

# Plastics/ Dermatology

A comprehensive illustrated guide to coding  
and reimbursement

**2021**

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Sample

# Getting Started with Coding Companion

*Coding Companion for Plastics/Dermatology* 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 Codes

For ease of use, evaluation and management codes related to Plastics/Dermatology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT 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 Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

## ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

## 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 page following the sample.

## Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

## CCI Edit Updates

The *Coding Companion* series 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 the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXX. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

## 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:

69501 Transmastoid antrotomy (simple mastoidectomy)  
could be found in the index under the following main terms:

### Antrotomy

Transmastoid, 69501

OR

### Excision

Mastoid

Simple, 69501

## 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 xiii 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

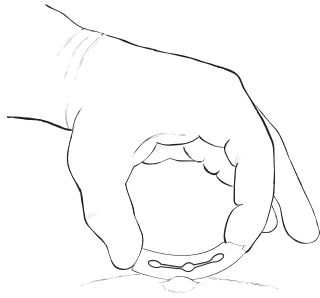
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### 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.

# 11305-11308

- 11305** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
- 11306** lesion diameter 0.6 to 1.0 cm
- 11307** lesion diameter 1.1 to 2.0 cm
- 11308** lesion diameter over 2.0 cm



A common method to shave excise an elevated lesion



Lesions of the scalp, neck, hands, feet, and genitalia

## Explanation

The physician removes a single, elevated epidermal or dermal lesion from the scalp, neck, hands, feet, or genitalia by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11305 for a lesion diameter 0.5 cm or less; 11306 for 0.6 cm to 1 cm; 11307 for 1.1 cm to 2 cm; and 11308 for lesions greater than 2 cm.

## Coding Tips

Local anesthesia is included in these services. Chemical or electrical cauterization of the wound is included in these services. 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. For excision of a benign lesion, see 11420–11426. For excision of a malignant lesion, see 11620–11626. For paring or cutting of benign hyperkeratotic lesions (e.g., corn, callus), see 11055–11057. For handling or conveyance of a specimen transported to an outside laboratory, see 99000.

## ICD-10-CM Diagnostic Codes

- D22.4 Melanocytic nevi of scalp and neck
- D22.61 Melanocytic nevi of right upper limb, including shoulder ✓
- D22.62 Melanocytic nevi of left upper limb, including shoulder ✓
- D22.71 Melanocytic nevi of right lower limb, including hip ✓
- D22.72 Melanocytic nevi of left lower limb, including hip ✓
- D23.4 Other benign neoplasm of skin of scalp and neck

- D23.61 Other benign neoplasm of skin of right upper limb, including shoulder ✓
- D23.62 Other benign neoplasm of skin of left upper limb, including shoulder ✓
- D23.71 Other benign neoplasm of skin of right lower limb, including hip ✓
- D23.72 Other benign neoplasm of skin of left lower limb, including hip ✓
- D28.0 Benign neoplasm of vulva
- D28.1 Benign neoplasm of vagina
- D28.7 Benign neoplasm of other specified female genital organs
- D29.4 Benign neoplasm of scrotum
- D39.8 Neoplasm of uncertain behavior of other specified female genital organs
- D40.8 Neoplasm of uncertain behavior of other specified male genital organs
- D48.5 Neoplasm of uncertain behavior of skin
- D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
- D49.511 Neoplasm of unspecified behavior of right kidney ✓
- D49.512 Neoplasm of unspecified behavior of left kidney ✓
- Q82.8 Other specified congenital malformations of skin

**AMA:** 11305 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 11306 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 11307 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 11308 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>11305</b>	0.8	2.11	0.08	2.99
<b>11306</b>	0.96	2.45	0.09	3.5
<b>11307</b>	1.2	2.78	0.11	4.09
<b>11308</b>	1.46	2.79	0.12	4.37
Facility RVU	Work	PE	MP	Total
<b>11305</b>	0.8	0.25	0.08	1.13
<b>11306</b>	0.96	0.4	0.09	1.45
<b>11307</b>	1.2	0.56	0.11	1.87
<b>11308</b>	1.46	0.53	0.12	2.11

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>11305</b>	0	A	4(3)	51	N/A	N/A	80*	None
<b>11306</b>	0	A	4(3)	51	N/A	N/A	80*	
<b>11307</b>	0	A	3(3)	51	N/A	N/A	80*	
<b>11308</b>	0	A	2(3)	51	N/A	N/A	80*	

\* with documentation

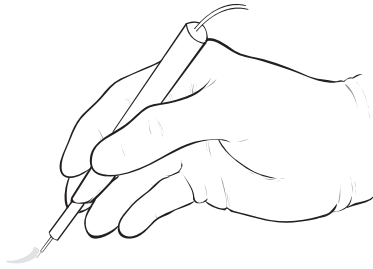
## Terms To Know

**electrocautery.** Division or cutting of tissue using high-frequency electrical current to produce heat, which destroys cells.

**nevus (plural nevi).** Colored (pigmented) skin lesion including dilated blood vessels (telangiectasis) radiating out from a point (vascular spiders), hemangiomas, and moles.

# 11920-11922

- 11920** Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
- 11921** 6.1 to 20.0 sq cm
- + **11922** each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)



A color defect of the skin is corrected by tattooing intradermal pigments

## Explanation

The physician introduces insoluble opaque pigment into color defects of the skin. A marking pen is used first to outline the area to be tattooed. The dye is injected into the skin with a pneumatic tattooing instrument to create an artificially pigmented area that approximates the appearance of normal skin tissue. Report 11920 for a tattoo area of 6 sq cm or less, 11921 for 6.1 sq cm to 20 sq cm, and 11922 for each additional 20 sq cm or part thereof.

## Coding Tips

Report 11922 in addition to 11921. These codes are reported for the total area (sq cm) of the skin to be tattooed. For injection of collagen or other filling material, see 11950–11954. Because this procedure is sometimes not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage.

## ICD-10-CM Diagnostic Codes

- H02.731 Vitiligo of right upper eyelid and periocular area
- H02.732 Vitiligo of right lower eyelid and periocular area
- L80 Vitiligo
- L81.5 Leukoderma, not elsewhere classified
- L81.6 Other disorders of diminished melanin formation
- Z41.1 Encounter for cosmetic surgery
- Z42.8 Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

**AMA:** 11920 2018,Jan,8; 2017,Jan,8; 2016,Aug,9 11921 2018,Jan,8; 2017,Jan,8; 2016,Aug,9

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>11920</b>	1.61	3.44	0.28	5.33
<b>11921</b>	1.93	3.81	0.34	6.08
<b>11922</b>	0.49	1.13	0.09	1.71
Facility RVU	Work	PE	MP	Total
<b>11920</b>	1.61	1.34	0.28	3.23
<b>11921</b>	1.93	1.54	0.34	3.81
<b>11922</b>	0.49	0.28	0.09	0.86

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>11920</b>	0	R	1(2)	51	N/A	N/A	80*	100-02,16,10;
<b>11921</b>	0	R	1(2)	51	N/A	N/A	80*	100-02,16,120;
<b>11922</b>	N/A	R	1(3)	N/A	N/A	N/A	80*	100-02,16,180

\* with documentation

## Terms to Know

**cosmetic.** Superficial or external, having no medical necessity.

**defect.** Imperfection, flaw, or absence.

**dermis.** Skin layer found under the epidermis that contains a papillary upper layer and the deep reticular layer of collagen, vascular bed, and nerves.

**dyschromia.** Abnormal pigmentation (coloring) of the hair or skin.

**hypopigmentation.** Abnormally diminished coloration.

**injection.** Forcing a liquid substance into a body part such as a joint or muscle.

**intra.** Within.

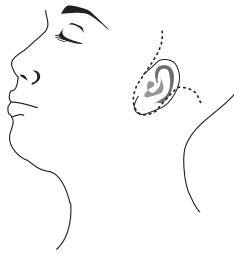
**malignant.** Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

**tattooing.** Permanent method of implanting pigment into the skin to add color for the treatment of vitiligo, skin grafts, or burn scars and for cosmetic purposes.

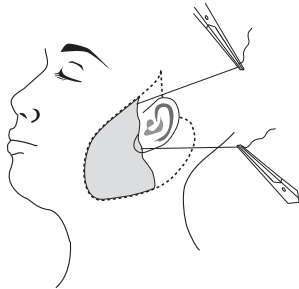
**vitiligo.** Chronic, progressive, pigmentary anomaly of the skin, usually manifested by white patches devoid of pigment surrounded by a hyperpigmented border.

# 15828-15829

**15828** Rhytidectomy; cheek, chin, and neck  
**15829** superficial musculoaponeurotic system (SMAS) flap



Incision may be made in front of the ear to reach subcutaneous layers



Tension is increased by tightening and securing facial muscles with sutures

## Explanation

The physician makes an incision in a crease or wrinkle of the cheek, chin, or neck to perform a rhytidectomy. Tension is increased by removing excess skin and fat. An additional incision in front of the ear may be necessary. Tension is increased in the facial muscles by freeing the superficial musculoaponeurotic system (SMAS) (facial muscles are interlinked by the SMAS). The physician trims and tightens the SMAS by securing it with sutures to tissues in front of the ear. Report 15829 for a SMAS flap.

## Coding Tips

When these codes are performed with other separately identifiable procedures, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. These procedures are unilateral procedures. 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). Because these procedures may be performed for cosmetic purposes, verify with the insurance carrier for coverage. For suction assisted lipectomy, see 15876. For rhytidectomy of the forehead, see 15824; neck, with platysmal tightening, see 15825; glabellar frown lines, see 15826. For blepharoplasty, lower eyelids, see 15820–15821; upper eyelids, see 15822–15823. For repair of brow ptosis, blepharoptosis, lid retraction, ectropion, or entropion, see 67900–67924; reconstruction procedures, see 67930–67975.

## ICD-10-CM Diagnostic Codes

L57.4 Cutis laxa senilis  
 L90.8 Other atrophic disorders of skin  
 Z41.1 Encounter for cosmetic surgery

**AMA:** 15828 1997,Nov,1 15829 1997,Nov,1

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15828	0.0	0.0	0.0	0.0
15829	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
15828	0.0	0.0	0.0	0.0
15829	0.0	0.0	0.0	0.0

	FUD	Status	MUE	Modifiers				IOM Reference
15828	0	R	1(2)	51	50	N/A	80*	None
15829	0	R	1(2)	51	50	N/A	80*	

\* with documentation

## Terms To Know

**atrophy.** Reduction in size or activity in an anatomic structure, due to wasting away from disease or other factors.

**bilateral.** Consisting of or affecting two sides.

**cosmetic.** Superficial or external, having no medical necessity.

**dissection.** Separating by cutting tissue or body structures apart.

**excision.** Surgical removal of an organ or tissue.

**fascia.** Fibrous sheet or band of tissue that envelops organs, muscles, and groupings of muscles.

**flap.** Mass of flesh and skin partially excised from its location but retaining its blood supply that is moved to another site to repair adjacent or distant defects.

**hypertrophic.** Enlarged or overgrown from an increase in cell size of the affected tissue.

**rhytidectomy.** Surgical removal of wrinkles from the face or facelift.

**SMAS.** Superficial musculoaponeurotic system. Rhytidectomy commonly used in cosmetic surgery. Incisions are made along the margin of the face and usually within the area behind the ears. The skin is taken off and tightened. Surplus skin is removed. Underlying muscle tissue is likewise tightened and repositioned.

**subcutaneous.** Below the skin.

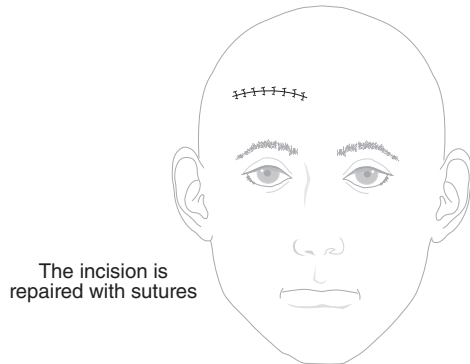
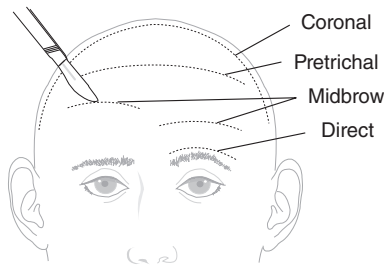
**unilateral.** Located on or affecting one side.



# 67900

**67900** Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

The incision may be made in any of several locations



The incision is repaired with sutures

## Explanation

Ptosis refers to a droop or displacement resulting from paralysis. The physician makes an incision directly above the brow (supraciliary), through the mid-forehead or near the hairline (coronal). A dissection is carried down to the area of the brow. The skin is pulled superiorly and the brow approximated to its proper position above the supraorbital rim. The incision is repaired with sutures.

## Coding Tips

Code 67900 requires prior approval for Medicare. Report modifiers MA-MH or QQ and/or codes G1000-G1011 in addition, as appropriate. Check with other payers regarding prior approval policies. For blepharoptosis repair, see 67901-67908. For forehead rhytidectomy, see 15824. 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

- H02.411 Mechanical ptosis of right eyelid
- H02.412 Mechanical ptosis of left eyelid
- H02.421 Myogenic ptosis of right eyelid
- H02.422 Myogenic ptosis of left eyelid
- H02.431 Paralytic ptosis of right eyelid
- H02.432 Paralytic ptosis of left eyelid
- H53.451 Other localized visual field defect, right eye
- H53.452 Other localized visual field defect, left eye
- H57.811 Brow ptosis, right
- H57.812 Brow ptosis, left
- Z41.1 Encounter for cosmetic surgery

**AMA: 67900** 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Feb,12; 2015,Jan,16; 2014,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>67900</b>	6.82	10.88	0.6	18.3
Facility RVU	Work	PE	MP	Total
<b>67900</b>	6.82	6.96	0.6	14.38

	FUD	Status	MUE	Modifiers				IOM Reference
<b>67900</b>	90	A	1(2)	51	50	N/A	N/A	100-02,16,120

\* with documentation

## Terms To Know

**blepharochalasis.** Loss of elasticity and relaxation of skin of the eyelid, thickened or indurated skin on the eyelid associated with recurrent episodes of edema, and intracellular atrophy.

**dissection.** Separating by cutting tissue or body structures apart.

**exophthalmos.** Abnormal bulging or protrusion of the eyeballs, seen in cases of hyperthyroidism, like Grave's disease and toxic diffuse goiter, or as a congenital condition.

**fibrosis.** Formation of fibrous tissue as part of the restorative process.

**paralytic lagophthalmos.** Palsy of the seventh cranial nerve, which prevents full closure of the eyelids.

**ptosis.** Drooping or displacement of the upper eyelid, caused by paralysis, muscle problems, or outside mechanical forces.

**suture.** Numerous stitching techniques employed in wound closure.

**buried suture.** Continuous or interrupted suture placed under the skin for a layered closure.

**continuous suture.** Running stitch with tension evenly distributed across a single strand to provide a leakproof closure line.

**interrupted suture.** Series of single stitches with tension isolated at each stitch, in which all stitches are not affected if one becomes loose, and the isolated sutures cannot act as a wick to transport an infection.

**purse-string suture.** Continuous suture placed around a tubular structure and tightened, to reduce or close the lumen.

**retention suture.** Secondary stitching that bridges the primary suture, providing support for the primary repair; a plastic or rubber bolster may be placed over the primary repair and under the retention sutures.

## 97607-97608

**97607** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

**97608** total wound(s) surface area greater than 50 square centimeters

### Explanation

Negative pressure wound therapy (NPWT) is a widely used advanced wound treatment technique. The health care provider performs NPWT, such as vacuum assisted drainage collection, using disposable, nondurable medical equipment, including the use of an exudate management collection system, to promote healing of a chronic nonhealing wound, including diabetic or pressure (decubitus) ulcers. This procedure includes topical applications to the wound, wound assessment, and patient or caregiver instruction related to ongoing care per session. Negative pressure wound therapy uses controlled application of subatmospheric pressure to a wound. The subatmospheric pressure is generated using an electrical pump. The electrical pump conveys intermittent or continuous subatmospheric pressure through connecting tubing to a specialized wound dressing. The specialized wound dressing includes a porous foam dressing that covers the wound surface and an airtight adhesive dressing that seals the wound and contains the subatmospheric pressure at the wound site. NPWT promotes healing by increasing local vascularity and oxygenation of the wound bed, evacuating wound fluid thereby reducing edema, and removing exudates and bacteria. Drainage from the wound is collected in a canister. Exudate management is the process by which wound care is overseen and is determined based on the wound type and the patient's needs. It involves careful attention and ongoing evaluation of the wound healing process, as well as a focus on the underlying cause of the infection. Report 97607 for a wound(s) with a total surface area less than or equal to 50 sq. cm. Report 97608 for a wound(s) with a total surface area greater than 50 sq. cm.

### Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>97607</b>	0.41	9.01	0.08	9.5
<b>97608</b>	0.46	8.98	0.09	9.53
Facility RVU	Work	PE	MP	Total
<b>97607</b>	0.41	0.16	0.08	0.65
<b>97608</b>	0.46	0.18	0.09	0.73

## 97610

**97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

### Explanation

The physician performs wound treatment utilizing a device that produces low-frequency, ultrasound-generated mist. This noncontact, nonthermal modality promotes wound healing through cellular stimulation. Indicated for acute, chronic, and colonized wounds, as well as burns and ulcers, it provides wound cleansing, bacteria removal, and maintenance debridement of fibrin and tissue exudates. The device uses ultrasound technology to atomize saline, delivering a continuous mist to the treatment site. Multiple passes over the wound are made with the treatment head of the device for a predetermined treatment session. This code includes assessment of the wound, topical applications when performed, and ongoing care instructions. Report this code once per day for the duration of treatment.

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>97610</b>	0.4	8.73	0.01	9.14
Facility RVU	Work	PE	MP	Total
<b>97610</b>	0.4	0.12	0.01	0.53

## 98970-98972

- **98970** Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **98971** 11-20 minutes
- **98972** 21 or more minutes

### Explanation

On-line digital evaluation and management services are non-face-to-face encounters originating from the established patient to a qualified nonphysician health care professional for evaluation or management of a problem utilizing internet resources. The service includes all communication, prescription, and laboratory orders with permanent storage in the patient's medical record. The service may include more than one provider responding to the same patient and is only reportable once during seven days for the same encounter. Do not report this code if the online patient request is related to an E/M service that occurred within the previous seven days or within the global period following a procedure. Report 98970 if the cumulative time during the seven-day period is five to 10 minutes; 98971 for 11 to 20 minutes; and 98972 for 21 or more minutes.

### Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>98970</b>	0.0	0.0	0.0	0.0
<b>98971</b>	0.0	0.0	0.0	0.0
<b>98972</b>	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
<b>98970</b>	0.0	0.0	0.0	0.0
<b>98971</b>	0.0	0.0	0.0	0.0
<b>98972</b>	0.0	0.0	0.0	0.0

## 99000

**99000** Handling and/or conveyance of specimen for transfer from the office to a laboratory

### Explanation

This code is adjunct to basic services rendered. This code is reported for the handling and/or conveyance of a specimen from the provider's office to a laboratory.

### Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>99000</b>	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
<b>99000</b>	0.0	0.0	0.0	0.0

## 99001

**99001** Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)



