professional claims and type-of-service codes used by the Medicare Common Working File.

Appendix J: Multianalyte Assays with Algorithmic Analyses—This appendix lists the administrative codes for multianalyte assays with algorithmic analyses. The AMA updates this list quarterly.

Appendix K: Glossary—This appendix contains general terms and definitions that may be helpful for coding and reimbursement.

Appendix L: Listing of Sensory, Motor, and Mixed Nerves—This appendix lists a summary of each sensory, motor, and mixed nerve with its appropriate nerve conduction study code.

Appendix M: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccine and Administration Codes—This appendix contains a table providing a link between each individual SARS-CoV-2 (COVID-19) vaccine code and its corresponding vaccine administration code, along with other pertinent information related to each vaccine.

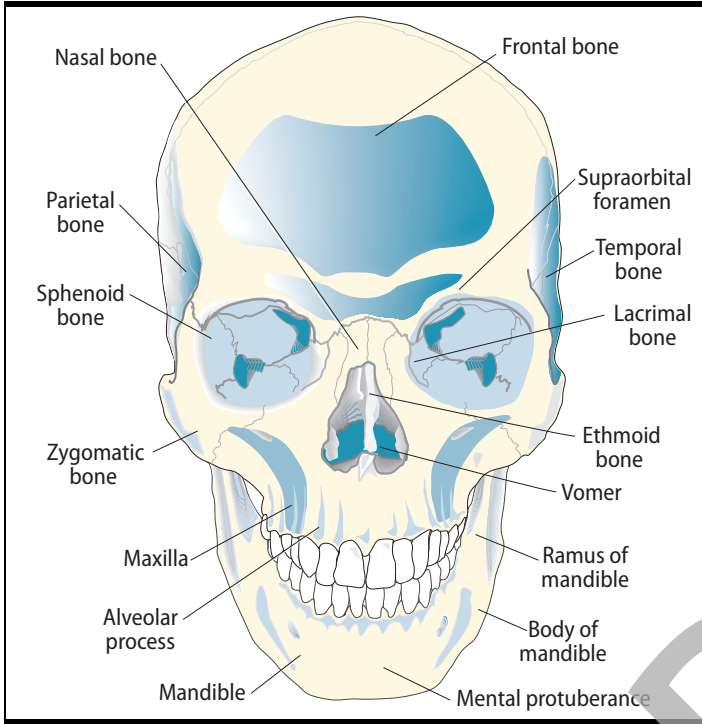
Appendix N: Digital Medicine Services—This appendix contains a table providing definitions of terms in digital medicine services and classifies CPT codes related to those services.

Appendix O: Artificial Intelligence Taxonomy for Medical Services and Procedures—This appendix defines artificial intelligence (AI) and its applications, classifies related CPT codes to those services, and outlines the approaches to patient care through artificial intelligence services described throughout the CPT code set.

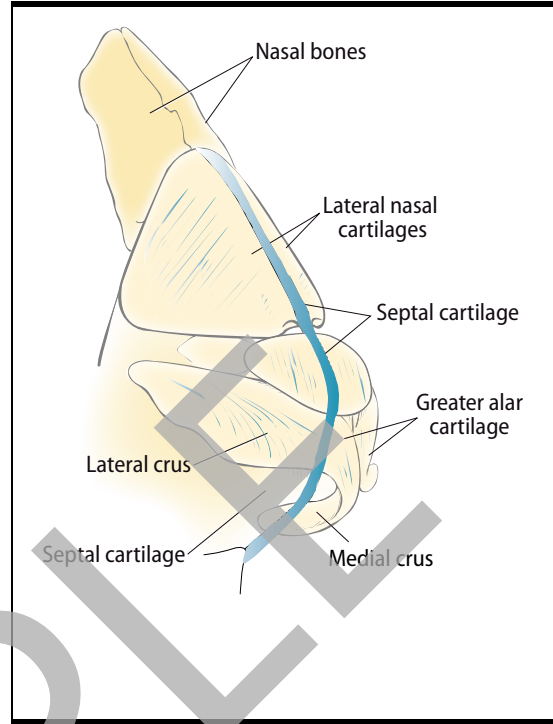
Appendix P: Vascular Families—This appendix contains a table of vascular families starting with the aorta. Additional information can be found in the interventional radiology illustrations located behind the index.

Appendix Q: Interventional Radiology Illustrations—This appendix contains illustrations specific to interventional radiology procedures.

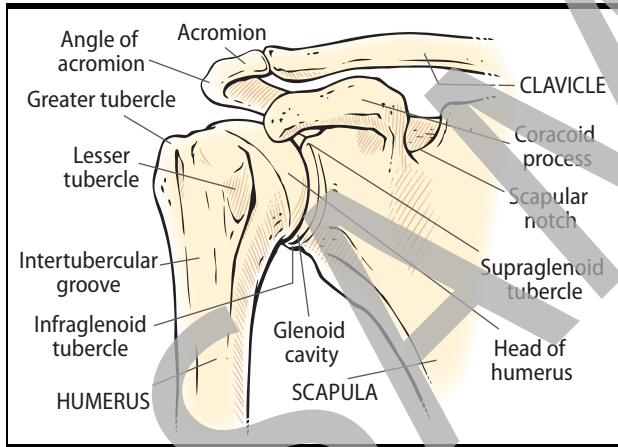
Head and Facial Bones



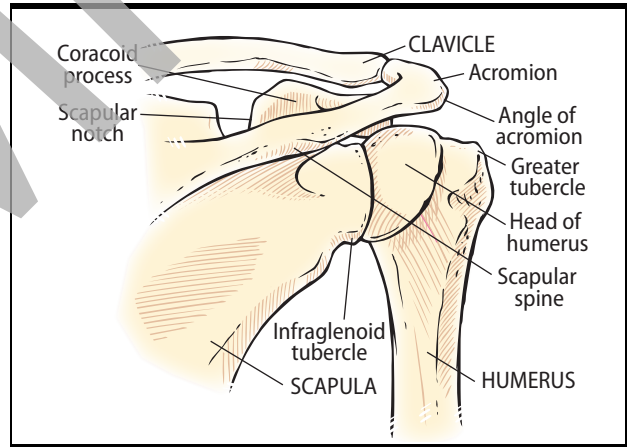
Nose



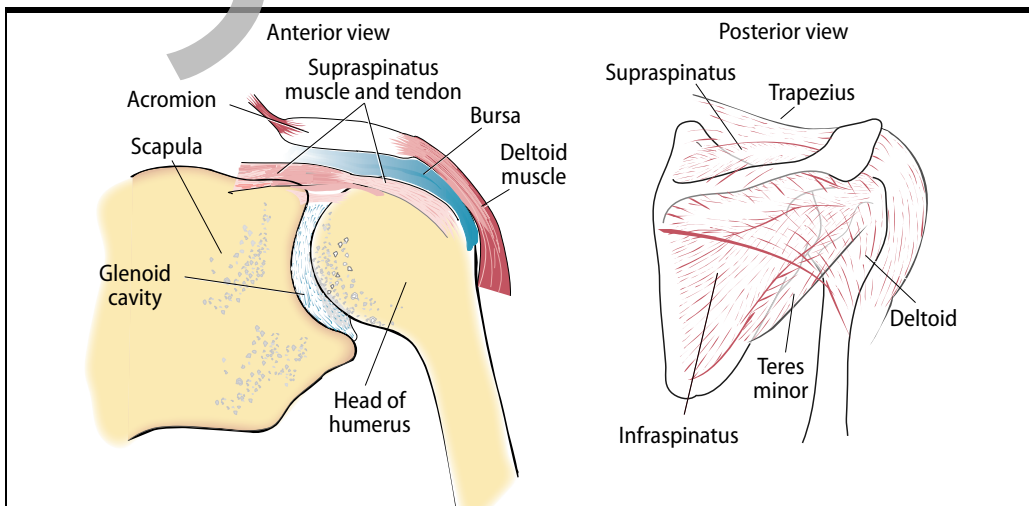
Shoulder (Anterior View)



Shoulder (Posterior View)



Shoulder Muscles



10030-10180 Treatment of Lesions: Skin and Subcutaneous Tissues

EXCLUDES Excision benign lesion (11400-11471)

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

INCLUDES Radiologic guidance (75989, 76942, 77002-77003, 77012, 77021)

EXCLUDES Percutaneous drainage with imaging guidance: Peritoneal or retroperitoneal collections (49406) Visceral collections (49405) Transvaginal or transectal drainage with imaging guidance peritoneal or retroperitoneal collections (49407)

Code also every instance of fluid collection drained using a separate catheter (10030)

3.94 19.91 FUD 000 MUE 2(3) T B2 RD

AMA: 2022, Feb; 2019, Apr; 2017, Aug

10035 Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

INCLUDES Radiologic guidance (76942, 77002, 77012, 77021)

EXCLUDES Reporting code more than one time per site, regardless number markers used

Sites with more specific code descriptor, such as breast Code also each additional target on same or opposite side (10036)

2.48 11.38 FUD 000 MUE 1(2) T NI 80 50

AMA: 2022, Feb; 2016, Jun

+ **10036 each additional lesion (List separately in addition to code for primary procedure)**

INCLUDES Radiologic guidance (76942, 77002, 77012, 77021)

EXCLUDES Reporting code more than one time per site, regardless number markers used

Sites with more specific code descriptor, such as breast Code first (10035)

1.25 9.50 FUD ZZZ MUE 2(3) TV NI 80

AMA: 2022, Feb; 2016, Jun

10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

1.52 3.45 FUD 010 MUE 1(2) Q1 NI

AMA: 2022, Feb

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

3.08 3.69 FUD 010 MUE 1(2) T P3

AMA: 2022, Feb; 2021, Oct

10061 complicated or multiple

5.40 6.32 FUD 010 MUE 1(2) T P3

AMA: 2022, Feb; 2021, Oct

10080 Incision and drainage of pilonidal cyst; simple

3.09 7.71 FUD 010 MUE 1(3) T P3

AMA: 2022, Feb

10081 complicated

EXCLUDES Excision pilonidal cyst (11770-11772)

5.05 10.47 FUD 010 MUE 1(3) T P3

AMA: 2022, Feb

10120 Incision and removal of foreign body, subcutaneous tissues; simple

3.04 4.46 FUD 010 MUE 3(3) T P3

AMA: 2022, Feb

10121 complicated

EXCLUDES Debridement associated with fracture or dislocation (11010-11012)

Exploration penetrating wound (20100-20103)

5.41 7.89 FUD 010 MUE 2(3) J1 A2

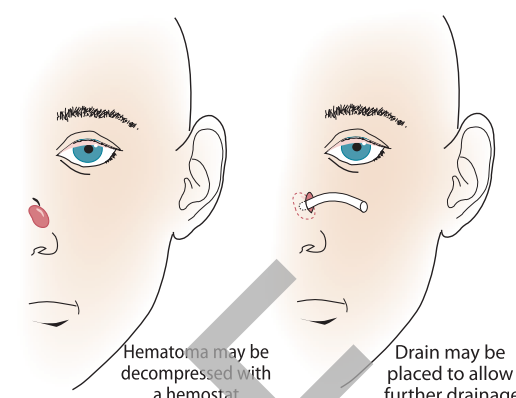
AMA: 2022, Feb

10140 Incision and drainage of hematoma, seroma or fluid collection

76942, 77002, 77012, 77021

3.47 5.07 FUD 010 MUE 2(3) J1 P3

AMA: 2022, Feb



10160 Puncture aspiration of abscess, hematoma, bulla, or cyst

76942, 77002, 77012, 77021

2.79 3.84 FUD 010 MUE 3(3) T P3

AMA: 2022, Feb; 2021, Aug; 2017, Aug; 2017, May

10180 Incision and drainage, complex, postoperative wound infection

EXCLUDES Wound dehiscence (12020-12021, 13160)

5.26 7.88 FUD 010 MUE 2(3) J1 A2

AMA: 2022, Feb

11000-11012 Removal of Foreign Substances and Infected/Devitalized Tissue

EXCLUDES Debridement:

- Burns (16000-16030)
- Deeper tissue (11042-11047 [11045, 11046])
- Nails (11720-11721)
- Nonelective debridement/active care management (97597-97598)
- Wounds (11042-11047 [11045, 11046])
- Dermabrasions (15780-15783)
- Pressure ulcer excision (15920-15999)

11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface

EXCLUDES Necrotizing soft tissue infection:

- Abdominal wall (11005-11006)
- External genitalia and perineum (11004, 11006)

0.81 1.73 FUD 000 MUE 1(2) T P3

AMA: 2022, Feb; 2018, Feb

+ **11001 each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)**

EXCLUDES Necrotizing soft tissue infection:

- Abdominal wall (11005-11006)
- External genitalia and perineum (11004, 11006)

Code first (11000)

0.42 0.79 FUD ZZZ MUE 1(3) NI NI

AMA: 2022, Feb; 2018, Feb

11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum

Code also skin grafts or flaps, when performed (14000-14350, 15040-15770 [15769], 15771-15776)

16.79 16.79 FUD 000 MUE 1(2) C

AMA: 2022, Aug; 2022, Feb; 2019, Nov; 2018, Feb

11005 abdominal wall, with or without fascial closure

Code also skin grafts or flaps, when performed (14000-14350, 15040-15770 [15769], 15771-15776)

22.94 22.94 FUD 000 MUE 1(2) C 80

AMA: 2022, Aug; 2022, Feb; 2019, Nov; 2018, Feb

- 23490 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
🔪 25.60 🔪 25.60 FUD 090 MUE 1(2) J1 J8 80 50 📄
- 23491 proximal humerus
🔪 30.19 🔪 30.19 FUD 090 MUE 1(2) J1 J8 80 50 📄

23500-23680 Treatment of Shoulder Fracture/Dislocation

- 23500 Closed treatment of clavicular fracture; without manipulation
🔪 6.83 🔪 6.69 FUD 090 MUE 1(2) T A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23505 with manipulation
🔪 10.06 🔪 10.83 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23515 Open treatment of clavicular fracture, includes internal fixation, when performed
🔪 21.43 🔪 21.43 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May; 2021,Sep
- 23520 Closed treatment of sternoclavicular dislocation; without manipulation
🔪 7.15 🔪 7.25 FUD 090 MUE 1(2) J1 A2 80 50 📄
 AMA: 2022,May; 2019,Feb
- 23525 with manipulation
🔪 10.90 🔪 11.91 FUD 090 MUE 1(2) T A2 80 50 📄
 AMA: 2022,May; 2019,Feb
- 23530 Open treatment of sternoclavicular dislocation, acute or chronic;
🔪 17.20 🔪 17.20 FUD 090 MUE 1(2) J1 A2 80 50 📄
 AMA: 2022,May
- 23532 with fascial graft (includes obtaining graft)
🔪 18.69 🔪 18.69 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May
- 23540 Closed treatment of acromioclavicular dislocation; without manipulation
🔪 7.08 🔪 7.19 FUD 090 MUE 1(2) T A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23545 with manipulation
🔪 9.50 🔪 10.58 FUD 090 MUE 1(2) T A2 80 50 📄
 AMA: 2022,May; 2019,Feb
- 23550 Open treatment of acromioclavicular dislocation, acute or chronic;
🔪 17.07 🔪 17.07 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May
- 23552 with fascial graft (includes obtaining graft)
🔪 19.50 🔪 19.50 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May; 2019,Nov
- 23570 Closed treatment of scapular fracture; without manipulation
🔪 7.28 🔪 7.07 FUD 090 MUE 1(2) T A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23575 with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
🔪 11.42 🔪 12.36 FUD 090 MUE 1(2) J1 A2 80 50 📄
 AMA: 2022,May; 2019,Feb
- 23585 Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
🔪 29.07 🔪 29.07 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May
- 23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
🔪 9.51 🔪 10.04 FUD 090 MUE 1(2) T P2 50 📄
 AMA: 2022,May; 2019,Feb
- 23605 with manipulation, with or without skeletal traction
🔪 12.82 🔪 14.12 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May; 2019,Feb

- 23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
🔪 26.26 🔪 26.26 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May; 2021,Sep
- 23616 with proximal humeral prosthetic replacement
🔪 36.60 🔪 36.60 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May
- 23620 Closed treatment of greater humeral tuberosity fracture; without manipulation
🔪 7.84 🔪 8.16 FUD 090 MUE 1(2) T P2 50 📄
 AMA: 2022,May; 2019,Feb
- 23625 with manipulation
🔪 10.59 🔪 11.57 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
🔪 23.16 🔪 23.16 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May
- 23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia
🔪 8.89 🔪 9.84 FUD 090 MUE 1(2) T A2 50 📄
 AMA: 2022,May
- 23655 requiring anesthesia
🔪 12.27 🔪 12.27 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May
- 23660 Open treatment of acute shoulder dislocation
🔪 17.43 🔪 17.43 FUD 090 MUE 1(2) J1 A2 80 50 📄
 AMA: 2022,May
EXCLUDES Chronic dislocation repair (23450-23466)
- 23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
🔪 12.01 🔪 13.04 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
🔪 25.82 🔪 25.82 FUD 090 MUE 1(2) J1 A2 80 50 📄
 AMA: 2022,May
- 23675 Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
🔪 15.00 🔪 16.55 FUD 090 MUE 1(2) J1 A2 50 📄
 AMA: 2022,May; 2019,Feb
- 23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
🔪 27.55 🔪 27.55 FUD 090 MUE 1(2) J1 J8 80 50 📄
 AMA: 2022,May

23700-23929 Other/Unlisted Shoulder Procedures

- 23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
🔪 5.83 🔪 5.83 FUD 010 MUE 1(2) J1 A2 50 📄
 AMA: 2019,Feb
- 23800 Arthrodesis, glenohumeral joint;
🔪 30.50 🔪 30.50 FUD 090 MUE 1(2) J1 B2 80 50 📄
 AMA: 2021,Jul; 2020,May
- 23802 with autogenous graft (includes obtaining graft)
🔪 38.02 🔪 38.02 FUD 090 MUE 1(2) J1 B2 80 50 📄
 AMA: 2021,Jul; 2020,May
- 23900 Interthoracoscapular amputation (forequarter)
🔪 41.03 🔪 41.03 FUD 090 MUE 1(2) C 80 📄
- 23920 Disarticulation of shoulder;
🔪 33.30 🔪 33.30 FUD 090 MUE 1(2) C 80 50 📄
- 23921 secondary closure or scar revision
🔪 14.05 🔪 14.05 FUD 090 MUE 1(2) T A2 50 📄

38780 Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
 📌 30.68 📌 30.68 **FUD 090 MUE 1(2)** [C] [80] [M]
 AMA: 2019, Feb

38790-38999 Cannulation/Injection/Other Procedures

38790 Injection procedure; lymphangiography
 📌 (75801-75807)
 📌 2.38 📌 2.38 **FUD 000 MUE 1(2)** [N] [N1] [50] [M]
 AMA: 2021, Apr

38792 radioactive tracer for identification of sentinel node
EXCLUDES Sentinel node excision (38500-38542)
 Sentinel node(s) identification (mapping) intraoperative with nonradioactive dye injection (38900)
 📌 (78195)
 📌 0.97 📌 2.46 **FUD 000 MUE 1(3)** [M] [N1] [50] [M]
 AMA: 2019, Feb

38794 Cannulation, thoracic duct
 📌 8.59 📌 8.59 **FUD 090 MUE 1(2)** [N] [N1] [80] [M]
 AMA: 2017, May

+ 38900 Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
EXCLUDES Injection tracer for sentinel node identification (38792)
 Code first (19302, 19307, 38500, 38510, 38520, 38525, 38530-38531, 38542, 38562-38564, 38570-38572, 38740, 38745, 38760, 38765, 38770, 38780, 56630-56634, 56637, 56640)
 📌 4.08 📌 4.08 **FUD ZZZ MUE 1(3)** [N] [N1] [80] [50] [M]
 AMA: 2019, Feb

38999 Unlisted procedure, hemic or lymphatic system
 📌 0.00 📌 0.00 **FUD YYY MUE 1(3)** [S] [80] [M]
 AMA: 2021, Oct; 2020, Dec

39000-39499 Surgical Procedures: Mediastinum

39000 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
 📌 14.77 📌 14.77 **FUD 090 MUE 1(2)** [C] [80] [M]
 AMA: 2021, Apr

39010 transthoracic approach, including either transthoracic or median sternotomy
EXCLUDES ECMO/ECLS insertion or reposition cannula (33955-33956, [33963, 33964])
 Video-assisted thoracic surgery (VATS) pericardial biopsy (32604)
 📌 23.23 📌 23.23 **FUD 090 MUE 1(2)** [C] [80] [M]
 AMA: 2021, Apr

39200 Resection of mediastinal cyst
 📌 25.61 📌 25.61 **FUD 090 MUE 1(2)** [C] [80] [M]

39220 Resection of mediastinal tumor
EXCLUDES Thymectomy (60520)
 Thyroidectomy, substernal (60270)
 Video-assisted thoracic surgery (VATS) resection cyst, mass, or tumor of mediastinum (32662)
 📌 33.37 📌 33.37 **FUD 090 MUE 1(2)** [C] [80] [M]

39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
 📌 9.05 📌 9.05 **FUD 000 MUE 1(3)** [M] [M]

39402 with lymph node biopsy(ies) (eg, lung cancer staging)
 📌 11.82 📌 11.82 **FUD 000 MUE 1(3)** [M] [M]

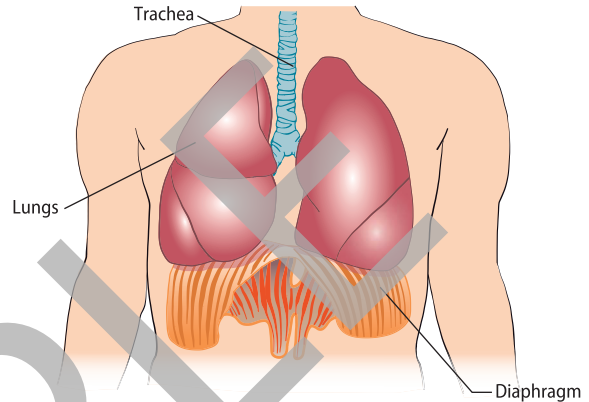
39499 Unlisted procedure, mediastinum
 📌 0.00 📌 0.00 **FUD YYY MUE 1(3)** [C] [80] [M]

39501-39599 Surgical Procedures: Diaphragm

EXCLUDES Esophagogastric fundoplasty, with fundic patch (43325)
 Repair diaphragmatic (esophageal) hernias:
 Laparoscopic with fundoplication (43280-43282)
 Laparotomy (43332-43333)
 Thoracoabdominal (43336-43337)
 Thoracotomy (43334-43335)

39501 Repair, laceration of diaphragm, any approach
 📌 25.37 📌 25.37 **FUD 090 MUE 1(3)** [C] [80] [M]

39503 Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia [A]



A defect of the diaphragm can allow abdominal contents to herniate into the thoracic cavity

📌 170.74 📌 170.74 **FUD 090 MUE 1(2)** [C] [80] [M]

39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
 📌 25.63 📌 25.63 **FUD 090 MUE 1(2)** [C] [80] [M]

39541 chronic
 📌 27.92 📌 27.92 **FUD 090 MUE 1(2)** [C] [80] [M]

39545 Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
 📌 26.47 📌 26.47 **FUD 090 MUE 1(2)** [C] [80] [M]

39560 Resection, diaphragm; with simple repair (eg, primary suture)
 📌 23.71 📌 23.71 **FUD 090 MUE 1(3)** [C] [80] [M]

39561 with complex repair (eg, prosthetic material, local muscle flap)
 📌 36.86 📌 36.86 **FUD 090 MUE 1(3)** [C] [80] [M]

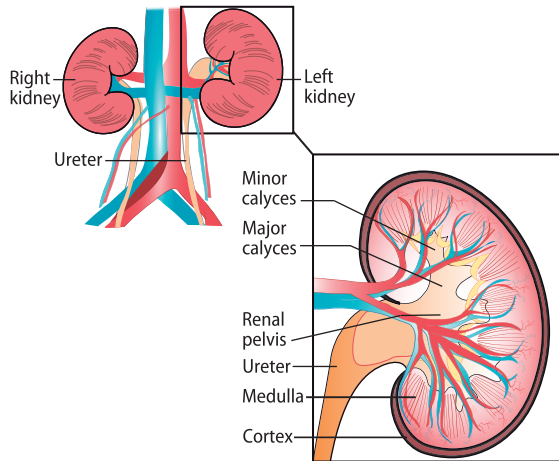
39599 Unlisted procedure, diaphragm
EXCLUDES Insertion/replacement diaphragmatic stimulation system (0674T-0675T, 0680T)
 📌 0.00 📌 0.00 **FUD YYY MUE 1(3)** [C] [80] [M]

50010-50045 Kidney Procedures for Exploration or Drainage

EXCLUDES Donor nephrectomy performed laparoscopically (50547)
 Retroperitoneal
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50010 Renal exploration, not necessitating other specific procedures

EXCLUDES Laparoscopic ablation mass lesions of kidney (50542)



20.63 20.63 FUD 090 MUE 1(2) [C] 80 50 [M]

50020 Drainage of perirenal or renal abscess, open

EXCLUDES Image-guided percutaneous drainage perirenal or renal abscess (49405)

29.68 29.68 FUD 090 MUE 1(3) [M]

50040 Nephrostomy, nephrotomy with drainage

27.04 27.04 FUD 090 MUE 1(2) [C] 50 [M]

50045 Nephrotomy, with exploration

EXCLUDES Renal endoscopy through nephrotomy (50570-50580)

27.25 27.25 FUD 090 MUE 1(2) [C] 80 50 [M]

50060-50081 Treatment of Kidney Stones

CMS: 100-03,230.1 NCD for Treatment of Kidney Stones

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50060 Nephrolithotomy; removal of calculus

33.25 33.25 FUD 090 MUE 1(2) [C] 80 50 [M]

50065 secondary surgical operation for calculus

35.25 35.25 FUD 090 MUE 1(2) [C] 80 50 [M]

50070 complicated by congenital kidney abnormality

34.58 34.58 FUD 090 MUE 1(2) [C] 80 50 [M]

50075 removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)

42.49 42.49 FUD 090 MUE 1(2) [C] 80 50 [M]

50080 Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)

EXCLUDES Catheter placement/exchange ([50433, 50434, 50435])
 Cystourethroscopy to establish percutaneous nephrostomy (52334)
 Dilation existing tract by same provider ([50436, 50437])
 Injection, antegrade nephrostogram/ureterogram ([50430, 50431])
 Nephrostomy without nephrolithotomy (50040, [50432, 50433], 52334)
 Stone removal without lithotripsy (50561)

(76000)
 25.36 25.36 FUD 090 MUE 1(2) [J1] 62 50 [M]

50081 complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)

EXCLUDES Catheter placement/exchange ([50433, 50434, 50435])
 Cystourethroscopy to establish percutaneous nephrostomy (52334)
 Dilation existing tract by same provider ([50436, 50437])
 Injection, antegrade nephrostogram/ureterogram ([50430, 50431])
 Nephrostomy without nephrolithotomy (50040, [50432, 50433], 52334)
 Stone removal without lithotripsy (50561)

(76000)
 37.30 37.30 FUD 090 MUE 1(2) [J1] 62 80 50 [M]

50100 Repair of Anomalous Vessels of the Kidney

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50100 Transection or repositioning of aberrant renal vessels (separate procedure)

32.35 32.35 FUD 090 MUE 1(2) [C] 80 50 [M]

50120-50135 Procedures of Renal Pelvis

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50120 Pyelotomy; with exploration

INCLUDES Gol-Vernet pyelotomy
EXCLUDES Renal endoscopy through pyelotomy (50570-50580)

27.73 27.73 FUD 090 MUE 1(2) [C] 80 50 [M]

50125 with drainage, pyelostomy

28.72 28.72 FUD 090 MUE 1(2) [C] 80 50 [M]

50130 with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)

30.15 30.15 FUD 090 MUE 1(2) [C] 80 50 [M]

50135 complicated (eg, secondary operation, congenital kidney abnormality)

32.74 32.74 FUD 090 MUE 1(2) [C] 80 50 [M]

50200-50205 Biopsy of Kidney

EXCLUDES Laparoscopic renal mass lesion ablation (50542)
 Retroperitoneal tumor/cyst excision (49203-49205)

50200 Renal biopsy; percutaneous, by trocar or needle

EXCLUDES Fine needle aspiration ([10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012])
 (76942, 77002, 77012, 77021)
 (88172-88173)
 3.70 15.93 FUD 000 MUE 1(3) [J1] A2 50 [M]
 AMA: 2017, May

50205 by surgical exposure of kidney

22.43 22.43 FUD 090 MUE 1(3) [C] 80 50 [M]

- + 63088 each additional segment (List separately in addition to code for primary procedure)
Code first (63087)
7.56 7.56 FUD ZZZ MUE 3(3) [C] [80] [P]
- 63090 Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with depression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
58.06 58.06 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar; 2016,Apr
- + 63091 each additional segment (List separately in addition to code for primary procedure)
Code first (63090)
5.23 5.23 FUD ZZZ MUE 3(3) [C] [80] [P]

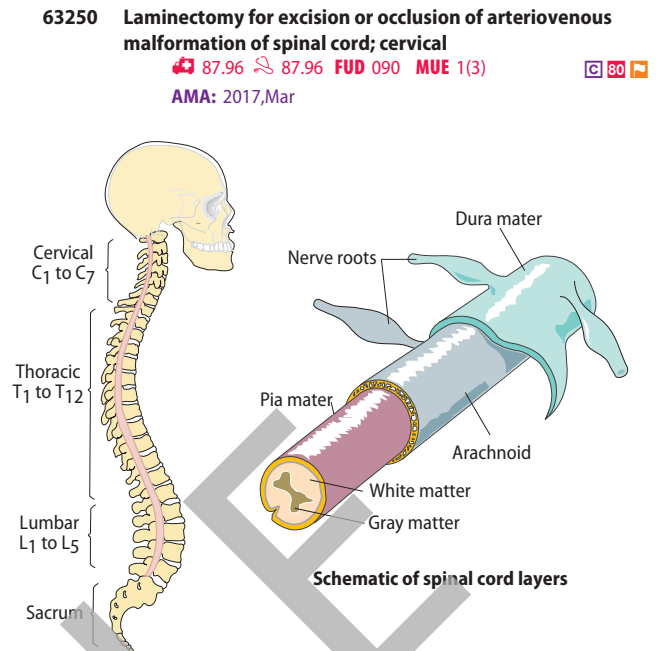
63101-63103 Corpectomy: Lateral Extracavitary Approach

INCLUDES Partial removal:
Cervical: Removal ≥ 1/2 vertebral body
Lumbar: Removal ≥ 1/3 vertebral body
Thoracic: Removal ≥ 1/3 vertebral body

- 63101 Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
68.99 68.99 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar
- 63102 lumbar, single segment
67.22 67.22 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar
- + 63103 thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
Code first (63101-63102)
8.66 8.66 FUD ZZZ MUE 3(3) [C] [80] [P]

63170-63295 Laminectomies

- 63170 Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
47.45 47.45 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63172 Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
42.05 42.05 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63173 to peritoneal or pleural space
51.36 51.36 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63185 Laminectomy with rhizotomy; 1 or 2 segments
INCLUDES Dana rhizotomy
Stoffel rhizotomy
33.74 33.74 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar
- 63190 more than 2 segments
36.77 36.77 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar
- 63191 Laminectomy with section of spinal accessory nerve
EXCLUDES Division sternocleidomastoid muscle for torticollis (21720)
41.15 41.15 FUD 090 MUE 1(2) [C] [80] [50] [P]
AMA: 2017,Mar
- 63197 Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
50.92 50.92 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar
- 63200 Laminectomy, with release of tethered spinal cord, lumbar
45.10 45.10 FUD 090 MUE 1(2) [C] [80] [P]
AMA: 2017,Mar



- 63251 thoracic
89.92 89.92 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63252 thoracolumbar
89.90 89.90 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63265 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
49.62 49.62 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63266 thoracic
51.17 51.17 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63267 lumbar
40.82 40.82 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63268 sacral
42.21 42.21 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63270 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
61.80 61.80 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63271 thoracic
61.57 61.57 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63272 lumbar
55.67 55.67 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63273 sacral
55.59 55.59 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63275 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
53.78 53.78 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar
- 63276 extradural, thoracic
53.18 53.18 FUD 090 MUE 1(3) [C] [80] [P]
AMA: 2017,Mar

74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
 9.58 9.58 FUD XXX MUE 1(3) [03] [Z2] [80] [A]
 AMA: 2020,Sep; 2017,Mar

74176-74178 Computerized Tomography: Abdomen and Pelvis

CMS: 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

EXCLUDES CT abdomen or pelvis alone (72192-72194, 74150-74170)
 Procedure performed more than one time for each combined abdomen and pelvis examination
 Quantitative CT tissue characterization same gland, organ, tissue, or target area during same session (07217)
 Code also quantitative CT tissue characterization when performed with concurrent CT exam (0722T)

74176 Computed tomography, abdomen and pelvis; without contrast material
 5.66 5.66 FUD XXX MUE 2(3) [03] [Z3] [A]
 AMA: 2020,Sep

74177 with contrast material(s)
 9.63 9.63 FUD XXX MUE 2(3) [03] [Z2] [A]
 AMA: 2020,Sep

74178 without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
 10.78 10.78 FUD XXX MUE 1(3) [03] [Z2] [A]
 AMA: 2020,Sep

74181-74183 Magnetic Resonance Imaging: Abdomen—General

CMS: 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

EXCLUDES Quantitative magnetic resonance cholangiopancreatography without diagnostic MRI of same gland, organ, tissue, or target area (0723T)
 Code also quantitative magnetic resonance cholangiopancreatography performed same gland, organ, tissue or target area (0724T)

74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
 6.15 6.15 FUD XXX MUE 1(3) [03] [Z2] [80] [A]
 AMA: 2022,May; 2018,Mar

74182 with contrast material(s)
 9.57 9.57 FUD XXX MUE 1(3) [03] [Z2] [80] [A]
 AMA: 2022,May; 2018,Mar

74183 without contrast material(s), followed by with contrast material(s) and further sequences
 10.70 10.70 FUD XXX MUE 1(3) [03] [Z2] [80] [A]
 AMA: 2022,May; 2021,Apr; 2018,Mar

74185 Magnetic Resonance Angiography: Abdomen—General

CMS: 100-04,13,40.1.1 Magnetic Resonance Angiography; 100-04,13,40.1.2 HCPCS Coding Requirements; 100-04,4,250.16 Multiple Procedure Payment Reduction: Certain Diagnostic Imaging Procedures Rendered by Physicians

74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
 10.61 10.61 FUD XXX MUE 1(3) [B] [80] [A]
 AMA: 2017,Mar

74190 Peritoneography

74190 Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
EXCLUDES CT pelvis or abdomen (72192, 74150)
 Code also injection procedure (49400)
 0.00 0.00 FUD XXX MUE 1(3) [02] [N1] [80] [A]

74210-74235 Radiography: Throat and Esophagus

EXCLUDES Percutaneous placement gastrostomy tube, endoscopic (43246)
 Percutaneous placement gastrostomy tube, fluoroscopic guidance (49440)

74210 Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
 2.98 2.98 FUD XXX MUE 1(3) [01] [N1] [80] [A]
 AMA: 2020,Aug

74220 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study
EXCLUDES Double-contrast study (74221)
 Small bowel follow-through (74248)
 Upper GI tract studies (74240-74246)
 3.01 3.01 FUD XXX MUE 1(3) [01] [N1] [80] [A]
 AMA: 2020,Aug

74221 double-contrast (eg, high-density barium and effervescent agent) study
EXCLUDES Single-contrast study (74220)
 Small bowel follow-through (74248)
 Upper GI tract studies (74240-74246)
 3.39 3.39 FUD XXX MUE 1(3) [80] [A]
 AMA: 2020,Aug

74230 Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
EXCLUDES Swallowing function motion fluoroscopic examination (92611)
 3.90 3.90 FUD XXX MUE 1(3) [01] [Z2] [80] [A]
 AMA: 2020,Aug

74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
 Code also procedure (43499)
 0.00 0.00 FUD XXX MUE 1(3) [N1] [N1] [80] [A]

74240-74283 Radiography: Intestines

EXCLUDES Percutaneous placement gastrostomy tube, endoscopic (43246)
 Percutaneous placement gastrostomy tube, fluoroscopic guidance (49440)

74240 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study
INCLUDES Upper GI with KUB
EXCLUDES Double-contrast study (74246)
 Esophagus studies (74220-74221)
 Code also small bowel follow-through when performed (74248)
 3.77 3.77 FUD XXX MUE 2(3) [01] [Z3] [80] [A]
 AMA: 2020,Aug; 2016,Sep

74246 double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered
INCLUDES Upper GI with KUB
EXCLUDES Esophagus studies (74220-74221)
 Single-contrast study (74240)
 4.30 4.30 FUD XXX MUE 1(3) [01] [Z2] [80] [A]
 AMA: 2020,Aug; 2016,Sep

+ 74248 Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)
EXCLUDES Single- or double-contrast small intestine studies (74250-74251)
 Code first (74240, 74246)
 2.54 2.54 FUD ZZZ MUE 1(2) [80] [A]
 AMA: 2020,Aug

Evaluation and Management (E/M) Services Guidelines

E/M Guidelines Overview

►The E/M guidelines have sections that are common to all E/M categories and sections that are category specific. Most of the categories and many of the subcategories of service have special guidelines or instructions unique to that category or subcategory. Where these are indicated, eg, "Hospital Inpatient and Observation Care," special instructions are presented before the listing of the specific E/M services codes. It is important to review the instructions for each category or subcategory. These guidelines are to be used by the reporting physician or other qualified health care professional to select the appropriate level of service. These guidelines do not establish documentation requirements or standards of care. The main purpose of documentation is to support care of the patient by current and future health care team(s). These guidelines are for services that require a face-to-face encounter with the patient and/or family/caregiver. (For 99211 and 99281, the face-to-face services may be performed by clinical staff.)

In the **Evaluation and Management** section (99202-99499), there are many code categories. Each category may have specific guidelines, or the codes may include specific details. These E/M guidelines are written for the following categories:

- Office or Other Outpatient Services
- Hospital Inpatient and Observation Care Services
- Consultations
- Emergency Department Services
- Nursing Facility Services
- Home or Residence Services
- Prolonged Service With or Without Direct Patient Contact on the Date of an Evaluation and Management Service ◀

Classification of Evaluation and Management (E/M) Services

►The E/M section is divided into broad categories, such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of codes with levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified (eg, office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code. ◀

New and Established Patients

►Solely for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the **exact same specialty and subspecialty** who belongs to the same group practice, within the past three years.

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An established patient is one who has received professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the **exact same specialty and subspecialty** who belongs to the same group practice, within the past three years. See Decision Tree for New vs Established Patients.

In the instance where a physician or other qualified health care professional is on call for or covering for another physician or other qualified health care professional, the patient's encounter will be classified as it would have been by the physician or other qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the **exact same specialty and subspecialty** as the physician. ◀

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

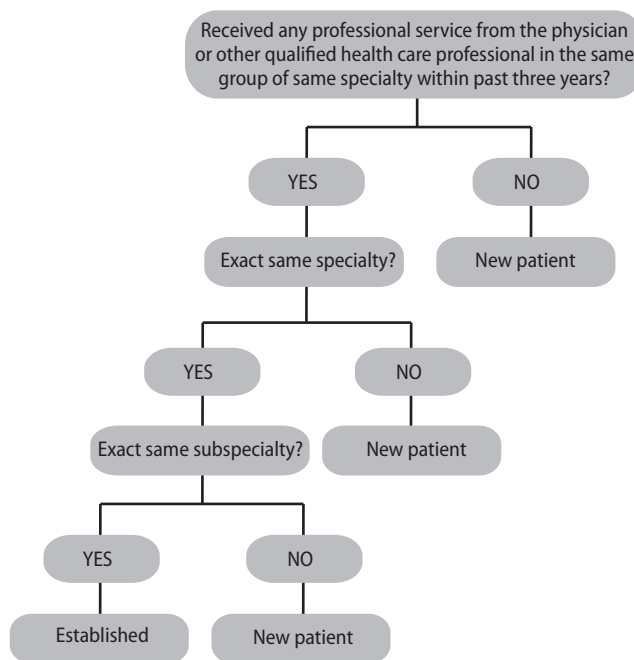
The Decision Tree for New vs Established Patients is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

► Initial and Subsequent Services ◀

►Some categories apply to both new and established patients (eg, hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services. An initial service is when the patient has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

Decision Tree for New vs Established Patients



99374-99380 Care Plan Oversight: Patient Under Care of HHA, Hospice, or Nursing Facility

CMS: 100-04,11,40.1.3 Independent Attending Physician Services; 100-04,12,180 Payment of Care Plan Oversight (CPO); 100-04,12,180.1 Billing for Care Plan Oversight (CPO); 100-04,12,30.6.4 Services Furnished Incident to Physician's Service

INCLUDES Analysis reports, diagnostic tests, treatment plans
Discussions with other health care providers, outside practice, involved in patient's care
Establishment and revisions to care plans within 30-day period
Payment to one physician per month for covered care plan oversight services (must be same one who signed plan of care)

EXCLUDES Care plan oversight services provided in hospice agency (99377-99378)
Care plan oversight services provided in assisted living, rest home, or private residence, not under home health agency or hospice care ([99424, 99425], [99437], [99491])
Patient management services during same time frame as ([99421, 99422, 99423], 99441-99443, 98966-98968)
Routine postoperative care provided during global surgery period
Time discussing treatment with patient and/or caregivers
Code also office/outpatient visits, hospital, home, nursing facility, domiciliary, or non-face-to-face services

99374 Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

EXCLUDES Complex chronic care management services during same time frame as (99487, 99489)
1.62 2.01 FUD XXX MUE 0(3) [B] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99375 30 minutes or more

EXCLUDES Complex chronic care management services during same time frame as (99487, 99489)
2.52 2.99 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99377 Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

EXCLUDES Complex chronic care management services during same time frame as (99487, 99489)
1.62 2.01 FUD XXX MUE 0(3) [B] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99378 30 minutes or more

EXCLUDES Complex chronic care management services during same time frame as (99487, 99489)
2.52 2.99 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99379 Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

1.62 2.01 FUD XXX MUE 0(3) [B] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99380 30 minutes or more

2.52 2.99 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2022,Jan;2021,Jan;2020,Mar;2019,Jul;2019,Jan

99381-99397 Preventive Medicine Visits

CMS: 100-04,11,40.1.3 Independent Attending Physician Services; 100-04,12,30.6.2 Medically Necessary and Preventive Medicine Service on Same Date; 100-04,12,30.6.4 Services Furnished Incident to Physician's Service

INCLUDES Care for small problem or pre-existing condition that requires no extra work
New patients or established patients (99381-99387, 99391-99397)
Regular preventive care (e.g., well-child exams) for all age groups
EXCLUDES Behavioral change interventions (99406-99409)
Counseling/risk factor reduction interventions not provided with preventive medical examination (99401-99412)
Diagnostic tests and other procedures

Code also:
Immunization counseling, administration, and product (90460-90461, 90471-90474, 0001A-0004A, [0051A, 0052A, 0053A, 0054A], [0124A], [0071A, 0072A, 0073A, 0074A], [0154A], [0081A, 0082A, 0083A], 0011A-0013A, [0064A], [0134A], [0144A], [0091A, 0092A, 0093A, 0094A], 0021A-0022A, 0031A, [0034A], 0041A-0042A, 0044A, 0104A, 0111A-0113A, [91300, 91301, 91305, 91306, 91307, 91308, 91311, 91312, 91313, 91314, 91315], 90476-90749 [90584, 90611, 90619, 90620, 90621, 90622, 90625, 90626, 90627, 90630, 90644, 90672, 90673, 90674, 90677, 90694, 90750, 90756, 90758, 90759])
Significant, separately identifiable E/M service on same date for substantial problems requiring additional work append modifier 25 to (99202-99215)

99381 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

2.19 3.21 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99382 early childhood (age 1 through 4 years)

2.34 3.35 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99383 late childhood (age 5 through 11 years)

2.48 3.48 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99384 adolescent (age 12 through 17 years)

2.95 3.96 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99385 18-39 years

2.83 3.84 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99386 40-64 years

3.43 4.44 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

99387 65 years and older

3.68 4.80 FUD XXX MUE 0(3) [E] [P]
AMA: 2022,Jul;2021,Nov;2021,Jan;2019,Jul;2016,Mar

Appendix E — Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, Modifier 95 Telemedicine, and Modifier 93 Audio-Only Services

Codes specified as add-on, exempt from modifiers 50, 51 and 63, modifiers 95 (telemedicine services) and 93 (audio-only services) are listed. The lists are designed to be read left to right rather than vertically.

Add-on Codes

0054T	0055T	0076T	0095T	0098T	0164T	0165T
0174T	0214T	0215T	0217T	0218T	0222T	0397T
0437T	0439T	0443T	0450T	0480T	0496T	0513T
0523T	0560T	0562T	0570T	0599T	0628T	0630T
0649T	0663T	0676T	0678T	0690T	0698T	0701T
0709T	0715T	0722T	0724T	0735T	0742T	0751T
0752T	0753T	0754T	0755T	0756T	0757T	0758T
0759T	0760T	0761T	0762T	0763T	0764T	0767T
0769T	0770T	0772T	0774T	0777T	0071U	0072U
0073U	0074U	0075U	0076U	0130U	0131U	0132U
0133U	0134U	0135U	0136U	0137U	0138U	0157U
0158U	0159U	0160U	0161U	0162U	0207U	0195S
01968	01969	10004	10006	10008	10010	10012
10036	11001	11008	11045	11046	11047	11103
11105	11107	11201	11732	11922	13102	13122
13133	13153	14302	15003	15005	15101	15111
15116	15121	15131	15136	15151	15152	15156
15157	15201	15221	15241	15241	15272	15274
15276	15278	15772	15774	15777	15787	15847
15853	15854	16036	17003	17312	17314	17315
19001	19082	19084	19086	19126	19282	19284
19286	19288	19294	19297	20700	20701	20702
20703	20704	20705	20930	20931	20932	20933
20934	20936	20937	20938	20939	20985	22103
22116	22208	22216	22226	22328	22512	22515
22527	22534	22552	22585	22614	22632	22634
22840	22841	22842	22843	22844	22845	22846
22847	22848	22853	22854	22858	22859	22860
22868	22870	26125	26861	26863	27358	27692
29826	31627	31632	31633	31637	31649	31651
31654	32501	32506	32507	32667	32668	32674
33141	33225	33257	33258	33259	33268	33367
33368	33369	33370	33419	33508	33517	33518
33519	33521	33522	33523	33530	33572	33746
33768	33866	33884	33904	33924	33929	33987
34709	34711	34713	34714	34715	34716	34717
34808	34812	34813	34820	34833	34834	35306
35390	35400	35500	35572	35681	35682	35683
35685	35686	35697	35700	36218	36227	36228
36248	36474	36476	36479	36483	36907	36908
36909	37185	37186	37222	37223	37232	37233
37234	37235	37237	37239	37247	37249	37252
37253	38102	38746	38747	38900	43273	43283
43338	43635	44015	44121	44128	44139	44203
44213	44701	44955	47001	47542	47543	47544
47550	48400	49326	49327	49412	49435	49623
49905	50606	50705	50706	51797	52442	56606
57267	57465	58110	58611	59525	60512	61316
61517	61611	61641	61642	61651	61781	61782
61783	61797	61799	61800	61864	61868	62148
62160	63035	63043	63044	63048	63052	63053
63057	63066	63076	63078	63082	63086	63088
63091	63103	63295	63308	63621	64421	64462
64480	64484	64491	64492	64494	64495	64629
64634	64636	64643	64645	64727	64778	64783
64787	64832	64837	64859	64872	64874	64876
64901	64902	64913	65757	66990	67225	67320

67331	67332	67334	67335	67340	69990	74248
74301	74713	75565	75774	76125	76802	76810
76812	76814	76937	76979	76983	77001	77002
77003	77063	77293	78020	78434	78496	78730
78835	80506	81266	81416	81426	81536	82952
86826	87187	87503	87904	88155	88177	88185
88311	88314	88332	88334	88341	88350	88364
88369	88373	88388	90461	90472	90474	90785
90833	90836	90838	90840	90863	90913	91013
92547	92608	92618	92621	92627	92921	92925
92929	92934	92938	92944	92973	92974	92978
92979	92998	93319	93320	93321	93325	93352
93356	93452	93463	93464	93563	93564	93565
93566	93567	93568	93569	93571	93572	93573
93574	93575	93592	93598	93609	93613	93621
93622	93623	93655	93657	93662	94645	94729
94781	95079	95873	95874	95885	95886	95887
95940	95941	95962	95967	95984	96113	96121
96131	96133	96137	96139	96159	96165	96168
96171	96203	96361	96366	96367	96368	96370
96371	96375	96376	96411	96415	96417	96423
96570	96571	96934	96935	96936	97130	97546
97598	97811	97814	98981	99100	99116	99135
99140	99153	99157	99292	99359	99415	99416
99417	99418	99425	99427	99437	99439	99458
99467	99486	99489	99494	99498	99602	99607

Optum Modifier 50 Exempt Codes

0214T	0215T	0217T	0218T	15777	20939	34713
34714	34715	34716	34717	34812	34820	34833
34834	35572	63035	63043	63044	64421	64480
64484	64491	64492	64494	64495	64634	64636

AMA Modifier 51 Exempt Codes

20697	20974	20975	33509	35600	44500	61107
93600	93602	93603	93610	93612	93615	93616
93618	94610	95905	99151	99152		

Optum Modifier 51 Exempt Codes

22585	22614	22632	69990	90281	90283	90284
90287	90288	90291	90296	90371	90375	90376
90377	90378	90384	90385	90386	90389	90393
90396	90399	90476	90477	90581	90585	90586
90587	90619	90620	90621	90625	90630	90632
90633	90634	90636	90644	90647	90648	90649
90650	90651	90653	90654	90655	90656	90657
90658	90660	90661	90662	90664	90666	90667
90668	90670	90672	90673	90674	90675	90676
90680	90681	90682	90685	90686	90687	90688
90689	90690	90691	90694	90696	90697	90698
90700	90702	90707	90710	90713	90714	90715
90716	90717	90723	90732	90733	90734	90736
90738	90739	90740	90743	90744	90746	90747
90748	90749	90750	90756	90701	90712	90714
90716	90718	90722	90724	90726	90728	90732
90733	90734	90735	90736	90710	90712	90713
90716	90714	90719	90730	90714	90715	90716
90716	90713	90714	90715	90716	90717	90718
90716	90717	90717	90717	90717	90717	90717