



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

CODERS' SPECIALTY GUIDE

Internal Medicine, Endocrinology, & Wound Care



2026

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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): Conversion Factor \$32.3465, Facility Fee: \$42.05, Non Facility Fee: \$51.75

RVU (Facility): Work RVU 0.80, Practice Exp. RVU 0.37, Malpractice RVU 0.13, Total RVU 1.30

RVU (Non-Facility): Work RVU 0.80, Practice Exp. RVU 0.67, Malpractice RVU 0.13, Total RVU 1.60

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 Allowances

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 31.0)

0213T¹, 0216T¹, 10012¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

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-H93.8X9, 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, Q89.8, 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): Conversion Factor \$32.3465, Facility Fee: \$70.19, Non Facility Fee: \$129.06

RVU (Facility): Work RVU 1.46, Practice Exp. RVU 0.55, Malpractice RVU 0.16, Total RVU 2.17

RVU (Non-Facility): Work RVU 1.46, Practice Exp. RVU 2.37, Malpractice RVU 0.16, Total RVU 3.99

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 Allowances

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 31.0)

0213T¹, 0216T¹, 10004¹, 10008¹, 10010¹, 10011¹, 10012¹, 10021¹, 10035¹, 11102¹, 11103¹, 11104¹, 11105¹, 11106¹, 11107¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

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): Conversion Factor \$32.3465, Facility Fee: \$47.87, Non Facility Fee: \$58.22

RVU (Facility): Work RVU 1.00, Practice Exp. RVU 0.38, Malpractice RVU 0.10, Total RVU 1.48

RVU (Non-Facility): Work RVU 1.00, Practice Exp. RVU 0.70, Malpractice RVU 0.10, Total RVU 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 Allowances

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 31.0)

0213T¹, 0216T¹, 10004¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰

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

10030

Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

Clinical Responsibility

The provider inserts a catheter through the skin using imaging to view the fluid. He then drains the fluid from the soft tissue in cases such as abscess, hematoma, seroma, lymphocele, or cyst. Imaging guidance for needle and catheter placement can be by ultrasound, fluoroscopy, or computed tomography. This procedure can be done by using a catheter that is mounted on a sharp trocar, which is placed through a small skin incision made next to a guiding needle, or by inserting a hollow needle into the cavity and passing a guidewire through the needle to create a path for the drainage catheter. The area is drained, and the catheter, which is left in place, ensures continued drainage.

Coding Tips

For the same procedure on an organ, such as kidney, liver, spleen, or lung or mediastinum, see 49405.

For the same procedure on a fluid collection in the peritoneal or retroperitoneal space, see 49406.

For a fluid collection procedure on the peritoneal or retroperitoneal space but through a vaginal or rectal access route, see 49407.

For incision and drainage of a hematoma, seroma or fluid collection, see 10140.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$129.06, Non Facility Fee: \$600.35

RVU (Facility): Work RVU 2.75, Practice Exp. RVU 0.95, Malpractice RVU 0.29, Total RVU 3.99

RVU (Non-Facility): Work RVU 2.75, Practice Exp. RVU 15.52, Malpractice RVU 0.29, Total RVU 18.56

MPFS Payment Policy Indicators: Global Period 000, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

22, 47, 51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AF, AG, AQ, AR, AS, GA, GC, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

NCCI Alerts (version 31.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10060¹, 10061¹, 10080¹, 10081¹, 10140¹, 10160¹, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹,

11642¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 61650¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 75989¹, 76000¹, 76380¹, 76942¹, 76998¹, 77002¹, 77003¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, G0127¹, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

D78.01, D78.02, D78.21, D78.22, E36.01, E36.02, E89.820, E89.821, G97.31, G97.32, G97.51, G97.52, H59.111-H59.119, H59.121-H59.129, H59.311-H59.319, H59.321-H59.329, H95.21, H95.22, H95.41, H95.42, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.620, I97.621, I97.630-I97.638, J95.61, J95.62, J95.830, J95.831, K68.11, K91.61, K91.62, K91.840, K91.841, K91.870, K91.871, L02.811, L02.818, L02.91, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L72.0-L72.3, L72.8, L72.9, L76.01, L76.02, L76.21, L76.22, L76.31, L76.32, L98.3, L98.7, M72.8, M79.81, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, O91.011-O91.019, O91.02, O91.03, O91.111-O91.119, O91.12, O91.13, T79.2XXA, T87.89

10140

Incision and drainage of hematoma, seroma or fluid collection

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision into a hematoma, seroma, or other collection of fluids and bluntly penetrates it to allow the fluid to evacuate, with or without the necessity of packing. The provider closes the incision primarily, meaning at that session, or he leaves

the incision to heal without closure. The provider may place pressure dressing over the skin.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$116.45, Non Facility Fee: \$164.64

RVU (Facility): Work RVU 1.58, Practice Exp. RVU 1.81, Malpractice RVU 0.21, Total RVU 3.60

RVU (Non-Facility): Work RVU 1.58, Practice Exp. RVU 3.30, Malpractice RVU 0.21, Total RVU 5.09

MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 2

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11055¹, 11056¹, 11057¹, 11719¹, 11720¹, 11721¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 76000¹, 76942¹, 76998¹, 77002¹, 77012¹, 77021¹, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99242¹, 99243¹, 99244¹, 99245¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹

ICD-10-CM Cross References

D78.01, D78.02, D78.21, D78.22, E08.52, E08.628, E09.52, E09.628, E10.52, E11.52, E13.52, E36.01, E36.02, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H59.111-H59.119, H59.121-H59.129, H59.311-H59.319, H59.321-H59.329, H59.351-H59.359, H59.361-H59.369, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I70.361-I70.369, I70.461-I70.469, I70.561-I70.569, I70.661-I70.669, I70.761-I70.769, I73.01, I96, I97.410-I97.418, I97.42, I97.610-I97.618, I97.620-I97.622, I97.630-I97.638, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L44.8, L44.9, L45, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L94.2, L94.4, L98.7, L98.8, L99, M25.061-M25.069, M25.421-M25.429, M25.461-M25.469, M25.511-M25.519, M25.571-M25.579, M79.601-M79.609, M79.621-M79.629,

M79.631-M79.639, M79.641-M79.646, M79.651-M79.659, M79.661-M79.669, M79.671-M79.676, M79.81, M79.89, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N61.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, O91.011-O91.019, O91.02, O91.03, O91.111-O91.119, O91.12, O91.13, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R23.8, S20.151D, S20.151S, S20.152D, S20.152S, S20.159D, S20.159S, S20.161D, S20.161S, S20.162D, S20.162S, S20.169A-S20.169S, S20.171D, S20.171S, S20.172D, S20.172S, S20.179D, S20.179S, S20.213A-S20.213S, S20.214A-S20.214S, S20.223A-S20.223S, S20.224A-S20.224S, S20.303A-S20.303S, S20.304A-S20.304S, S20.313A-S20.313S, S20.314A-S20.314S, S20.323A-S20.323S, S20.324A-S20.324S, Z48.02

10160

Puncture aspiration of abscess, hematoma, bulla, or cyst

Clinical Responsibility

The provider cleans and isolates the area on the skin and inserts a needle into the fluid deposit area. He then withdraws the fluid or pus through the needle aspiration device. The provider applies antibiotics and dressing. The provider may place a pressure dressing over the area.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$94.78, Non Facility Fee: \$126.47

RVU (Facility): Work RVU 1.25, Practice Exp. RVU 1.52, Malpractice RVU 0.16, Total RVU 2.93

RVU (Non-Facility): Work RVU 1.25, Practice Exp. RVU 2.50, Malpractice RVU 0.16, Total RVU 3.91

MPFS Payment Policy Indicators: Global Period 010, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

Practitioner MUE: 3

Modifier Allowances

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

NCCI Alerts (version 31.0)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10061¹, 10140¹, 11055¹, 11056¹, 11057¹, 11719¹, 11720¹, 11721¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 29580¹, 29581¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹,

Medicine

90281

Immune globulin (Ig), human, for intramuscular use

Clinical Responsibility

The site is inspected and, an intramuscular immunoglobulin injection is administered slowly using an appropriately sized needle.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 0

Modifier Allowances

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

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 96523⁰

ICD-10-CM Cross References

B20, C91.10, C91.90, D69.3, D69.41-D69.49, D80.0, D80.1, D81.0-D81.2, D81.6, D81.7, D81.89, D81.9, D83.0-D83.2, D83.8, D83.9, D84.9, E79.81, G72.81, G72.89, Z20.4-Z20.6, Z20.820, Z20.828, Z23

90283

Immune globulin (IgIV), human, for intravenous use

Clinical Responsibility

The site is inspected, and an intravenous immunoglobulin injection is administered slowly using an appropriately sized needle.

Coding Tips

Report the administration code separately.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 0

Modifier Allowances

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

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 96523⁰

ICD-10-CM Cross References

B20, C88.20, C88.21, C88.30, C88.31, C88.80, C88.81, C88.90, C88.91, C90.00, C90.10, C90.20, C90.30, C91.10, C91.90, D47.3, D59.0, D69.3, D69.41-D69.49, D69.59, D70.0-D70.9, D72.810-D72.819, D76.1-D76.3, D80.0, D80.1, D81.0-D81.2, D81.6, D81.7, D81.89, D81.9, D83.0-D83.2, D83.8, D83.9, E79.81, G61.0, G61.89, G62.89, G64, G70.00, G70.01, G71.3, M32.10-M32.19, M32.8, M32.9, Z20.5-Z20.7

90284

Immune globulin (SClg), human, for use in subcutaneous infusions, 100 mg, each

Clinical Responsibility

In this procedure, the provider administers a human immune globulin, or SClg, via subcutaneous infusions. Each of the 100 mg injections are administered slowly into the subcutaneous skin of the thigh, abdomen, upper arm, or hip using an appropriately sized needle. The infusion is done to produce a short-term immunity as the antibodies from the injection of this complex protein circulate through the body and help the body protect itself from various types of infections.

Coding Tips

Report the administration code separately.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 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: 0

Modifier Allowances

52, 53, 79, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 96523⁰

ICD-10-CM Cross References

B20, C91.10, C91.90, D47.3, D69.3, D69.41-D69.49, D80.0, D80.1, D81.0-D81.2, D81.6, D81.7, D81.89, D81.9, D83.0-D83.2, D83.9, D84.9, E79.81, G70.00, G70.01, G71.3, G72.81, G72.89, H04.009, H04.029, H04.039, M30.3, M60.9, M79.10, M79.11, M79.18, M79.7, O09.A0-O09.A3, O12.04, O12.05, O12.14, O12.15, O12.24, O12.25, O13.4, O13.5, O16.4, O16.5, O98.511-O98.519, Z20.4-Z20.6, Z20.820, Z20.828, Z23, Z34.00-Z34.03

90287

Botulinum antitoxin, equine, any route

Clinical Responsibility

In this procedure, the provider administers a purified form of botulinum antitoxin derived from horses to a patient. The provider administers the patient injection slowly via any route to the desired site using an appropriately sized needle to obtain the desired pharmacological action. The injection is done to produce a short-term immunity as the antibodies from the injection circulate through the patient and treat different strains of the botulinum bacteria.

Coding Tips

Report the administration code separately.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 0

Modifier Allowances

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

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 96523⁰

ICD-10-CM Cross References

A05.1

90291

Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use

Clinical Responsibility

In this procedure, the provider administers a cytomegalovirus immune globulin, or CMV-IgIV, intravenously. The provider slowly administers the injection into the patient's vein using an appropriately sized needle to provide the desired pharmacological action. The intravenous infusion is done to produce a short-term immunity as the antibodies from this complex protein injection circulates through the body and helps protect the body against the cytomegalovirus, a common virus.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: I, PC/TC Indicator: 9, Endoscopic Base Code: None

Practitioner MUE: 0

Modifier Allowances

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

NCCI Alerts (version 31.0)

36591⁰, 36592⁰, 96523⁰

ICD-10-CM Cross References

B25.1, B25.2, B25.8, B25.9, Z41.8, Z48.21-Z48.24, Z48.280, Z48.290, Z94.0-Z94.4, Z94.4, Z94.81, Z94.83

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): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 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

Proprietary Laboratory Analyses

0178U

Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction

Clinical Responsibility

Using a blood specimen, the lab analyst performs a high-resolution food-allergy test panel using a microarray of tiny antigen-coated beads that can react with antibodies from the patient specimen in a Luminex immunoassay to identify specific allergenic epitopes, which are small segments of food proteins that act as antigens. The high-throughput test can evaluate patient response to multiple epitopes and compare the results to a database of food-allergy epitope signatures to create a specific epitope map for the patient.

Clinicians may order this test for patients seeking food allergy testing to provide more definitive diagnostic, prognostic, and treatment information than is available from older techniques, such as oral food challenge testing. The test identifies and reports the minimum dose of peanut protein capable of causing an allergic reaction in highly sensitized patients.

Coding Tips

Use this code only for the appropriate proprietary test; report one unit of this code for a single specimen analyzed on a single date of service.

See 0165U for VeriMAP™ Peanut Dx - Bead-based Epitope Assay resulting in individual epitope results and probability of peanut allergy.

Some payers may pay separately for collecting the specimen using a code such as 36415.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 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: 1

Modifier Allowances

33, 90, 91, 92, Q0, Q1, SC

NCCI Alerts (version 31.0)

80503¹, 80504¹, 80505¹, 80506¹

ICD-10-CM Cross References

D72.12-D72.19, J30.0-J30.5, J30.89, J30.9, L20.84, L20.89, L20.9, L23.9, L24.9, L25.9, L27.0-L27.9, L30.0-L30.2, L30.8, L30.9, L50.0-L50.3, L50.9, R21, T78.01Xa-T78.01Xs, Z01.82, Z51.6, Z91.010

0202U

Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

Clinical Responsibility

BioFire® FilmArray® Respiratory Panel 2.1 is an automated laboratory panel that generates a result of "detected" or "not detected" for 22 respiratory pathogens in a single report, including SARS-CoV-2. The lab analyst receives the nasopharyngeal swab specimen in transport media, and processes the sample using a BioFire® FilmArray® system, which is an FDA-approved automated multiplex PCR analyzer that incorporates sample preparation, nucleic acid amplification, target detection, analysis, and reporting in a single platform.

Clinicians order this test for patients with respiratory infection symptoms to detect and differentiate nucleic acid of SARS-CoV-2, the organism that causes COVID-19, from multiple other common respiratory viral and bacterial pathogens.

The BioFire® FilmArray® RP2.1 test is authorized by the FDA under the Emergency Use Authorization (EUA) for use by authorized laboratories for the duration of the COVID-19 emergency declaration, and has not been FDA approved as of the code's effective date.

Coding Tips

Use this code only for the appropriate proprietary test; report one unit of this code for a single specimen analyzed on a single date of service.

Some payers may pay separately for specimen collection. Check with the appropriate payer.

Fee Schedule Information

Medicare Fees (National): Conversion Factor \$32.3465, Facility Fee: \$0.00, Non Facility Fee: \$0.00

RVU (Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 0.00

RVU (Non-Facility): Work RVU 0.00, Practice Exp. RVU 0.00, Malpractice RVU 0.00, Total RVU 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: 1

HCPCS Level II Codes

Medical and Surgical Supplies

A2001

Innovamatrix ac, per square centimeter

Clinical Responsibility

This code describes the supply of InnovaMatrix™ AC (Advanced Care), a skin substitute made of an extracellular matrix (ECM) derived from pig placenta. ECM is a material secreted by cells that provides a supportive framework for surrounding cells. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2002

Mirragen advanced wound matrix, per square centimeter

Clinical Responsibility

This code describes the supply of Mirragen®, a flexible wound dressing made of bioresorbable (absorbable by the body) glass fibers and particles. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2004

Xcellistem, 1 mg

Clinical Responsibility

This code describes the supply of XCelliStem®, a powder derived from porcine (pig) material. It combines multiple extracellular matrix (ECM) materials. ECM materials are secreted by cells and provide a supportive framework for surrounding cells. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each milligram.

BETOS

P5A: Ambulatory procedures - skin

A2005

Microlyte matrix, per square centimeter

Clinical Responsibility

This code describes the supply of Microlyte®, a wound matrix composed of polymer-polyvinyl alcohol (PVA), a man-made substance used in many drugs and cosmetics. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2006

Novosorb synpath dermal matrix, per square centimeter

Clinical Responsibility

This code describes the supply of NovoSorb SynPath®. As a dermal matrix, this product provides a template to support cell growth, particularly in skin. The product is synthetic, meaning man-made. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

A2007

Restrata, per square centimeter

Clinical Responsibility

This code describes the supply of Restrata®. As a wound matrix, this product provides a template to support cell growth in wounds. The product is synthetic, meaning man-made, and similar to human extracellular matrix (ECM). ECM is a material secreted by cells that provides a supportive framework for surrounding cells. The provider may apply this product on a wound, such as an ulcer, surgical wound, or trauma wound, to assist healing. The provider reports this code for each square centimeter.

BETOS

P5A: Ambulatory procedures - skin

Temporary Codes

Q0081

Infusion therapy, using other than chemotherapeutic drugs, per visit

Clinical Responsibility

The provider sterilizes the area where she will insert the needle. She then inserts the needle using access to a blood vessel, indwelling intravenous line, subcutaneous catheter, or port. Infusion devices can include cannulas, which are thin tubes that enter a vein through the skin; a drip, which uses a pump that pushes the drug into the vein at a constant rate; a central line, which is a thin tube that enters the body in the chest and ends at a large vein in the collarbone area; a peripherally inserted central catheter, or PICC line, which is a tube inserted into a vein in the upper arm and ends at a large vein near the heart; or an implantable port or Port-a-Cath®, which is a flexible plastic tube entering the skin of the chest or arm, under which is a thin rubber disk to allow repeated needle puncture. The provider then infuses medication into the patient intravenously. The provider removes the infusion needle at the end of the session. Report this code once per visit.

Providers treat many types of conditions using infusion drug therapy other than chemotherapy. Providers infuse medications for conditions requiring antibiotic and antiviral intervention, hydration therapy, and parenteral nutrition. Providers give specialty infusions to patients needing blood factors, corticosteroids, or growth hormones. Some diseases for which providers may use infusion drug therapies include cancer, congestive heart failure, hemophilia, rheumatoid arthritis, multiple sclerosis, gastrointestinal disorders, and urinary tract infections.

Coding Tips

Services represented by Q codes may require prior approval by the payer.

See HCPCS Level II S codes for home infusion therapies. Check payer policy on the use of S codes.

BETOS

P6C: Minor procedures - other (Medicare fee schedule)

Q0091

Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

Clinical Responsibility

The provider inserts a speculum into the vagina to hold its walls open, then uses a flat, flexible instrument to remove cells from the cervix, or neck of the uterus, and vagina. The provider places the cells in a fixative material, stains them, then sends them to a laboratory. In a separately reportable procedure, a technician then examines these cells under a microscope in a laboratory to screen for possible cancers of the female genital tract.

Coding Tips

Use Q codes for supplies, such as drugs, biologicals, and medical equipment, as well as services. Q codes represent supplies and services that do not have permanent codes in other sections of HCPCS Level II.

Remember that a screening Pap smear literally screens for potential cancerous or precancerous conditions. For a Medicare patient who has a hysterectomy for cancer, subsequent Pap smears are diagnostic, so report them as part of an appropriate E/M code, for example, 99213, Office or outpatient visit for the evaluation and management of an established patient.

Check individual payer policies for frequency limitations on screening Pap smears and the codes they accept for the collection of the sample.

BETOS

P6C: Minor procedures - other (Medicare fee schedule)

Q0138

Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)

Clinical Responsibility

Ferumoxytol replaces iron in patients who have iron deficiency anemia, so it is a member of the iron product drug class. This code represents supply of ferumoxytol given to treat iron deficiency from chronic kidney disease that has not progressed to end stage renal disease, or ESRD. This code represents only the drug, not administration of the drug.

Coding Tips

Use Q codes for supplies, such as drugs, biologicals, and medical equipment, as well as services. Q codes represent supplies and services that do not have permanent codes in other sections of HCPCS Level II.

Report Q0138 for ferumoxytol administered to patients who are not yet in end stage renal disease. Code Q0139 reports ferumoxytol administration to patients who are in ESRD.

This is a generic drug. Brand names for this drug include: Feraheme®.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.

BETOS

O1E: Other drugs

Q0139

Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)

Clinical Responsibility

Ferumoxytol, a member of the iron product drug class, replaces iron in patients who have iron deficiency anemia from end stage renal disease, also called ESRD. This code represents only the drug, not administration of the drug.

Coding Tips

Use Q codes for supplies, such as drugs, biologicals, and medical equipment, as well as services. Q codes represent supplies and services that do not have permanent codes in other sections of HCPCS Level II.

Report Q0138 for ferumoxytol administered to patients who are not yet in end stage renal disease. Code Q0139 reports ferumoxytol administration to patients who are in ESRD. This is a generic drug. Brand names for this drug include: Feraheme®.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.

BETOS

01E: Other drugs

Q0240

Injection, casirivimab and imdevimab, 600 mg

Clinical Responsibility

The recommended dosage is 300 mg of casirivimab and 300 mg of imdevimab (600 mg total). The typical route of administration is intravenous infusion or subcutaneous injection.

Casirivimab and imdevimab may be supplied together or separately. The co-formulated version is one single-dose vial with 600 mg of casirivimab and 600 mg of imdevimab per 10 mL. Individual single-dose vials, with casirivimab in one vial and imdevimab in another vial, are available either as 300 mg/2.5 mL or 1,332 mg/11.1 mL.

Providers may order these monoclonal antibodies as post-exposure prophylaxis (PEP) for individuals at risk of progressing to severe coronavirus disease 2019 (COVID-19), a disease caused by a novel coronavirus, SARS-CoV-2, that resulted in declaration of a global pandemic beginning in March 2020. PEP means prevention after exposure to the virus. For individuals requiring repeat dosing, the provider may order an initial dose of 1,200 mg followed by subsequent repeat dosing of 600 mg every four weeks while exposure is ongoing. Providers also may order casirivimab and imdevimab to treat COVID-19.

Report this code for each 600 mg of casirivimab and imdevimab administered.

Coding Tips

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you also can report the administration of the drug.

If the dose administered is only part of a vial and the remainder has to be discarded, you may be able to report modifier JW.

BETOS

01G: Immunizations/Vaccinations

Q0244

Injection, casirivimab and imdevimab, 1200 mg

Clinical Responsibility

The recommended dosage is 600 mg of casirivimab and 600 mg of imdevimab (1,200 mg total). The typical route of administration is a single intravenous infusion, usually over 20-50 minutes. Subcutaneous injection is another possible route of administration.

Casirivimab and imdevimab may be supplied together or separately. The co-formulated version is one single-dose vial with 600 mg of casirivimab and 600 mg of imdevimab per 10 mL. Individual single-dose vials, with casirivimab in one vial and imdevimab in another vial, are available either as 300 mg/2.5 mL or 1,332 mg/11.1 mL.

Providers may order these monoclonal antibodies to treat coronavirus disease 2019 (COVID-19), a disease caused by a novel coronavirus, SARS-CoV-2, that resulted in declaration of a global pandemic beginning in March 2020. Providers also may order these monoclonal antibodies as post-exposure prophylaxis (PEP) for individuals at risk of developing severe COVID-19. PEP refers to prevention after exposure to the virus. The provider may order an initial PEP dose of 1,200 mg followed, if necessary, by subsequent repeat dosing of 600 mg every four weeks while exposure is ongoing.

Report this code for each 1,200 mg of casirivimab and imdevimab administered.

Coding Tips

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you also can report the administration of the drug.

If the dose administered is only part of a vial and the remainder has to be discarded, you may be able to report modifier JW.

BETOS

01G: Immunizations/Vaccinations

ICD-10-CM Cross Reference Details

A00.0 — A37.91

ICD-10-CM CROSS REFERENCE DETAILS

A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	A18.17	Tuberculous female pelvic inflammatory disease
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor	A18.18	Tuberculosis of other female genital organs
A00.9	Cholera, unspecified	A18.2	Tuberculous peripheral lymphadenopathy
A01.01	Typhoid meningitis	A18.31	Tuberculous peritonitis
A02.0	Salmonella enteritis	A18.32	Tuberculous enteritis
A02.21	Salmonella meningitis	A18.39	Retroperitoneal tuberculosis
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>	A18.4	Tuberculosis of skin and subcutaneous tissue
A03.8	Other shigellosis	A18.50	Tuberculosis of eye, unspecified
A04.0	Enteropathogenic <i>Escherichia coli</i> infection	A18.51	Tuberculous episcleritis
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection	A18.52	Tuberculous keratitis
A04.2	Enteroinvasive <i>Escherichia coli</i> infection	A18.53	Tuberculous chorioretinitis
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection	A18.54	Tuberculous iridocyclitis
A04.4	Other intestinal <i>Escherichia coli</i> infections	A18.59	Other tuberculosis of eye
A04.5	Campylobacter enteritis	A18.6	Tuberculosis of (inner) (middle) ear
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>	A18.7	Tuberculosis of adrenal glands
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent	A18.81	Tuberculosis of thyroid gland
A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent	A18.82	Tuberculosis of other endocrine glands
A04.8	Other specified bacterial intestinal infections	A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A04.9	Bacterial intestinal infection, unspecified	A18.84	Tuberculosis of heart
A05.0	Foodborne staphylococcal intoxication	A18.85	Tuberculosis of spleen
A05.1	Botulism food poisoning	A18.89	Tuberculosis of other sites
A05.4	Foodborne <i>Bacillus cereus</i> intoxication	A19.0	Acute miliary tuberculosis of a single specified site
A05.8	Other specified bacterial foodborne intoxications	A19.1	Acute miliary tuberculosis of multiple sites
A05.9	Bacterial foodborne intoxication, unspecified	A19.2	Acute miliary tuberculosis, unspecified
A06.0	Acute amebic dysentery	A19.8	Other miliary tuberculosis
A06.2	Amebic nondysenteric colitis	A20.3	Plague meningitis
A06.3	Ameboma of intestine	A27.81	Aseptic meningitis in leptospirosis
A06.4	Amebic liver abscess	A28.1	Cat-scratch disease
A06.5	Amebic lung abscess	A28.8	Other specified zoonotic bacterial diseases, not elsewhere classified
A06.81	Amebic cystitis	A28.9	Zoonotic bacterial disease, unspecified
A06.82	Other amebic genitourinary infections	A31.0	Pulmonary mycobacterial infection
A06.89	Other amebic infections	A31.1	Cutaneous mycobacterial infection
A08.0	Rotaviral enteritis	A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)
A08.11	Acute gastroenteropathy due to Norwalk agent	A31.8	Other mycobacterial infections
A08.19	Acute gastroenteropathy due to other small round viruses	A31.9	Mycobacterial infection, unspecified
A08.2	Adenoviral enteritis	A32.11	Listerial meningitis
A08.31	Calicivirus enteritis	A32.12	Listerial meningoencephalitis
A08.32	Astrovirus enteritis	A32.7	Listerial sepsis
A08.39	Other viral enteritis	A33	Tetanus neonatorum
A08.4	Viral intestinal infection, unspecified	A34	Obstetrical tetanus
A08.8	Other specified intestinal infections	A35	Other tetanus
A09	Infectious gastroenteritis and colitis, unspecified	A36.0	Pharyngeal diphtheria
A15.0	Tuberculosis of lung	A36.1	Nasopharyngeal diphtheria
A15.4	Tuberculosis of intrathoracic lymph nodes	A36.2	Laryngeal diphtheria
A15.5	Tuberculosis of larynx, trachea and bronchus	A36.3	Cutaneous diphtheria
A15.6	Tuberculous pleurisy	A36.81	Diphtheritic cardiomyopathy
A15.7	Primary respiratory tuberculosis	A36.82	Diphtheritic radiculomyelitis
A15.8	Other respiratory tuberculosis	A36.83	Diphtheritic polyneuritis
A15.9	Respiratory tuberculosis unspecified	A36.84	Diphtheritic tubulo-interstitial nephropathy
A17.0	Tuberculous meningitis	A36.85	Diphtheritic cystitis
A17.1	Meningeal tuberculoma	A36.86	Diphtheritic conjunctivitis
A17.81	Tuberculoma of brain and spinal cord	A36.89	Other diphtheritic complications
A17.82	Tuberculous meningoencephalitis	A36.9	Diphtheria, unspecified
A17.83	Tuberculous neuritis	A37.00	Whooping cough due to <i>Bordetella pertussis</i> without pneumonia
A17.89	Other tuberculosis of nervous system	A37.01	Whooping cough due to <i>Bordetella pertussis</i> with pneumonia
A17.9	Tuberculosis of nervous system, unspecified	A37.10	Whooping cough due to <i>Bordetella parapertussis</i> without pneumonia
A18.01	Tuberculosis of spine	A37.11	Whooping cough due to <i>Bordetella parapertussis</i> with pneumonia
A18.02	Tuberculous arthritis of other joints	A37.80	Whooping cough due to other <i>Bordetella</i> species without pneumonia
A18.03	Tuberculosis of other bones	A37.81	Whooping cough due to other <i>Bordetella</i> species with pneumonia
A18.09	Other musculoskeletal tuberculosis	A37.90	Whooping cough, unspecified species without pneumonia
A18.10	Tuberculosis of genitourinary system, unspecified	A37.91	Whooping cough, unspecified species with pneumonia
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		

A38.0	Scarlet fever with otitis media	A51.31	Condyloma latum
A38.1	Scarlet fever with myocarditis	A51.32	Syphilitic alopecia
A38.8	Scarlet fever with other complications	A51.39	Other secondary syphilis of skin
A38.9	Scarlet fever, uncomplicated	A51.41	Secondary syphilitic meningitis
A39.0	Meningococcal meningitis	A51.42	Secondary syphilitic female pelvic disease
A39.89	Other meningococcal infections	A51.43	Secondary syphilitic oculopathy
A39.9	Meningococcal infection, unspecified	A51.44	Secondary syphilitic nephritis
A40.0	Sepsis due to streptococcus, group A	A51.45	Secondary syphilitic hepatitis
A40.3	Sepsis due to Streptococcus pneumoniae	A51.46	Secondary syphilitic osteopathy
A40.8	Other streptococcal sepsis	A51.49	Other secondary syphilitic conditions
A40.9	Streptococcal sepsis, unspecified	A51.5	Early syphilis, latent
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	A51.9	Early syphilis, unspecified
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus	A52.00	Cardiovascular syphilis, unspecified
A41.1	Sepsis due to other specified staphylococcus	A52.01	Syphilitic aneurysm of aorta
A41.2	Sepsis due to unspecified staphylococcus	A52.13	Late syphilitic meningitis
A41.3	Sepsis due to Hemophilus influenzae	A52.16	Charcot's arthropathy (tabetic)
A41.51	Sepsis due to Escherichia coli [E. coli]	A52.74	Syphilis of liver and other viscera
A41.54	Sepsis due to Acinetobacter baumannii	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A41.81	Sepsis due to Enterococcus	A54.01	Gonococcal cystitis and urethritis, unspecified
A41.89	Other specified sepsis	A54.02	Gonococcal vulvovaginitis, unspecified
A41.9	Sepsis, unspecified organism	A54.03	Gonococcal cervicitis, unspecified
A42.7	Actinomycotic sepsis	A54.09	Other gonococcal infection of lower genitourinary tract
A42.81	Actinomycotic meningitis	A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A44.0	Systemic bartonellosis	A54.21	Gonococcal infection of kidney and ureter
A44.1	Cutaneous and mucocutaneous bartonellosis	A54.22	Gonococcal prostatitis
A44.8	Other forms of bartonellosis	A54.23	Gonococcal infection of other male genital organs
A44.9	Bartonellosis, unspecified	A54.24	Gonococcal female pelvic inflammatory disease
A46	Erysipelas	A54.29	Other gonococcal genitourinary infections
A48.8	Other specified bacterial diseases	A54.30	Gonococcal infection of eye, unspecified
A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site	A54.31	Gonococcal conjunctivitis
A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site	A54.32	Gonococcal iridocyclitis
A49.2	Hemophilus influenzae infection, unspecified site	A54.33	Gonococcal keratitis
A49.8	Other bacterial infections of unspecified site	A54.39	Other gonococcal eye infection
A49.9	Bacterial infection, unspecified	A54.40	Gonococcal infection of musculoskeletal system, unspecified
A50.01	Early congenital syphilitic oculopathy	A54.41	Gonococcal spondylopathy
A50.02	Early congenital syphilitic osteochondropathy	A54.42	Gonococcal arthritis
A50.03	Early congenital syphilitic pharyngitis	A54.43	Gonococcal osteomyelitis
A50.04	Early congenital syphilitic pneumonia	A54.49	Gonococcal infection of other musculoskeletal tissue
A50.05	Early congenital syphilitic rhinitis	A54.5	Gonococcal pharyngitis
A50.06	Early cutaneous congenital syphilis	A54.6	Gonococcal infection of anus and rectum
A50.07	Early mucocutaneous congenital syphilis	A54.81	Gonococcal meningitis
A50.08	Early visceral congenital syphilis	A54.82	Gonococcal brain abscess
A50.09	Other early congenital syphilis, symptomatic	A54.83	Gonococcal heart infection
A50.1	Early congenital syphilis, latent	A54.84	Gonococcal pneumonia
A50.2	Early congenital syphilis, unspecified	A54.85	Gonococcal peritonitis
A50.30	Late congenital syphilitic oculopathy, unspecified	A54.86	Gonococcal sepsis
A50.31	Late congenital syphilitic interstitial keratitis	A54.89	Other gonococcal infections
A50.32	Late congenital syphilitic chorioretinitis	A54.9	Gonococcal infection, unspecified
A50.39	Other late congenital syphilitic oculopathy	A55	Chlamydial lymphogranuloma (venereum)
A50.40	Late congenital neurosyphilis, unspecified	A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A50.41	Late congenital syphilitic meningitis	A56.01	Chlamydial cystitis and urethritis
A50.42	Late congenital syphilitic encephalitis	A56.02	Chlamydial vulvovaginitis
A50.43	Late congenital syphilitic polyneuropathy	A56.09	Other chlamydial infection of lower genitourinary tract
A50.44	Late congenital syphilitic optic nerve atrophy	A56.11	Chlamydial female pelvic inflammatory disease
A50.45	Juvenile general paresis	A56.19	Other chlamydial genitourinary infection
A50.49	Other late congenital neurosyphilis	A56.2	Chlamydial infection of genitourinary tract, unspecified
A50.51	Clutton's joints	A56.3	Chlamydial infection of anus and rectum
A50.52	Hutchinson's teeth	A56.4	Chlamydial infection of pharynx
A50.53	Hutchinson's triad	A56.8	Sexually transmitted chlamydial infection of other sites
A50.54	Late congenital cardiovascular syphilis	A59.00	Urogenital trichomoniasis, unspecified
A50.55	Late congenital syphilitic arthropathy	A59.01	Trichomonal vulvovaginitis
A50.56	Late congenital syphilitic osteochondropathy	A59.03	Trichomonal cystitis and urethritis
A50.57	Syphilitic saddle nose	A59.09	Other urogenital trichomoniasis
A50.59	Other late congenital syphilis, symptomatic	A59.8	Trichomoniasis of other sites
A50.6	Late congenital syphilis, latent	A59.9	Trichomoniasis, unspecified
A50.7	Late congenital syphilis, unspecified	A60.04	Herpesviral vulvovaginitis
A50.9	Congenital syphilis, unspecified	A63.0	Anogenital (venereal) warts
A51.0	Primary genital syphilis	A63.8	Other specified predominantly sexually transmitted diseases
A51.1	Primary anal syphilis	A64	Unspecified sexually transmitted disease
A51.2	Primary syphilis of other sites	A66.2	Other early skin lesions of yaws
		A69.20	Lyme disease, unspecified

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 dietitian
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

Modifier	Description
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
11 deoxycortisol	A precursor of cortisol; a steroid hormone, also known as Compound S.
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Abscess	Sac or pocket formed due to the accumulation of purulent material, or pus, in the soft tissues.
Acellular	Containing no cells.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetic acid	A substance with antibacterial and antifungal qualities.
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.
Acute care	A level of service where a patient is actively treated for a brief but severe episode of illness, or injury
Adenoma	Blood filled growth.
Adenosine triphosphate, or ATP	ATP occurs when simple sugar glucose is broken down; it is a cell's main energy source.
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.
Adrenal gland	A small gland located on the upper pole of each kidney that secretes hormones directly into the blood.
Adrenalectomy	Removal of one or both adrenal glands.
Adrenocorticotrophic hormone, or ACTH	A hormone secreted by the pituitary gland in the brain that acts to regulate the cortex, or outer region, of the adrenal gland.
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.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Agar	A gelatinous material derived from algae that labs often mix with nutrients and other desired substances for use as a solid substrate on which to culture or grow microorganisms or other cells.
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.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Allograft	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also known as an allogeneic graft or homograft.
Amnion	Inner membrane of the sac that covers the fetus.
Amniotic membrane	The thin layer of tissue that surrounds a fetus (developing baby) during pregnancy.
Amplification	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.
Amplitude	Strength, range or extent.
Amputation	Surgical removal of a complete or partial appendage of the body.
Anemia	Decrease in the amount of red blood cells, which results in a lack of oxygen in the blood.
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Anterior	Closer to the front part of the body.

Terminology	Explanation
Anterior pituitary gland	The frontal lobe of the small pituitary gland located near the middle of the head, also known as the master gland.
Anterolateral	Present in front and to the side of the body.
Antibiotic	Substance that inhibits or treats bacterial infections.
Antibodies	Proteins produced in blood that are activated as part of the immune response to neutralize specific invaders such as bacteria or viruses, also called immunoglobulins.
Antibody	An immune system related protein that can detect a harmful substance called an antigen.
Anticoagulant drug	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 harmful substance that can stimulate the production of antibodies or combine with them.
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 that counterbalances the toxin secreted by the antigen.
Aortic valve	The cardiac valve connecting the heart to the aorta.
Apheresis	Technique to collect blood from the patient and separate it into individual components and reinfuse some of the blood, plasma, or components into the patient; also called pheresis or therapeutic pheresis.
Arginine	An essential and basic amino acid nutrient.
Arrhythmia	Irregular rate or rhythm of the heartbeat.
Arterial ulcer	Ulcers in lower leg or ankle due to reduction in blood supply to the lower limb.
Arteries	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
Ascites	An abnormal collection of fluid in the abdomen.
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 disease that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.
Atherosclerosis	Buildup of plaque, or fatty deposits, on the walls of an artery; hardening and thickening the artery walls, which can lead to coronary artery disease.
Atherosclerotic burden	The extent and severity of atherosclerosis.
Atrial fibrillation	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.
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.
Autograft	Any tissue from one part of the body moved to another location on the same patient; also known as an autologous graft.
Autologous	Surgical placement of any tissue from one part of the body to another location in the same patient.
Axial skeleton	The bones of the skull, spine, rib cage, and sternum.
B mode or B scan ultrasound	Imaging technique using high frequency sound waves to provide a cross sectional, two dimensional view in gray scale imaging; also known as bright scan.
Bacterial vaginosis	Increased number of bacteria in the vagina causing a shift in the normal pH, leading to infection.
Bacterium, pl. bacteria	Single celled microorganism, i.e., visible only with a microscope, some of which cause infection.
Bacteriuria	A significant number of bacteria in the urine; a possible urinary tract infection.

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