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**Introduction**

This differs from the AMA CPT book, in which the coder is directed to a code range that contains the resequenced code and description, rather than to a specific location. Resequenced codes will appear in brackets in the headers, section notes, and code ranges. For example:

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

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

**Code Ranges for Medicare Billing**

Appendix E identifies all resequenced CPT codes. Optum360 will display the resequenced coding as assigned by the AMA in its CPT products so that the user may understand the code description relationships.

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

**99221-99233 Inpatient Hospital Visits: Initial and Subsequent**

*CMS*: 100-4,11,40.1.3 Independent Attending Physician Services; 100-4,12,100.1.1 Teaching Physicians E/M Services; 100-4,12,30.6.10 Consultation Services; 100-4,12,30.6.15.1 Prolonged Services With Direct Face-to-Face Patient Contact; 100-4,12,30.6.4 Services Furnished Incident to Physician’s Service; 100-4,12,30.6.9 Hospital Visit and Critical Care on Same Day

**Icons**

- **New Codes**
  Codes that have been added since the last edition of the AMA CPT book was printed.

- **Revised Codes**
  Codes that have been revised since the last edition of the AMA CPT book was printed.

- **New Web Release**
  Codes that are new for the current year but will not be in the AMA CPT book until 2019.

- **Revised Web Release**
  Codes that have been revised for the current year, but will not be in the AMA CPT book until 2019.

- **Resequenced Codes**
  Codes that are out of numeric order but apply to the appropriate category.

- **Telemedicine Services**
  Codes that may be reported for telemedicine services. Modifier 95 must be appended to code.

- **Reinstituted Code**
  Codes that have been reinstated since the last edition of the book was printed.

- **Pink Color Bar—Not Covered by Medicare**
  Services and procedures identified by this color bar are never covered benefits under Medicare. Services and procedures that are not covered may be billed directly to the patient at the time of the service.

- **Gray Color Bar—Unlisted Procedure**
  Unlisted CPT codes report procedures that have not been assigned a specific code number. An unlisted code delays payment due to the extra time necessary for review.

**Current Procedural Coding Expert**

**Green Color Bar—Resequenced Codes**

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

**Includes**

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

**Excludes**

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

**Code First**

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

**Laboratory/Pathology Crosswalk**

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

**Radiology Crosswalk**

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

**Technical Component Only**

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

**Professional Component**

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

**Bilateral Procedure**

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

**Assist-at-Surgery Allowed**

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

**Assist-at-Surgery Allowed with Documentation**

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

**Add-on Codes**

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

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

---

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10021-10022 Fine Needle Aspiration

- Percutaneous localization clip placement during breast biopsy (19081-19086)
- Percutaneous needle biopsy of:
  - Abdominal or retroperitoneal mass (49180)
  - Bone (20220, 20225)
  - Bone marrow (58220-58221)
  - Epididymis (54800)
  - Kidney (50200)
  - Liver (47000)
  - Lung or mediastinum (32405)
  - Lymph node (38505)
  - Muscle (20206)
  - Nucleus pulposus, paravertebral tissue, intervertebral disc (62267)
  - Pancreas (48102)
  - Pleura (32400)
  - Prostate (55700, 55706)
  - Salivary gland (42400)
  - Soft tissue (60100)
  - Soft tissue percutaneous fluid drainage by catheter using image guidance (10030)
  - Thyroid (60100)

10021 Fine needle aspiration; without imaging guidance

- (88172-88173)
- Code also each additional target on the same or opposite side
  - AMA: 2017,Jan,8; 2016,Jun,3

10022 with imaging guidance

- (88172-88173)
- AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Jan,15-42

10030-10180 Treatment of Lesions: Skin and Subcutaneous Tissues

- Excision benign lesion (11400-11471)
- Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- Incision and drainage of pilonidal cyst (11770-11772)
- Incision and removal of foreign body, subcutaneous tissue; simple
- Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); multiple or complicated
- Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); multiple
- Exploration penetrating wound (20100-20103)
- Incision and drainage of hematoma, seroma or fluid collection

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

- Radiologic guidance (76942, 77002, 77001, 77002)
- Sites with a more specific code descriptor, such as the breast
- Use of code more than one time per site, regardless of the number of markers used

- Code first (10035)
  - 1.28 13.1 FUD ZZZ
  - AMA: 2017,Jan,8; 2016,Jun,3

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

- (2.89 FUD 010)
  - AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Jan,15-42

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

- (2.78 3.33 FUD 010)
  - AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Oct,12; 2012,Nov,10; 2012,Jan,15-42

10080 Incision and drainage of pilonidal cyst; simple

- (2.94 5.08 FUD 010)
  - AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

10081 complicated

- Excision of pilonidal cyst (11770-11772)
- AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

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

- (2.95 4.32 FUD 010)
  - AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Dec,16; 2013,Apr,10-11; 2012,Oct,12; 2012,Sept,10

10121 complicated

- Debridement associated with a fracture or dislocation (11010-11012)
- Exploration penetrating wound (20100-20103)
- AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Dec,16; 2013,Apr,10-11; 2012,Oct,12; 2012,Sept,10

10140 Incision and drainage of hematoma, seroma or fluid collection

- (76942, 77002, 77001, 77002)
- AMA: 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Nov,5; 2014,Jan,11; 2012,Jan,15-42
90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use

- M-M-R II
- ProQuad
- IPOL
- Tenivac
- Adacel Boostrix
- Varivax
- YF-VAX
- PEORIBRIX
- Pneumovax 23

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

90717 Yellow fever vaccine, live, for subcutaneous use

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Oct 6; 2016, Jan 13

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

90744 Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

# 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use

AMA: 2017, Jan 8; 2016, Oct 6; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

# 90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

# 90750 Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42

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

AMA: 2017, Jan 8; 2016, Jan 13; 2015, May 6; 2015, Jan 16; 2014, Jan 11; 2013, Aug 10; 2012, Jan 15-42