

Level	New				Established				Outpatient Consult				X	Code	Mod	Description	X	Code	Mod	Description				
	Proftee				Proftee				Proftee												MEDICATIONS			
	X	Code	Mod		X	Code	Mod		X	Code	Mod										(units x strength = total mg dosage)			
Level 1		99201																		Dexamethasone 1mg				
Level 2		99202																		MethylPred ACE 40mg				
Level 3		99203																		MethylPred ACE 80mg				
Level 4		99204																		Triamcinol ACE /10mg				
Level 5		99205																						
		Proc. Visit																		Pre op H&P 99354 Prolonged Svc 1st Hr				
		Resch Appt																		Post op 99024 99355 Each add'l 30 min.				

PROCEDURES (indicate with an X. If reporting more than a single unit of an item, use numbers)

X	Code	Mod	Description	X	Code	Mod	Description	X	Code	Mod	Description	X	Code	Mod	Description
	10060		I&D Abscess Simple		20600		Arthrocentesis Sm Jnt		20550		Inj Tendon/Ligament (s)				CLOSED TX W/O MANIPULATION
	10061		I&D Abscess Complex		20605		Arthrocentesis Inter Jnt		20612		Asp/Inj Ganglion Cyst(s)		23600		Proximal Humeral Fx
	20670		Rem Implant Superficial		20610		Arthrocentesis Lrg Jnt		20552		Inj Trig Pnt 1-2 mscl grp		23620		Greater Hum Tuber Fx
	20680		Rem Implant Deep						20553		Inj Trig Pnt 3 or > musc		24500		Humeral Shaft Fx

X	ChgCode	CPTCode	Mod	Description	Proftee	Facility	X	ChgCode	CPTCode	Mod	Description	Proftee	Facility	
DIAGNOSIS (indicate primary, secondary, etc. using numbers; do not check boxes)														
1-8	Code	Description	1-8	Code	Description	1-8	Code	Description	1-8	Code	Description	1-8	Code	Description
		LOCALIZED, PRIMARY OSTEOARTHRITIS			UPPER END HUMERUS FRACTURE, CLOSED			ELBOW/FOREARM SPRAINS/STRAINS			170.5		Short Bones Upper Limb	
	715.11	Shoulder Region		812.03	Anatomical Neck		841.8	Other Specified Site						CONGENITAL ANOMALY/DEFORMITY
	715.13	Forearm		812.09	Other		841.0	Radial Collateral			755.51		Clavical	
	715.12	Upper Arm		812.01	Surgical Neck		841.2	Radiohumeral			755.53		Radioulnar Synost	
		TRAUMATIC ARTHROPATHY		812.00	Upper End Unspec Part		841.1	Ulnar Collateral			755.52		Scapula Elevation	
	716.11	Shoulder Region			HUMERUS FRACTURE, SHAFT, CLOSED		841.3	Ulnohumeral						NEUROMUSCULAR INJURY
	716.13	Forearm		812.21	Shaft			STERNUM SPRAINS/STRAINS			955.0		Axillary Nerve	
	716.12	Upper Arm			LOWER END HUMERUS FRACTURE, CLOSED		848.42	Chondrosternal			953.4		Brachial Plexus	
		OSTEOARTHRITIS UNSPECIFIED AS GENERAL/LOCALIZED		812.44	Condyle (s), Unspec		848.49	Other			955.1		Median Nerve	
	715.91	Shoulder Region		812.42	Lateral Condyle		848.41	Sternoclavicular			955.3		Radial Nerve	
	715.93	Forearm		812.40	Lower End Unspecified			ENTHESOPATHY SHOULDER			955.2		Ulnar Nerve	
	715.92	Upper Arm		812.43	Medial Condyle		726.12	Bicipital Tenosynovitis			337.29		RSD, Other Spec Site	
		RHEUMATOID ARTHRITIS		812.41	Supracondylar		726.11	Calcifying Tendinitis						CONTRACTURE
	714.0	Rheumatoid Arth			UPPER END FRACTURE RADIUS/ULNA, CLOSED			OTHER, SHOULDER REGION			718.42		Contracture Elbow	
		ASEPTIC NECROSIS		813.00	Upper End Forearm, Unsp		726.0	Adhesive Capsulitis			718.43		Contracture Forearm	
	733.41	Head of Humerus		813.01	Olecranon Process Ulna		923.02	Contusion Axillary			718.41		Contracture Shoulder	
	733.49	Other		813.02	Coronoid Process Ulna		923.01	Contusion Scapular						OTHER (Use V43.xx with codes where * is present)
		OSTEOCHONDROPATHIES		813.03	Monteggia's Fracture		923.00	Contusion Shoulder			V54.81		Aftercare Joint Repl *	
	732.7	Osteochondritis Dissecans		813.05	Head of Radius		923.03	Contusion Upper Arm			V54.89		Aftercare, Ortho Other	
		DISLOCATION ELBOW CLOSED		813.06	Neck of Radius		959.2	Other Inj Shldr/Upper Arm			V54.11		Aftercare Tra Fx Uppr Arm	
	832.01	Anterior			RECURRENT DISLOCATION OF JOINT		719.41	Pain in Joint, shoulder			V54.12		Aftercare Tra Fx Lwr Arm	
	832.04	Lateral		718.31	Shoulder Region		719.51	Stiffness, NEC			996.46		Articular Bear Surf Wear *	
	832.03	Medial		718.33	Forearm		736.89	Winged Scapula			996.77		Compl Joint Implant Other	
	832.02	Posterior		718.32	Upper Arm			ENTHESOPATHY ELBOW REGION			996.42		Dislocation IOD *	
		DISLOCATION SHOULDER CLOSED			INSTABILITY OF JOINT		726.32	Lateral Epicondylitis			905.2		Late Eff Fx Upper Extrem	
	831.04	Acromioclavicular		718.81	Shoulder Region		726.31	Medial Epicondylitis			905.6		Late Eff Dislocation	
	831.01	Anterior		718.83	Forearm		726.33	Olecranon Bursitis			905.8		Late Eff Tendon injury	
	831.03	Inferior		718.82	Upper Arm			OTHER, ELBOW REGION			909.3		Late Eff Surg/Med Com	
	831.02	Posterior			LOOSE BODY IN JOINT		923.11	Contusion Elbow			996.47		Mech Complic IOD Other *	
		CLAVICLE FRACTURE, CLOSED		718.11	Shoulder		923.10	Contusion Forearm			996.40		Mech Complic IOD Unsp *	
	810.03	Acromial End		718.13	Forearm		959.3	Lig Inj Elbw/Forearm/Wrist			996.41		Mech Loosening IOD *	
	810.02	Shaft		718.12	Upper Arm		719.42	Pain in Joint, Upper Arm			733.81		Malunion Fracture	
	810.01	Sternal End			SHOULDER/UPPER ARM SPRAINS/STRAINS		719.53	Stiffness Forearm, NEC			733.82		Nonunion Fracture	
		SCAPULAR FRACTURE, CLOSED		840.0	Acromioclavicular		719.52	Stiffness Upper Arm, NEC			996.44		Peri Prosth Fx arnd Impl *	
	811.01	Acrom Process		840.1	Coracoclavicular			BENIGN NEOPLASM BONE			996.45		Peri Prosth Osteolysis	
	811.02	Coraciod Process		840.2	Coracohumeral		213.3	Ribs/Sternum/Clavicle			996.43		Prosth Joint Impl Failure *	
	811.03	Glenoid Process		840.3	Infraspinatus		213.4	Scap/Lng Bone Upp Limb			998.59		Post-Op Infection	
	811.09	Scapula Body		840.4	Rotator Cuff		213.5	Short Bones Upper Limb					JOINT REPLACEMENT (* Use with V54.81 or 996.4x)	
				840.5	Subscapularis			MALIGNANT NEOPLASM BONE			V43.61		Shoulder	
				840.7	Superior Glenoid Labrum		170.3	Ribs/Sternum/Clavicle			V43.62		Elbow	
				840.6	Supraspinatus		170.4	Scap/Lng Bone Upp Limb						

1-8	ICD-9 CODE	Diagnoses	1-8	ICD-9 CODE	Diagnoses

New to UWMC ORD Sta No

Date _____

Pt. No. _____

Name _____

DOB _____

Special Sponsor ____ - ____ Budget # _____

Patient Referral Source		Patient Disposition	
Referring / Ordering Physician / Practitioner		Practitioner Number	
Performing Physician / Practitioner		Practitioner Number	
My signature authorizes pro-fee billing of this claim			
Attending Physician / Practitioner Signature (for professional billing only)		Practitioner Number	
CHARGES FOR UWMC (IH)			
086/20086	B&J – Elbow/Shoulder		

Level	New			Established			Outpatient Consult			X	Code	Mod	Description	X	Code	Mod	Description
	X	Code	Mod	Facility		Facility		Facility		MEDICATIONS							
				X	Mod	X	Mod	X	Mod	(units x strength = total mg dosage)							
Level 1	X	200				X							X	978			Dexamethasone 1mg
Level 2		210				X							X	986			MethylPred ACE 40mg
Level 3		215				X							X	988			MethylPred ACE 80mg
Level 4		217				X							X	987			Triamcinol ACE /10mg
Level 5		220				X											
		290															Proc. Visit
		309															Resch Appt

PROCEDURES (indicate with an X. If reporting more than a single unit of an item, use numbers. '^' indicates a significant procedure. See back for instructions)

X	Code	Mod	Description	X	Code	Mod	Description	X	Code	Mod	Description	X	Code	Mod	Description
	330 ^		I&D Abscess Simple		403 ^		Arthrocentesis Sm Jnt		402 ^		Inj Tendon/Ligament (s)				CLOSED TX W/O MANIPULATION
	331 ^		I&D Abscess Complex		404 ^		Arthrocentesis Inter Jnt		406 ^		Asp/Inj Ganglion Cyst(s)		706 ^		Proximal Humeral Fx
	401 ^		Rem Implant Superficial		405 ^		Arthrocentesis Lrg Jnt		700 ^		Inj Trig Pnt 1-2 mscl grp		707 ^		Greater Hum Tuber Fx
	400 ^		Rem Implant Deep						701 ^		Inj Trig Pnt 3 or > musc		708 ^		Humeral Shaft Fx

X	ChgCode	CPTCode	Mod	Description	Profee	Facility	X	ChgCode	CPTCode	Mod	Description	Profee	Facility

DIAGNOSIS (indicate primary, secondary, etc. using numbers; do not check boxes)

1-8	Code	Description	1-8	Code	Description	1-8	Code	Description	1-8	Code	Description
		LOCALIZED, PRIMARY OSTEOARTHRITIS			UPPER END HUMERUS FRACTURE, CLOSED			ELBOW/FOREARM SPRAINS/STRAINS		170.5	Short Bones Upper Limb
	715.11	Shoulder Region		812.03	Anatomical Neck		841.8	Other Specified Site			CONGENITAL ANOMALY/DEFORMITY
	715.13	Forearm		812.09	Other		841.0	Radial Collateral		755.51	Clavical
	715.12	Upper Arm		812.01	Surgical Neck		841.2	Radiohumeral		755.53	Radioulnar Synost
		TRAUMATIC ARTHROPATHY		812.00	Upper End Unspec Part		841.1	Ulnar Collateral		755.52	Scapula Elevation
	716.11	Shoulder Region			HUMERUS FRACTURE, SHAFT, CLOSED		841.3	Ulnohumeral			NEUROMUSCULAR INJURY
	716.13	Forearm		812.21	Shaft			STERNUM SPRAINS/STRAINS		955.0	Axillary Nerve
	716.12	Upper Arm			LOWER END HUMERUS FRACTURE, CLOSED		848.42	Chondrosternal		953.4	Brachial Plexus
		OSTEOARTHRITIS UNSPECIFIED AS GENERAL/LOCALIZED		812.44	Condyle (s), Unspec		848.49	Other		955.1	Median Nerve
	715.91	Shoulder Region		812.42	Lateral Condyle		848.41	Sternoclavicular		955.3	Radial Nerve
	715.93	Forearm		812.40	Lower End Unspecified			ENTHESOPATHY SHOULDER		955.2	Ulnar Nerve
	715.92	Upper Arm		812.43	Medial Condyle		726.12	Bicipital Tenosynovitis		337.29	RSD, Other Spec Site
		RHEUMATOID ARTHRITIS		812.41	Supracondylar		726.11	Calcifying Tendinitis			CONTRACTURE
	714.0	Rheumatoid Arth			UPPER END FRACTURE RADIUS/ULNA, CLOSED			OTHER, SHOULDER REGION		718.42	Contracture Elbow
		ASEPTIC NECROSIS		813.00	Upper End Forearm, Unsp		726.0	Adhesive Capsulitis		718.43	Contracture Forearm
	733.41	Head of Humerus		813.01	Olecranon Process Ulna		923.02	Contusion Axillary		718.41	Contracture Shoulder
	733.49	Other		813.02	Coronoid Process Ulna		923.01	Contusion Scapular			OTHER (Use V43.xx with codes where * is present)
		OSTEOCHONDROPATHIES		813.03	Monteggia's Fracture		923.00	Contusion Shoulder		V54.81	Aftercare Joint Repl *
	732.7	Osteochondritis Dissecans		813.05	Head of Radius		923.03	Contusion Upper Arm		V54.89	Aftercare, Ortho Other
		DISLOCATION ELBOW CLOSED		813.06	Neck of Radius		959.2	Other Inj Shldr/Upper Arm		V54.11	Aftercare Tra Fx Uppr Arm
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	832.04	Lateral		718.31	Shoulder Region		719.51	Stiffness, NEC		996.46	Articular Bear Surf Wear *
	832.03	Medial		718.33	Forearm		736.89	Winged Scapula		996.77	Compl Joint Implant Other
	832.02	Posterior		718.32	Upper Arm			ENTHESOPATHY ELBOW REGION		996.42	Dislocation IOD *
		DISLOCATION SHOULDER CLOSED			INSTABILITY OF JOINT		726.32	Lateral Epicondylitis		905.2	Late Eff Fx Upper Extrem
	831.04	Acromioclavicular		718.81	Shoulder Region		726.31	Medial Epicondylitis		905.6	Late Eff Dislocation
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	831.03	Inferior		718.82	Upper Arm			OTHER, ELBOW REGION		909.3	Late Eff Surg/Med Com
	831.02	Posterior			LOOSE BODY IN JOINT		923.11	Contusion Elbow		996.47	Mech Complic IOD Other *
		CLAVICLE FRACTURE, CLOSED		718.11	Shoulder		923.10	Contusion Forearm		996.40	Mech Complic IOD Unsp *
	810.03	Acromial End		718.13	Forearm		959.3	Lig Inj Elbw/Forearm/Wrist		996.41	Mech Loosening IOD *
	810.02	Shaft		718.12	Upper Arm		719.42	Pain in Joint, Upper Arm		733.81	Malunion Fracture
	810.01	Sternal End			SHOULDER/UPPER ARM SPRAINS/STRAINS		719.53	Stiffness Forearm, NEC		733.82	Nonunion Fracture
		SCAPULAR FRACTURE, CLOSED		840.0	Acromioclavicular		719.52	Stiffness Upper Arm, NEC		996.44	Peri Prosth Fx arnd Impl *
	811.01	Acrom Process		840.1	Coracoclavicular			BENIGN NEOPLASM BONE		996.45	Peri Prosth Osteolysis
	811.02	Coraciod Process		840.2	Coracohumeral		213.3	Ribs/Sternum/Clavicle		996.43	Prosth Joint Impl Failure *
	811.03	Glenoid Process		840.3	Infraspinatus		213.4	Scap/Lng Bone Upp Limb		998.59	Post-Op Infection
	811.09	Scapula Body		840.4	Rotator Cuff		213.5	Short Bones Upper Limb			JOINT REPLACEMENT (* Use with V54.81 or 996.4x)
				840.5	Subscapularis			MALIGNANT NEOPLASM BONE		V43.61	Shoulder
				840.7	Superior Glenoid Labrum		170.3	Ribs/Sternum/Clavicle		V43.62	Elbow
				840.6	Supraspinatus		170.4	Scap/Lng Bone Upp Limb			

1-8	ICD-9 CODE	Diagnoses	1-8	ICD-9 CODE	Diagnoses

New to UWMC ORD Sta No

Date _____

Pt. No. _____

Name _____

DOB _____

Special Sponsor ____ - ____ Budget # _____

Patient Referral Source		Patient Disposition	
Referring / Ordering Physician / Practitioner		Practitioner Number	
Performing Physician / Practitioner		Practitioner Number	
My signature authorizes pro-fee billing of this claim			
Attending Physician / Practitioner Signature (for professional billing only)		Practitioner Number	
CHARGES FOR UWMC (IH)			
086/20086		B&J – Elbow/Shoulder	

MODIFIERS (Most common)

Professional Fee (PF) and Facility Fee (FF) CPT/HCPCS Modifiers (Mod):

- Some modifiers **are appended exclusively** to E&M codes. They should **not be appended to surgical** CPT codes.
- Some modifiers apply only to **facility** codes and others only to **professional fee** codes. (Identified below.)
- Modifiers only apply to **outpatient facility** coding and **not inpatient facility coding**.
- Modifiers apply to both **inpatient and outpatient professional fee** coding.
- UWMC system allows for a maximum of **two** modifiers **for each CPT code** submitted.
- **Modifiers not listed below:** See CPT 2005, CMS, WA DSHS and NoridianMedicare websites.

Mod	FF	PF	E&M MODIFIERS (Evaluation & Management)				
24	No	Yes	Unrelated E&M service by same physician during postoperative period. Service was major or minor surgical procedure.				
25* ^	Yes	Yes	Separate E&M by same phys on the same day of proc. or other service (Use w 99201-99499, 92002-92014, GO101, GO175).				
27	Yes	No	Multiple outpatient hospital E&M Encounters on the same date. (Use w 99201-99499, 92002-92014, GO101 & GO175)				
57	No	Yes	E&M resulted in initial decision to perform surgery. Use with MAJOR surgery only. (90 day global period.)				
GC	No	Yes	TEACHING PHYSICIAN: This service has been performed in part by a resident under the direction of a teaching physician. Use w 99201-99205, 99211-99215, 99221-99223, 99231-99235, 99241-99245, 99251-99255, 99281-99285.				
GE	No	Yes	TEACHING PHYSICIAN: This service has been performed by a resident without the presence of a teaching phys. under the primary care exception. Use only with 99201, 99202, 99203, 99211, 99212, 99213.				
Mod	FF	PF	SURGICAL MODIFIERS				
50	Yes	Yes	Bilateral Procedure. (Some procedures require Rt or Lt modifiers)				
51	No	Yes	Multiple proc at same O.R. session by same phys. Use on 2nd proc. only. (Effects payment)				
52	Yes	Yes	Reduced Service				
53	No	Yes	Discontinued procedure. Specify: V64.2 per pt.V64.3 per physician, V64.1, contraindicated				
54	No	Yes	Surgical care only. (Do not use for procedures performed in an outpatient clinic.)				
55	No	Yes	Postoperative management only.				
58	Yes	Yes	Staged or related procedure or service by the same physician during the postoperative period.				
59**	Yes	Yes	Distinct procedural service. Identifies different site or organ system, separate excision or lesion.				
62	No	Yes	Two Surgeons.				
66	No	Yes	Surgical team.				
73	Yes	No	Discontinued outpatient procedure prior to administration of anesthesia.				
74	Yes	No	Discontinued outpatient procedure after anesthesia administered.				
76	Yes	Yes	Repeat procedure by same physician.				
77	Yes	Yes	Repeat procedure by another physician.				
78	Yes	Yes	Return or O.R. for related procedure in postoperative period.				
79	Yes	Yes	Unrelated procedure/service by same phys. in postoperative period.				
80	No	Yes	Assistant surgeon. (Do not use for procedures performed in an outpatient clinic.)				
81	No	Yes	Minimum assistant surgeon. (Do not use for procedures performed in an outpatient clinic.)				
82	No	Yes	Assistant surgeon (when qualified resident surgeon not available.) (Do not use for procedures performed in OP clinic.)				
Surgical Modifiers for both Professional and Facility Fees are the same on all items listed below:							
Moc	Description	Mod	Description	Mod	Description	Mod	Description
LT	Proc. on left side			RT	Proc on right side		
E1	Upper left, eyelid	E2	Lower left, eyelid	E3	Upper right, eyelid	E4	Lower right, eyelid
F1	Left hand 2 nd digit	F6	Right hand 2 nd digit	T1	Left foot 2 nd digit	T6	Right foot, 2 nd digit
F2	Left hand, 3 rd digit	F7	Right hand, 3 rd digit	T2	Left foot, 3 rd digit	T7	Right foot, 3 rd digit
F3	Left hand, 4 th digit	F8	Right hand, 4 th digit	T3	Left foot, 4 th digit	T8	Right foot, 4 th digit
F4	Left hand, 5 th digit	F9	Right hand, 5 th digit	T4	Left foot, 5 th digit	T9	Right foot, 5 th digit
FA	Left hand, thumb	F5	Right hand, thumb	TA	Left foot, great toe	T5	Right foot, great toe
Moc	FF	PF	OTHER MODIFIERS				
CA	Yes	No	Procedure for inpatient setting when performed in ER on outpatient who expires prior to admission.				
GA	Yes	Yes	Waiver of liability on file. Item/service not reasonable/necessary, ABN signed by beneficiary. Medicare Only				
GG	Yes	Yes	Performance and payment of a screening & diagnostic mammogram on same pt on same day.				
GH	Yes	Yes	Diagnostic mammogram converted from screening mammogram on same day.				
GY	Yes	Yes	Item/service statutorily excluded or does not meet the definition of any Medicare benefit. (ABN not needed.)				
GZ	Yes	Yes	Item or service expected to be denied as not reasonable and necessary. Medicare Only (ABN is needed.)				
LC	Yes	Yes	Lt. Circumflex coronary artery. (Use with 92980,92981, 92984, 92995,92996) Angioplasty, atherectomy & stents.)				
LD	Yes	Yes	Lt. Ant descend. coronary art. (Use with 92980,92981, 92984, 92995,92996) Angioplasty, atherectomy & stents.)				
RC	Yes	Yes	RT. Coronary artery. (Use with 92980,92981, 92984, 92995,92996) Angioplasty, atherectomy & stents.)				
SL	Yes	Yes	State supplied vaccine. Medicaid Only –EPSDT Clinics (Early Periodic Screen. Dx & Tx) Age 20 and under.				
91	Yes	Yes	Repeat clinical diagnostic laboratory test. Use for subsequent (multiple) test results only.				

* **Modifier 25:** Must be appended to E&M code if reported on the same day a **significant procedure** (identified with “^”). The E&M service must be significant and separately documented (paragraphed), if reported. **Scheduled office procedures should not have a separate E&M.**

^ **Significant procedure:** The caret (^) mark identifies all procedures to which the above rule applies for E&M services.

** **Modifier 59:** Very important to add for procedures performed on different body sites: Example: 11040 (Debridement skin partial thickness) on **left arm**, and 13120 (Repair complex **scalp**, arms, and/or legs) **complex scalp repair done**. 11040 is a component of 13120 and will not be paid. However since a procedure was done on the **left arm and the scalp**, adding the 59 modifier will ensure both procedures are paid. Submit codes as: #1 13120 (Most resources), and #2 11040-59.