CODERS' SPECIALTY GUIDE

Family Practice & Primary Care

2027

AAPC

Your essential illustrated coding guide for family practice & primary care, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross References, NCCI edits, and RVU information

Contents

General Surgical Procedures

+10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10006, +10008, +10010 and +10012 for each additional lesion respectively.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $36.92, Non Facility Fee: $53.37; Non-QP Conversion Factor $33.4009, Facility Fee: $36.74, Non Facility Fee: $53.11
RVU (Facility): Work 0.78, PE 0.19, Mal 0.13, Total 1.10
RVU (Non-Facility): Work 0.78, PE 0.68, Mal 0.13, Total 1.59
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier All wances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10012[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.9A, C84.A0, C84.A1, C84.A5, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X3, H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $62.77, Non Facility Fee: $132.93; Non-QP Conversion Factor $33.4009, Facility Fee: $62.46, Non Facility Fee: $132.27
RVU (Facility): Work 1.42, PE 0.28, Mal 0.17, Total 1.87
RVU (Non-Facility): Work 1.42, PE 2.37, Mal 0.17, Total 3.96
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10004[1], 10008[1], 10010[1], 10011[1], 10012[1], 10021[1], 10035[1], 11102[1], 11103[1], 11104[1], 11105[1], 11106[1], 11107[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64473[1], 64474[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

+10006

Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $43.30, Non Facility Fee: $60.42; Non-QP Conversion Factor $33.4009, Facility Fee: $43.09, Non Facility Fee: $60.12
RVU (Facility): Work 0.98, PE 0.2, Mal 0.11, Total 1.29
RVU (Non-Facility): Work 0.98, PE 0.71, Mal 0.11, Total 1.80
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier All wances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10004[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under fluoroscopic imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

Coding Tips

Report +10008 for each additional lesion in addition to the primary code 10007.

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +10010 and +10012 for each additional lesion respectively.

Integumentary System

10040

Extraction (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

Advice

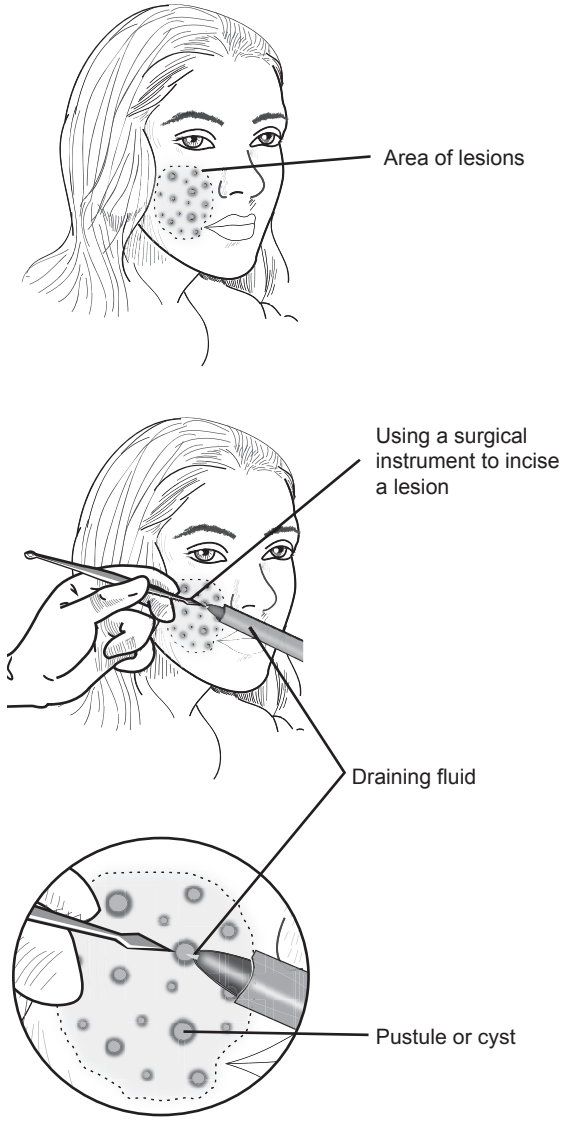
CPT® revises 10040 by changing the descriptor to refer to "extraction" rather than "acne surgery." The new language better refle ts the actual procedure, which may involve marsupialization (creating a surgical opening to drain fluid), or the opening o removal of multiple milia (small, white bumps), comedones (blackheads and whiteheads), cysts (fluid-filled sacs), or pustul (inflame , pus-filled bumps)

Effective date of this revision: Jan. 1, 2027.

Clinical Responsibility

After preparing and cleansing the skin, the provider identifie lesions for extraction. For example, for a milia (a small, white bump caused by trapped keratin), the provider may make a tiny opening to remove the contents. For a comedone (a clogged pore, such as a blackhead or whitehead), the provider may use a tool or small incision to clear the blockage. For a cyst (a sac under the skin fille with fluid or semi-solid m terial) or a pustule (a red, inflame bump filled with pus), the p ovider may open, drain, or remove the lesion. In some cases, the provider performs marsupialization, meaning they create a small surgical opening to help drain flui from the lesion. This service may involve treating multiple lesions during the same session.

Illustration



10040

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $42.63, Non Facility Fee: $113.79; Non-QP Conversion Factor $33.4009, Facility Fee: $42.42, Non Facility Fee: $113.23
RVU (Facility): Work 0.89, PE 0.3, Mal 0.08, Total 1.27
RVU (Non-Facility): Work 0.89, PE 2.42, Mal 0.08, Total 3.39
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[1], 64451[0], 64454[1], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[0], 99496[0], G0463[1], G0471[1]

ICD-10-CM Cross References

L02.11, L02.821, L02.828, L02.831, L02.838, L03.221, L03.222, L70.0, L70.1, L70.3, L70.4, L70.5, L70.8, L70.9, L72.0-L72.3, L72.8, L72.9, L73.0, L85.3

10060

Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

Clinical Responsibility

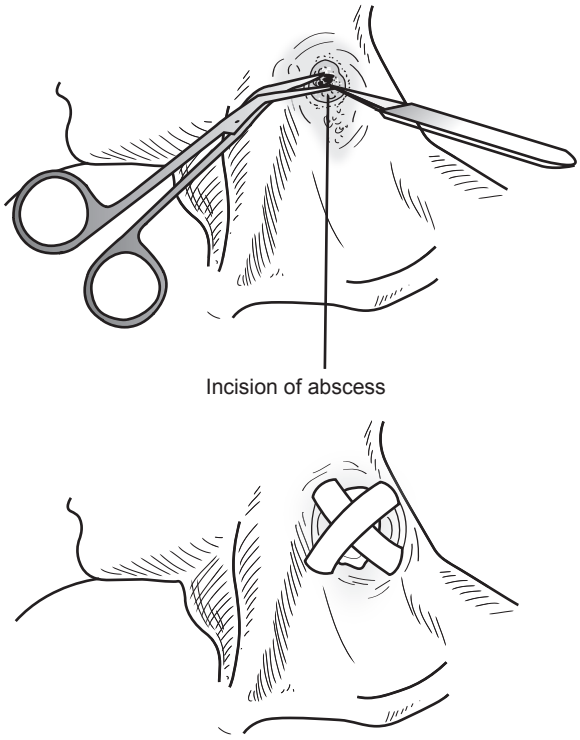
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

Coding Tips

Report this code if the provider performs incision and drainage of an abscess for a simple or single capsule like cyst. For a complicated I&D or multiple I&Ds, report 10061.

This code is not used for I&D of pilonidal cysts, hematomas, foreign bodies, or wound infections. See codes 10080 to 10180 to report those services.

Illustration



10060

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $101.04, Non Facility Fee: $129.23; Non-QP Conversion Factor $33.4009, Facility Fee: $100.54, Non Facility Fee: $128.59
RVU (Facility): Work 1.19, PE 1.69, Mal 0.13, Total 3.01
RVU (Non-Facility): Work 1.19, PE 2.53, Mal 0.13, Total 3.85
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 11055[1], 11056[1], 11057[1], 11401[1], 11402[1], 11403[1], 11404[1], 11406[1], 11421[1], 11422[1], 11423[1], 11424[1], 11426[1], 11441[1], 11442[1], 11443[1], 11444[1], 11446[1], 11450[1], 11451[1], 11462[1], 11463[1], 11470[1], 11471[1], 11600[1], 11601[1], 11602[1], 11603[1], 11604[1], 11606[1], 11620[1], 11621[1], 11622[1],

Auditory System

69200

Removal foreign body from external auditory canal; without general anesthesia

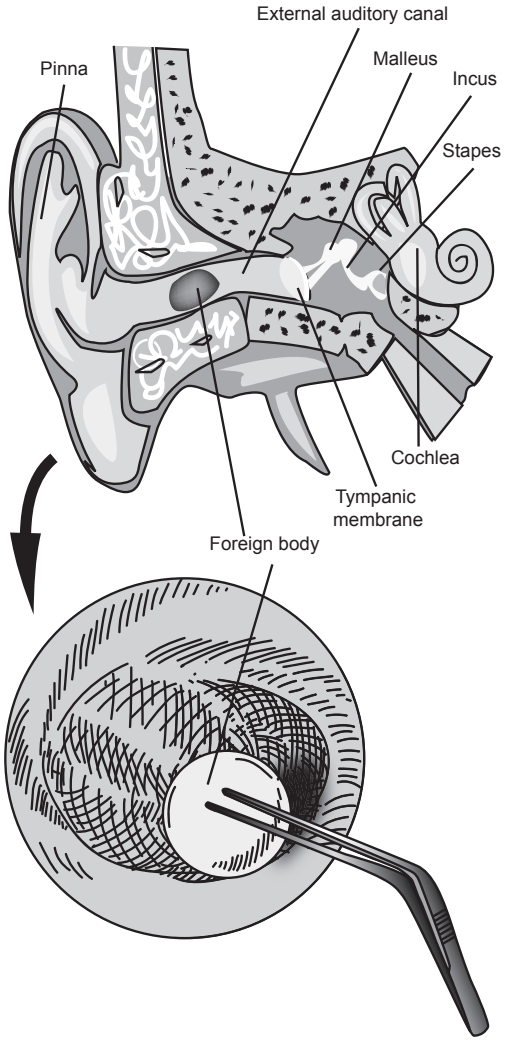
Clinical Responsibility

The provider examines the ear for the presence of a foreign body, such as a pea, bead, swab, or insect. The provider removes the foreign body using an appropriate process depending on size, shape, and location, such as grasping the foreign body with forceps, using irrigation with a curette (small scraping tool), or suction.

Coding Tips

Code 69200 is unilateral. Follow payer preference for reporting bilateral procedures, such as by appending modifier 50.

Illustration



69200

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $41.96, Non Facility Fee: $82.24; Non-QP Conversion Factor $33.4009, Facility Fee: $41.75, Non Facility Fee: $81.83
RVU (Facility): Work 0.75, PE 0.39, Mal 0.11, Total 1.25
RVU (Non-Facility): Work 0.75, PE 1.59, Mal 0.11, Total 2.45
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

22, 47, 50, 51, 52, 53, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0708T^{1}, 0709T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{0}, 64451^{0}, 64454^{0}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{1}, 64474^{1}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69209^{1}, 69210^{1}, 69540^{1}, 69990^{0}, 92012^{1}, 92014^{1}, 92502^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{1}, 99496^{1}, G0268^{0}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

T16.1XXA, T16.2XXA, T16.9XXA, T88.53XA-T88.53XS, Z18.09, Z18.10, Z18.11, Z18.2

69209

Removal impacted cerumen using irrigation/lavage, unilateral

Clinical Responsibility

When a patient complains of fullness in the ears, ear pain, itching, or diminished hearing or blockage, the provider attempts to visualize the external auditory canal, the passage from the ear drum to the outer ear. Wax blockage prevents visualization using microscopy, so the provider uses different techniques to remove the impaction from the patient's external ear canal. If he chooses to irrigate or lavage the canal, he uses a syringe attached to a catheter to instill water, at body temperature, into the ear canal and drains or sucks the water back out with a syringe to clear the cerumen. The provider may also instill a small amount of antiseptic or antibiotic to prevent infection.

Coding Tips

When the provider uses an instrument to remove impacted cerumen, use code 69210, Removal impacted cerumen requiring instrumentation, unilateral.

If the provider removes impacted cerumen from both ears, follow payer guidelines for reporting a bilateral procedure, such as appending modifier 50 to the code.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $17.12, Non Facility Fee: $17.12; Non-QP Conversion Factor $33.4009, Facility Fee: $17.03, Non Facility Fee: $17.03
RVU (Facility): Work 0, PE 0.5, Mal 0.01, Total 0.51
RVU (Non-Facility): Work 0, PE 0.5, Mal 0.01, Total 0.51
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 5, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

22, 47, 50, 51, 52, 53, 58, 59, 63, 73, 74, 76, 77, 78, 79, 99, AQ, ET, GA, GC, GJ, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0583T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0903T[1], 0904T[1], 0905T[1], 11000[1], 11001[1], 11004[1], 11005[1], 11006[1], 11042[1], 11043[1], 11044[1], 11045[1], 11046[1], 11047[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36591[0], 36592[0], 36600[1], 36640[1], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 92504[0], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 97597[1], 97598[1], 97602[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

H61.20-H61.23

69210

Removal impacted cerumen requiring instrumentation, unilateral

Clinical Responsibility

When a patient has a complaint of fullness in the ears, ear pain, itching, or diminished hearing or blockage, the provider attempts to visualize the external auditory canal. If visualization using microscopy is not possible due to wax blockage, the provider uses an instrument to remove the impaction from the patient's external auditory canal.

Coding Tips

Code 69210 is a unilateral procedure. If the provider removes impacted cerumen from both ears, follow payer guidelines for reporting a bilateral procedure, such as appending modifier 50 to the code. Also check the payer's bilateral indicator for the code. Some payers will not increase reimbursement for a bilateral 69210 service.

If the cerumen is not impacted, you should count the documentation as part of the evaluation and management (E/M) code, such as 99202-99215.

See 69209 for impacted cerumen removal using irrigation or lavage.

For Medicare claims, report G0268 when the physician removes impacted ear wax on the same day as an audiologist conducts audiologic function testing.

Medicine

90296

Diphtheria antitoxin, equine, any route

Clinical Responsibility

In this procedure, the provider administers a diphtheria antitoxin. The provider slowly administers the injection via any route to a desired site using an appropriately sized needle to provide a desired pharmacological action. The administration of this diphtheriae antiserum is done as a short-term agent to neutralize toxins in the body and help the body protect itself from corynebacterium diphtheriae.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: E, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier All wances

52, 53, 79, 99, AR, GA, GC, GR, GY, GZ, KX, Q6, QJ

NCCI Alerts (version 32.0)

36591[0], 36592[0], 96523[0]

ICD-10-CM Cross References

A36.0-A36.3, A36.81-A36.86, A36.89, A36.9, S30.871D, S30.871S, S30.872D, S30.872S, S30.873D, S30.873S, S30.874D, S30.874S, S30.876D, S30.876S, S30.877D, S30.877S, S30.91XD, S30.92XD, S30.93XD, S30.93XS, S30.94XD, S30.94XS, S30.95XD, S30.95XS, S30.97XD, S30.98XD, S30.98XS

90371

Hepatitis B immune globulin (HBIg), human, for intramuscular use

Clinical Responsibility

The administration site is inspected. Then the physician slowly administers the injection (HBIg) into the patient's deltoid or buttock muscle using an appropriately sized needle to provide a desired pharmacological action.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: E, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 10
ASP Pricing Code Dosage: 1 ML Payment Limit: 137.828

Modifier All wances

52, 53, 79, 99, AR, GA, GC, GR, GY, GZ, KX, Q6, QJ

NCCI Alerts (version 32.0)

36591[0], 36592[0], 96523[0]

ICD-10-CM Cross References

B16.0-B16.9, B18.0, B18.1, B19.10, B19.11, R74.01

90375

Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use

Clinical Responsibility

In this procedure, the provider administers a rabies immunoglobulin (RIg). The provider slowly administers an injection into the patient's muscle or under the skin using an appropriately sized needle to provide a desired pharmacological action. The injection is done to produce short-term immunity as the antibodies from the injection of this gamma globulin circulate through the body and help the body prevent or treat category III rabies.

Coding Tips

For heat-treated human rabies immune globulin (RIg-HT) for intramuscular and/or subcutaneous use, see 90376.

For rabies vaccine for intramuscular use, see 90675.

For rabies vaccine for intradermal use, 90676.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: E, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 20
ASP Pricing Code Dosage: 150 IU Payment Limit: 279.949

Modifier All wances

52, 53, 79, 99, AR, GA, GC, GR, GY, GZ, KX, Q6, QJ

NCCI Alerts (version 32.0)

36591[0], 36592[0], 90376[0], 96523[0]

ICD-10-CM Cross References

A82.9, S30.871D, S30.871S, S30.872D, S30.872S, S30.873D, S30.873S, S30.874D, S30.874S, S30.876D, S30.876S, S30.877D, S30.877S, S30.87AA-S30.87AS, S31.051D, S31.051S, S31.150D, S31.150S, S31.151D, S31.151S, S31.152D, S31.152S, S31.156A, S31.156D, S31.157A, S31.157D, S31.159D, S31.159S, S31.15AA, S31.15AD, S31.606D, S31.656A, S31.656D, S31.657A, S31.657D, S31.65AA, S31.65AD, S40.271D, S40.271S, S40.272D, S40.272S, S40.279A-S40.279S, Z20.3, Z29.14

90376

Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use

Clinical Responsibility

In this procedure, the provider administers a heat-treated rabies immunoglobulin (RIg-HT). The provider slowly administers the injection into the gluteal patient's muscle or under the skin using an appropriately sized needle to provide a desired pharmacological action. The injection is done to produce short-term immunity as the antibodies from the injection of this gammaglobulin circulate through the body and help the body prevent or treat category III rabies.

Coding Tips

For human rabies immune globulin (RIg) for intramuscular and/or subcutaneous use, see 90375.

For rabies vaccine for intramuscular use, see 90675.

For rabies vaccine for intradermal use, 90676.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: E, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 20

Modifier All wances

52, 53, 79, 99, AR, GA, GC, GR, GY, GZ, KX, Q6, QJ

NCCI Alerts (version 32.0)

36591[0], 36592[0], 96523[0]

ICD-10-CM Cross References

A82.9, S30.871D, S30.871S, S30.872D, S30.872S, S30.873D, S30.873S, S30.874D, S30.874S, S30.876D, S30.876S, S30.877D, S30.877S, S31.051D, S31.051S, S31.150D, S31.150S, S31.151D, S31.151S, S31.152D, S31.152S, S31.156A, S31.156D, S31.157A, S31.157D, S31.159D, S31.159S, S31.15AA, S31.15AD, S31.606D, S31.656A, S31.656D, S31.657A, S31.657D, S31.65AA, S31.65AD, S40.271D, S40.271S, S40.272D, S40.272S, S40.279A-S40.279S, Z20.3, Z29.14

90378

Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each

Clinical Responsibility

In this procedure, the provider administers a respiratory syncytial virus immune globulin (RSV-Ig). The provider slowly administers 50 mg injections into the patient's muscle using an appropriately sized needle to provide a desired pharmacological action. The injection is done once a month to produce a short-term immunity during the peak infective period of the virus, as the antibodies from the injection of this complex protein circulate through the body and help the body protect itself from the respiratory syncytial virus.

Coding Tips

Report this code for each 50-mg injection that the provider performs.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 4

Modifier All wances

52, 53, 79, 99, AR, GA, GC, GR, GY, GZ, KX, Q6, QJ

NCCI Alerts (version 32.0)

36000[1], 36410[1], 36591[0], 36592[0], 96523[0]

ICD-10-CM Cross References

B97.4, J20.5, R06.03, Z20.6, Z20.820, Z20.828, Z23, Z29.11, Z86.005

90380

Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use

Clinical Responsibility

This code represents a monoclonal antibody product administered to reduce the patient's risk of contracting respiratory syncytial virus (RSV) disease. Monoclonal antibodies are created in a lab and can be designed to target specific viruses. The antibodies recognize and bind to certain proteins on the virus. Once attached,

Proprietary Laboratory Analyses

0580U

Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG

Advice

CPT® adds 0580U to be reported only for iDart™ Lyme IgG ImmunoBlot Kit from ID-FISH Technology Inc. This test detects the presence of IgG antibodies against 24 specific proteins from Borrelia burgdorferi, the bacterium that causes Lyme disease. It uses an immunoassay method to measure immune response.

Effective date of this code: Oct. 1, 2026.

Clinical Responsibility

This code represents Dart™ Lyme IgG ImmunoBlot Kit from ID-FISH Technology Inc. The test uses an immunoassay, a method that detects antibodies in a patient's blood sample by using lab-engineered proteins to trigger a visible reaction. Specifically, the test looks for immunoglobulin G (IgG), a type of antibody that the body produces later in response to infection. The test evaluates the patient's IgG response to 24 recombinant proteins, which are versions of Borrelia burgdorferi proteins that are produced in a lab to mimic the real bacterial targets. If antibodies are detected, it suggests that the patient's immune system has encountered the bacteria, usually indicating a past or ongoing infection.

Clinicians may order this test to support the diagnosis of Lyme disease.

Coding Tips

Use this code only for the appropriate proprietary test.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0.00, PE 0.00, Mal 0.00, Total 0.00
RVU (Non-Facility): Work 0.00, PE 0.00, Mal 0.00, Total 0.00
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: 0, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier All wances

90, 91, 92, 99, CC, CG, GA, GC, GU, GX, GY, GZ, LR, Q0, Q1, QJ, QP

NCCI Alerts (version 32.0)

Medicare does not provide NCCI edits for this code. Please check individual payer guidelines for specific coverage determinations.

ICD-10-CM Cross References

A69.20-A69.29, H02.841-H02.849, H57.10-H57.13, I49.9, M25.551-M25.559, M25.60, M25.611-M25.619, M25.621-M25.629, M25.631-M25.639, M25.641-M25.649, M25.651-M25.659, M25.661-M25.669, M25.671-M25.676, M25.69, M54.2, M54.50, M54.9, M79.10, M79.18, M79.601-M79.609, M79.641-M79.646, M79.651-M79.659, M79.661-M79.669, M79.671-M79.676, R20.0, R21, R29.810, R50.9, R51.9, R53.83, R59.0-R59.9, S00.06XA, S00.06XS, S00.261A, S00.261S, S00.262A, S00.262S, S00.269A, S00.269S, S00.36XA, S00.36XS, S00.461A, S00.461S, S00.462A, S00.462S, S00.469A, S00.469S, S00.561A, S00.561S, S00.562A, S00.562S, S00.86XA, S00.86XS, S00.96XA, S00.96XS, S10.16XA, S10.16XS, S10.86XA, S10.86XS, S10.96XA, S10.96XS, S20.161A, S20.161S, S20.162A, S20.162S, S20.169A, S20.169S, S20.361A, S20.361S, S20.362A, S20.362S, S20.363A, S20.363S, S20.364A, S20.364S, S20.369A, S20.369S, S20.461A, S20.461S, S20.462A, S20.462S, S20.469A, S20.469S, S20.96XA, S20.96XS, S30.860A, S30.860S, S30.861A, S30.861S, S30.862A, S30.862S, S30.863A, S30.863S, S30.864A, S30.864S, S30.865A, S30.865S, S30.866A, S30.866S, S30.867A, S30.867S, S30.86AA, S30.86AS, S40.261A, S40.261S, S40.262A, S40.262S, S40.269A, S40.269S, S40.861A, S40.861S, S40.862A, S40.862S, S40.869A, S40.869S, S50.361A, S50.361S, S50.362A, S50.362S, S50.369A, S50.369S, S50.861A, S50.861S, S50.862A, S50.862S, S50.869A, S50.869S, S60.361A, S60.361S, S60.362A, S60.362S, S60.369A, S60.369S, S60.460A, S60.460S, S60.461A, S60.461S, S60.462A, S60.462S, S60.463A, S60.463S, S60.464A, S60.464S, S60.465A, S60.465S, S60.466A, S60.466S, S60.467A, S60.467S, S60.468A, S60.468S, S60.469A, S60.469S, S60.561A, S60.561S, S60.562A, S60.562S, S60.569A, S60.569S, S60.861A, S60.861S, S60.862A, S60.862S, S60.869A, S60.869S, S70.261A, S70.261S, S70.262A, S70.262S, S70.269A, S70.269S, S70.361A, S70.361S, S70.362A, S70.362S, S70.369A, S70.369S, S80.261A, S80.261S, S80.262A, S80.262S, S80.269A, S80.269S, S80.861A, S80.861S, S80.862A, S80.862S, S80.869A, S80.869S, S90.461A, S90.461S, S90.462A, S90.462S, S90.463A, S90.463S, S90.464A, S90.464S, S90.465A, S90.465S, S90.466A, S90.466S, S90.561A, S90.561S, S90.562A, S90.562S, S90.569A, S90.569S, S90.861A, S90.861S, S90.862A, S90.862S, S90.869A, S90.869S, Z11.8

HCPCS Level II Codes

Procedures/Professional Services

G0008

Administration of influenza virus vaccine

Clinical Responsibility

When the patient is appropriately prepped, the provider administers an influenza virus vaccination during a single immunization via a percutaneous, intradermal, subcutaneous, or intramuscular route. He first counsels the patient and or his family along with providing instructions and precautions before administration of the vaccine. Influenza is a viral infection that attacks the nose, throat, and lungs. The symptoms of the virus include headache, cough, sore throat, nasal congestion, and general body aches. Influenza virus is also commonly called the flu virus and the influenza vaccine is referred to as the flu shot. The influenza vaccine works by stimulating the body to produce antibodies against the flu virus, which helps the body fight the infection.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS, codes that begin with a G identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

When billing for administration of the influenza virus vaccine for Medicare and payers that follow Medicare rules, use G0008, Administration of influenza virus vaccine.

When billing for administration of influenza virus vaccine for other commercial payers, you may need to use 90471, Immunization administration includes percutaneous, intradermal, subcutaneous, or intramuscular injections; 1 vaccine, single or combination vaccine or toxoid. Check with the individual payer for their reporting requirements.

Report the actual vaccine separately, using the range of code Q2034 to Q2039.

BETOS

O1G: Immunizations/Vaccinations

G0009

Administration of pneumococcal vaccine

Clinical Responsibility

When the patient is appropriately prepped, the provider administers the pneumococcal vaccination during a single immunization via a subcutaneous or intramuscular route. He first counsels the patient and or his family along with providing instructions and precautions before administration of the vaccine. The pneumococcal vaccine protects against a pneumococcal infection, which occurs from a bacteria that can cause pneumonia, septicemia, and meningitis a disease that attacks the covering of the brain and spinal cord, known as the meninges. The vaccine stimulates the body's immune system to produce antibodies that protect against the pneumococcus bacteria.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS, codes that begin with a G identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

When billing for administration of the pneumococcal vaccine for Medicare and payers that follow Medicare rules, use G0009, Administration of pneumococcal vaccine.

When billing for administration of the pneumococcal vaccine for other commercial payers, you may need to use 90471, Immunization administration includes percutaneous, intradermal, subcutaneous, or intramuscular injections; 1 vaccine, single or combination vaccine or toxoid. Check with the individual payer for their reporting requirements.

Pneumococcal conjugate vaccine, 7 valent, for intramuscular use, 90670; Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use and, 90732; Pneumococcal polysaccharide vaccine, 23 valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use.

BETOS

O1G: Immunizations/Vaccinations

G0010

Administration of hepatitis B vaccine

Clinical Responsibility

When the patient is appropriately prepped, the provider administers the Hepatitis B vaccination via an intramuscular route. He first counsels the patient and or his family along with providing instructions and precautions before administration of the vaccine. Hepatitis B is a life threatening infection that affects the liver, caused by the Hepatitis B virus. The symptoms of the disease include loss of appetite, fatigue, diarrhea, vomiting, liver damage, and liver cancer. The virus can also lead to death. The Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. A person can also be infected from contact with a contaminated object. Vaccination gives long term protection from Hepatitis B infection. Usually a Hepatitis

ICD-10-CM Cross Reference Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
A01.01 Typhoid meningitis
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.21 Salmonella meningitis
A03.0 Shigellosis due to Shigella dysenteriae
A03.8 Other shigellosis
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.4 Foodborne Bacillus cereus intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
A08.0 Rotaviral enteritis
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.02 Tuberculous arthritis of other joints
A18.03 Tuberculosis of other bones
A18.09 Other musculoskeletal tuberculosis
A18.10 Tuberculosis of genitourinary system, unspecified
A18.11 Tuberculosis of kidney and ureter
A18.12 Tuberculosis of bladder
A18.13 Tuberculosis of other urinary organs
A18.14 Tuberculosis of prostate
A18.15 Tuberculosis of other male genital organs
A18.16 Tuberculosis of cervix
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis
A19.9 Miliary tuberculosis, unspecified
A20.3 Plague meningitis
A22.7 Anthrax sepsis
A26.7 Erysipelothrix sepsis
A27.81 Aseptic meningitis in leptospirosis
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A38.0 Scarlet fever with otitis media
A38.1 Scarlet fever with myocarditis
A38.8 Scarlet fever with other complications
A38.9 Scarlet fever, uncomplicated
A39.0 Meningococcal meningitis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus

A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.54 Sepsis due to Acinetobacter baumannii
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A42.7 Actinomycotic sepsis
A42.81 Actinomycotic meningitis
A43.0 Pulmonary nocardiosis
A43.1 Cutaneous nocardiosis
A43.8 Other forms of nocardiosis
A43.9 Nocardiosis, unspecified
A48.1 Legionnaires' disease
A48.8 Other specified bacterial diseases
A49.2 Hemophilus influenzae infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A49.9 Bacterial infection, unspecified
A50.41 Late congenital syphilitic meningitis
A50.54 Late congenital cardiovascular syphilis
A51.31 Condyloma latum
A51.41 Secondary syphilitic meningitis
A51.42 Secondary syphilitic female pelvic disease
A52.00 Cardiovascular syphilis, unspecified
A52.09 Other cardiovascular syphilis
A52.13 Late syphilitic meningitis
A52.74 Syphilis of liver and other viscera
A52.76 Other genitourinary symptomatic late syphilis
A54.00 Gonococcal infection of lower genitourinary tract, unspecified
A54.01 Gonococcal cystitis and urethritis, unspecified
A54.02 Gonococcal vulvovaginitis, unspecified
A54.03 Gonococcal cervicitis, unspecified
A54.09 Other gonococcal infection of lower genitourinary tract
A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21 Gonococcal infection of kidney and ureter
A54.22 Gonococcal prostatitis
A54.23 Gonococcal infection of other male genital organs
A54.24 Gonococcal female pelvic inflammatory disease
A54.29 Other gonococcal genitourinary infections
A54.30 Gonococcal infection of eye, unspecified
A54.31 Gonococcal conjunctivitis
A54.32 Gonococcal iridocyclitis
A54.33 Gonococcal keratitis
A54.39 Other gonococcal eye infection
A54.40 Gonococcal infection of musculoskeletal system, unspecified
A54.41 Gonococcal spondylopathy
A54.42 Gonococcal arthritis
A54.43 Gonococcal osteomyelitis
A54.49 Gonococcal infection of other musculoskeletal tissue
A54.5 Gonococcal pharyngitis
A54.6 Gonococcal infection of anus and rectum
A54.81 Gonococcal meningitis
A54.82 Gonococcal brain abscess
A54.83 Gonococcal heart infection
A54.84 Gonococcal pneumonia
A54.85 Gonococcal peritonitis
A54.86 Gonococcal sepsis
A54.89 Other gonococcal infections
A54.9 Gonococcal infection, unspecified
A55 Chlamydial lymphogranuloma (venereum)
A56.00 Chlamydial infection of lower genitourinary tract, unspecified
A56.01 Chlamydial cystitis and urethritis
A56.02 Chlamydial vulvovaginitis
A56.09 Other chlamydial infection of lower genitourinary tract
A56.11 Chlamydial female pelvic inflammatory disease
A56.19 Other chlamydial genitourinary infection
A56.2 Chlamydial infection of genitourinary tract, unspecified
A56.3 Chlamydial infection of anus and rectum
A56.4 Chlamydial infection of pharynx
A56.8 Sexually transmitted chlamydial infection of other sites
A59.00 Urogenital trichomoniasis, unspecified
A59.01 Trichomonal vulvovaginitis
A59.03 Trichomonal cystitis and urethritis
A59.09 Other urogenital trichomoniasis
A59.8 Trichomoniasis of other sites
A59.9 Trichomoniasis, unspecified
A60.04 Herpesviral vulvovaginitis
A63.0 Anogenital (venereal) warts
A63.8 Other specified predominantly sexually transmitted diseases
A64 Unspecified sexually transmitted disease
A66.0 Initial lesions of yaws
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.0 Primary lesions of pinta
A67.1 Intermediate lesions of pinta
A67.2 Late lesions of pinta
A67.3 Mixed lesions of pinta
A68.1 Tick-borne relapsing fever
A69.20 Lyme disease, unspecified
A69.21 Meningitis due to Lyme disease
A69.22 Other neurologic disorders in Lyme disease
A69.23 Arthritis due to Lyme disease
A69.29 Other conditions associated with Lyme disease
A71.0 Initial stage of trachoma
A71.1 Active stage of trachoma
A71.9 Trachoma, unspecified
A74.0 Chlamydial conjunctivitis
A74.81 Chlamydial peritonitis
A74.89 Other chlamydial diseases
A74.9 Chlamydial infection, unspecified
A79.82 Anaplasmosis [A. phagocytophilum]
A80.0 Acute paralytic poliomyelitis, vaccine-associated
A80.1 Acute paralytic poliomyelitis, wild virus, imported
A80.2 Acute paralytic poliomyelitis, wild virus, indigenous
A80.30 Acute paralytic poliomyelitis, unspecified
A80.39 Other acute paralytic poliomyelitis
A80.4 Acute nonparalytic poliomyelitis
A80.9 Acute poliomyelitis, unspecified
A81.00 Creutzfeldt-Jakob disease, unspecified
A81.01 Variant Creutzfeldt-Jakob disease
A81.09 Other Creutzfeldt-Jakob disease
A81.1 Subacute sclerosing panencephalitis
A81.2 Progressive multifocal leukoencephalopathy
A81.81 Kuru
A81.82 Gerstmann-Straussler-Scheinker syndrome
A81.83 Fatal familial insomnia
A81.89 Other atypical virus infections of central nervous system
A81.9 Atypical virus infection of central nervous system, unspecified
A82.9 Rabies, unspecified
A84.0 Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]
A84.1 Central European tick-borne encephalitis
A84.89 Other tick-borne viral encephalitis
A84.9 Tick-borne viral encephalitis, unspecified
A87.0 Enteroviral meningitis
A87.1 Adenoviral meningitis
A87.2 Lymphocytic choriomeningitis
A87.8 Other viral meningitis
A87.9 Viral meningitis, unspecified
A90 Dengue fever [classical dengue]
A91 Dengue hemorrhagic fever
A92.0 Chikungunya virus disease
A92.5 Zika virus disease
A98.4 Ebola virus disease
B00.1 Herpesviral vesicular dermatitis
B00.3 Herpesviral meningitis

Modifier Descriptors

Modifier	Description
CPT® Modifiers	
22	Increased Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Services
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4 kg
66	Surgical Team
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional

Modifier	Description
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
CPT® Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

Terminology

Terminology	Explanation
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abdominal ultrasound	This is a noninvasive technique which uses sound waves to take images of the intra-abdominal structures (i.e., liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
Abduction	Movement of a body part away from the medial line of the body.
Aberrant	Unusual or abnormal.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Acquired immunodeficien y syndrome, or AIDS	A chronic and life threatening condition caused by the human immunodeficiency virus.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A medical condition or injury of sudden onset, sometimes severe in nature, and typically lasts a short period of time; opposite of chronic.
Adaptive behavior	It is one behavior that helps the individual in adjusting to his surrounding environment.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adjuvant	A substance added to the vaccine to boost body's immune response to the vaccine.
Adolescent	Teenager.
Advance directive	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
Aerosol generator	A device that produces aerosol suspensions, as for inhalation therapy.
Affin y separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Albumin	A liver protein that tells a provider about a patient's liver function and nutritional status by measuring the level of the protein in the blood.
Albumin dialysis	A process to remove albumin-bound toxins (waste products harmful to the body) from patients in liver failure or impending liver failure; albumin is the most abundant protein in blood plasma and helps maintain the water concentration of blood.
Albuterol	An inhaled bronchodilator.
Ambulatory	The ability to walk or suitability for walking.
Amplifi ation	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
Anesthetic	Substance that reduces sensitivity to pain.

Terminology	Explanation
Anoscopy	A procedure in which the provider passes a medical instrument called an anoscope through the anal cavity to examine the inner wall of the anus and the rectum.
Anterolateral	Present in front and to the side of the body.
Anteroposterior, or AP, view	The X-ray projection travels from front to back.
Antibiotic	Substance that inhibits or treats bacterial infections.
Antibodies	A protein produced by the body as an immune-system response to a specific antigen, such as a bacteria or foreign substance; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen. Also called immunoglobulins.
Anticoagulant drug	An anticoagulant is a drug that causes a delay in clotting of blood, thus preventing the chances of myocardial infarction, stroke, blood clot in the brain, or deep vein thrombosis.
Antigen	A substance that can stimulate the immune system to produce antibodies; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Antimicrobial susceptibility	The testing for the microbial sensitivity to an antimicrobial agent such as an antibiotic.
Antisense oligonucleotide	Chemically modified, synthetic single-stranded deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) molecules that bind to RNA and reduce the expression of the target RNA.
Antitoxin	An antibody to counterbalance the toxin secreted by the antigen.
Anus	The external opening of the rectum where the gastrointestinal tract ends.
Apocrine sweat gland	A type of large, specialized sweat gland that produces fluid secretion by pinching off one end of the secreting cells, which is found at the junction of the skin (dermis) layers and subcutaneous fat.
Arrhythmia	Irregular or abnormal heartbeat.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Arthrocentesis	A procedure in which the provider using a needle and a syringe drains or withdraws fluid from the joint.
Arthrography	Radiography of a joint after injecting one or more contrast dyes into the joint; it is a diagnostic injection that visualizes an injury by means of a contrast dye and X-ray.
Arthrotomy	Cutting into a joint to expose its interior.
Aspirate	Small amount of cells or fluid from a cyst or mass.
Aspiration	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
Assay	A laboratory test to find or measure the quantity of some entity, called the analyte, or to find or measure some property of the analyte, such as functional activity.
Asthma	A respiratory disease that prevents the lungs from fully expanding, often in response to an allergen, a substance, such as pollen, dust, dander, venom, etc., which triggers an allergic response.
Atrial fibrill tion	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
Atrophy	Reduction in amount of tissue.
Attention-deficit hyperactivity disorder (ADHD)	Mental disorder, found mostly in children, characterized by problems like inattention, hyperactivity, or impulsive behavior.
Attenuated vaccine	A vaccine prepared from an altered form of a live virus so that it cannot cause disease but remains able to protect an individual from the disease, also live virus vaccine.
Atypical	Irregular.
Autoimmune disorder	Response of the immune system against own body.
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Bacteria	Single celled microorganisms, i.e., visible only with a microscope, some of which cause infection.
Bacterial vaginosis	Increased number of bacteria in the vagina causing a shift in the normal pH, leading to infection.

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