Table of Contents

[Commonly Used CPT Modifiers (Level 1 Modifiers) 1](#_Toc511211353)

[Commonly Used HCPCS Modifiers (Level 2 Modifiers) 1](#_Toc511211354)

[Category I CPT Codes 2](#_Toc511211355)

[Codes for evaluation and management: 99201–99499 2](#_Toc511211356)

[Codes for anesthesia: 00100–01999; 99100–99150 3](#_Toc511211357)

[Codes for surgery: 10000–69990 4](#_Toc511211358)

[Codes for Radiology: 70000-79999 4](#_Toc511211359)

[Codes for pathology and laboratory: 80000–89398 5](#_Toc511211360)

[Codes for medicine: 90281–99099; 99151–99199; 99500–99607 5](#_Toc511211361)

# Commonly Used CPT Modifiers (Level 1 Modifiers)

CPT modifiers consist of two numeric digits. They are used to add additional information to a CPT code.

**25** – Significant, separately Identifiable evaluation and management service by the same physician on the same day of the procedure or other service

**26** – Professional Component

**51** – Multiple Procedures

**59** – Distinct Procedural Service

**90** – Reference (Outside) Laboratory

# Commonly Used HCPCS Modifiers (Level 2 Modifiers)

Level 2 modifiers, normally known by HCPCS, are managed by CMS (Center for Medicare and Medicaid Services). The consist of two characters, the first is always alpha and the second is alpha-numeric. The sequence is from AA – VP.

**KR** - Rental item, durable medical equipment (DME) – billing for partial month

**KX** – Specific required documentation on file (used for DMERC providers)

**LT**  - Left side (for procedures performed on the left side of the body)

**NU** – New Equipment (DME)

**RT** – Right side (for procedures performed on the right side of the body)

**RR** – Rental (used when the DME is a rental)

**SG** – Ambulatory Surgical Center (ASC)

**TC –** Technical Component Only

# Commonly Used Place of Service Codes

# Category 1 CPT Codes

There are six main sections:

|  |  |
| --- | --- |
| 1. Evaluation and management | 99201–99499 |
| 1. Anesthesia | 00100–01999; 99100–99150 |
| 1. Surgery | 10000–69990 |
| 1. Radiology | 70000-79999 |
| 1. Pathology and laboratory | 80000–89398 |
| 1. Medicine | 90281–99099; 99151–99199; 99500–99607 |

## Codes for evaluation and management: 99201–99499

|  |  |
| --- | --- |
| 99201–99215 | Office/other outpatient services |
| 99217–99220 | Hospital observation services |
| 99221–99239 | Hospital inpatient services |
| 99241–99255 | Consultations |
| 99281–99288 | Emergency department services |
| 99291–99292 | Critical care services |
| 99304–99318 | Nursing facility services |
| 99324–99337 | Domiciliary, rest home boarding home or custodial care services |
| 99339–99340 | Domiciliary, rest home assisted living facility, or home care plan oversight services |
| 99341–99350 | Home health services |
| 99354–99360 | Prolonged services |
| 99363–99368 | Case management services |
| 99374–99380 | Care plan oversight services |
| 99381–99429 | Preventive medicine services |
| 99441–99444 | Non-face-to-face physician services |
| 99450–99456 | Special evaluation and management services |
| 99460–99465 | Newborn care services |
| 99466–99480 | Inpatient neonatal intensive, and pediatric/neonatal critical, care services |
| 99487–99489 | Complex chronic care coordination services |
| 99495–99496 | Transitional care management services |
| 99499 | Other evaluation and management services |

## Codes for anesthesia: 00100–01999; 99100–99150

|  |  |
| --- | --- |
| 00100–00222 | head |
| 00300–00352 | neck |
| 00400–00474 | thorax |
| 00500–00580 | intrathoracic |
| 00600–00670 | spine and spinal cord |
| 00700–00797 | upper abdomen |
| 00800–00882 | lower abdomen |
| 00902–00952 | perineum |
| 01112–01190 | pelvis except hip |
|  |  |
| 01200–01274 | upper leg except knee |
|  |  |
| 01320–01444 | knee and popliteal area |
| 01462–01522 | lower leg below knee |
|  |  |
| 01610–01682 | shoulder and axillary |
| 01710–01782 | upper arm and elbow |
| 01810–01860 | forearm, wrist and hand |
| 01916–01936 | radiological procedures |
| 01951–01953 | burn excisions or debridement |
| 01958–01969 | obstetric |
| 01990–01999 | other procedures |
| 99100–99140 | qualifying circumstances for anesthesia |
| 99143–99150 | moderate conscious, sedation |

## Codes for surgery: 10000–69990

|  |  |
| --- | --- |
| 10000–10022 | general |
| 10040–19499 | integumentary system |
| 20000–29999 | musculoskeletal system |
| 30000–32999 | respiratory system |
| 33010–37799 | cardiovascular system |
| 38100–38999 | hemic and lymphatic systems |
| 39000–39599 | mediastinum and diaphragm |
| 40490–49999 | digestive system |
| 50010–53899 | urinary system |
| 54000–55899 | male genital system |
| 55920–55980 | reproductive system and intersex |
| 56405–58999 | female genital system |
| 59000–59899 | maternity care and delivery |
| 60000–60699 | endocrine system |
| 61000–64999 | nervous system |
| 65091–68899 | eye and ocular adnexa |
| 69000–69979 | auditory system |

## Codes for Radiology: 70000-79999

|  |  |
| --- | --- |
| 70000-76499 | diagnostic radiology |
| 76500–76999 | diagnostic ultrasound |
| 77001–77032 | radiologic guidance |
| 77051–77059 | breast mammography |
| 77071–77084 | bone/joint studies |
| 77261–77999 | radiation oncology |
| 78000-79999 | nuclear medicine |

## Codes for pathology and laboratory: 80000–89398

|  |  |
| --- | --- |
| 80000–80076 | organ or disease-oriented panels |
| 80100–80103 | drug testing |
| 80150–80299 | therapeutic drug assays |
| 80400–80440 | evocative/suppression testing |
| 80500–80502 | consultations clinical pathology |
| 81000–81099 | urinalysis |
| 82000–84999 | chemistry |
| 85002–85999 | hematology and coagulation |
| 86000–86849 | immunology |
| 86850–86999 | transfusion medicine |
| 87001–87999 | microbiology |
| 88000–88099 | anatomic pathology postmortem |
| 88104–88199 | cytopathology |
| 88230–88299 | cytogenetic studies |
| 88300–88399 | surgical pathology |
| 88720–88741 | in vivo transcutaneous lab procedures |
| 89049–89240 | other procedures |
| 89250–89398 | reproductive medicine procedures |

## Codes for medicine: 90281–99099; 99151–99199; 99500–99607

|  |  |
| --- | --- |
| 90281–90399 | immune globulins, serum or recombinant prods |
| 90465–90474 | immunization administration for vaccines/toxoids |
| 90476–90749 | vaccines, toxoids |
| 90801–90899 | psychiatry |
| 90901–90911 | biofeedback |
| 90935–90999 | dialysis |
| 91000–91299 | gastroenterology |
| 92002–92499 | ophthalmology |
| 92502–92700 | special otorhinolaryngologic services |
| 92950–93799 | cardiovascular |
| 93875–93990 | noninvasive vascular diagnostic studies |
| 94002–94799 | pulmonary |
| 95004–95199 | allergy and clinical immunology |
| 95250–95251 | endocrinology |
| 95803–96020 | neurology and neuromuscular procedures |
| 96101–96125 | central nervous system assessments/tests neuro-cognitive, mental status, speech testing |
| 96150–96155 | health and behavior assessment/intervention |
| 96360–96549 | hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and other highly complex drug or highly complex biologic agent administration |
| 96567–96571 | photodynamic therapy |
| 96900–96999 | special dermatological procedures |
| 97001–97799 | physical medicine and rehabilitation |
| 97802–97804 | medical nutrition therapy |
| 97810–97814 | acupuncture |
| 98925–98929 | osteopathic manipulative treatment |
| 98940–98943 | chiropractic manipulative treatment |
| 98960–98962 | education and training for patient self-management |
| 98966–98969 | non-face-to-face nonphysician services |
| 99000–99091 | special services, procedures and reports |
| 99170–99199 | other services and procedures |
| 99500–99602 | home health procedures/services |
| 99605–99607 | medication therapy management services |