Optum

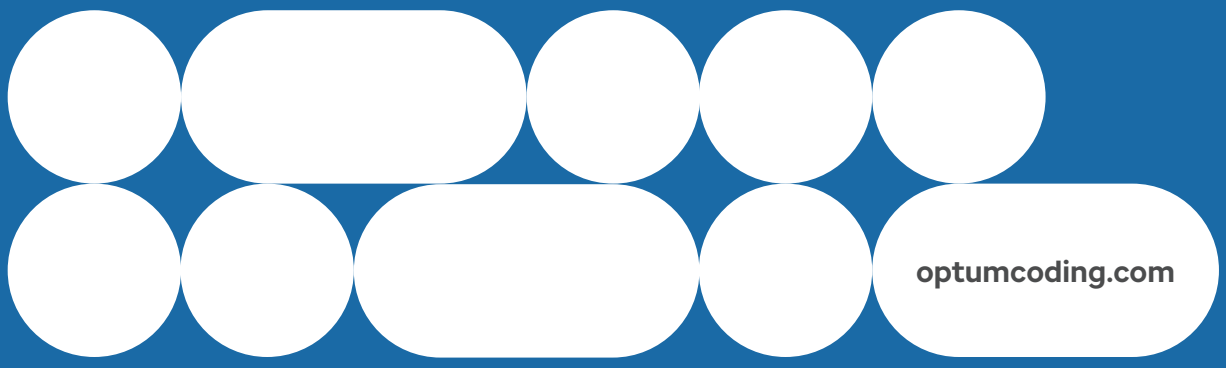
Coding Companion

# Emergency Medicine/ Critical Care/ Infectious Disease

A comprehensive illustrated guide to coding and reimbursement



2027



# Contents

# Getting Started with Coding Companion

*Coding Companion for Emergency Medicine/Critical Care/Infectious Disease* 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 emergency medicine/critical care/infectious disease 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 code is followed by its official CPT/HCPCS 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.

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

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 32.3, 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 2027 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:

65205 Removal of foreign body, external eye; conjunctival superficial

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

**Conjunctiva**
Foreign Body Removal, 65205-65210

*or* **Eye**
Removal
Foreign Body
Superficial, 65205

*or* **Foreign Body**
Removal
External Eye, 65205

## 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.

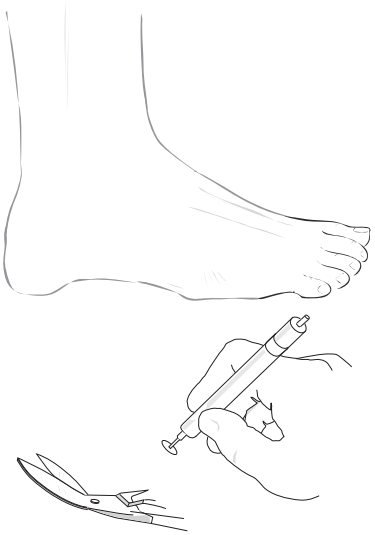
## Sample Page and Key

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

# 11720-11721

**11720** Debridement of nail(s) by any method(s); 1 to 5
**11721** 6 or more

Nails are debrided using a number of methods



## Explanation

The physician debrides fingernails or toenails, including tops and exposed undersides, by any method. The cleaning is performed manually with cleaning solutions, abrasive materials, and tools. The nails are shortened and shaped. Report 11720 for one to five nails and 11721 for six or more.

## Coding Tips

For trimming of nondystrophic nails, see 11719. These codes are reported only once regardless of the number of nails that are trimmed. For the trimming of dystrophic nails, see G0127. Some non-Medicare payers may require that HCPCS Level II code S0390 be reported for this service when provided as routine foot care or as preventive maintenance in specific medical conditions. For diabetic patients with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS), see G0247. Medicare requires the use of specific HCPCS Level II modifiers Q7–Q9 to indicate clinical findings indicative of severe peripheral involvement, warranting the medical necessity of a podiatrist providing foot care, such as nail debridement or trimming, that would usually be considered routine and for which benefits would not be provided. It is inappropriate to report supplies when these services are performed in an emergency room. For physician offices, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

## ICD-10-CM Diagnostic Codes

B35.1 Tinea unguium
B37.2 Candidiasis of skin and nail
L03.011 Cellulitis of right finger ☑
L03.012 Cellulitis of left finger ☑
L03.031 Cellulitis of right toe ☑
L03.032 Cellulitis of left toe ☑
L60.0 Ingrowing nail
L60.1 Onycholysis
L60.2 Onychogryphosis
L60.3 Nail dystrophy
L60.8 Other nail disorders
Q84.6 Other congenital malformations of nails

## Associated HCPCS Codes

G0127 Trimming of dystrophic nails, any number

**AMA:** **11720** 2022,Feb; 2021,Aug **11721** 2022,Feb; 2021,Aug

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **11720** | 0.32 | 0.64 | 0.03 | 0.99 |
| **11721** | 0.54 | 0.76 | 0.04 | 1.34 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **11720** | 0.32 | 0.07 | 0.03 | 0.42 |
| **11721** | 0.54 | 0.12 | 0.04 | 0.7 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|---|---|---|---|---|---|---|---|---|
| **11720** | 0 | A | 1(2) | N/A | N/A | N/A | N/A | None |
| **11721** | 0 | A | 1(2) | N/A | N/A | N/A | N/A | |

* with documentation

## Terms To Know

**cellulitis.** Infection of the skin and subcutaneous tissues, most often caused by *Staphylococcus* or *Streptococcus* bacteria secondary to a cutaneous lesion. Progression of the inflammation may lead to abscess and tissue death, or even systemic infection-like bacteremia.

**debridement.** Removal of dead or contaminated tissue and foreign matter from a wound.

**onychia.** Inflammation or infection of the nail matrix leading to a loss of the nail.

**paronychia.** Infection or cellulitis of nail structures.

## 1. CPT/HCPCS Codes and Descriptions

This edition of *Coding Companion* is updated with CPT and HCPCS codes for year 2027.

The following icons are used in *Coding Companion:*

- ● This CPT code is new for 2027.
- ▲ This CPT code description is revised for 2027.
- ✚ 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:

- N Newborn: 0
- P Pediatric: 0-17
- M Maternity: 9-64
- A 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 2026.

### *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,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,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,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






● New ▲ Revised + Add On ★ Telemedicine [Resequenced] ☑ Laterality

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **99473** | 0.0 | 0.42 | 0.01 | 0.43 |
| **99474** | 0.18 | 0.31 | 0.01 | 0.5 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **99473** | 0.0 | 0.42 | 0.01 | 0.43 |
| **99474** | 0.18 | 0.07 | 0.01 | 0.26 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|---|---|---|---|---|---|---|---|---|
| **99473** | N/A | A | 1(2) | N/A | N/A | N/A | 80* | None |
| **99474** | N/A | A | 1(2) | N/A | N/A | N/A | 80* | |

* with documentation

## Terms To Know

**diastolic.** Pertaining to the time in between ventricular contractions (systole), when ventricular filling occurs.

**other qualified health care professional.** Individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within his or her scope of practice and independently (or as incident-to) report the professional service without requiring physician supervision. Payers may state exemptions in writing or state and local regulations may not follow this definition for performance of some services. Always refer to any relevant plan policies and federal and/or state laws to determine who may perform and report services.

**systolic.** Pressure in the arteries when the heart contracts (systole).

**treatment plan.** Plan of care established by the provider outlining specific deficits and planned treatment that may be submitted to the case manager when seeking certification for a plan member.

# [99457, 99458]

**99457** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

\+ **99458** Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

## Explanation

The provider or clinical staff utilizes the results obtained from an FDA-defined remote patient physiologic monitoring (RPM) device to oversee the patient's treatment plan. The device is ordered by a physician or other qualified health care provider and used by the patient for the purposes of collecting, monitoring, and reporting health-related data, including, but not limited to, weight, blood pressure, or pulse oximetry. This technology allows for the gathering of health data from the patient in one location and the electronic transmission of that data to a provider in a different location for review and subsequent recommendations, particularly in patients with ongoing and/or chronic disease processes. Report these codes to identify time spent managing care when the patient or the practice does not meet requirements for reporting a more specific service. These codes may be reported simultaneously with chronic care management, principal care management, transitional care management, and behavioral health integration services. Time involved in performing this service should remain separate and distinct from other services and does not count toward the required time for both services in a single month. Live and interactive communication with the patient and/or caregiver is required; data may be patient-reported or device-generated. Report 99457 for the first 20 minutes of clinician time per calendar month and 99458 for each additional 20 minutes.

## Coding Tips

These codes are used to report treatment management of a patient currently monitored remotely for physiological parameters. Report 99457 once per calendar month when at least 20 minutes of live interactive communication is provided, regardless of the number of modalities performed. Report 99458 for each additional 20 minutes minimum of monitoring during the same month. Use 99457-99458 only when another more specific code is not available. Codes 99457 and 99458 may be reported with 99424-99427, 99437, 99439, 99487, 99489, 99490, 99491, 99495, 99496, 99484, and 99492-99494, but may not be performed concurrently. Do not report 99457 or 99458 with 99202-99205, 99211-99215, 99221-99223, 99231-99233, 99252-99255, or 99341-99350. Do not report 99457 with 93264 or 99091, or in the same month as 99473-99474.

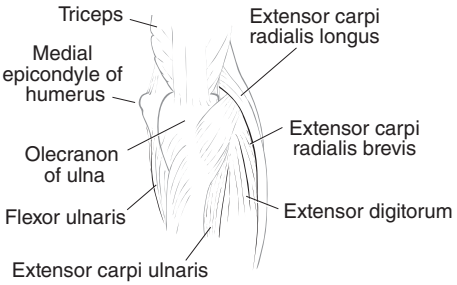
## ICD-10-CM Diagnostic Codes

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.

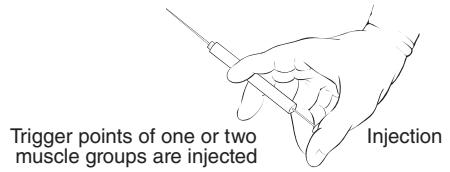
**AMA:** **99457** 2023,Feb; 2022,Oct; 2022,Jul; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Sep; 2021,Jan; 2020,Apr; 2020,Feb; 2019,Jul; 2019,Jun; 2019,Mar; 2019,Jan
**99458** 2022,Oct; 2022,Jul; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Sep; 2021,Jan; 2020,Feb

# 20552-20553

**20552** Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
**20553** single or multiple trigger point(s), 3 or more muscles




Posterior view, right elbow, superficial dissection




## Explanation

The physician injects a therapeutic agent into a single or multiple trigger point of one or two muscles in 20552 and into a single or multiple trigger point for three or more muscles in 20553. Trigger points are focal, discrete spots of hypersensitive irritability identified within bands of muscle. These points cause local or referred pain. Trigger points may be formed by acute or repetitive trauma to the muscle tissue, which puts too much stress on the fibers. The physician identifies the trigger point injection site by palpation or radiographic imaging and marks the injection site. The needle is inserted, and the medicine is injected into the trigger point. The injection may be done using image guidance, which is reported separately. After withdrawing the needle, the patient is monitored for reactions to the therapeutic agent. The injection procedure is repeated at the other trigger points for multiple sites.

## Coding Tips

Local anesthesia is included in these services. If imaging guidance is performed, see 76942, 77002, and 77021. Do not report these codes with 20560 or 20561 when the same muscles are being treated. It is inappropriate to report supplies when these services are performed in an emergency room. For physician offices, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

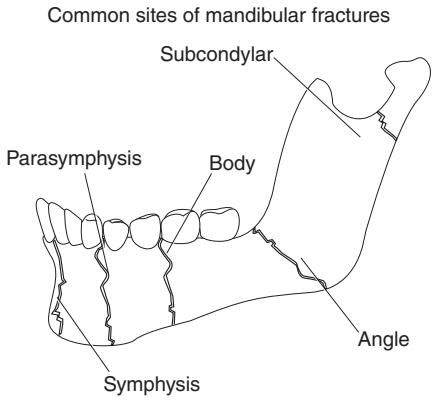
## ICD-10-CM Diagnostic Codes

G44.211 Episodic tension-type headache, intractable
G44.219 Episodic tension-type headache, not intractable
G44.221 Chronic tension-type headache, intractable
G44.229 Chronic tension-type headache, not intractable
G89.0 Central pain syndrome
G89.11 Acute pain due to trauma
G89.12 Acute post-thoracotomy pain
G89.18 Other acute postprocedural pain
G89.21 Chronic pain due to trauma
G89.22 Chronic post-thoracotomy pain
G89.28 Other chronic postprocedural pain
G89.29 Other chronic pain
G89.4 Chronic pain syndrome
M25.511 Pain in right shoulder ☑
M25.521 Pain in right elbow ☑
M25.531 Pain in right wrist ☑
M25.541 Pain in joints of right hand ☑
M25.551 Pain in right hip ☑
M25.561 Pain in right knee ☑
M25.571 Pain in right ankle and joints of right foot ☑
M26.621 Arthralgia of right temporomandibular joint ☑
M26.623 Arthralgia of bilateral temporomandibular joint ☑
M54.2 Cervicalgia
M54.51 Vertebrogenic low back pain
M54.59 Other low back pain
M70.811 Other soft tissue disorders related to use, overuse and pressure, right shoulder ☑
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm ☑
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm ☑
M70.841 Other soft tissue disorders related to use, overuse and pressure, right hand ☑
M70.851 Other soft tissue disorders related to use, overuse and pressure, right thigh ☑
M70.861 Other soft tissue disorders related to use, overuse and pressure, right lower leg ☑
M70.871 Other soft tissue disorders related to use, overuse and pressure, right ankle and foot ☑
M70.88 Other soft tissue disorders related to use, overuse and pressure other site
M70.89 Other soft tissue disorders related to use, overuse and pressure multiple sites
M72.2 Plantar fascial fibromatosis
M79.11 Myalgia of mastication muscle
M79.12 Myalgia of auxiliary muscles, head and neck
M79.18 Myalgia, other site
M79.601 Pain in right arm ☑
M79.604 Pain in right leg ☑
M79.621 Pain in right upper arm ☑
M79.631 Pain in right forearm ☑
M79.641 Pain in right hand ☑
M79.644 Pain in right finger(s) ☑
M79.651 Pain in right thigh ☑
M79.661 Pain in right lower leg ☑
M79.671 Pain in right foot ☑
M79.674 Pain in right toe(s) ☑
M79.7 Fibromyalgia

**AMA:** **20552** 2023,Jan; 2022,Jul; 2021,Oct; 2020,Feb; 2018,Dec **20553** 2024,May; 2023,Jan; 2021,Oct; 2020,Feb; 2018,Dec

# 21450-21451

**21450** Closed treatment of mandibular fracture; without manipulation
**21451** with manipulation




## Explanation

The physician treats a mandibular fracture with no direct manipulation or stabilization in 21450. Close observation, a soft diet, or other restrictions of activity are examples of treatment. The physician repositions a mandibular fracture with some manipulation in 21451. The physician moves the fractured bone back into the desired position manually. No incisions are made with this technique.

## Coding Tips

These codes may be reported with fracture reductions performed on other locations of the mandible. When a closed condylar fracture is treated in conjunction with an open reduction of a body fracture on the opposite side of the mandible, both procedures should be reported. In 21451, local anesthesia is included in the service. However, this procedure may be performed under conscious sedation or general anesthesia, depending on the age and/or condition of the patient. When 21450 or 21451 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. The type of fracture (e.g., open, compound, or closed) does not have any coding correlation with the type of treatment (e.g., closed, open, or percutaneous).

## ICD-10-CM Diagnostic Codes

S02.611A Fracture of condylar process of right mandible, initial encounter for closed fracture ☑

S02.612A Fracture of condylar process of left mandible, initial encounter for closed fracture ☑

S02.621A Fracture of subcondylar process of right mandible, initial encounter for closed fracture ☑

S02.622A Fracture of subcondylar process of left mandible, initial encounter for closed fracture ☑

S02.631A Fracture of coronoid process of right mandible, initial encounter for closed fracture ☑

S02.632A Fracture of coronoid process of left mandible, initial encounter for closed fracture ☑

S02.641A Fracture of ramus of right mandible, initial encounter for closed fracture ☑

S02.642A Fracture of ramus of left mandible, initial encounter for closed fracture ☑

S02.651A Fracture of angle of right mandible, initial encounter for closed fracture ☑

S02.652A Fracture of angle of left mandible, initial encounter for closed fracture ☑

S02.66XA Fracture of symphysis of mandible, initial encounter for closed fracture

S02.671A Fracture of alveolus of right mandible, initial encounter for closed fracture ☑

S02.672A Fracture of alveolus of left mandible, initial encounter for closed fracture ☑

**AMA:** **21450** 2022,May **21451** 2022,May

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **21450** | 3.71 | 13.65 | 0.36 | 17.72 |
| **21451** | 5.65 | 16.86 | 0.54 | 23.05 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **21450** | 3.71 | 10.35 | 0.36 | 14.42 |
| **21451** | 5.65 | 13.03 | 0.54 | 19.22 |

| | FUD | Status | MUE | Modifiers | | | | IOM Reference |
|---|---|---|---|---|---|---|---|---|
| **21450** | 90 | A | 1(2) | 51 | N/A | N/A | 80* | None |
| **21451** | 90 | A | 1(2) | 51 | N/A | N/A | 80* | |

* with documentation

## Terms To Know

**closed treatment.** Realignment of a fracture or dislocation without surgically opening the skin to reach the site. Treatment methods employed include with or without manipulation and with or without traction.

**mandible.** Lower jawbone giving structure to the floor of the oral cavity.

**manipulation.** Skillful treatment by hand to reduce fractures and dislocations or provide therapy through forceful passive movement of a joint beyond its active limit of motion.

S32.441A Displaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture ☑

S32.444A Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture ☑

S32.451A Displaced transverse fracture of right acetabulum, initial encounter for closed fracture ☑

S32.454A Nondisplaced transverse fracture of right acetabulum, initial encounter for closed fracture ☑

S32.461A Displaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture ☑

S32.464A Nondisplaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture ☑

S32.471A Displaced fracture of medial wall of right acetabulum, initial encounter for closed fracture ☑

S32.474A Nondisplaced fracture of medial wall of right acetabulum, initial encounter for closed fracture ☑

S32.481A Displaced dome fracture of right acetabulum, initial encounter for closed fracture ☑

S32.484A Nondisplaced dome fracture of right acetabulum, initial encounter for closed fracture ☑

S32.491A Other specified fracture of right acetabulum, initial encounter for closed fracture ☑

**AMA: 27220** 2022,May

## Relative Value Units/Medicare Edits

| Non-Facility RVU | Work | PE | MP | Total |
|---|---|---|---|---|
| **27220** | 5.5 | 6.16 | 1.14 | 12.8 |
| **Facility RVU** | **Work** | **PE** | **MP** | **Total** |
| **27220** | 5.5 | 5.99 | 1.14 | 12.63 |

| | FUD | Status | MUE | Modifiers | | | | ICM Reference |
|---|---|---|---|---|---|---|---|---|
| **27220** | 90 | A | 1(2) | 51 | 50 | N/A | N/A | None |

* with documentation

## Terms To Know

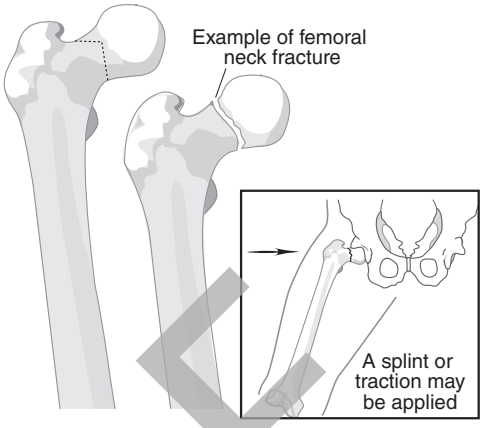
**acetabulum.** Cup-shaped socket in the hipbone into which the head of the femur fits, forming a ball-and-socket joint.

**manipulation.** Skillful treatment by hand to reduce fractures and dislocations or provide therapy through forceful passive movement of a joint beyond its active limit of motion.

**osteoporotic.** Porous condition of bones from a loss of bone mass or density.

# 27230

**27230** Closed treatment of femoral fracture, proximal end, neck; without manipulation




## Explanation

The physician treats a non-displaced, stable fracture of the femur without manual manipulation.

## Coding Tips

The type of fracture (e.g., open, compound, or closed) does not have any coding correlation with the type of treatment (e.g., closed, open, or percutaneous). It is inappropriate to report supplies when this service is performed in an emergency room. For physician offices, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

## ICD-10-CM Diagnostic Codes

M80.051A Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture A ☑

M80.851A Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture ☑

M84.351A Stress fracture, right femur, initial encounter for fracture ☑

M84.451A Pathological fracture, right femur, initial encounter for fracture ☑

M84.551A Pathological fracture in neoplastic disease, right femur, initial encounter for fracture ☑

M84.651A Pathological fracture in other disease, right femur, initial encounter for fracture ☑

M84.751A Incomplete atypical femoral fracture, right leg, initial encounter for fracture ☑

M84.754A Complete transverse atypical femoral fracture, right leg, initial encounter for fracture ☑

M84.757A Complete oblique atypical femoral fracture, right leg, initial encounter for fracture ☑

S72.041A Displaced fracture of base of neck of right femur, initial encounter for closed fracture ☑

S72.044A Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture ☑

S72.091A Other fracture of head and neck of right femur, initial encounter for closed fracture ☑

**AMA: 27230** 2022,May

## Explanation

A lipid panel includes the following tests: total serum cholesterol (82465), high-density cholesterol (HDL cholesterol) by direct measurement (83718), and triglycerides (84478). Blood specimen is obtained by venipuncture. See specific codes for additional information about the listed tests.

# 80069

**80069** Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)

## Explanation

A renal function panel includes the following tests: albumin (82040), total calcium (82310), carbon dioxide (bicarbonate) (82374), chloride (82435), creatinine (82565), glucose (82947), inorganic phosphorus (phosphate) (84100), potassium (84132), sodium (84295), and urea nitrogen (BUN) (84520).

# 81002

**81002** Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy

## Explanation

This type of test may be ordered by the brand name product and the analytes tested. Although usually considered screens to show the presence of an analyte (qualitative), some newer products are semi-quantitative. Many are plastic strips that contain sites impregnated with chemicals that react with urine when the strip is dipped into a specimen. The result is a color change that is compared against a standardized chart. Most strips will test for numerous analytes, as well as for pH and specific gravity. Tablets work in a similar fashion. A drop of urine is placed on the tablet and a chemical reaction causes a color change that is compared to a standard chart. Usually only a single analyte is under consideration per tablet, however. Code 81002 does not include a microscopic examination of the urine sample or its components.

# 81015

**81015** Urinalysis; microscopic only

## Explanation

This test may be ordered as a microscopic analysis. Human urine is normally free of bacteria. However, bacteria can easily be introduced upon voiding. In addition, specimens containing any amount of pathological bacteria can have the organisms rapidly multiply after collection. For this reason, specimens are often examined shortly after collection. The sample may first be centrifuged into a graduated tube to concentrate the sediments, or solid matter, held in suspension. The concentration of bacteria as well as cell types, crystals, and other elements seen is reported.

# 81025

**81025** Urine pregnancy test, by visual color comparison methods

## Explanation

This test may be ordered by any of the brand name kits available. The tests typically involve a dipstick impregnated with reagents that chemically react upon contact with urine. A change in color indicates positive or negative for the presence of hormones found in the urine of women in early pregnancy.

# 82009-82010

**82009** Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative

**82010** quantitative

## Explanation

These tests are also referred to as blood ketone analysis, serum ketone, plasma ketone, beta-hydroxybutyrate, acetone, acetoacetic acid, or blood nitroprusside reaction. Method is nitroprusside reaction (colorimetry). These tests are usually performed to screen for, detect, and monitor for diabetic ketoacidosis. This condition may also be present in starvation, alcoholism, and high-fat low-carbohydrate diets. Qualitative analysis (82009) tests for the presence of acetone or other ketone bodies while quantitative analysis (82010) measures the amount of acetone or other ketone bodies.

# 82040

**82040** Albumin; serum, plasma or whole blood

## Explanation

This test measures the concentration of albumin in serum, plasma, or whole blood. It is often used to determine nutritional status, renal disease, and other chronic diseases, particularly those involving the kidneys or liver. A blood sample is typically drawn from a vein in the hand or forearm. The skin over the vein is cleaned with an antiseptic, and a tourniquet is wrapped around the upper arm to enlarge the lower arm veins by restricting the blood flow. A thin needle is inserted into the vein, the tourniquet is removed, and blood flows from the vein through the needle and is collected into a vial or syringe. The needle is withdrawn and the puncture site covered to prevent bleeding. The blood sample is sent to the laboratory for testing.

# 82043-82044

**82043** Albumin; urine (eg, microalbumin), quantitative

**82044** urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)

## Explanation

Microalbuminuria is defined as albuminuria of 30 to 300 mg/24 hours and is requested to determine early increase of proteinuria, usually in diabetes and in pre-eclampsia before protein becomes evident by conventional urinalysis. Patients commonly perform specimen collection over a 24-hour period. Methods include radioimmunoassay (RIA) or enzyme-linked immunosorbent assay (ELISA). Report 82043 for quantitative microalbumin and 82044 for semi-quantitative or reagent strip microalbumin.

# [82042]

**82042** Albumin; other source, quantitative, each specimen

## Explanation

This code reports quantitative analysis for albumin on CSF or amniotic fluid. Method is colorimetry. CSF analysis requires separately reportable spinal puncture and the test is performed using nephelometry. Amniotic fluid analysis requires separately reportable ultrasound guidance and amniocentesis and is usually performed by autoanalyzer.

# 82120

**82120** Amines, vaginal fluid, qualitative

## Explanation

This test is administered to determine the specific cause of vaginitis and may be performed following negative testing for yeasts or trichomonas. Disturbances in normal anaerobic flora are usually the etiological source. A saline wet slide is prepared and characteristic cells are identified microscopically, namely epithelial cells with bacilli clinging to the surfaces. A solution of potassium hydroxide

# Correct Coding Initiative Update 32.3



❖Indicates Mutually Exclusive Edit

**0892T** No CCI edits apply to this code.

**0903T** No CCI edits apply to this code.

**0904T** No CCI edits apply to this code.

**0905T** No CCI edits apply to this code.

**10004** 0213T, 0216T, 10012, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10005** 0213T, 0216T, 10004, 10008, 10010-10012, 10021, 10035, 11102-11107, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10006** 0213T, 0216T, 10004, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10007** 0213T, 0216T, 10004-10006, 10010-10012, 10021, 10035, 11102-11107, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10008** 0213T, 0216T, 10004, 10021, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10009** 0213T, 0216T, 10004-10008, 10011-10012, 10021, 10035, 11102-11106, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10010** 0213T, 0216T, 10004, 10021, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10011** 0213T, 0216T, 10004, 10006, 10008, 10010, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10012** 0213T, 0216T, 10035, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10021** 0213T, 0216T, 10006, 10011-10012, 10035, 11102-11105, 11107, 19281, 19283, 19285, 19287, 36000, 36410, 36591-36592, 61650, 62324-62327, 64415-64417, 64450, 64454, 64486-64490, 64493, 76000, 76380❖, 76942, 76998, 77001-77002, 77012, 77021, 96360, 96365, 96372, 96374-96377, 96523

**10030** 0213T, 0216T, 0596T-0597T, 10060-10061❖, 10080-10081❖, 10140❖, 10160❖, 11055-11057, 11401-11406❖, 11421-11426❖, 11441-11471❖, 11600-11606❖, 11620-11646❖, 11719-11721, 11765, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20500, 29580-29581, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 61650, 62320-62327, 64400, 64405-64408, 64415-64435, 64445-64454, 64461-64463, 64479-64505, 64510-64530, 69990, 75989, 76000, 76380, 76942, 76998, 77002-77003, 77012, 77021, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94680-94690, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602-97608, 99155, 99156, 99157, 99211-99215, 99221-99223, 99231-99239, 99242-99245, 99252-99255, 99291-99292, 99304-99310, 99315-99316, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, G0127, G0463, G0471, J0670

**10060** 0213T, 0216T, 0596T-0597T, 11055-11057, 11401-11406❖, 11421-11426❖, 11441-11471❖, 11600-11606❖, 11620-11646❖, 11719-11730, 11740, 11765, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20500, 29580-29581, 30000❖, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400, 64405-64408, 64415-64435, 64445-64454, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94680-94690, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602-97608, 99155, 99156, 99157, 99211-99215, 99221-99223, 99231-99239, 99242-99245, 99252-99255, 99291-99292, 99304-99310, 99315-99316, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0127, G0463, G0471, J0670

**10061** 0213T, 0216T, 0596T-0597T, 10060, 11055-11057, 11406❖, 11424-11440❖, 11444-11451❖, 11463-11471❖, 11604-11606❖, 11623-11626❖, 11643-11646❖, 11719-11730, 11740-11750, 11760, 11765, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20500, 29580-29581, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400, 64405-64408, 64415-64435, 64445-64454, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94680-94690, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 97597-97598, 97602-97608, 99155, 99156, 99157, 99211-99215, 99221-99223, 99231-99239, 99242-99245, 99252-99255, 99291-99292, 99304-99310, 99315-99316, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0127, G0463, G0471, J0670

**10080** 0213T, 0216T, 0596T-0597T, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20500, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400, 64405-64408, 64415-64435, 64445-64454, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94680-94690, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155, 99156, 99157, 99211-99215, 99221-99223, 99231-99239, 99242-99245, 99252-99255, 99291-99292, 99304-99310, 99315-99316, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463, G0471, J0670

**10081** 0213T, 0216T, 0596T-0597T, 10080, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 20500, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400, 64405-64408, 64415-64435, 64445-64454, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94680-94690, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155, 99156, 99157, 99211-99215, 99221-99223, 99231-99239, 99242-99245, 99252-99255, 99291-99292, 99304-99310, 99315-99316,