Current Procedural Coding Expert
CPT® codes with Medicare essentials for enhanced accuracy

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Introduction

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:

- 27327-27329 [27337, 27339] Excision Soft Tissue Tumors Femur/Knee. Codes [27337, 27339] are included in section 27327-27329 in their resequenced positions.
- Code also toxoid/vaccine (90476-90749 [90620, 90621, 90625, 90630, 90644, 90672, 90673, 90674, 90750, 90756])

This shows codes 90620, 90621, 90625, 90630, 90644, 90672, 90673, 90674, 90750, and 90756 are resequenced in this range of codes.

Code Ranges for Medicare Billing

Appendix E identifies all resequenced CPT codes. Optum360 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, 100.1 Teaching Physicians E/M 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

Indices

- New Codes
- Revised Codes
- New Web Release
- Revised Web Release
- Resequenced Codes
- Telmedicine Services
- Reinstated Code
- Pink Color Bar—Not Covered by Medicare
- Yellow Color Bar—Unlisted Procedure

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 notes

Includes notes identify procedures and services that would be bundled in the procedure code. These are derived from AMA, CMS, NCCI, and Optum360 coding guidelines. This is not meant to be an all-inclusive list.

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 Optum360 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 (physician 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 (physician 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:
10021-10022 Fine Needle Aspiration

Percutaneous localization clip placement during breast biopsy (19081-19086)

Percutaneous needle biopsy of:
- Abdominal or retroperitoneal mass (49180)
- Bone (20220, 20225)
- Bone marrow (58220-38221)
- Epididymis (54800)
- Kidney (50200)
- Liver (47000)
- Lung or mediastinum (32405)
- Lymph node (38505)
- Muscle (20206)
- Nucleus pulposus, paravertebral tissue, intervertebral disc (62267)
- Pancreas (48102)
- Pleura (32400)
- Prostate (55700, 55706)
- Salivary gland (42400)
- Spinal cord (62269)
- Testis (54500)
- Thyroid (60100)
- Soft tissue percutaneous fluid drainage by catheter using image guidance (10030)
- Thyroid cyst (60300)

10021 Fine needle aspiration; without imaging guidance

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10022 with imaging guidance

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10030-10180 Treatment of Lesions: Skin and Subcutaneous Tissues

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

Radiologic guidance (75949, 76942, 77002-77003, 77012, 77021)

Percutaneous drainage with imaging guidance of:
- Peritoneal or retroperitoneal collections (49046)
- Visceral collections (49046)
- Transvaginal or transrectal drainage with imaging guidance of:
  - Peritoneal or retroperitoneal collections (49047)

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

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

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

Sites with a more specific code descriptor, such as the breast

Use of code more than one time per site, regardless of the number of markers used

Code also each additional target on the same or opposite side (10036)

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

Radiologic guidance (76942, 77002, 77012, 77021)

Sites with a more specific code descriptor, such as the breast

Use of code more than one time per site, regardless of the number of markers used

Code first (10035)

AMA: 2017,Jan;8, 2016,Jun,3

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

2.53 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11; 2012,Jan,15-42

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

2.78 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11; 2012,Oct,12; 2012,Sep,10

10061 complicated or multiple

5.13 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11; 2012,Oct,12; 2012,Sep,10

10080 Incision and drainage of pilonidal cyst; simple

2.94 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11

10081 complicated

6.80 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11

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

2.95 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11; 2013,Dec; 2013,Oct,12; 2012,Oct,12; 2012,Sep,10

10121 complicated

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

5.31 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Jan,11; 2013,Dec; 2013,Oct,12; 2012,Oct,12; 2012, Sep,10

10140 Incision and drainage of hematoma, seroma or fluid collection

(76942, 77002, 77012, 77021)

3.38 FUD 010

AMA: 2017,Jan;8, 2016,Jan,13, 2015,Jan,16, 2014,Nov,5; 2014,Jan,11; 2012,Jan,15-42
Medicine

90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use

- M-M-R II
  - FUD XXX

90710 Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use

- ProQuad
  - FUD XXX

90713 Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use

- IPOL
  - FUD XXX

90714 Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use

- Tenivac
  - FUD XXX

90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

- Adacel
  - FUD XXX

90716 Varicella virus vaccine (VAR), live, for subcutaneous use

- Varivax
  - FUD XXX

90717 Yellow fever vaccine, live, for subcutaneous use

- YF-VAX
  - FUD XXX

90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use

- PEDIMAX
  - FUD XXX

90625 Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use

- FUD XXX
  - AMA: 2017,Jan;8, 2016,Oct;6, 2016,Jan;13

90732 Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

- Pneumovax 23
  - FUD XXX

90644 Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use

- MenHibrix
  - FUD XXX

90733 Meningococcal polysaccharide vaccine, serogroups A, C, Y, and W-135, quadrivalent (MPSV4), for subcutaneous use

- Menomune-A/C/Y/W-135
  - FUD XXX

90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use

- Nimenrix
  - FUD XXX
  - AMA: 2017,Jan;8, 2016,Jan;13, 2015,May;6, 2015,Jan;16

90736 Zoster (shingles) vaccine (HZV), live, for subcutaneous injection

- Zostavax
  - FUD XXX

90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use

- Isolar
  - FUD XXX

90739 Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use

- Recombivax HB
  - FUD XXX

90740 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use

- Recombivax HB
  - FUD XXX

90743 Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use

- Energix B
  - FUD XXX