

General Surgery/ Gastroenterology

A comprehensive illustrated guide to
coding and reimbursement

SAMPLE

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Getting Started with Coding Companion

Coding Companion for General Surgery/Gastroenterology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT/HCPCS Codes

For ease of use, evaluation and management codes related to general surgery/gastroenterology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT/HCPCS code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum *Coding Companion* series display in their resequenced order. **Resequenced codes are enclosed in brackets [] for easy identification.**

ICD-10-CM

The most current ICD-10-CM codes are provided, each listed with their full official description. Refer to the ICD-10-CM book for more ICD-10-CM coding information.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT/HCPCS codes are presented in a less comprehensive format in the appendix. The CPT/HCPCS codes appropriate to the specialty are included in the appendix with the official CPT/HCPCS code description, followed by an easy-to-understand explanation, relative value units, and Medicare edits. The Relative Value Unit/Medicare Edits table will not be included with any CPT/HCPCS code with a "0" (zero) value.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- E/M
- Medicine Services
- Surgery
- Category III
- Radiology

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edits, RVUs, HCPCS, and Other Coding Updates

The *Coding Companion* includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 30.3, the most current version available at press time. CCI edits are updated quarterly and will be posted on the product updates page listed below. The website address is <http://www.optumcoding.com/ProductUpdates/>. The 2026 edition password is: XXXXX. Log in frequently to ensure you receive the most current updates.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

47600 Cholecystectomy;

could be found in the index under the following main terms:

Cholecystectomy

Open Approach, 47600-47620

or

Excision

Gallbladder
Open, 47600-47620

or

Gallbladder

Cholecystectomy, 47600

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

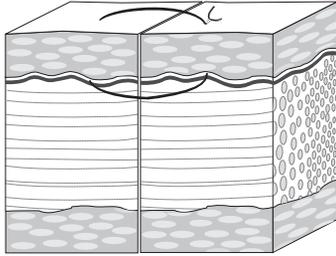
Sample Page and Key

The following pages provide a sample page from the book displaying the format of *Coding Companion* with each element identified and explained.

12011-12018

1

- 12011** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 12013** 2.6 cm to 5.0 cm
- 12014** 5.1 cm to 7.5 cm
- 12015** 7.6 cm to 12.5 cm
- 12016** 12.6 cm to 20.0 cm
- 12017** 20.1 cm to 30.0 cm
- 12018** over 30.0 cm



Simple (single layer) repair

2

Explanation

Superficial wounds located on the face, ears, eyelids, nose, lips, and/or mucous membranes are repaired. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.

3

Coding Tips

Wounds treated with tissue glue or staples qualify as a simple repair even if they are not closed with sutures. When chemical cauterization, electrocauterization, or adhesive strips are the only material used for wound closure, the service is included in the appropriate E/M code. Anesthesia (local or topical) and hemostasis are not reported separately. Suture removal is included in these procedures. Intermediate repair is used when layered closure of one or more of the deeper layers of subcutaneous tissue and superficial fascia are required in addition to limited undermining. Single-layer closure of a wound requiring extensive cleaning or removal of contaminated foreign matter or damaged tissue is classified as an intermediate repair. For extensive debridement of soft tissue and/or bone, not associated with open fractures and/or dislocations, resulting from penetrating and/or blunt trauma, see 11042–11047. For wound closure by tissue adhesive(s) only, see HCPCS Level II code G0168. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

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ICD-10-CM Diagnostic Codes

- S00.471A Other superficial bite of right ear, initial encounter
- S00.511A Abrasion of lip, initial encounter
- S00.512A Abrasion of oral cavity, initial encounter
- S00.571A Other superficial bite of lip, initial encounter
- S00.572A Other superficial bite of oral cavity, initial encounter

Not all ICD-10-CM Codes are shown. Sample only.

5

Associated HCPCS Codes

G0168 Wound closure utilizing tissue adhesive(s) only

6

AMA: 12011 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12013 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12014 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12015 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12016 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12017 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep 12018 2023, Aug; 2022, Aug; 2022, Feb; 2021, Aug; 2018, Sep

7

Relative Value Units/Medicare Edits

8

Non-Facility RVU	Work	PE	MP	Total
12011	1.07	2.1	0.21	3.38
12013	1.22	2.06	0.24	3.52
12014	1.57	2.41	0.32	4.3
12015	1.98	2.81	0.4	5.19
12016	2.68	3.36	0.54	6.58
12017	3.18	0.73	0.69	4.6
12018	3.61	0.8	0.77	5.18
Facility RVU	Work	PE	MP	Total
12011	1.07	0.38	0.21	1.66
12013	1.22	0.27	0.24	1.73
12014	1.57	0.35	0.32	2.24
12015	1.98	0.43	0.4	2.81
12016	2.68	0.59	0.54	3.81
12017	3.18	0.73	0.69	4.6
12018	3.61	0.8	0.77	5.18

	FUD	Status	MUE		Modifiers			IOM Reference
12011	0	A	1(2)	51	N/A	N/A	N/A	None
12013	0	A	1(2)	51	N/A	N/A	N/A	
12014	0	A	1(2)	51	N/A	N/A	N/A	
12015	0	A	1(2)	51	N/A	N/A	N/A	
12016	0	A	1(2)	51	N/A	N/A	N/A	
12017	0	A	1(2)	51	N/A	N/A	80*	
12018	0	A	1(2)	51	N/A	N/A	80	

* with documentation

Terms To Know

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dermis. Skin layer found under the epidermis that contains a papillary upper layer and the deep reticular layer of collagen, vascular bed, and nerves.

epidermis. Outermost, nonvascular layer of skin that contains four to five differentiated layers depending on its body location: stratum corneum, lucidum, granulosum, spinosum, and basale.

repair. Surgical closure of a wound. The wound may be a result of injury/trauma or it may be a surgically created defect. Repairs are divided into three categories: simple, intermediate, and complex.

subcutaneous. Below the skin.

superficial. On the skin surface or near the surface of any involved structure or field of interest.

wound. Injury to living tissue often involving a cut or break in the skin.

1. CPT/HCPCS Codes and Descriptions

This edition of *Coding Companion* is updated with CPT and HCPCS codes for year 2026.

The following icons are used in *Coding Companion*:

- This CPT code is new for 2026.
- ▲ This CPT code description is revised for 2026.
- + This CPT code is an add-on code.

Add-on codes are not subject to bilateral or multiple procedure rules, reimbursement reduction, or appending modifier 50 or 51. Add-on codes describe additional intraservice work associated with the primary procedure performed by the same physician on the same date of service and are not reported as stand-alone procedures. Add-on codes for procedures performed on bilateral structures are reported by listing the add-on code twice.

- ★ This CPT code is identified by CPT as appropriate for audio-visual telemedicine services. Note: This icon is not appended to the synchronous audio-video visit codes 98000-98007.

The Centers for Medicare and Medicaid Services (CMS) have identified services that may be performed via telehealth. Payers may require telehealth/telemedicine to be reported with place of service 02 Telehealth Provided Other than the Patient's Home or 10 Telehealth Provided in Patient's Home and modifier 93 or 95 appended. If specialized equipment is used at the originating site, HCPCS Level II code Q3014 may be reported. Individual payers should be contacted for additional or different guidelines regarding telehealth/telemedicine services. Documentation should include the type of technology used for the treatment in addition to the patient evaluation, treatment, and consents.

According to CPT guidelines, the codes listed below may be used for reporting audio-only telemedicine services, when modifier 93 Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System, is appended. These procedures involve electronic communication using interactive telecommunications equipment that at a minimum includes audio.

90785	90791	90792	90832	90833	90834	90836
90837	90838	90839	90840	90845	90846	90847
92507	92508	92521	92522	92523	92524	96041
96110	96116	96121	96156	96158	96159	96160
96161	96164	96165	96167	96168	96170	96171
97802	97803	97804	99406	99407	99408	99409
99497	99498					

2. Illustrations

The illustrations that accompany the *Coding Companion* series provide coders a better understanding of the medical procedures referenced by the codes and data. The graphics offer coders a visual link between the technical language of the operative report and the cryptic descriptions accompanying the codes. Although most pages will have an illustration, there will be some pages that do not.

3. Explanation

Every CPT code or series of similar codes is presented with its official CPT code description. However, sometimes these descriptions do not provide the coder with sufficient information to make a proper code selection. In *Coding Companion*, an easy-to-understand step-by-step clinical description of the procedure is provided. Technical language that might be used by the physician is included and defined. *Coding Companion* describes a common method of performing each procedure.

4. Coding Tips

Coding tips provide information on how the code should be used, provides related CPT codes, and offers help concerning common billing errors, modifier usage, and anesthesia. This information comes from consultants and subject matter experts at Optum and from the coding

guidelines provided in the CPT book and by the Centers for Medicare and Medicaid Services (CMS).

5. ICD-10-CM Diagnostic Codes

ICD-10-CM diagnostic codes listed are common diagnoses or reasons the procedure may be necessary. This list in most cases is inclusive to the specialty. Some ICD-10-CM codes are further identified with the following icons:

- ▣ Newborn: 0
- ▢ Pediatric: 0-17
- ▭ Maternity: 9-64
- ▣ Adult: 15-124
- ☑ Laterality

Please note that in some instances the ICD-10-CM codes for only one side of the body (right) have been listed with the CPT code. The associated ICD-10-CM codes for the other side and/or bilateral may also be appropriate. Codes that refer to the right or left are identified with the ☑ icon to alert the user to check for laterality. In some cases, not every possible code is listed and the ICD-10-CM book should be referenced for other valid codes.

6. Associated HCPCS Codes

Medicare and some other payers require the use of HCPCS Level II codes and not CPT codes when reporting certain services. The HCPCS codes and their description are displayed in this field. If there is not a HCPCS code for this service, this field will not be displayed.

7. AMA References

The AMA references for *CPT Assistant* are listed by CPT code, with the most recent reference listed first. Generally only the last six years of references are listed.

8. Relative Value Units/Medicare Edits

Medicare edits are provided for most codes. These Medicare edits were current as of November 2025.

The 2026 Medicare edits were not available at the time this book went to press. Updated 2026 values will be posted at <https://www.optumcoding.com/ProductUpdates/>. The 2026 edition password is XXXXX.

Relative Value Units

In a resource based relative value scale (RBRVS), services are ranked based on the relative costs of the resources required to provide those services as opposed to the average fee for the service, or average prevailing Medicare charge. The Medicare RBRVS defines three distinct components affecting the value of each service or procedure:

- Physician work component, reflecting the physician's time and skill
- Practice expense (PE) component, reflecting the physician's rent, staff, supplies, equipment, and other overhead
- Malpractice (MP) component, reflecting the relative risk or liability associated with the service
- Total RVUs are a sum of the work, PE, and MP RVUs

There are two groups of RVUs listed for each CPT code. The first RVU group is for facilities (Facility RVU), which includes provider services performed in hospitals, ambulatory surgical centers, or skilled nursing facilities. The second RVU group is for nonfacilities (Non-Facility RVU), which represents provider services performed in physician offices, patient's homes, or other nonhospital settings. The appendix includes RVU components for facility and non-facility. Because no values have been established by CMS for the Category III codes, no relative value unit/grids are identified. Refer to the RBRVS tool or guide for the RVUs when the technical (modifier TC) or professional (modifier 26) component of a procedure is provided.

99202-99205

- 99202** Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
- 99203** Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- 99204** Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
- 99205** Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Explanation

Providers report these codes for new patients being seen in the doctor's office, a multispecialty group clinic, or other outpatient environment. All require a medically appropriate history and/or examination. Code selection is based on the level of medical decision making (MDM) or total time personally spent by the physician and/or other qualified health care professional(s) on the date of the encounter. Factors to be considered in MDM include the number and complexity of problems addressed during the encounter, amount and complexity of data requiring review and analysis, and the risk of complications and/or morbidity or mortality associated with patient management. The most basic service is represented by 99202, which entails straightforward MDM. If time is used for code selection, a total time of 15 minutes must be met or exceeded on the day of the encounter. Report 99203 for a visit requiring a low level of MDM or meeting or exceeding 30 minutes of total time; 99204 for a visit requiring a moderate level of MDM or meeting or exceeding 45 minutes of total time; and 99205 for a visit requiring a high level of MDM or meeting or exceeding 60 minutes of total time.

Coding Tips

These codes are used to report office or other outpatient services for a new patient. A medically appropriate history and physical examination, as determined by the treating provider, should be documented. The level of history and physical examination are not considered when determining the level of service. Codes should be selected based upon the current CPT Medical Decision Making table. Alternatively, time alone may be used to select the appropriate level of service. Total time for reporting these services includes face-to-face and non-face-to-face time personally spent by the physician or other qualified health care professional on the date of the encounter. Medicare has identified these codes as telehealth/telemedicine services. CMS requires the use of a place of service (POS) indicator: POS 02 for telehealth services when the originating site is not the patient's home and POS 10 for telehealth services when the originating site is the patient's home. For prolonged services applicable to 99205, see 99417; for Medicare, see G2212. Medicare and commercial payers should be contacted regarding their coverage guidelines. For office or other outpatient services for an established patient, see 99211-99215.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

AMA: 99202 2024, Sep; 2024, Jun; 2024, Jan; 2023, Dec; 2023, Nov; 2023, Oct; 2023, Sep; 2023, Aug; 2023, May; 2023, Apr; 2023, Mar; 2022, Dec; 2022, Nov; 2022, Oct; 2022, Sep; 2022, Aug; 2022, Jul; 2022, Jun; 2022, Apr; 2022, Feb; 2022, Jan; 2021, Nov; 2021, Oct; 2021, Sep; 2021, Aug; 2021, Jul; 2021, Jun; 2021, May; 2021, Apr; 2021, Mar; 2021, Feb; 2021, Jan; 2020, Dec; 2020, Nov; 2020, Oct; 2020, Sep; 2020, Jun; 2020, May; 2020, Mar; 2020, Feb; 2020, Jan; 2019, Oct; 2019, Jul; 2019, Jun; 2019, Feb; 2019, Jan; 2018, Oct; 2018, Sep; 2018, Apr; 2018, Mar **99203** 2024, Oct; 2024, Sep; 2024, Jun; 2024, Jan; 2023, Dec; 2023, Nov; 2023, Oct; 2023, Sep; 2023, Aug; 2023, May; 2023, Apr; 2023, Mar; 2022, Dec; 2022, Nov; 2022, Oct; 2022, Sep; 2022, Aug; 2022, Jul; 2022, Jun; 2022, Apr; 2022, Feb; 2022, Jan; 2021, Nov; 2021, Oct; 2021, Sep; 2021, Aug; 2021, Jul; 2021, Jun; 2021, May; 2021, Apr; 2021, Mar; 2021, Feb; 2021, Jan; 2020, Dec; 2020, Nov; 2020, Oct; 2020, Sep; 2020, Jun; 2020, May; 2020, Mar; 2020, Feb; 2020, Jan; 2019, Oct; 2019, Jul; 2019, Jun; 2019, Feb; 2019, Jan; 2018, Oct; 2018, Sep; 2018, Apr; 2018, Mar **99204** 2024, Oct; 2024, Sep; 2024, Jun; 2024, Jan; 2023, Dec; 2023, Nov; 2023, Oct; 2023, Sep; 2023, Aug; 2023, May; 2023, Apr; 2023, Mar; 2022, Dec; 2022, Nov; 2022, Oct; 2022, Sep; 2022, Aug; 2022, Jul; 2022, Jun; 2022, Apr; 2022, Feb; 2022, Jan; 2021, Nov; 2021, Oct; 2021, Sep; 2021, Aug; 2021, Jul; 2021, Jun; 2021, May; 2021, Apr; 2021, Mar; 2021, Feb; 2021, Jan; 2020, Dec; 2020, Nov; 2020, Oct; 2020, Sep; 2020, Jun; 2020, May; 2020, Mar; 2020, Feb; 2020, Jan; 2019, Oct; 2019, Jul; 2019, Jun; 2019, Feb; 2019, Jan; 2018, Oct; 2018, Sep; 2018, Apr; 2018, Mar **99205** 2024, Oct; 2024, Sep; 2024, Mar; 2024, Jan; 2023, Dec; 2023, Nov; 2023, Oct; 2023, Sep; 2023, Aug; 2023, May; 2023, Apr; 2023, Mar; 2022, Dec; 2022, Nov; 2022, Oct; 2022, Sep; 2022, Aug; 2022, Jul; 2022, Jun; 2022, Apr; 2022, Feb; 2022, Jan; 2021, Nov; 2021, Oct; 2021, Sep; 2021, Aug; 2021, Jul; 2021, Jun; 2021, May; 2021, Apr; 2021, Mar; 2021, Feb; 2021, Jan; 2020, Dec; 2020, Nov; 2020, Oct; 2020, Sep; 2020, Jun; 2020, May; 2020, Mar; 2020, Feb; 2020, Jan; 2019, Oct; 2019, Jul; 2019, Jun; 2019, Feb; 2019, Jan; 2018, Oct; 2018, Sep; 2018, Apr; 2018, Mar

Relative Value Units/Medicare Edits

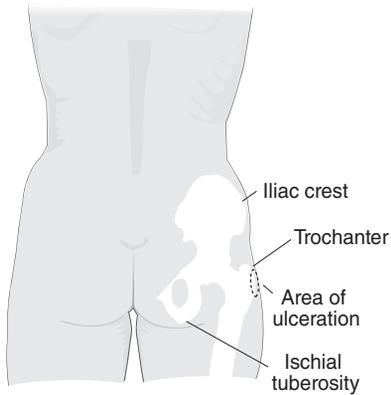
Non-Facility RVU	Work	PE	MP	Total
99202	0.93	1.16	0.08	2.17
99203	1.6	1.59	0.16	3.35
99204	2.6	2.18	0.24	5.02
99205	3.5	2.79	0.33	6.62
Facility RVU	Work	PE	MP	Total
99202	0.93	0.4	0.08	1.41
99203	1.6	0.68	0.16	2.44
99204	2.6	1.13	0.24	3.97
99205	3.5	1.57	0.33	5.4

	FUD	Status	MUE	Modifiers			IOM Reference	
99202	N/A	A	1(2)	N/A	N/A	N/A	80*	None
99203	N/A	A	1(2)	N/A	N/A	N/A	80*	
99204	N/A	A	1(2)	N/A	N/A	N/A	80*	
99205	N/A	A	1(2)	N/A	N/A	N/A	80*	

* with documentation

15956-15958

- 15956** Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958 with ostectomy



A pressure ulcer caused by the trochanter is excised and a portion of the trochanteric bone is removed. The site is then prepared for a muscle graft, muscle-skin graft, or a skin graft closure

Explanation

The physician excises a trochanteric pressure ulcer. The defect that remains is prepared for a myocutaneous or muscle graft that is reported separately, most commonly harvested from the tensor fasciae latae (AFT) muscle. The graft is sutured in place and a soft dressing is applied. Report 15958 if a portion or all of the trochanter is removed during the ulcer excision.

Coding Tips

Muscle/myocutaneous flaps and skin grafts are reported in addition to these codes, when performed, see 15734 or 15738 for flaps and 15100–15101 for grafts. For excision of an ischial pressure ulcer, with primary suture, see 15940; and ostectomy (ischietomy), see 15941; with skin flap closure, see 15944; and ostectomy, see 15945.

ICD-10-CM Diagnostic Codes

- L89.210 Pressure ulcer of right hip, unstageable
- L89.213 Pressure ulcer of right hip, stage 3
- L89.214 Pressure ulcer of right hip, stage 4
- L89.216 Pressure-induced deep tissue damage of right hip
- L89.220 Pressure ulcer of left hip, unstageable
- L89.223 Pressure ulcer of left hip, stage 3
- L89.224 Pressure ulcer of left hip, stage 4
- L89.226 Pressure-induced deep tissue damage of left hip
- L89.43 Pressure ulcer of contiguous site of back, buttock and hip, stage 3
- L89.44 Pressure ulcer of contiguous site of back, buttock and hip, stage 4
- L89.45 Pressure ulcer of contiguous site of back, buttock and hip, unstageable
- L89.46 Pressure-induced deep tissue damage of contiguous site of back, buttock and hip

AMA: 15956 2022, Feb; 2021, Aug **15958** 2022, Feb; 2021, Aug

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15956	16.79	15.26	3.63	35.68
15958	16.75	15.25	3.3	35.3
Facility RVU	Work	PE	MP	Total
15956	16.79	15.26	3.63	35.68
15958	16.75	15.25	3.3	35.3

	FUD	Status	MUE	Modifiers			IOM Reference	
15956	90	A	2(3)	51	N/A	62*	N/A	None
15958	90	A	2(3)	51	N/A	62*	N/A	

* with documentation

Terms To Know

closure. Repairing an incision or wound by suture or other means.

decubitus ulcer. Progressively eroding skin lesion produced by inflamed necrotic tissue as it sloughs off caused by continual pressure to a localized area, especially over bony areas, where blood circulation is cut off when a patient lies still for too long without changing position.

gangrene. Death of tissue, usually resulting from a loss of vascular supply, followed by a bacterial attack or onset of disease.

myocutaneous flap graft. Section of tissue containing muscle and attached skin is partially removed from its donor site so as to retain its own blood supply for transfer to a new recipient site.

ostectomy. Excision of bone.

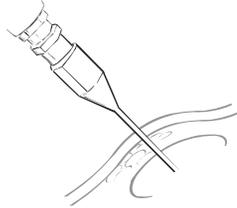
pressure ulcers. Progressively eroding skin lesion produced by inflamed necrotic tissue as it sloughs off, caused by continual pressure impeding blood circulation, especially over bony areas, when a patient lies still for too long without changing position.

20612

20612 Aspiration and/or injection of ganglion cyst(s) any location



Ganglion cysts can be found in numerous sites, particularly on the hands and feet



The cyst is aspirated or injected

Explanation

The physician aspirates and/or injects a ganglion cyst. After administering a local anesthetic, the physician inserts a needle through the skin and into the ganglion cyst. A ganglion cyst is a benign mass consisting of a thin capsule containing clear, mucinous fluid arising from an aponeurosis or tendon sheath, such as on the back of the wrist or foot. A fluid sample may be withdrawn from the cyst or a medicinal substance may be injected for therapy. The needle is withdrawn and pressure is applied to stop any bleeding.

Coding Tips

Multiple ganglion cyst aspirations/injections may be reported by appending modifier 59 or an X{EPSU} modifier to this code. For injection of a single tendon sheath or ligament, see 20550. To report arthrocentesis, aspiration and/or injection of a small joint or bursa, see 20600; intermediate joint or bursa, see 20605; major joint or bursa, see 20610. For aspiration and injection of a bone cyst, see 20615. Imaging guidance is reported with 76942, 77002, 77012, or 77021, when performed. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Supplies used when providing this procedure may be reported with the appropriate HCPCS Level II "J" code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- M67.411 Ganglion, right shoulder
- M67.412 Ganglion, left shoulder
- M67.421 Ganglion, right elbow
- M67.422 Ganglion, left elbow
- M67.431 Ganglion, right wrist
- M67.432 Ganglion, left wrist
- M67.441 Ganglion, right hand
- M67.442 Ganglion, left hand
- M67.451 Ganglion, right hip
- M67.452 Ganglion, left hip
- M67.461 Ganglion, right knee
- M67.462 Ganglion, left knee

- M67.471 Ganglion, right ankle and foot
- M67.472 Ganglion, left ankle and foot
- M67.48 Ganglion, other site
- M67.49 Ganglion, multiple sites

AMA: 20612 2023, Jan

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
20612	0.7	1.16	0.1	1.96
Facility RVU	Work	PE	MP	Total
20612	0.7	0.43	0.1	1.23

	FUD	Status	MUE	Modifiers			IOM Reference	
20612	0	A	2(3)	51	N/A	N/A	N/A	None

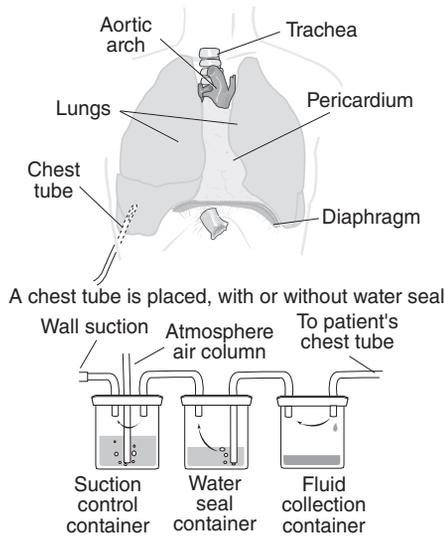
* with documentation

Terms To Know

- anesthesia.** Loss of feeling or sensation, usually induced to permit the performance of surgery or other painful procedures.
- aponeurosis.** Flat expansion of white, ribbon-like tendinous tissue that functions as the connection of a muscle to its moving part.
- aspiration.** Drawing fluid out by suction.
- benign.** Mild or nonmalignant in nature.
- cyst.** Elevated encapsulated mass containing fluid, semisolid, or solid material with a membranous lining.
- excision.** Surgical removal of an organ or tissue.
- ganglion.** Fluid-filled, benign cyst appearing on a tendon sheath or aponeurosis, frequently connecting to an underlying joint.
- injection.** Forcing a liquid substance into a body part such as a joint or muscle.
- joint capsule.** Sac-like enclosure enveloping the synovial joint cavity with a fibrous membrane attached to the articular ends of the bones in the joint.
- synovia.** Clear fluid lubricant of joints, bursae, and tendon sheaths, secreted by the synovial membrane.
- tendon.** Fibrous tissue that connects muscle to bone, consisting primarily of collagen and containing little vasculature.
- therapeutic.** Act meant to alleviate a medical or mental condition.

32551

32551 Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)



The conventional three-chamber water seal system evacuates the pleural space without back pressure

Explanation

The physician removes fluid and/or air from the chest cavity by puncturing through the space between the ribs. To enter the chest cavity, the physician passes a trocar over the top of a rib, punctures through the chest tissues between the ribs, and enters the pleural cavity. Separately reportable imaging guidance may be used. With the end of the trocar in the chest cavity, the physician advances the plastic tube into the chest cavity. The sharp trocar is removed leaving one end of the plastic catheter in place within the chest cavity. A large syringe is attached to the outside end of the catheter and the fluid (blood or pus) is removed from the chest cavity by pulling back on the plunger of the syringe. The outside end of the tube may be connected to a drainage system, such as a water seal, to prevent air from being sucked into the chest cavity and to allow continuous or intermittent removal of air or fluid.

Coding Tips

This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier. This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). Do not report 32551 in addition to 33020 or 33025 if a chest tube/pleural drain is placed on the ipsilateral side.

ICD-10-CM Diagnostic Codes

- J86.0 Pyothorax with fistula
- J86.9 Pyothorax without fistula
- J90 Pleural effusion, not elsewhere classified
- J91.0 Malignant pleural effusion
- J91.8 Pleural effusion in other conditions classified elsewhere
- J93.0 Spontaneous tension pneumothorax

- J93.11 Primary spontaneous pneumothorax
- J93.12 Secondary spontaneous pneumothorax
- J93.81 Chronic pneumothorax
- J93.82 Other air leak
- J93.83 Other pneumothorax
- J94.0 Chylous effusion
- J94.2 Hemothorax
- J94.8 Other specified pleural conditions
- J95.811 Postprocedural pneumothorax
- P26.0 Tracheobronchial hemorrhage originating in the perinatal period **N**
- P26.1 Massive pulmonary hemorrhage originating in the perinatal period **N**
- P26.8 Other pulmonary hemorrhages originating in the perinatal period **N**
- S21.311A Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.321A Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.331A Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.341A Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.351A Open bite of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.411A Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.421A Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.431A Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.441A Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.451A Open bite of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S27.0XXA Traumatic pneumothorax, initial encounter
- S27.1XXA Traumatic hemothorax, initial encounter
- S27.2XXA Traumatic hemopneumothorax, initial encounter
- S27.63XA Laceration of pleura, initial encounter
- S27.69XA Other injury of pleura, initial encounter

AMA: 32551 2023,Mar; 2021,Nov; 2019,Dec; 2018,Jul

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
32551	3.04	1.02	0.53	4.59
Facility RVU	Work	PE	MP	Total
32551	3.04	1.02	0.53	4.59

	FUD	Status	MUE	Modifiers				IOM Reference
32551	0	A	2(3)	51	50	N/A	N/A	None

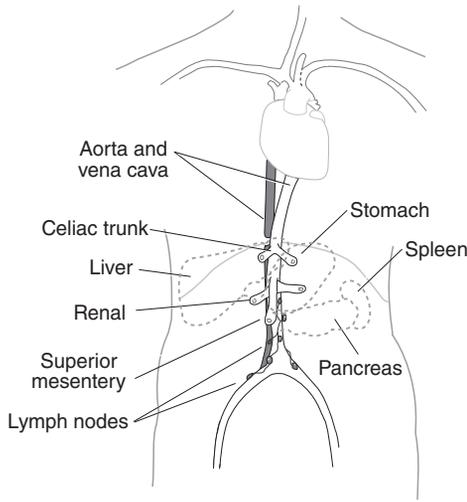
* with documentation

Terms To Know

hemothorax. Blood collecting in the pleural cavity.

38747

+ **38747** Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)



Explanation

The physician makes a midline abdominal incision. The abdominal contents are exposed, allowing the physician to locate the lymph nodes. Each lymph node grouping, with or without para-aortic and vena caval nodes, is dissected away from the surrounding tissue, nerves, and blood vessels, and removed. The incision is closed with sutures or staples.

Coding Tips

For regional thoracic lymphadenectomy, see 38746. For retroperitoneal transabdominal lymphadenectomy, see 38780.

ICD-10-CM Diagnostic Codes

- C40.01 Malignant neoplasm of scapula and long bones of right upper limb ✓
- C46.3 Kaposi's sarcoma of lymph nodes
- C49.11 Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder ✓
- C4A.52 Merkel cell carcinoma of skin of breast
- C4A.59 Merkel cell carcinoma of other part of trunk
- C4A.61 Merkel cell carcinoma of right upper limb, including shoulder ✓
- C4A.8 Merkel cell carcinoma of overlapping sites
- C50.111 Malignant neoplasm of central portion of right female breast ✓
- C50.121 Malignant neoplasm of central portion of right male breast ✓
- C50.211 Malignant neoplasm of upper-inner quadrant of right female breast ✓
- C50.221 Malignant neoplasm of upper-inner quadrant of right male breast ✓
- C50.311 Malignant neoplasm of lower-inner quadrant of right female breast ✓
- C50.321 Malignant neoplasm of lower-inner quadrant of right male breast ✓
- C50.411 Malignant neoplasm of upper-outer quadrant of right female breast ✓

- C50.421 Malignant neoplasm of upper-outer quadrant of right male breast ✓
- C50.511 Malignant neoplasm of lower-outer quadrant of right female breast ✓
- C50.521 Malignant neoplasm of lower-outer quadrant of right male breast ✓
- C50.611 Malignant neoplasm of axillary tail of right female breast ✓
- C50.621 Malignant neoplasm of axillary tail of right male breast ✓
- C50.811 Malignant neoplasm of overlapping sites of right female breast ✓
- C50.821 Malignant neoplasm of overlapping sites of right male breast ✓
- C76.1 Malignant neoplasm of thorax
- C79.89 Secondary malignant neoplasm of other specified sites
- C7B.01 Secondary carcinoid tumors of distant lymph nodes
- C7B.09 Secondary carcinoid tumors of other sites
- C80.2 Malignant neoplasm associated with transplanted organ
- C84.43 Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
- D05.01 Lobular carcinoma in situ of right breast ✓
- D05.11 Intraductal carcinoma in situ of right breast ✓
- D05.81 Other specified type of carcinoma in situ of right breast ✓
- D19.7 Benign neoplasm of mesothelial tissue of other sites
- D36.0 Benign neoplasm of lymph nodes
- D36.7 Benign neoplasm of other specified sites
- N64.89 Other specified disorders of breast
- R59.0 Localized enlarged lymph nodes
- R59.1 Generalized enlarged lymph nodes

AMA: 38747 2020, Apr; 2019, Feb

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
38747	4.88	1.85	1.19	7.92
Facility RVU	Work	PE	MP	Total
38747	4.88	1.85	1.19	7.92

	FUD	Status	MUE	Modifiers			IOM Reference	
38747	N/A	A	1(2)	N/A	N/A	62*	80	None

* with documentation

Terms To Know

dissection. (dis. apart; -section, act of cutting) Separating by cutting tissue or body structures apart.

Kaposi's sarcoma. Malignant neoplasm caused by vascular proliferation of cutaneous tumors characterized by channels lined with endothelial tissue containing vascular spaced.

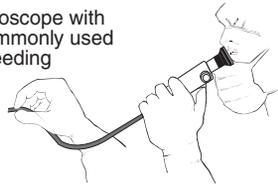
lymph nodes. Bean-shaped structures along the lymphatic vessels that intercept and destroy foreign materials in the tissue and bloodstream.

lymphadenectomy. Dissection of lymph nodes free from the vessels and removal for examination by frozen section in a separate procedure to detect early-stage metastases.

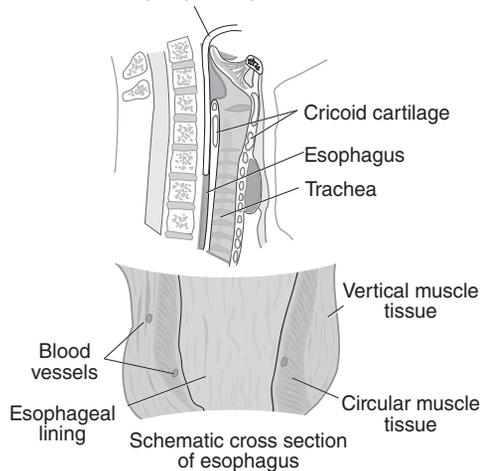
43227

43227 Esophagoscopy, flexible, transoral; with control of bleeding, any method

A flexible esophagoscope with multiple ports is commonly used to control bleeding



Esophagoscope is passed and bleeding is controlled by any variety of methods



Explanation

The physician passes a flexible esophagoscope through the patient's mouth and into the esophagus to identify the source of bleeding. Several endoscopic methods may be used to control bleeding, including the use of laser therapy, electrocoagulation, rubber band ligation, and the injection of the bleeding vessel with sclerosants, ethanol, or adrenaline.

Coding Tips

Surgical endoscopy includes a diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. When endoscopic procedures are performed, report the appropriate endoscopy of each anatomic site examined. Do not report 43227 with 43197–43198 and 43200. Do not report 43227 in addition to 43201, 43204, or 43205 for the same lesion.

ICD-10-CM Diagnostic Codes

- C15.3 Malignant neoplasm of upper third of esophagus
- C15.4 Malignant neoplasm of middle third of esophagus
- C15.5 Malignant neoplasm of lower third of esophagus
- C15.8 Malignant neoplasm of overlapping sites of esophagus
- C49.A1 Gastrointestinal stromal tumor of esophagus
- D13.0 Benign neoplasm of esophagus
- D13.99 Benign neoplasm of ill-defined sites within the digestive system
- I85.01 Esophageal varices with bleeding
- I85.11 Secondary esophageal varices with bleeding
- K20.0 Eosinophilic esophagitis
- K20.81 Other esophagitis with bleeding
- K22.11 Ulcer of esophagus with bleeding

- K22.3 Perforation of esophagus
- K22.6 Gastro-esophageal laceration-hemorrhage syndrome
- K22.70 Barrett's esophagus without dysplasia
- K22.710 Barrett's esophagus with low grade dysplasia
- K22.711 Barrett's esophagus with high grade dysplasia
- K22.89 Other specified disease of esophagus
- K23 Disorders of esophagus in diseases classified elsewhere
- K91.840 Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure
- K91.841 Postprocedural hemorrhage of a digestive system organ or structure following other procedure
- S27.812A Contusion of esophagus (thoracic part), initial encounter
- S27.813A Laceration of esophagus (thoracic part), initial encounter
- S27.818A Other injury of esophagus (thoracic part), initial encounter
- T85.838A Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter

AMA: 43227 2022, Sep

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
43227	2.89	14.48	0.37	17.74
Facility RVU	Work	PE	MP	Total
43227	2.89	1.62	0.37	4.88

	FUD	Status	MUE	Modifiers			IOM Reference	
43227	0	A	1(3)	51	N/A	N/A	N/A	None

* with documentation

Terms To Know

cautery. Destruction or burning of tissue by means of a hot instrument, an electric current, or a caustic chemical, such as silver nitrate.

electrosurgery. Use of electric currents to generate heat in performing surgery.

laser surgery. Use of concentrated, sharply defined light beams to cut, cauterize, coagulate, seal, or vaporize tissue.

ligation. Tying off a blood vessel or duct with a suture or a soft, thin wire.

perforation. Hole in an object, organ, or tissue, or the act of punching or boring holes through a part.

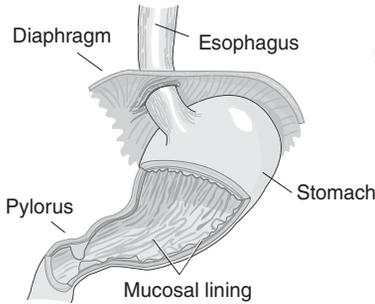
sclerotherapy. Injection of a chemical agent that will irritate, inflame, and cause fibrosis in a vein, eventually obliterating hemorrhoids or varicose veins.

ulcer. Open sore or excavating lesion of skin or the tissue on the surface of an organ from the sloughing of chronically inflamed and necrosing tissue.

varices. Enlarged, dilated, or twisted turning veins.

43605

43605 Biopsy of stomach, by laparotomy



Biopsy specimens are collected from the stomach

Explanation

The physician obtains a biopsy of the stomach via open approach (laparotomy). The physician makes a midline abdominal incision. The peritoneum is incised and tissues are retracted to identify the anterior surface of the stomach. An incision is made in the stomach and the physician explores the mucosa to obtain biopsies. Once biopsies are acquired, the stomach incision is closed with sutures or staples. The peritoneum is sutured closed and the abdominal incision is closed using layered sutures.

Coding Tips

An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. For esophagogastroduodenoscopy with biopsy of stomach, see 43239. Laparotomy, celiotomy (49000) is included in 43605 and should not be reported separately.

ICD-10-CM Diagnostic Codes

- C16.0 Malignant neoplasm of cardia
- C16.1 Malignant neoplasm of fundus of stomach
- C16.2 Malignant neoplasm of body of stomach
- C16.3 Malignant neoplasm of pyloric antrum
- C16.4 Malignant neoplasm of pylorus
- C16.8 Malignant neoplasm of overlapping sites of stomach
- C49.A2 Gastrointestinal stromal tumor of stomach
- C7A.092 Malignant carcinoid tumor of the stomach
- D00.2 Carcinoma in situ of stomach
- D13.1 Benign neoplasm of stomach
- D37.1 Neoplasm of uncertain behavior of stomach
- D49.0 Neoplasm of unspecified behavior of digestive system
- K25.7 Chronic gastric ulcer without hemorrhage or perforation
- K29.20 Alcoholic gastritis without bleeding
- K29.21 Alcoholic gastritis with bleeding
- K29.30 Chronic superficial gastritis without bleeding
- K29.31 Chronic superficial gastritis with bleeding
- K29.40 Chronic atrophic gastritis without bleeding
- K29.41 Chronic atrophic gastritis with bleeding
- K29.60 Other gastritis without bleeding
- K29.61 Other gastritis with bleeding
- K30 Functional dyspepsia
- K31.7 Polyp of stomach and duodenum

- K31.811 Angiodysplasia of stomach and duodenum with bleeding
- K31.819 Angiodysplasia of stomach and duodenum without bleeding
- K31.89 Other diseases of stomach and duodenum
- K52.3 Indeterminate colitis
- K52.81 Eosinophilic gastritis or gastroenteritis
- K52.831 Collagenous colitis
- K52.832 Lymphocytic colitis
- K52.838 Other microscopic colitis
- K92.0 Hematemesis
- Q40.0 Congenital hypertrophic pyloric stenosis
- Q40.2 Other specified congenital malformations of stomach

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
43605	13.72	8.08	3.34	25.14
Facility RVU	Work	PE	MP	Total
43605	13.72	8.08	3.34	25.14

	FUD	Status	MUE	Modifiers				IOM Reference
43605	90	A	1(2)	51	N/A	62*	80	None

* with documentation

Terms To Know

anterior. Situated in the front area or toward the belly surface of the body.

biopsy. Tissue or fluid removed for diagnostic purposes through analysis of the cells in the biopsy material.

laparotomy. Incision through the flank or abdomen for therapeutic or diagnostic purposes.

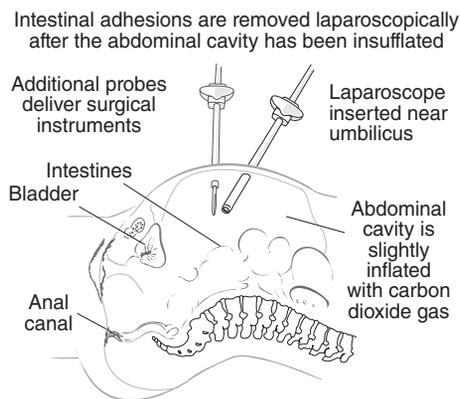
mucosa. Moist tissue lining the mouth (buccal mucosa), stomach (gastric mucosa), intestines, and respiratory tract.

peritoneum. Strong, continuous membrane that forms the lining of the abdominal and pelvic cavity. The parietal peritoneum, or outer layer, is attached to the abdominopelvic walls and the visceral peritoneum, or inner layer, surrounds the organs inside the abdominal cavity.

tissue. Group of similar cells with a similar function that form definite structures and organs. Tissue types include epithelial tissue, muscle tissue, connective tissue, and nervous tissue.

44180

44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)



Explanation

The physician performs laparoscopic enterolysis to free intestinal adhesions. With the patient under anesthesia, the physician places a trocar at the umbilicus into the abdominal or retroperitoneal space and insufflates the abdominal cavity. The physician places a laparoscope through the umbilical incision and additional trocars are placed into the abdomen. Intestinal adhesions are identified and instruments are passed through to dissect and remove the adhesions. The trocars are removed and the incisions are closed with sutures.

Coding Tips

This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed with other unrelated procedures, list the code and append modifier 59 or an X{EPSU} modifier. Surgical laparoscopy always includes diagnostic laparoscopy.

ICD-10-CM Diagnostic Codes

- K31.5 Obstruction of duodenum
- K50.012 Crohn's disease of small intestine with intestinal obstruction
- K50.112 Crohn's disease of large intestine with intestinal obstruction
- K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
- K51.012 Ulcerative (chronic) pancolitis with intestinal obstruction
- K51.312 Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
- K51.412 Inflammatory polyps of colon with intestinal obstruction
- K51.512 Left sided colitis with intestinal obstruction
- K51.812 Other ulcerative colitis with intestinal obstruction
- K56.51 Intestinal adhesions [bands], with partial obstruction
- K56.52 Intestinal adhesions [bands] with complete obstruction
- K56.690 Other partial intestinal obstruction
- K56.691 Other complete intestinal obstruction
- K66.0 Peritoneal adhesions (postprocedural) (postinfection)
- K91.31 Postprocedural partial intestinal obstruction
- K91.32 Postprocedural complete intestinal obstruction
- N80.511 Superficial endometriosis of the rectum
- N80.512 Deep endometriosis of the rectum
- N80.519 Endometriosis of the rectum, unspecified depth
- N80.521 Superficial endometriosis of the sigmoid colon

- N80.522 Deep endometriosis of the sigmoid colon
- N80.529 Endometriosis of the sigmoid colon, unspecified depth
- N80.531 Superficial endometriosis of the cecum
- N80.532 Deep endometriosis of the cecum
- N80.539 Endometriosis of the cecum, unspecified depth
- N80.541 Superficial endometriosis of the appendix
- N80.542 Deep endometriosis of the appendix
- N80.549 Endometriosis of the appendix, unspecified depth
- N80.551 Superficial endometriosis of other parts of the colon
- N80.552 Deep endometriosis of other parts of the colon
- N80.559 Endometriosis of other parts of the colon, unspecified depth
- N80.561 Superficial endometriosis of the small intestine
- N80.562 Deep endometriosis of the small intestine
- N80.569 Endometriosis of the small intestine, unspecified depth
- Q43.3 Congenital malformations of intestinal fixation
- R10.31 Right lower quadrant pain
- R10.32 Left lower quadrant pain
- R10.33 Periumbilical pain
- R10.84 Generalized abdominal pain
- R19.01 Right upper quadrant abdominal swelling, mass and lump
- R19.02 Left upper quadrant abdominal swelling, mass and lump
- R19.03 Right lower quadrant abdominal swelling, mass and lump
- R19.04 Left lower quadrant abdominal swelling, mass and lump
- R19.05 Periumbilical swelling, mass or lump
- R19.06 Epigastric swelling, mass or lump
- R19.07 Generalized intra-abdominal and pelvic swelling, mass and lump
- R19.09 Other intra-abdominal and pelvic swelling, mass and lump

AMA: 44180 2021,Jul; 2020,Jan; 2018,Feb

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
44180	15.27	8.61	3.74	27.62
Facility RVU	Work	PE	MP	Total
44180	15.27	8.61	3.74	27.62

	FUD	Status	MUE	Modifiers				IOM Reference
44180	90	A	1(2)	51	N/A	62*	80	None

* with documentation

Terms To Know

adhesion. Abnormal fibrous connection between two structures, soft tissue or bony structures, that may occur as the result of surgery, infection, or trauma.

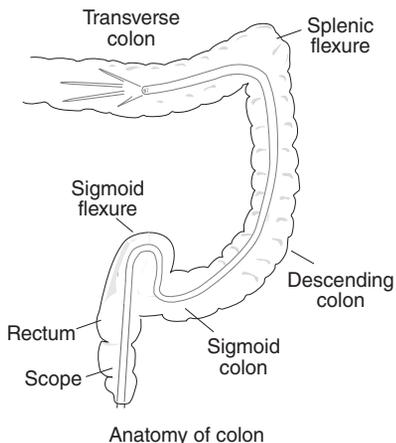
enterolysis. Division of intestinal adhesions.

retroperitoneal. Located behind the peritoneum, the membrane that lines the abdominopelvic walls and forms a covering for the internal organs.

trocar. Cannula or a sharp pointed instrument used to puncture and aspirate fluid from cavities.

[45390]

45390 Colonoscopy, flexible; with endoscopic mucosal resection



Explanation

The physician uses a flexible colonoscope to examine the colon. The physician inserts the colonoscope into the anus and advances the scope through the colon to the cecum. The lumen of the colon and rectum are visualized with an instrument containing a camera and light. The scope is directed to the affected area. A special needle is used to administer fluid under the polyp to elevate the polyp allowing for the removal from the bowel lining. Removal may be done by snare, cutting out, or suction and typically includes cautery of the attached blood vessels. The tissue is sent to pathology for analysis and the scope is withdrawn at the completion of the procedure.

Coding Tips

Surgical endoscopy includes diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. Bleeding that occurs as the result of an endoscopic procedure, and controlled during the same operative session, is not reported separately. Do not report 45390 with 45378 or in addition to 45380, 45381, 45385, or 45398 for the same lesion.

ICD-10-CM Diagnostic Codes

- C17.2 Malignant neoplasm of ileum
- C18.0 Malignant neoplasm of cecum
- C18.2 Malignant neoplasm of ascending colon
- C18.3 Malignant neoplasm of hepatic flexure
- C18.4 Malignant neoplasm of transverse colon
- C18.5 Malignant neoplasm of splenic flexure
- C18.6 Malignant neoplasm of descending colon
- C18.7 Malignant neoplasm of sigmoid colon
- C18.8 Malignant neoplasm of overlapping sites of colon
- C19 Malignant neoplasm of rectosigmoid junction
- C20 Malignant neoplasm of rectum
- C78.5 Secondary malignant neoplasm of large intestine and rectum
- C7A.012 Malignant carcinoid tumor of the ileum
- C7A.021 Malignant carcinoid tumor of the cecum
- C7A.022 Malignant carcinoid tumor of the ascending colon
- C7A.023 Malignant carcinoid tumor of the transverse colon
- C7A.024 Malignant carcinoid tumor of the descending colon
- C7A.025 Malignant carcinoid tumor of the sigmoid colon

- C7A.026 Malignant carcinoid tumor of the rectum
- D01.0 Carcinoma in situ of colon
- D01.49 Carcinoma in situ of other parts of intestine
- D12.0 Benign neoplasm of cecum
- D12.2 Benign neoplasm of ascending colon
- D12.3 Benign neoplasm of transverse colon
- D12.4 Benign neoplasm of descending colon
- D12.5 Benign neoplasm of sigmoid colon
- D12.7 Benign neoplasm of rectosigmoid junction
- D12.8 Benign neoplasm of rectum
- D13.39 Benign neoplasm of other parts of small intestine
- D13.91 Familial adenomatous polyposis
- D37.4 Neoplasm of uncertain behavior of colon
- D37.5 Neoplasm of uncertain behavior of rectum
- D3A.012 Benign carcinoid tumor of the ileum
- D3A.021 Benign carcinoid tumor of the cecum
- D3A.022 Benign carcinoid tumor of the ascending colon
- D3A.023 Benign carcinoid tumor of the transverse colon
- D3A.024 Benign carcinoid tumor of the descending colon
- D3A.025 Benign carcinoid tumor of the sigmoid colon
- D3A.026 Benign carcinoid tumor of the rectum
- D49.0 Neoplasm of unspecified behavior of digestive system
- K51.40 Inflammatory polyps of colon without complications
- K51.411 Inflammatory polyps of colon with rectal bleeding
- K51.412 Inflammatory polyps of colon with intestinal obstruction
- K51.413 Inflammatory polyps of colon with fistula
- K51.414 Inflammatory polyps of colon with abscess
- K51.418 Inflammatory polyps of colon with other complication
- K63.3 Ulcer of intestine
- K63.5 Polyp of colon
- K63.81 Dieulafoy lesion of intestine
- R93.3 Abnormal findings on diagnostic imaging of other parts of digestive tract

AMA: 45390 2021, Aug; 2020, May; 2019, Dec

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
45390	6.04	3.03	0.72	9.79
Facility RVU	Work	PE	MP	Total
45390	6.04	3.03	0.72	9.79

	FUD	Status	MUE	Modifiers			IOM Reference	
45390	0	A	1(3)	51	N/A	N/A	N/A	None

* with documentation

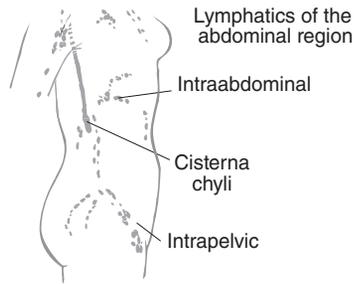
Terms To Know

colonoscopy. Visual inspection of the colon using a fiberoptic scope.

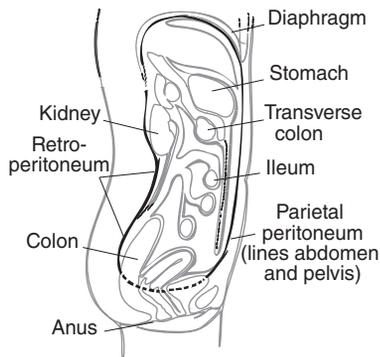
neoplasm. New abnormal growth, tumor.

resection. Surgical removal of a part or all of an organ or body part.

49323 Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity



A lymphocele is drained to the peritoneal cavity by surgical laparoscopy



Explanation

The physician drains a lymphocele to the peritoneal cavity. With the patient under anesthesia, the physician places a trocar at the umbilicus into the abdominal or retroperitoneal space and insufflates the abdominal cavity. The physician places a laparoscope through the umbilical incision and additional trocars are placed into the abdomen. The lymphocele is identified and instruments are passed through to open and drain the lymphocele. The trocars are removed and the incisions are closed with sutures.

Coding Tips

Surgical laparoscopy always includes diagnostic laparoscopy. For diagnostic laparoscopy (peritoneoscopy), see 49320; with aspiration (single or multiple), see 49322. For open drainage of a retroperitoneal abscess, see 49060; open drainage of a lymphocele to the peritoneal cavity, see 49062.

ICD-10-CM Diagnostic Codes

- C19 Malignant neoplasm of rectosigmoid junction
- C54.1 Malignant neoplasm of endometrium
- C54.2 Malignant neoplasm of myometrium
- C54.3 Malignant neoplasm of fundus uteri
- C56.1 Malignant neoplasm of right ovary
- C56.2 Malignant neoplasm of left ovary
- C61 Malignant neoplasm of prostate
- C80.2 Malignant neoplasm associated with transplanted organ
- C82.03 Follicular lymphoma grade I, intra-abdominal lymph nodes
- C82.13 Follicular lymphoma grade II, intra-abdominal lymph nodes
- C82.33 Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
- C82.43 Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
- C82.53 Diffuse follicle center lymphoma, intra-abdominal lymph nodes

- C82.63 Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
- C82.83 Other types of follicular lymphoma, intra-abdominal lymph nodes
- C83.53 Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
- C84.23 Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
- C85.23 Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
- C85.83 Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
- D89.41 Monoclonal mast cell activation syndrome
- D89.42 Idiopathic mast cell activation syndrome
- D89.43 Secondary mast cell activation
- D89.49 Other mast cell activation disorder
- D89.810 Acute graft-versus-host disease
- D89.811 Chronic graft-versus-host disease
- D89.812 Acute on chronic graft-versus-host disease
- I88.1 Chronic lymphadenitis, except mesenteric
- I89.8 Other specified noninfective disorders of lymphatic vessels and lymph nodes
- L04.1 Acute lymphadenitis of trunk
- R22.2 Localized swelling, mass and lump, trunk
- R59.0 Localized enlarged lymph nodes
- R59.1 Generalized enlarged lymph nodes
- T86.11 Kidney transplant rejection
- T86.12 Kidney transplant failure
- T86.13 Kidney transplant infection
- T86.19 Other complication of kidney transplant
- Z48.22 Encounter for aftercare following kidney transplant

AMA: 49323 2021, Jul; 2020, Jan

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
49323	10.23	6.7	2.32	19.25
Facility RVU	Work	PE	MP	Total
49323	10.23	6.7	2.32	19.25

	FUD	Status	MUE	Modifiers			IOM Reference
49323	90	A	1(2)	51	N/A	62 80	None

* with documentation