



Medicare Correct Coding Guide

SAMPLE

Contents

Getting Started with Medicare Correct Coding Guide Introduction-1

Introduction	Introduction-3
Resource-Based Relative Value Scale	Introduction-3
Sequestration Budget Reduction	Introduction-3
Correct Coding Initiative	Introduction-3
Medically Unlikely Edits	Introduction-4
National Correct Coding Initiative (NCCI)	
Add-On Codes	Introduction-5
Manual Organization	Introduction-5
How to Use This Book	Introduction-5
Resource-Based Relative Value Scale (RBRVS)	
Payment Computation	Introduction-5
Modifiers	Introduction-6
Surgery Modifiers	Introduction-6
Modifiers Affecting Correct Coding Edits	Introduction-7
Other Payment Indicators	Introduction-7
Status Indicator	Introduction-7
Global Period	Introduction-8
Physician Supervision Level	Introduction-8
Definitions	Introduction-8
Levels of Physician Supervision of Diagnostic Tests	Introduction-8
Correct Coding Initiative (CCI)	Introduction-8
Step-by-Step Instructions	Introduction-9

Symbol/Payment Indicator Key Introduction-11

Summary of Changes Summary of Changes-1

General Correct Coding Policies General-1

A. Introduction	General-1
B. Coding Based on Standards of Medical/ Surgical Practice	General-2
C. Medical/Surgical Package	General-2
D. Evaluation and Management (E&M) Services	General-4
E. Modifiers and Modifier Indicators	General-4
F. Standard Preparation/Monitoring Services for Anesthesia	General-6
G. Anesthesia Service Included in the Surgical Procedure	General-6
H. HCPCS/CPT Procedure Code Definition	General-7
I. CPT Manual and CMS Coding Manual Instructions	General-7
J. CPT "Separate Procedure" Definition	General-7
K. Family of Codes	General-7
L. More Extensive Procedure	General-7
M. Sequential Procedure	General-8
N. Laboratory Panel	General-8
O. Misuse of Column Two Code with Column One Code (Misuse of Code Edit Rationale)	General-8
P. Mutually Exclusive Procedures	General-8
Q. Gender-Specific Procedures	General-8
R. Add-on Codes	General-8
S. Excluded Service	General-8
T. Unlisted Procedure Codes	General-9
U. Modified, Deleted, and Added Code Pairs/Edits	General-9
V. Medically Unlikely Edits (MUEs)	General-9
W. Add-on Code Edit Tables	General-11

Surgery: Integumentary System

(CPT® Codes 10000-19999)	Integumentary-i
Correct Coding Policies	Integumentary-i
A. Introduction	Integumentary-i
B. Evaluation and Management (E&M) Services	Integumentary-i
C. Anesthesia	Integumentary-i
D. Incision and Drainage	Integumentary-ii
E. Lesion Removal	Integumentary-ii
F. Mohs Micrographic Surgery	Integumentary-ii
G. Intralesional Injections	Integumentary-ii
H. Repair and Tissue Transfer	Integumentary-iii
I. Grafts and Flaps	Integumentary-iii
J. Breast (Incision, Excision, Introduction, Repair and Reconstruction)	Integumentary-iii
K. Medically Unlikely Edits (MUEs)	Integumentary-iii
L. General Policy Statements	Integumentary-iv
Integumentary System	Integumentary-1

Surgery: Musculoskeletal System

(CPT® Codes 20005-29999)	Musculoskeletal-i
Correct Coding Policies	Musculoskeletal-i
A. Introduction	Musculoskeletal-i
B. Evaluation and Management (E&M) Services	Musculoskeletal-i
C. Anesthesia	Musculoskeletal-i
D. Biopsy	Musculoskeletal-i
E. Arthroscopy	Musculoskeletal-ii
F. Fractures, Dislocations, and Casting/ Splinting/Strapping	Musculoskeletal-ii
G. Medically Unlikely Edits (MUEs)	Musculoskeletal-iii
H. General Policy Statements	Musculoskeletal-iii
Musculoskeletal System	Musculoskeletal-1

Surgery: Respiratory, Cardiovascular, Hemic and Lymphatic Systems

(CPT® Codes 30000-39599)	Respiratory-i
Correct Coding Policies	Respiratory-i
A. Introduction	Respiratory-i
B. Evaluation and Management (E&M) Services	Respiratory-i
C. Respiratory System	Respiratory-i
D. Cardiovascular System	Respiratory-iii
E. Hemic and Lymphatic Systems	Respiratory-vi
F. Mediastinum	Respiratory-vi
G. Medically Unlikely Edits (MUEs)	Respiratory-vi
H. General Policy Statements	Respiratory-vi
Respiratory System	Respiratory-1
Cardiovascular System	Respiratory-74
Hemic and Lymphatic System	Respiratory-231
Mediastinum and Diaphragm	Respiratory-242

Surgery: Digestive System (CPT® Codes 40000-49999) Digestive-i

Correct Coding Policies	Digestive-i
A. Introduction	Digestive-i
B. Evaluation and Management (E&M) Services	Digestive-i
C. Endoscopic Services	Digestive-i
D. Esophageal Procedures	Digestive-ii
E. Abdominal Procedures	Digestive-ii
F. Laparoscopy	Digestive-iii
G. Medically Unlikely Edits (MUEs)	Digestive-iii
H. General Policy Statements	Digestive-iii
Digestive System	Digestive-1

General Correct Coding Policies

A. Introduction

Healthcare providers utilize HCPCS/CPT® codes to report medical services performed on patients to Medicare Carriers (A/B MACs processing practitioner service claims) and Fiscal Intermediaries (FIs). HCPCS (Healthcare Common Procedure Coding System) consists of Level I CPT (Current Procedural Terminology) codes and Level II codes. CPT codes are defined in the American Medical Association's (AMA's) *CPT Manual* which is updated and published annually. HCPCS Level II codes are defined by the Centers for Medicare and Medicaid Services (CMS) and are updated throughout the year as necessary. Changes in CPT codes are approved by the AMA CPT Editorial Panel which meets three times per year.

Editor's note: CPT Category II and Category III codes are updated twice yearly—in January and July—and can be found on the AMA website prior to their inclusion in the printed book.

CPT and HCPCS Level II codes define medical and surgical procedures performed on patients. Some procedure codes are very specific defining a single service (e.g., CPT code 93000 (electrocardiogram)) while other codes define procedures consisting of many services (e.g., CPT code 58263 (vaginal hysterectomy with removal of tube(s) and ovary(s) and repair of enterocele)). Because many procedures can be performed by different approaches, different methods, or in combination with other procedures, there are often multiple HCPCS/CPT codes defining similar or related procedures.

CPT and HCPCS Level II code descriptors usually do not define all services included in a procedure. There are often services inherent in a procedure or group of procedures. For example, anesthesia services include certain preparation and monitoring services.

The CMS developed the NCCI to prevent inappropriate payment of services that should not be reported together. Three types of edits are included in the NCCI—NCCI Procedure-to-Procedure (PTP) edits, Medically Unlikely Edits (MUE), and Add-on Code Edits.

Each edit table contains edits which are pairs of HCPCS/CPT codes that in general should not be reported together. Each edit has a column one and column two HCPCS/CPT code. If a provider reports the two codes of an edit pair, the column two code is denied, and the column one code is eligible for payment. However, if it is clinically appropriate to utilize an NCCI-associated modifier, both the column one and column two codes are eligible for payment. (NCCI-associated modifiers and their appropriate use are discussed elsewhere in this chapter.)

Medically Unlikely Edits (MUEs) prevent payment for an inappropriate number/quantity of the same service on a single day. An MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) under most circumstances reportable by the same provider for the same beneficiary on the same date of service. The ideal MUE value for a HCPCS/CPT code is one that allows the vast majority of appropriately coded claims to pass the MUE. More information concerning MUEs is discussed in Section V of this chapter.

Add-on code edits are comprised of a list of HCPCS and CPT add-on codes and their associated primary codes. Payment is provided for an add-on code only when one of its primary codes is also eligible for payment.

In this Manual many policies are described utilizing the term “physician.” Unless indicated differently the usage of this term does not restrict the policies to physicians only but applies to all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. In some sections of this Manual, the term “physician” would not include some of these entities because specific rules do not apply to them. For example, Anesthesia Rules (e.g., CMS Internet-Only Manual, Publication 100-04 [*Medicare Claims Processing Manual*], Chapter 12 [Physician/Nonphysician Practitioners], Section 50 [Payment for Anesthesiology Services]) and Global Surgery Rules (e.g., CMS Internet-Only Manual, Publication 100-04 [*Medicare Claims Processing Manual*], Chapter 12 [Physician/Nonphysician Practitioners], Section 40 [Surgeons and Global Surgery]) do not apply to hospitals.

Providers reporting services under Medicare's hospital outpatient prospective payment system (OPPS) should report all services in accordance with appropriate Medicare Internet Only Manual (IOM) instructions.

Physicians must report services correctly. This manual discusses general coding principles in Chapter I and principles more relevant to other specific groups of HCPCS/CPT codes in the other chapters. There are certain types of improper coding that physicians must avoid.

Procedures should be reported with the most comprehensive CPT code that describes the services performed. Physicians must not unbundle the services described by a HCPCS/CPT code. Some examples follow:

- A physician should not report multiple HCPCS/CPT codes when a single comprehensive HCPCS/CPT code describes these services. For example if a physician performs a vaginal hysterectomy on a uterus weighing less than 250 grams with bilateral salpingo-oophorectomy, the physician should report CPT code 58262 (Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)). The physician should not report CPT code 58260 (Vaginal hysterectomy, for uterus 250 g or less;) plus CPT code 58720 (Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)).
- A physician should not fragment a procedure into component parts. For example, if a physician performs an anal endoscopy with biopsy, the physician should report CPT code 46606 (Anoscopy; with biopsy, single or multiple). It is improper to unbundle this procedure and report CPT code 46600 (Anoscopy; diagnostic,...) plus CPT code 45100 (Biopsy of anorectal wall, anal approach...). The latter code is not intended to be utilized with an endoscopic procedure code.
- A physician should not unbundle a bilateral procedure code into two unilateral procedure codes. For example if a physician performs bilateral mammography, the physician should report CPT code 77056 (Mammography; bilateral). The physician should not report CPT code 77055 (Mammography; unilateral) with two units of service or 77055LT plus 77055RT.
- A physician should not unbundle services that are integral to a more comprehensive procedure. For example, surgical access is integral to a surgical procedure. A physician should not report CPT code 49000 (Exploratory laparotomy,...) when performing an open abdominal procedure such as a total abdominal colectomy (e.g., CPT code 44150).

Physicians must avoid downcoding. If a HCPCS/CPT code exists that describes the services performed, the physician must report this code rather than report a less comprehensive code with other codes describing the services not included in the less comprehensive code. For example if a physician performs a unilateral partial mastectomy with axillary lymphadenectomy, the provider should report CPT code 19302 (Mastectomy, partial...; with axillary lymphadenectomy). A physician should not report CPT code 19301 (Mastectomy, partial...) plus CPT code 38745 (Axillary lymphadenectomy; complete).

Physicians must avoid upcoding. A HCPCS/CPT code may be reported only if all services described by that code have been performed. For example, if a physician performs a superficial axillary lymphadenectomy (CPT code 38740), the physician should not report CPT code 38745 (Axillary lymphadenectomy; complete).

Physicians must report units of service correctly. Each HCPCS/CPT code has a defined unit of service for reporting purposes. A physician should not report units of service for a HCPCS/CPT code using a criterion that differs from the code's defined unit of service. For example, some therapy codes are reported in fifteen minute increments (e.g., CPT codes 97110-97124). Others are reported per session (e.g., CPT codes 92507, 92508). A physician should not report a “per session” code using fifteen minute increments. CPT code 92507 or 92508 should be reported with one unit of service on a single date of service.

In 2010 the *CPT Manual* modified the numbering of codes so that the sequence of codes as they appear in the *CPT Manual* does not necessarily correspond to a sequential numbering of codes. In the *National Correct Coding Initiative Policy Manual for Medicare Services*, use of a numerical range of codes reflects all codes that numerically fall within the range regardless of their sequential order in the *CPT Manual*.

11954 Subcutaneous injection of filling material (eg, collagen); over 10.0 cc

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
1.85	0.31	2.36	1.16	4.52	3.32	0	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	2	0	0	0	09	R		
CORRECT CODING EDITS 02131 02161 0228T 0230T 12001 12002 12004 12005								
12006	12007	12011	12013	12014	12015	12016	12017	12018
12021	12031	12034	12035	12036	12037	12041	12042	12044
12047	12051	12052	12053	12054	12055	12056	12057	13100
13102	13121	13122	13131	13132	13133	13151	13152	13153
36000	36400	36406	36410	36420	36425	36430	36440	36591
36592	36593	36594	36595	36596	36597	36598	36599	36600
43752	51701	51702	51703	61650	62310	62311	62318	62319
64405	64408	64410	64413	64415	64416	64417	64418	64420
64425	64430	64435	64445	64446	64447	64448	64449	64450
64451	64483	64486	64487	64488	64489	64490	64493	64505
64508	64517	64520	64530	69990	92012	92014	93000	93005
93010	93040	93042	93043	93044	93045	93046	93047	93048
93049	93050	93051	93052	93053	93054	93055	93056	93057
93058	93059	93060	93061	93062	93063	93064	93065	93066
93067	93068	93069	93070	93071	93072	93073	93074	93075
93076	93077	93078	93079	93080	93081	93082	93083	93084
93085	93086	93087	93088	93089	93090	93091	93092	93093
93094	93095	93096	93097	93098	93099	93100	93101	93102
93103	93104	93105	93106	93107	93108	93109	93110	93111
93112	93113	93114	93115	93116	93117	93118	93119	93120
93121	93122	93123	93124	93125	93126	93127	93128	93129
93130	93131	93132	93133	93134	93135	93136	93137	93138
93139	93140	93141	93142	93143	93144	93145	93146	93147
93148	93149	93150	93151	93152	93153	93154	93155	93156
93157	93158	93159	93160	93161	93162	93163	93164	93165
93166	93167	93168	93169	93170	93171	93172	93173	93174
93175	93176	93177	93178	93179	93180	93181	93182	93183
93184	93185	93186	93187	93188	93189	93190	93191	93192
93193	93194	93195	93196	93197	93198	93199	93200	93201
93202	93203	93204	93205	93206	93207	93208	93209	93210
93211	93212	93213	93214	93215	93216	93217	93218	93219
93220	93221	93222	93223	93224	93225	93226	93227	93228
93229	93230	93231	93232	93233	93234	93235	93236	93237
93238	93239	93240	93241	93242	93243	93244	93245	93246
93247	93248	93249	93250	93251	93252	93253	93254	93255
93256	93257	93258	93259	93260	93261	93262	93263	93264
93265	93266	93267	93268	93269	93270	93271	93272	93273
93274	93275	93276	93277	93278	93279	93280	93281	93282
93283	93284	93285	93286	93287	93288	93289	93290	93291
93292	93293	93294	93295	93296	93297	93298	93299	93300
93301	93302	93303	93304	93305	93306	93307	93308	93309
93310	93311	93312	93313	93314	93315	93316	93317	93318
93319	93320	93321	93322	93323	93324	93325	93326	93327
93328	93329	93330	93331	93332	93333	93334	93335	93336
93337	93338	93339	93340	93341	93342	93343	93344	93345
93346	93347	93348	93349	93350	93351	93352	93353	93354
93355	93356	93357	93358	93359	93360	93361	93362	93363
93364	93365	93366	93367	93368	93369	93370	93371	93372
93373	93374	93375	93376	93377	93378	93379	93380	93381
93382	93383	93384	93385	93386	93387	93388	93389	93390
93391	93392	93393	93394	93395	93396	93397	93398	93399
93400	93401	93402	93403	93404	93405	93406	93407	93408
93409	93410	93411	93412	93413	93414	93415	93416	93417
93418	93419	93420	93421	93422	93423	93424	93425	93426
93427	93428	93429	93430	93431	93432	93433	93434	93435
93436	93437	93438	93439	93440	93441	93442	93443	93444
93445	93446	93447	93448	93449	93450	93451	93452	93453
93454	93455	93456	93457	93458	93459	93460	93461	93462
93463	93464	93465	93466	93467	93468	93469	93470	93471
93472	93473	93474	93475	93476	93477	93478	93479	93480
93481	93482	93483	93484	93485	93486	93487	93488	93489
93490	93491	93492	93493	93494	93495	93496	93497	93498
93499	93500	93501	93502	93503	93504	93505	93506	93507
93508	93509	93510	93511	93512	93513	93514	93515	93516
93517	93518	93519	93520	93521	93522	93523	93524	93525
93526	93527	93528	93529	93530	93531	93532	93533	93534
93535	93536	93537	93538	93539	93540	93541	93542	93543
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93553	93554	93555	93556	93557	93558	93559	93560	93561
93562	93563	93564	93565	93566	93567	93568	93569	93570
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93589	93590	93591	93592	93593	93594	93595	93596	93597
93598	93599	93600	93601	93602	93603	93604	93605	93606
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93643	93644	93645	93646	93647	93648	93649	93650	93651
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93769	93770	93771	93772	93773	93774	93775	93776	93777
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93805	93806	93807	93808	93809	93810	93811	93812	93813
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93823	93824	93825	93826	93827	93828	93829	93830	93831
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93868	93869	93870	93871	93872	93873	93874	93875	93876
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93886	93887	93888	93889	93890	93891	93892	93893	93894
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93904	93905	93906	93907	93908	93909	93910	93911	93912
93913	93914	93915	93916	93917	93918	93919	93920	93921
93922	93923	93924	93925	93926	93927	93928	93929	93930
93931	93932	93933	93934	93935	93936	93937	9	

88381 Microdissection (ie, sample preparation of microscopically identified target); manual

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.53	0.03	2.73	2.73	3.29	3.29	XXX	1(1)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

CORRECT CODING EDITS 88355 ■ 88358 ■ 88360 ■ 88361 ■ 88363 ✓

88381-26

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.53	0.01	0.18	0.18	0.72	0.72	XXX	1(1)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88381-TC

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.02	2.55	2.55	2.57	2.57	XXX	1(1)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88387 Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.62	0.03	0.54	0.54	1.19	1.19	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

CORRECT CODING EDITS 88300 ▼ 88388 △

88387-26

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.62	0.02	0.29	0.29	0.93	0.93	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88387-TC

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.01	0.25	0.25	0.26	0.26	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88388 Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.45	0.02	0.51	0.51	0.98	0.98	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

CORRECT CODING EDITS 88300 ▼

88388-26

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.45	0.01	0.24	0.24	0.70	0.70	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88388-TC

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.01	0.27	0.27	0.28	0.28	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

88720 Bilirubin, total, transcutaneous

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 82247 ✓

88738 Hemoglobin (Hgb), quantitative, transcutaneous

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 88740 ✓ 88741 ✓

88741 Hemoglobin, quantitative, transcutaneous, per day; methemoglobin

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(2)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 83045 ✓

89049 Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
1.40	0.11	6.05	0.37	7.56	1.88	XXX	1(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
0	0	0	0	0	09	A		

NA

89050 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 80500 ✱ 80502 ✱

89051 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 80500 ✱ 80502 ✱ 89050 ◆

89060 Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)

RELATIVE VALUE UNITS							OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE	
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)	
MODIFIERS							INDICATORS	
50	51	62	66	80,82	Suprv	Status		
9	9	9	9	9	09	X		

CORRECT CODING EDITS 80500 ✱ 80502 ✱ 88387 ■ 88388 ■