



Effective Date..... **January 1, 2024**

Last Updated Date..... **March 7, 2024**

Surgical Procedure Codes

To ensure compliance with Centers for Medicare & Medicaid Services (CMS) and California's Department of Healthcare Services (DHCS) requirements for accurate and consistent billing and processing of professional surgical claims, please follow the guidelines below.

SURGICAL PROCEDURE CODES
CPT Codes: 10000 – 69999
HCPCS Codes: Z1200 – Z1212

- **All surgical procedure codes must include an appropriate modifier.** Failure to submit a modifier with a surgical procedure code will result in the claim being returned for correction.
- **The primary surgeon or podiatrist must use modifier -AG** on the highest-valued surgical procedure code for the date of service. (This does not include codes requiring split-bill modifiers). For multiple procedures in the same operative session, identify the major procedure with modifier AG. Add modifier -51 to secondary procedure codes.
- **When more than one modifier is needed for a service, use modifier -99** and explain all applicable modifiers in the Remarks/Additional Claim Information fields.

MODIFIER	USE
AG	Primary Surgeon or Podiatrist
22	Increased Procedural Services
50	Bilateral Procedure
51	Multiple Surgical Procedures
66	Surgical Team
80	Assistant Surgeon
99	Billing Multiple Modifiers

For more detailed information and examples, please refer to the Medi-Cal [Surgery: Billing with Modifiers Manual](#) or [Surgery Billing Examples Manual](#).

Resources

Source	URL
Medi-Cal Surgery: Billing with Modifiers Manual	https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/856CAB87-609C-4FA3-BE01-89AE52F26E17/surgbilmod.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO
Medi-Cal Surgery Billing Examples Manual	https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/AABC2970-B428-4C76-A86D-0C520B4C50B5/surgbilcms.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO