Current Procedural Coding Expert

CPT® codes with Medicare essentials for enhanced accuracy

2021

optum360coding.com
Contents

Introduction ......................................................................................... i
Getting Started with Current Procedural Coding Expert, Professional Edition ........................................ i
General Conventions ........................................................................ i
Resequencing of CPT Codes ................................................................. i
Code Ranges for Medicare Billing ......................................................... ii
Icons .................................................................................................... ii
Appendices ........................................................................................... iv

Anatomical Illustrations ........................................................................ vii
Body Planes and Movements ................................................................. vii
Integumentary System ........................................................................ viii
Skin and Subcutaneous Tissue ............................................................ viii
Nail Anatomy ........................................................................................ viii
Assessment of Burn Surface Area ......................................................... viii
Musculoskeletal System ........................................................................ ix
Bones and Joints .................................................................................... ix
Muscles ................................................................................................ x
Head and Facial Bones ......................................................................... xi
Nose .................................................................................................... xi
Shoulder (Anterior View) ...................................................................... xi
Shoulder (Posterior View) ..................................................................... xi
Shoulder Muscles ................................................................................ xi
Elbow (Anterior View) ......................................................................... xii
Elbow (Posterior View) ........................................................................ xii
Elbow Muscles .................................................................................... xii
Elbow Joint ........................................................................................... xii
Lower Arm ........................................................................................... xii
Hand ....................................................................................................... xii
Hip (Anterior View) ............................................................................... xiii
Hip (Posterior View) ............................................................................. xiii
Knee (Anterior View) ............................................................................ xiii
Knee (Posterior View) ........................................................................... xiii
Knee Joint (Anterior View) ................................................................. xiii
Knee Joint (Lateral View) .................................................................... xiii
Lower Leg ............................................................................................. xiv
Ankle Ligament (Lateral View) .......................................................... xiv
Ankle Ligament (Posterior View) ........................................................ xiv
Foot Tendons ....................................................................................... xiv
Foot Bones ............................................................................................ xiv
Respiratory System ............................................................................... xv
Upper Respiratory System .................................................................. xv
Nasal Turbinates ................................................................................... xv
Paranasal Sinuses ................................................................................ xvi
Lower Respiratory System .................................................................. xvi
Lung Segments ..................................................................................... xvi
Alveoli .................................................................................................. xvi
Arterial System ..................................................................................... xvii
Internal Carotid and Arteries and Branches ........................................ xviii
External Carotid Arteries and Branches ............................................. xviii
Upper Extremity Arteries .................................................................... xviii
Lower Extremity Arteries ................................................................. xxiv
Venous System ..................................................................................... xx
Head and Neck Veins .......................................................................... xx
Upper Extremity Veins ........................................................................ xx
Venae Comitantes ................................................................................ xx
Venous Blood Flow ............................................................................. xx
Abdominal Veins .................................................................................. xx
Cardiovascular System ......................................................................... xx
Coronary Veins ..................................................................................... xx
Anatomy of the Heart .......................................................................... xx
Heart Cross Section ............................................................................. xx
Heart Valves ........................................................................................ xx

Heart Conduction System .................................................................. xxii
Coronary Arteries ................................................................................ xxii
Lymphatic System ................................................................................. xxiii
Axillary Lymph Nodes ......................................................................... xxiv
Lymphatic Capillaries ........................................................................... xxiv
Lymphatic System of Head and Neck ............................................... xxiv
Lymphatic Drainage ............................................................................ xxiv
Spleen Internal Structures ............................................................... xxv
Spleen External Structures ............................................................... xxv
Digestive System ................................................................................ xxvi
Gallbladder .......................................................................................... xxvi
Stomach ............................................................................................... xxvi
Mouth (Upper) ..................................................................................... xxvii
Mouth (Lower) ..................................................................................... xxvii
Pancreas ............................................................................................... xxvii
Liver .................................................................................................... xxvii
Anus .................................................................................................... xxvii
Genitourinary System ......................................................................... xxviii
Urinary System ................................................................................... xxviii
Nephron ............................................................................................... xxix
Male Genitourinary ............................................................................. xxix
Tests and Associate Structures ......................................................... xxix
Male Genitourinary/System ............................................................. xxix
Female Genitourinary ......................................................................... xxx
Female Reproductive System ........................................................... xxx
Female Bladder .................................................................................... xxx
Female Breast ...................................................................................... xxx
Endocrine System ................................................................................ xxxi
Structure of an Ovary ........................................................................... xxxi
Thyroid and Parathyroid Glands ......................................................... xxxi
Adrenal Gland ..................................................................................... xxxi
Thyroid ................................................................................................. xxxi
Thyamus ............................................................................................... xxxi
Nervous System ................................................................................... xxxii
Brain .................................................................................................... xxxii
Cranial Nerves .................................................................................... xxxiv
Spinal Cord and Spinal Nerves .......................................................... xxxv
Nerve Cell ........................................................................................... xxxv
Eye ........................................................................................................ xxxvii
Eye Structure ..................................................................................... xxxvii
Posterior Pole of Globe/Flow of Aqueous Humor .............................. xxxvii
Eye Musculature ................................................................................ xxxvii
Eyelid Structures ............................................................................... xxxvii
Ear and Lacrimal System ................................................................. xxxviii
Ear Anatomy ....................................................................................... xxxviii
Lacrimal System ................................................................................ xxviii

Index .................................................................................................... Index–1

Tabular .................................................................................................. 1
Anesthesia .......................................................................................... 1
Integumentary System ................................................................. 13
Musculoskeletal System ............................................................... 39
Respiratory System .......................................................................... 109
Cardiovascular, Hemic, and Lymphatic ......................................... 127
Digestive System .............................................................................. 187
Urinary System ................................................................................ 237
Genital System .................................................................................. 255
Endocrine System ............................................................................ 279
Nervous System ............................................................................... 281
Eye, Ocular Adnexa, and Ear ........................................................... 313
Radiology .......................................................................................... 333
## Contents

<table>
<thead>
<tr>
<th>Pathology and Laboratory</th>
<th>371</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>457</td>
</tr>
<tr>
<td>Evaluation and Management Services Guidelines</td>
<td>535</td>
</tr>
<tr>
<td>Evaluation and Management</td>
<td>540</td>
</tr>
<tr>
<td>Category II Codes</td>
<td>563</td>
</tr>
<tr>
<td>Category III Codes</td>
<td>579</td>
</tr>
</tbody>
</table>

### Appendix A — Modifiers
- CPT Modifiers ......................... 599
  - Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use 601

### Appendix B — New, Revised, and Deleted Codes
- New Codes ......................... 605
- Revised Codes ..................... 608
- Deleted Codes ...................... 610
- Resequenced Icon Added ............. 610
- Web Release New and Revised Codes 610

### Appendix C — Evaluation and Management Extended Guidelines
- 613

### Appendix D — Crosswalk of Deleted Codes
- 629

### Appendix E — Resequenced Codes
- 631

### Appendix F — Add-on Codes, Optum Modifier 50 Exempt, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, and Modifier 95 Telemedicine Services
- Add-on Codes ....................... 635
- Optum Modifier 50 Exempt Codes 635
- AMA Modifier 51 Exempt Codes 635
- Optum Modifier 51 Exempt Codes 635
- Modifier 63 Exempt Codes 635
- Telemedicine Services Codes 636

### Appendix G — Medicare Internet-only Manuals (IOMs)
- Medicare IOM references 637
- Proposed 2021 Changes 781

### Appendix H — Quality Payment Program
- 781

### Appendix I — Medically Unlikely Edits (MUEs)
- Professional 783
- OPPS 810

### Appendix J — Inpatient-Only Procedures
- 837

### Appendix K — Place of Service and Type of Service
- 847

### Appendix L — Multianalyte Assays with Algorithmic Analyses
- 851

### Appendix M — Glossary
- 863

### Appendix N — Listing of Sensory, Motor, and Mixed Nerves
- Motor Nerves Assigned to Codes 95907-95913 877
- Sensory and Mixed Nerves Assigned to Codes 95907-95913 878
Introduction

Welcome to Optum360’s Current Procedural Coding Expert, Professional Edition, an exciting Medicare coding and reimbursement tool and definitive procedure coding source that combines the work of the Centers for Medicare and Medicaid Services, American Medical Association, and Optum360 experts with the technical components you need for proper reimbursement and coding accuracy.

This approach to CPT® Medicare coding utilizes innovative and intuitive ways of communicating the information you need to code claims accurately and efficiently. Includes and Excludes notes, similar to those found in the ICD-10-CM manual, help determine what services are related to the codes you are reporting. Icons help you crosswalk the code you are reporting to laboratory and radiology procedures necessary for proper reimbursement. CMS-mandated icons and relative value units (RVUs) help Optum360 experts with the technical components you need for proper reimbursement and coding accuracy.

Current Procedural Coding Expert, Professional Edition includes effective codes that will not be published in the AMA’s Physicians’ Current Procedural Terminology (CPT) book until the following year. Commercial payers will announce changes through monthly newsletters or information posted on their websites. CMS will post changes in policy on its website at http://www.cms.gov/transmittals. National and local coverage determinations (NCDs and LCDs) provide universal and individual rules, reporting to laboratory and radiology procedures necessary for proper reimbursement. Add to that additional information identifying age and sex edits, ambulatory surgery center (ASC) and ambulatory payment classification (APC) indicators, and Medicare coverage and payment rule citations, and Current Procedural Coding Expert, Professional Edition provides the best in Medicare procedure reporting.

Current Procedural Coding Expert, Professional Edition includes the information needed to submit claims to federal contractors and most commercial payers, and is correct at the time of printing. However, CMS, federal contractors, and commercial payers may change payment rules at any time throughout the year. Current Procedural Coding Expert, Professional Edition includes effective codes that will not be published in the AMA’s Physicians’ Current Procedural Terminology (CPT) book until the following year. Commercial payers will announce changes through monthly newsletters or information posted on their websites. CMS will post changes in policy on its website at http://www.cms.gov/transmittals. National and local coverage determinations (NCDs and LCDs) provide universal and individual contractor guidelines for specific services. The existence of a procedure code does not imply coverage under any given insurance plan.

Getting Started with Current Procedural Coding Expert, Professional Edition

Current Procedural Coding Expert, Professional Edition is based on the AMA’s Physicians’ Current Procedural Terminology coding system, which is copyrighted and owned by the physician organization. The CPT codes are the nation’s official, Health Information Portability and Accountability Act (HIPAA) compliant code set for procedures and services provided by physicians, ambulatory surgery centers (ASCs), and hospital outpatient services, as well as laboratories, imaging centers, physical therapy clinics, urgent care centers, and others.

Resequencing of CPT Codes

The American Medical Association (AMA) uses a numbering methodology of resequencing, which is the practice of displaying codes outside of their numerical order according to the description relationship. According to the AMA, there are instances in which a new code is needed within an existing grouping of codes but an unused code number is not available. In these situations, the AMA will resequence the codes. In other words, it will assign a code that is not in numeric sequence with the related codes. However, the code and description will appear in the CPT manual with the other related codes.

An example of resequencing from Current Procedural Coding Expert, Professional Edition follows:

21555 Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm

# 21552 3 cm or greater

21556 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); less than 5 cm

# 21554 5 cm or greater

In Current Procedural Coding Expert, Professional Edition the resequenced codes are listed twice. They appear in their resequenced position as shown above as well as in their original numeric position with a note indicating that the code is out of numerical sequence and where it can be found. (See example below.)

21554 Resequenced code. See code following 21556.

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.


**27485**  
Arrest, hemi-epiphysiodesis, distal femur or proximal tibia or fibula (eg, genu varus or valgus)  
AMA: 2018, Sep, 7

**27486**  
Revision of total knee arthroplasty, with or without allograft; 1 component  
AMA: 2018, Sep, 7; 2018, Apr, 10; 2018, Jan, 8; 2017, Jan, 8; 2016, Jan, 13; 2015, Jul, 10; 2015, Jan, 16; 2014, Jan, 11

**27487**  
femoral and entire tibial component  
AMA: 2018, Sep, 7; 2018, Jan, 8; 2017, Jan, 8; 2016, Jan, 13; 2015, Jan, 16

**27488**  
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee  
AMA: 2018, Sep, 7; 2018, Jan, 8; 2017, Jan, 8; 2016, Jan, 13; 2015, Jan, 16

**27495**  
Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur  
AMA: 2018, Sep, 7

**27496**  
Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);  
AMA: 2018, Sep, 7

**27497**  
with debridement of nonviable muscle and/or nerve  
AMA: 2018, Sep, 7

**27498**  
Decompression fasciotomy, thigh and/or knee, multiple compartments;  
AMA: 2018, Sep, 7

**27499**  
with debridement of nonviable muscle and/or nerve  
AMA: 2018, Sep, 7

**27500-27566**  
Treatment of Fracture/Dislocation of Femur/Knee

**27500**  
Closed, percutaneous, and open treatment of fractures and dislocations

**27500**  
Closed treatment of femoral shaft fracture, without manipulation  
AMA: 2018, Sep, 7

**27501**  
Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation  
AMA: 2018, Sep, 7

**27502**  
Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction  
AMA: 2018, Sep, 7; 2018, Jan, 8; 2017, Jan, 8; 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

**27503**  
Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction  
AMA: 2018, Sep, 7

**27504**  
Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws  
AMA: 2018, Sep, 7; 2018, Jan, 8; 2017, Jan, 8; 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

**27506**  
Open treatment of femoral shaft fracture with plate/screws, with or without cerclage  
AMA: 2018, Sep, 7

**27507**  
Closed treatment of femoral shaft fracture with plate/screws, with or without cerclage  
AMA: 2018, Sep, 7

**27508**  
Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation  
AMA: 2018, Sep, 7

**27509**  
Closed treatment of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphysyal separation  
AMA: 2018, Sep, 7

**27510**  
Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation  
AMA: 2018, Sep, 7

**27511**  
Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27512**  
Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27513**  
Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27514**  
Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27515**  
Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27516**  
Closed treatment of distal femoral epiphyseal separation; without manipulation  
AMA: 2018, Sep, 7

**27517**  
with manipulation, with or without skin or skeletal traction  
AMA: 2018, Sep, 7

**27518**  
Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27519**  
Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed  
AMA: 2018, Sep, 7

**27520**  
Closed treatment of patellar fracture, without manipulation  
AMA: 2018, Sep, 7
51100-51102 Bladder Aspiration Procedures

51100  Aspiration of bladder; by needle
\[ (76942, 77002, 77012) \]
1.13 \( \times \) 1.84  FUD 000
AMA: 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

51101  by trocar or intracatheter
\[ (76942, 77002, 77012) \]
1.50 \( \times \) 3.79  FUD 000
AMA: 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

51102  with insertion of suprapubic catheter
\[ (76942, 77002, 77012) \]
4.18 \( \times \) 6.60  FUD 000
AMA: 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

51500-51597 Open Excisional Procedures of Bladder

51500  Excision of urachal cyst or sinus, with or without umbilical hernia repair
18.4 \( \times \) 18.4  FUD 090
AMA: 2014,Jan,11

51520  Cystotomy; for simple excision of vesical neck (separate procedure)
17.2 \( \times \) 17.2  FUD 090
AMA: 2014,Jan,11

51525  for excision of bladder diverticulum, single or multiple (separate procedure)
\[ \text{CPT Asst} \]
Transurethral resection (52305)
24.8 \( \times \) 24.8  FUD 090
AMA: 2014,Jan,11

51530  for excision of bladder tumor
\[ \text{CPT Asst} \]
Transurethral resection (52234-52240, 52305)
22.2 \( \times \) 22.2  FUD 090
AMA: 2014,Jan,11

51535  Cystotomy for excision, incision, or repair of ureteroceele
\[ \text{CPT Asst} \]
Transurethral resection (52300)
22.5 \( \times \) 22.5  FUD 090
AMA: 2014,Jan,11

51550  Cystectomy, partial; simple
\[ \text{CPT Asst} \]
21.9 \( \times \) 27.9  FUD 090
AMA: 2014,Jan,11

51555  complicated (eg, postradiation, previous surgery, difficult location)
\[ \text{AMA: 2014,Jan,11} \]
36.6 \( \times \) 36.6  FUD 090

51565  Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystotomy)
\[ \text{AMA: 2014,Jan,11} \]
37.5 \( \times \) 37.5  FUD 090

51570  Cystectomy, complete; (separate procedure)
\[ \text{AMA: 2014,Jan,11} \]
42.6 \( \times \) 42.6  FUD 090

51575  with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
\[ \text{AMA: 2014,Jan,11} \]
52.7 \( \times \) 52.7  FUD 090

51580  Cystectomy, complete, with uretersigmoidostomy or ureterocutaneous transplantations;
\[ \text{AMA: 2014,Jan,11} \]
54.7 \( \times \) 54.7  FUD 090

51585  with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
\[ \text{AMA: 2014,Jan,11} \]
61.0 \( \times \) 61.0  FUD 090

51590  Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
\[ \text{AMA: 2014,Jan,11} \]
55.9 \( \times \) 55.9  FUD 090

51595  with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
\[ \text{AMA: 2014,Jan,11} \]
63.3 \( \times \) 63.3  FUD 090

51596  Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
\[ \text{AMA: 2014,Jan,11} \]
68.1 \( \times \) 68.1  FUD 090

51597  Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
\[ \text{AMA: 2014,Jan,11} \]
66.3 \( \times \) 66.3  FUD 090

51600-51720 Injection/Insertion/Instillation Procedures of Bladder

51600  Injection procedure for cystography or voiding urethrography
\[ (74430, 74455) \]
1.29 \( \times \) 5.57  FUD 000
AMA: 2014,Jan,11

51605  Injection procedure and placement of chain for contrast and/or chain urethrography
\[ (74430) \]
1.11 \( \times \) 1.11  FUD 000
AMA: 2014,Jan,11

51610  Injection procedure for retrograde urethrography
\[ (74450) \]
1.85 \( \times \) 3.21  FUD 000
AMA: 2018,Jan,8; 2017,Jan,8; 2016,Jan,3; 2014,Jan,11

51700  Bladder irrigation, simple, lavage and/or instillation
\[ \text{AMA: 2014,Jan,11} \]
0.87 \( \times \) 2.12  FUD 000
## Appendix A — Modifiers

### CPT Modifiers

A modifier is a two-position alpha or numeric code appended to a CPT code to clarify the services being billed. Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as the anatomical site, to the code. In addition, they help to eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase accuracy in reimbursement, coding consistency, editing, and to capture payment data.

**22 Increased Procedural Services:** When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (e.g., increased intensity, time, technical difficulty of procedure, severity of patient’s condition, physical and mental effort required).

**Note:** This modifier should not be appended to an E/M service.

**23 Unusual Anesthesia:** Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

**24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period:** The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

**25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service:** It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.

**Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

**26 Professional Component:** Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

**32 Mandated Services:** Services related to mandated consultation and/or related services (e.g., third party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

**33 Preventive Services:** When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

### Modifiers for Services Related to Mandated Services

**47 Anesthesia by Surgeon:** Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.)

**Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

**50 Bilateral Procedure:** Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate 5 digit code.

**Note:** This modifier should not be appended to designated “add-on” codes (see Appendix F).

**51 Multiple Procedures:** When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (e.g., vaccines), are performed at the same session by the same individual, the primary procedure/service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s).

**Note:** This modifier should not be appended to designated “add-on” codes (see Appendix F).

**52 Reduced Services:** Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

**Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

**53 Discontinued Procedure:** Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure.

**Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient’s anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

**54 Surgical Care Only:** When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

**55 Postoperative Management Only:** When 1 physician or other qualified health care professional performs the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

**56 Preoperative Management Only:** When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

**57 Decision for Surgery:** An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.