Optum

Coding Companion

General Surgery/ Gastroenterology

A comprehensive illustrated guide to coding and reimbursement

2027

optumcoding.com

Contents

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
- 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:

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

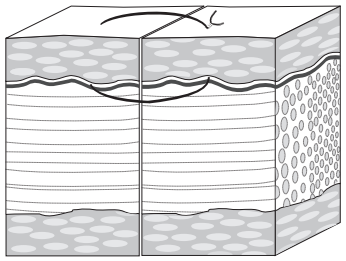
Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

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

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

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.

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.

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.

Associated HCPCS Codes

G0168 Wound closure utilizing tissue adhesive(s) only

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

Relative Value Units/Medicare Edits

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

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 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,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*	

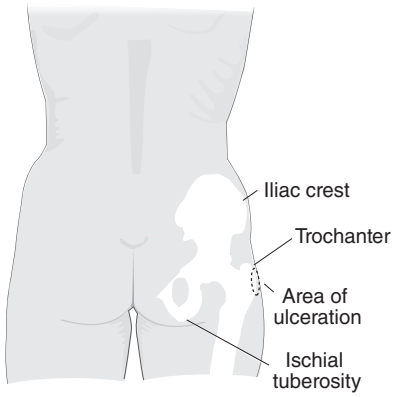
* with documentation

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

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 (ischiectomy), 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.

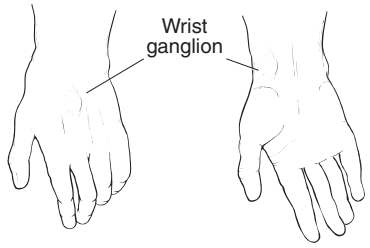
myocutaneous flap graft. Section of tissue containing muscle and attached skin is partially removed from its donor site so as to retain its own blood supply for transfer to a new recipient site.

ostectomy. Excision of bone.

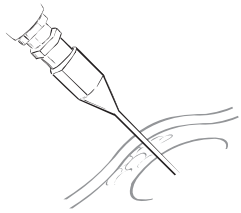
pressure ulcers. Progressively eroding skin lesion produced by inflamed necrotic tissue as it sloughs off, caused by continual pressure impeding blood circulation, especially over bony areas, when a patient lies still for too long without changing position.

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.

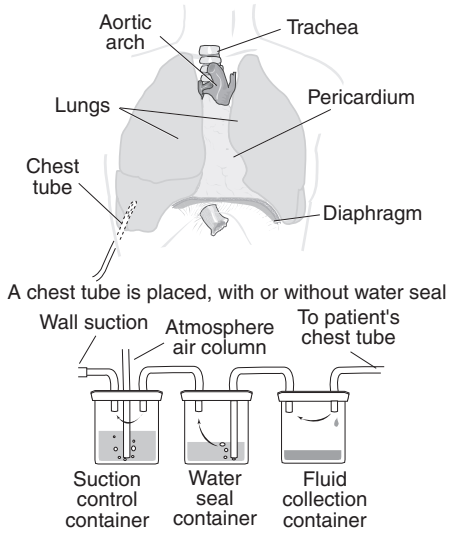
synovia. Clear fluid lubricant of joints, bursae, and tendon sheaths, secreted by the synovial membrane.

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

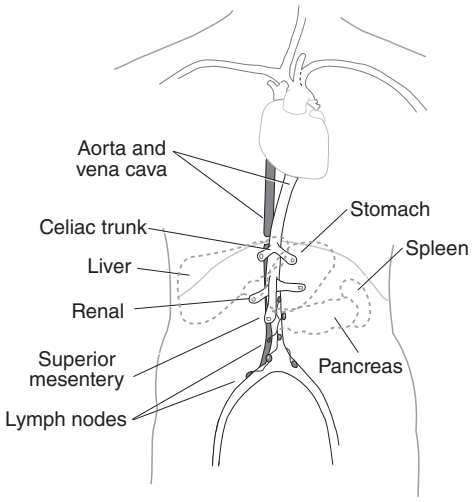
* with documentation

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.

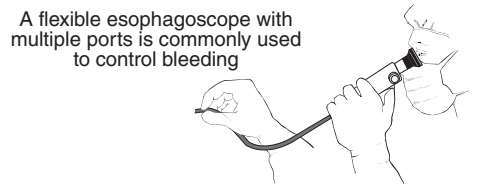
Kaposi's sarcoma. Malignant neoplasm caused by vascular proliferation of cutaneous tumors characterized by channels lined with endothelial tissue containing vascular spaced.

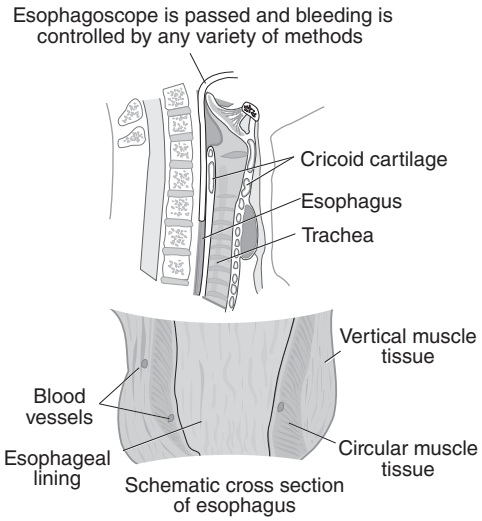
lymph nodes. Bean-shaped structures along the lymphatic vessels that intercept and destroy foreign materials in the tissue and bloodstream.

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





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.

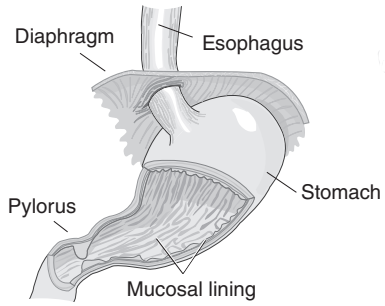
sclerotherapy. Injection of a chemical agent that will irritate, inflame, and cause fibrosis in a vein, eventually obliterating hemorrhoids or varicose veins.

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.

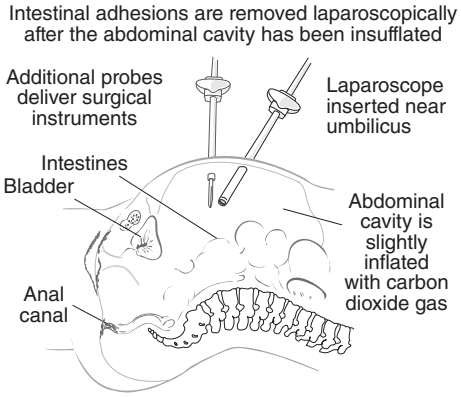
mucosa. Moist tissue lining the mouth (buccal mucosa), stomach (gastric mucosa), intestines, and respiratory tract.

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	Periumbilic 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.

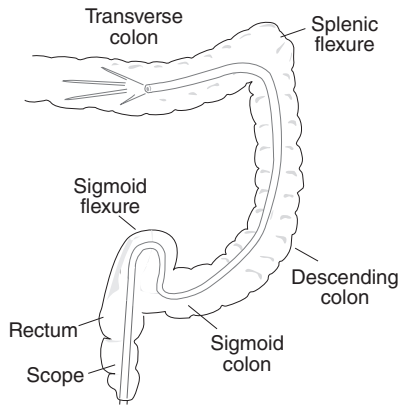
enterolysis. Division of intestinal adhesions.

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



Anatomy of colon

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

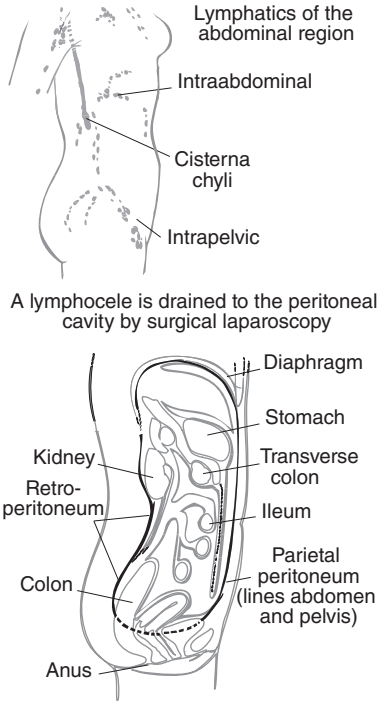
colonoscopy. Visual inspection of the colon using a fiberoptic scope.

neoplasm. New abnormal growth, tumor.

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

49323

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



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.Z3	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