CODERS' SPECIALTY GUIDE

# Vascular Surgery

# 2027

AAPC

Your essential illustrated coding guide for vascular surgery, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross References, NCCI edits, and RVU information

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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):** 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 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 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

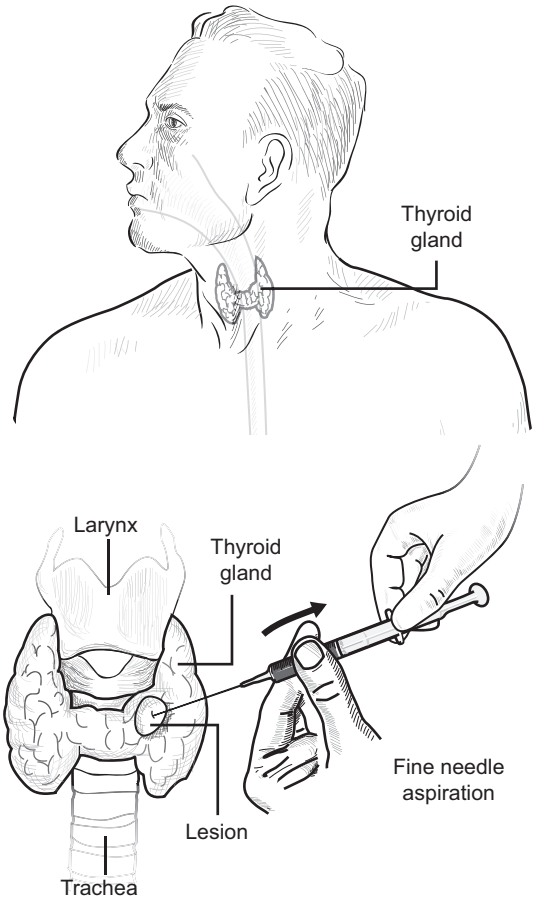
### Clinical Responsibility

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.

## Illustration




10021

## Fee Schedule Information

**Medicare Fees (National):** QP Conversion Factor $: 33.5675, Facility Fee: $46.32, Non Facility Fee: $101.71; Non-QP Conversion Factor $33.4009, Facility Fee: $46.09, Non Facility Fee: $101.20
**RVU (Facility):** Work 1, PE 0.24, Mal 0.14, Total 1.38
**RVU (Non-Facility):** Work 1, PE 1.89, Mal 0.14, Total 3.03
**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, 59, 73, 74, 76, 77, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, KX, LT, PD, Q6, QJ, RT, XE, XP, XS, XU

## NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10006[1], 10011[1], 10012[1], 10035[1], 11102[1], 11103[1], 11104[1], 11105[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.

# 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):** QP Conversion Factor $: 33.5675, Facility Fee: $116.14, Non Facility Fee: $175.22; Non-QP Conversion Factor $33.4009, Facility Fee: $115.57, Non Facility Fee: $174.35
**RVU (Facility):** Work 1.54, PE 1.71, Mal 0.21, Total 3.46
**RVU (Non-Facility):** Work 1.54, PE 3.47, Mal 0.21, Total 5.22
**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:** 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 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 0925T[0], 11055[1], 11056[1], 11057[1], 11719[1], 11720[1], 11721[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], 29580[1], 29581[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[0], 64474[0], 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], 76000[1], 76942[1], 76998[1], 77002[1], 77012[1], 77021[1], 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], 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],

36640[1], 37236[1], 37238[1], 37246[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], 75600[1], 75605[1], 76000[1], 76942[1], 76998[1], 77001[1], 77002[1], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93050[0], 93318[1], 93355[0], 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], 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

I71.010-I71.019, I71.03, I71.51, I71.52, I71.61, I71.62, I74.11, I77.1, Q25.21, Q25.29, Q25.40-Q25.47, Q25.49, T36.AX1S, T36.AX2S, T36.AX3S, T36.AX4S, T83.719A, T83.729A, T83.79XA

# 33886

Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation

## Advice

CPT® revises 33880, 33881, 33883, and 33886 and adds 33882 to update terminology, clarify what services are included, and align code selection with the anatomic extent of thoracic aortic coverage. The revised descriptors explicitly include preprocedure sizing and device selection, nonselective catheterization(s), and all associated radiological supervision and interpretation. Previously, you used a separate code for the radiology services. The updates also clarify when angioplasty and stenting within the treatment zone are included. Code selection now hinges on whether the endograft covers the left subclavian artery and on the most proximal extent of aortic coverage at the end of the session. Report 33880 or 33881 for deployment of an aorto-aortic tube endograft (with or without coverage of the left subclavian artery, respectively). Report new code 33882 for deployment of a branched, multipiece endograft system with a fenestration (opening) and a stent-graft extension into the left subclavian artery. Report 33883 for delayed proximal extension(s) not involving coverage of the left subclavian artery, and 33886 for delayed distal extension(s) down to the celiac artery. The update also deletes related radiology supervision and interpretation codes 75956 to 75959 and adjunct codes +33884, 33889, and 33891.

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

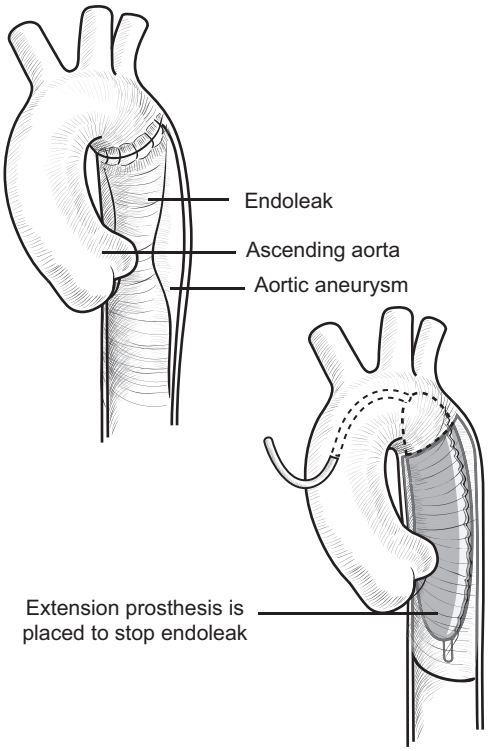
## Clinical Responsibility

When the patient is prepped and anesthetized, the provider gains vascular access, usually through the femoral or iliac artery. Access may be percutaneous with a large sheath (a hollow tube for passing devices) or via a small open surgical incision. (If percutaneous access requires closure devices for large sheaths or if an open approach is used, those services may be separately reportable.) The provider advances catheters and guidewires into the thoracic aorta under imaging such as fluoroscopy (real-time X-ray with contrast dye). This code includes preprocedure imaging to measure the treated segment and select the appropriately sized extension graft. The thoracic aorta includes the ascending aorta, aortic arch, and descending thoracic aorta down to the celiac artery (a vessel supplying abdominal organs). The provider delivers one or more distal extension endografts to reinforce or lengthen the existing repair. A distal extension prosthesis is an additional stent graft that extends further downward in the descending thoracic aorta, toward the diaphragm and the celiac artery, to reinforce or extend the coverage of a prior repair. Conditions requiring this service include endoleak, graft migration, aneurysm enlargement, or other complications of a prior repair. The extension graft is deployed from the level of the left subclavian artery down toward the celiac artery to ensure proper sealing of the repair. The provider confirms correct placement and blood flow using completion angiography, then removes the devices and closes the access site. This code represents delayed placement of distal extension grafts from the level of the left subclavian artery to the celiac artery after prior thoracic aortic repair.

## Coding Tips

You may see the abbreviation TEVAR for thoracic endovascular aortic repair. Code 33886 includes preprocedure sizing, device selection, nonselective catheterization, and all radiological supervision and interpretation. Do not separately report these services. Selective catheterization and interventions outside the treatment zone may be separately reported. Percutaneous vascular access with large sheath closure (12 French or greater) or open arterial exposure (such as femoral, iliac, brachial, axillary, or subclavian) may be separately reportable. Check guidelines for additional information on separately reportable codes. Report 33886 only once per operative session, even if multiple distal extensions are deployed. Balloon angioplasty or stenting performed within the treatment zone of the extension graft is included in this code.

## Illustration




33886

## Fee Schedule Information

**Medicare Fees (National):** QP Conversion Factor $: 33.5675, Facility Fee: $965.40, Non Facility Fee: $965.40; Non-QP Conversion Factor $33.4009, Facility Fee: $960.61, Non Facility Fee: $960.61
**RVU (Facility):** Work 19.41, PE 4.51, Mal 4.84, Total 28.76
**RVU (Non-Facility):** Work 19.41, PE 4.51, Mal 4.84, Total 28.76
**MPFS Payment Policy Indicators:** Global Period 90, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
**Practitioner MUE:** 1

## Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## NCCI Alerts (version 32.0)

01926$^{0}$, 0213T$^{0}$, 0216T$^{0}$, 0596T$^{1}$, 0597T$^{1}$, 0708T$^{1}$, 0709T$^{1}$, 0903T$^{1}$, 0904T$^{1}$, 0905T$^{1}$, 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$^{1}$, 35694$^{1}$, 36000$^{1}$, 36400$^{1}$, 36405$^{1}$, 36406$^{1}$, 36410$^{1}$, 36420$^{1}$, 36425$^{1}$, 36430$^{1}$, 36440$^{1}$, 36591$^{0}$, 36592$^{0}$, 36600$^{1}$, 36620$^{1}$, 36625$^{1}$, 36640$^{1}$, 37236$^{1}$, 37238$^{1}$, 37246$^{1}$, 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$^{0}$, 75600$^{1}$, 75605$^{1}$, 76000$^{1}$, 76942$^{1}$, 76998$^{1}$, 77001$^{1}$, 77002$^{1}$, 92012$^{1}$, 92014$^{1}$, 93000$^{1}$, 93005$^{1}$, 93010$^{1}$, 93040$^{1}$, 93041$^{1}$, 93042$^{1}$, 93050$^{0}$, 93318$^{1}$, 93355$^{0}$, 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$^{0}$, 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

I71.010-I71.019, I71.03, I74.11, I77.1, Q25.21, Q25.29, Q25.40-Q25.47, Q25.49, T36.AX1S, T36.AX2S, T36.AX3S, T36.AX4S, T83.719A, T83.729A, T83.79XA

# 33894

Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision to access the target blood vessel, makes an opening in the vessel, and introduces items for the endovascular procedure, such as a sheath, guidewire, and catheter. The provider uses imaging guidance to navigate the catheter to the heart. The provider may insert a temporary pacemaker, inserting a lead into a heart chamber and attaching the lead to an external temporary generator box, for pacing to facilitate stent placement. The provider also may perform diagnostic congenital left heart catheterization, navigating a catheter into the left side of the heart and using imaging such as fluoroscopy to examine and assess the heart, including congenital defects. The provider then navigates to the coarctation (narrowing) in the aorta. It may be in the thoracic aorta (ascending, transverse, or descending) or in the abdominal aorta. The provider may use angiography to visualize the target lesion and may perform balloon angioplasty in the target zone to widen it before or after stent deployment. The provider places the tubelike stent, which crosses one or more major side branches. The major side branches of the thoracic aorta (above the diaphragm) are the brachiocephalic, carotid, and subclavian arteries. The major side branches of the abdominal aorta (below the diaphragm) are the celiac, superior mesenteric, inferior mesenteric, and renal arteries. The provider may place one or more additional stents for extension. The provider confirms stent placement and then removes all instruments and closes the access site.

## Coding Tips

See 33895 when stent placement does not cross major side branches of the aorta.

## Fee Schedule Information

**Medicare Fees (National):** QP Conversion Factor $: 33.5675, Facility Fee: $852.28, Non Facility Fee: $852.28; Non-QP Conversion Factor $33.4009, Facility Fee: $848.05, Non Facility Fee: $848.05
**RVU (Facility):** Work 17.81, PE 3.32, Mal 4.26, Total 25.39
**RVU (Non-Facility):** Work 17.81, PE 3.32, Mal 4.26, Total 25.39
**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 Allowances

22, 47, 51, 52, 53, 58, 63, 76, 77, 78, 79, 80, 81, 82, 99, AK, AQ, AS, CG, CR, GA, GC, GJ, GR, GY, GZ, LT, Q5, Q6, QJ, RT

## NCCI Alerts (version 32.0)

0213T$^{0}$, 0216T$^{0}$, 0903T$^{1}$, 0904T$^{1}$, 0905T$^{1}$, 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$^{1}$, 33210$^{0}$, 33897$^{1}$, 34701$^{0}$, 34702$^{0}$, 34703$^{0}$, 34704$^{0}$, 34705$^{0}$, 34706$^{0}$, 35201$^{1}$, 35206$^{1}$, 35207$^{1}$, 35211$^{1}$, 35216$^{1}$, 35221$^{1}$, 35226$^{1}$, 35231$^{1}$, 35236$^{1}$, 35241$^{1}$, 35246$^{1}$, 35251$^{1}$, 35256$^{1}$, 35261$^{1}$, 35266$^{1}$, 35271$^{1}$, 35276$^{1}$, 35281$^{1}$, 35286$^{1}$, 36000$^{1}$, 36200$^{0}$, 36400$^{1}$, 36405$^{1}$, 36406$^{1}$, 36410$^{1}$, 36420$^{1}$, 36425$^{1}$, 36430$^{1}$, 36440$^{1}$, 36591$^{0}$, 36592$^{0}$, 36600$^{1}$, 36640$^{1}$, 37236$^{1}$, 37237$^{1}$, 37246$^{1}$, 37247$^{1}$, 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$^{0}$, 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$^{0}$, 75600$^{0}$, 75605$^{0}$, 75625$^{0}$, 76000$^{1}$, 92012$^{1}$, 92014$^{1}$, 93000$^{1}$, 93005$^{1}$, 93010$^{1}$, 93040$^{1}$, 93041$^{1}$, 93042$^{1}$, 93318$^{1}$, 93451$^{1}$, 93452$^{1}$, 93453$^{1}$, 93454$^{1}$, 93455$^{1}$, 93456$^{1}$, 93457$^{1}$, 93458$^{1}$, 93459$^{1}$, 93460$^{1}$, 93461$^{1}$, 93462$^{1}$, 93463$^{1}$, 93464$^{1}$, 93503$^{1}$, 93505$^{1}$, 93567$^{1}$, 93595$^{1}$, 93596$^{1}$, 93597$^{1}$, 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$^{0}$, 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$^{1}$, 99315$^{1}$, 99316$^{1}$, 99347$^{1}$, 99348$^{1}$, 99349$^{1}$, 99350$^{1}$, 99374$^{1}$, 99375$^{1}$, 99377$^{1}$, 99378$^{1}$

## ICD-10-CM Cross References

Q25.1, Q89.81, Q89.89

# 33895

Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision to access the target blood vessel, makes an opening in the vessel, and introduces items for the endovascular procedure, such as a sheath, guidewire, and catheter. The provider uses imaging guidance to navigate the catheter to the heart. The provider may insert a temporary pacemaker, inserting a lead into a heart chamber and attaching the lead to an external temporary generator box, for pacing to facilitate stent placement. The provider also may perform diagnostic congenital left heart catheterization, navigating a catheter into the left side of the heart and using imaging such as fluoroscopy to examine and assess the heart, including congenital defects. The provider then navigates to the coarctation (narrowing) in the aorta. It may be in the thoracic aorta (ascending, transverse, or descending) or in the abdominal aorta. The provider may use angiography to visualize the target lesion and may perform balloon angioplasty in the target zone to widen it before or after stent deployment. The provider then places the tubelike stent. The stent does not cross any major side branches. The major side branches of the thoracic aorta (above the diaphragm) are the brachiocephalic, carotid, and subclavian arteries. The major side branches of the abdominal aorta (below the diaphragm) are the celiac, superior mesenteric, inferior mesenteric, and renal arteries. The provider may place one or more additional stents for extension. The provider confirms stent placement and then removes all instruments and closes the access site.

## Coding Tips

See 33894 when stent placement crosses major side branches of the aorta.

## Fee Schedule Information

**Medicare Fees (National):** QP Conversion Factor $: 33.5675, Facility Fee: $678.40, Non Facility Fee: $678.40; Non-QP Conversion Factor $33.4009, Facility Fee: $675.03, Non Facility Fee: $675.03
**RVU (Facility):** Work 14.18, PE 2.64, Mal 3.39, Total 20.21
**RVU (Non-Facility):** Work 14.18, PE 2.64, Mal 3.39, Total 20.21
**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 Allowances

22, 47, 51, 52, 53, 58, 63, 76, 77, 78, 79, 80, 81, 82, 99, AK, AQ, AS, CG, CR, ET, GA, GC, GE, GJ, GR, GY, GZ, KX, LT, PD, Q5, Q6, QJ, RT

## NCCI Alerts (version 32.0)

0213T$^{0}$, 0216T$^{0}$, 0903T$^{1}$, 0904T$^{1}$, 0905T$^{1}$, 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$^{1}$, 33210$^{0}$, 33897$^{1}$, 34701$^{0}$, 34702$^{0}$, 34703$^{0}$, 34704$^{0}$, 34705$^{0}$, 34706$^{0}$, 35201$^{1}$, 35206$^{1}$, 35207$^{1}$, 35211$^{1}$, 35216$^{1}$, 35221$^{1}$, 35226$^{1}$, 35231$^{1}$, 35236$^{1}$, 35241$^{1}$, 35246$^{1}$, 35251$^{1}$, 35256$^{1}$, 35261$^{1}$, 35266$^{1}$, 35271$^{1}$, 35276$^{1}$, 35281$^{1}$, 35286$^{1}$, 36000$^{1}$, 36200$^{0}$, 36400$^{1}$, 36405$^{1}$, 36406$^{1}$, 36410$^{1}$, 36420$^{1}$, 36425$^{1}$, 36430$^{1}$, 36440$^{1}$,

36591[0], 36592[0], 36600[1], 36640[1], 37236[1], 37237[1], 37246[1], 37247[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], 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], 75600[0], 75605[0], 75625[0], 76000[1], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93451[1], 93452[1], 93453[1], 93454[1], 93455[1], 93456[1], 93457[1], 93458[1], 93459[1], 93460[1], 93461[1], 93462[1], 93463[1], 93464[1], 93503[1], 93505[1], 93567[0], 93595[0], 93596[0], 93597[0], 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], 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], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1]

## ICD-10-CM Cross References

Q25.1

# 33897

Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision to access the target blood vessel, makes an opening in the vessel, and introduces items for the percutaneous transluminal angioplasty, such as a sheath, guidewire, and catheter. The provider uses imaging guidance to navigate the catheter to the heart. The provider also may perform diagnostic congenital left heart catheterization, navigating a catheter into the left side of the heart and using imaging such as fluoroscopy to examine and assess the heart, including congenital defects. The provider then navigates to the coarctation (narrowing) in the aorta. The provider may use angiography to visualize the target lesion and performs balloon angioplasty, inflating a balloon in the target zone to widen it. The provider confirms the widening was successful and then removes all instruments and closes the access site.

## Coding Tips

Use 33897 for dilation of the coarctation using balloon angioplasty without stent placement. See 33894 and 33895 for stent placement to treat coarctation.

## Fee Schedule Information

**Medicare Fees (National):** QP Conversion Factor $: 33.5675, Facility Fee: $504.18, Non Facility Fee: $504.18; Non-QP Conversion Factor $33.4009, Facility Fee: $501.68, Non Facility Fee: $501.68
**RVU (Facility):** Work 10.54, PE 1.96, Mal 2.52, Total 15.02
**RVU (Non-Facility):** Work 10.54, PE 1.96, Mal 2.52, Total 15.02
**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 Allowances

22, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AS, CG, CR, GA, GC, GJ, GR, GY, GZ, LC, LD, LM, Q5, Q6, QJ, RC, RI, XE, XP, XS, XU

## NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0903T[1], 0904T[1], 0905T[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], 33210[0], 34701[0], 34702[0], 34703[0], 34704[0], 34705[0], 34706[0], 35201[1], 35206[1], 35207[1], 35211[1], 35216[1], 35221[1], 35226[1], 35231[1], 35236[1], 35241[1], 35246[1], 35251[1], 35256[1], 35261[1], 35266[1], 35271[1], 35276[1], 35281[1], 35286[1], 36000[1], 36200[0], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36600[1], 36640[1], 37236[0], 37237[1], 37246[0], 37247[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], 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], 75600[0], 75605[0], 75625[0], 76000[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93451[1], 93452[1], 93453[1], 93454[1], 93455[1], 93456[1], 93457[1], 93458[1], 93459[1], 93460[1], 93461[1], 93462[1], 93463[1], 93464[1], 93503[1], 93505[1], 93567[0], 93595[0], 93596[0], 93597[0], 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], 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], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1]

## ICD-10-CM Cross References

Q25.1, Q89.81, Q89.89

# 33900

Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision to access the vascular system and inserts a guidewire. The provider then inserts a guide catheter over the guidewire, moving it through the vascular system and positioning the catheter at the target pulmonary artery site. The provider uses normal native connections to access the site, meaning the superior vena cava/inferior vena cava to the right atrium, right ventricle, and the pulmonary artery. The provider may

# ICD-10-CM Cross Reference Details

**A01.09** Typhoid fever with other complications
**A02.1** Salmonella sepsis
**A18.11** Tuberculosis of kidney and ureter
**A18.84** Tuberculosis of heart
**A22.7** Anthrax sepsis
**A26.7** Erysipelothrix sepsis
**A31.0** Pulmonary mycobacterial infection
**A32.7** Listerial sepsis
**A36.0** Pharyngeal diphtheria
**A36.1** Nasopharyngeal diphtheria
**A36.2** Laryngeal diphtheria
**A36.81** Diphtheritic cardiomyopathy
**A36.84** Diphtheritic tubulo-interstitial nephropathy
**A36.89** Other diphtheritic complications
**A38.8** Scarlet fever with other complications
**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
**A41.59** Other Gram-negative sepsis
**A41.81** Sepsis due to Enterococcus
**A41.89** Other specified sepsis
**A41.9** Sepsis, unspecified organism
**A42.7** Actinomycotic sepsis
**A43.0** Pulmonary nocardiosis
**A43.1** Cutaneous nocardiosis
**A43.8** Other forms of nocardiosis
**A43.9** Nocardiosis, unspecified
**A48.3** Toxic shock syndrome
**A50.54** Late congenital cardiovascular syphilis
**A52.00** Cardiovascular syphilis, unspecified
**A52.01** Syphilitic aneurysm of aorta
**A52.02** Syphilitic aortitis
**A52.03** Syphilitic endocarditis
**A52.06** Other syphilitic heart involvement
**A52.09** Other cardiovascular syphilis
**A52.12** Other cerebrospinal syphilis
**A52.15** Late syphilitic neuropathy
**A52.19** Other symptomatic neurosyphilis
**A52.75** Syphilis of kidney and ureter
**A54.21** Gonococcal infection of kidney and ureter
**A54.83** Gonococcal heart infection
**A54.86** Gonococcal sepsis
**A79.82** Anaplasmosis [A. phagocytophilum]
**A91** Dengue hemorrhagic fever
**A92.39** West Nile virus infection with other complications
**B01.89** Other varicella complications
**B01.9** Varicella without complication
**B02.8** Zoster with other complications
**B02.9** Zoster without complications
**B05.4** Measles with intestinal complications
**B05.89** Other measles complications
**B05.9** Measles without complication
**B06.00** Rubella with neurological complication, unspecified
**B06.09** Other neurological complications of rubella
**B06.89** Other rubella complications
**B06.9** Rubella without complication
**B17.8** Other specified acute viral hepatitis
**B18.8** Other chronic viral hepatitis
**B18.9** Chronic viral hepatitis, unspecified
**B19.20** Unspecified viral hepatitis C without hepatic coma
**B19.21** Unspecified viral hepatitis C with hepatic coma
**B20** Human immunodeficiency virus [HIV] disease
**B26.89** Other mumps complications
**B26.9** Mumps without complication
**B27.00** Gammaherpesviral mononucleosis without complication
**B27.09** Gammaherpesviral mononucleosis with other complications
**B27.10** Cytomegaloviral mononucleosis without complications
**B27.19** Cytomegaloviral mononucleosis with other complication
**B27.80** Other infectious mononucleosis without complication
**B27.89** Other infectious mononucleosis with other complication
**B27.90** Infectious mononucleosis, unspecified without complication
**B27.99** Infectious mononucleosis, unspecified with other complication
**B33.20** Viral carditis, unspecified
**B33.21** Viral endocarditis
**B33.22** Viral myocarditis
**B33.23** Viral pericarditis
**B33.24** Viral cardiomyopathy
**B33.4** Hantavirus (cardio)-pulmonary syndrome [HPS] [HCPS]
**B34.2** Coronavirus infection, unspecified
**B37.6** Candidal endocarditis
**B37.7** Candidal sepsis
**B39.4** Histoplasmosis capsulati, unspecified
**B39.5** Histoplasmosis duboisii
**B50.0** Plasmodium falciparum malaria with cerebral complications
**B51.8** Plasmodium vivax malaria with other complications
**B51.9** Plasmodium vivax malaria without complication
**B52.0** Plasmodium malariae malaria with nephropathy
**B52.8** Plasmodium malariae malaria with other complications
**B52.9** Plasmodium malariae malaria without complication
**B58.81** Toxoplasma myocarditis
**B77.0** Ascariasis with intestinal complications
**B77.89** Ascariasis with other complications
**B88.01** Infestation by Demodex mites
**B88.09** Other acariasis
**B91** Sequelae of poliomyelitis
**B95.2** Enterococcus as the cause of diseases classified elsewhere
**B96.22** Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
**B97.21** SARS-associated coronavirus as the cause of diseases classified elsewhere
**B97.29** Other coronavirus as the cause of diseases classified elsewhere
**B97.35** Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
**B97.4** Respiratory syncytial virus as the cause of diseases classified elsewhere
**C00.3** Malignant neoplasm of upper lip, inner aspect
**C01** Malignant neoplasm of base of tongue
**C02.0** Malignant neoplasm of dorsal surface of tongue
**C02.1** Malignant neoplasm of border of tongue
**C02.2** Malignant neoplasm of ventral surface of tongue
**C02.3** Malignant neoplasm of anterior two-thirds of tongue, part unspecified
**C02.4** Malignant neoplasm of lingual tonsil
**C02.8** Malignant neoplasm of overlapping sites of tongue
**C02.9** Malignant neoplasm of tongue, unspecified
**C03.0** Malignant neoplasm of upper gum
**C03.1** Malignant neoplasm of lower gum
**C03.9** Malignant neoplasm of gum, unspecified
**C04.0** Malignant neoplasm of anterior floor of mouth
**C04.1** Malignant neoplasm of lateral floor of mouth
**C04.8** Malignant neoplasm of overlapping sites of floor of mouth
**C04.9** Malignant neoplasm of floor of mouth, unspecified
**C05.0** Malignant neoplasm of hard palate

**C05.1** Malignant neoplasm of soft palate
**C05.2** Malignant neoplasm of uvula
**C05.9** Malignant neoplasm of palate, unspecified
**C06.0** Malignant neoplasm of cheek mucosa
**C06.1** Malignant neoplasm of vestibule of mouth
**C06.2** Malignant neoplasm of retromolar area
**C06.89** Malignant neoplasm of overlapping sites of other parts of mouth
**C06.9** Malignant neoplasm of mouth, unspecified
**C07** Malignant neoplasm of parotid gland
**C08.0** Malignant neoplasm of submandibular gland
**C08.1** Malignant neoplasm of sublingual gland
**C08.9** Malignant neoplasm of major salivary gland, unspecified
**C09.0** Malignant neoplasm of tonsillar fossa
**C09.1** Malignant neoplasm of tonsillar pillar (anterior) (posterior)
**C09.9** Malignant neoplasm of tonsil, unspecified
**C10.0** Malignant neoplasm of vallecula
**C10.1** Malignant neoplasm of anterior surface of epiglottis
**C10.2** Malignant neoplasm of lateral wall of oropharynx
**C10.3** Malignant neoplasm of posterior wall of oropharynx
**C10.4** Malignant neoplasm of branchial cleft
**C10.8** Malignant neoplasm of overlapping sites of oropharynx
**C10.9** Malignant neoplasm of oropharynx, unspecified
**C11.0** Malignant neoplasm of superior wall of nasopharynx
**C11.1** Malignant neoplasm of posterior wall of nasopharynx
**C11.2** Malignant neoplasm of lateral wall of nasopharynx
**C11.3** Malignant neoplasm of anterior wall of nasopharynx
**C11.8** Malignant neoplasm of overlapping sites of nasopharynx
**C11.9** Malignant neoplasm of nasopharynx, unspecified
**C12** Malignant neoplasm of pyriform sinus
**C13.0** Malignant neoplasm of postcricoid region
**C13.1** Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
**C13.2** Malignant neoplasm of posterior wall of hypopharynx
**C13.8** Malignant neoplasm of overlapping sites of hypopharynx
**C13.9** Malignant neoplasm of hypopharynx, unspecified
**C14.0** Malignant neoplasm of pharynx, unspecified
**C14.2** Malignant neoplasm of Waldeyer's ring
**C14.8** Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
**C15.3** Malignant neoplasm of upper third of esophagus
**C15.4** Malignant neoplasm of middle third of esophagus
**C15.5** Malignant neoplasm of lower third of esophagus
**C15.8** Malignant neoplasm of overlapping sites of esophagus
**C15.9** Malignant neoplasm of esophagus, unspecified
**C16.9** Malignant neoplasm of stomach, unspecified
**C18.3** Malignant neoplasm of hepatic flexure
**C18.4** Malignant neoplasm of transverse colon
**C18.9** Malignant neoplasm of colon, unspecified
**C19** Malignant neoplasm of rectosigmoid junction
**C20** Malignant neoplasm of rectum
**C21.0** Malignant neoplasm of anus, unspecified
**C21.1** Malignant neoplasm of anal canal
**C21.2** Malignant neoplasm of cloacogenic zone
**C21.8** Malignant neoplasm of overlapping sites of rectum, anus and anal canal
**C22.0** Liver cell carcinoma
**C22.1** Intrahepatic bile duct carcinoma
**C22.2** Hepatoblastoma
**C22.3** Angiosarcoma of liver
**C22.4** Other sarcomas of liver
**C22.7** Other specified carcinomas of liver
**C22.8** Malignant neoplasm of liver, primary, unspecified as to type
**C22.9** Malignant neoplasm of liver, not specified as primary or secondary
**C23** Malignant neoplasm of gallbladder
**C24.0** Malignant neoplasm of extrahepatic bile duct
**C24.1** Malignant neoplasm of ampulla of Vater
**C24.8** Malignant neoplasm of overlapping sites of biliary tract
**C25.0** Malignant neoplasm of head of pancreas
**C25.1** Malignant neoplasm of body of pancreas
**C25.2** Malignant neoplasm of tail of pancreas
**C25.3** Malignant neoplasm of pancreatic duct
**C25.4** Malignant neoplasm of endocrine pancreas
**C25.7** Malignant neoplasm of other parts of pancreas
**C25.8** Malignant neoplasm of overlapping sites of pancreas
**C25.9** Malignant neoplasm of pancreas, unspecified
**C26.1** Malignant neoplasm of spleen
**C26.9** Malignant neoplasm of ill-defined sites within the digestive system
**C30.0** Malignant neoplasm of nasal cavity
**C30.1** Malignant neoplasm of middle ear
**C31.0** Malignant neoplasm of maxillary sinus
**C31.1** Malignant neoplasm of ethmoidal sinus
**C31.2** Malignant neoplasm of frontal sinus
**C31.3** Malignant neoplasm of sphenoid sinus
**C31.8** Malignant neoplasm of overlapping sites of accessory sinuses
**C31.9** Malignant neoplasm of accessory sinus, unspecified
**C32.0** Malignant neoplasm of glottis
**C32.1** Malignant neoplasm of supraglottis
**C32.2** Malignant neoplasm of subglottis
**C32.3** Malignant neoplasm of laryngeal cartilage
**C32.8** Malignant neoplasm of overlapping sites of larynx
**C32.9** Malignant neoplasm of larynx, unspecified
**C33** Malignant neoplasm of trachea
**C34.00** Malignant neoplasm of unspecified main bronchus
**C34.01** Malignant neoplasm of right main bronchus
**C34.02** Malignant neoplasm of left main bronchus
**C34.10** Malignant neoplasm of upper lobe, unspecified bronchus or lung
**C34.11** Malignant neoplasm of upper lobe, right bronchus or lung
**C34.12** Malignant neoplasm of upper lobe, left bronchus or lung
**C34.2** Malignant neoplasm of middle lobe, bronchus or lung
**C34.30** Malignant neoplasm of lower lobe, unspecified bronchus or lung
**C34.31** Malignant neoplasm of lower lobe, right bronchus or lung
**C34.32** Malignant neoplasm of lower lobe, left bronchus or lung
**C34.80** Malignant neoplasm of overlapping sites of unspecified bronchus and lung
**C34.81** Malignant neoplasm of overlapping sites of right bronchus and lung
**C34.82** Malignant neoplasm of overlapping sites of left bronchus and lung
**C34.90** Malignant neoplasm of unspecified part of unspecified bronchus or lung
**C34.91** Malignant neoplasm of unspecified part of right bronchus or lung
**C34.92** Malignant neoplasm of unspecified part of left bronchus or lung
**C37** Malignant neoplasm of thymus
**C38.0** Malignant neoplasm of heart
**C38.1** Malignant neoplasm of anterior mediastinum
**C38.2** Malignant neoplasm of posterior mediastinum
**C38.3** Malignant neoplasm of mediastinum, part unspecified
**C38.4** Malignant neoplasm of pleura
**C38.8** Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
**C39.9** Malignant neoplasm of lower respiratory tract, part unspecified
**C40.00** Malignant neoplasm of scapula and long bones of unspecified upper limb
**C40.01** Malignant neoplasm of scapula and long bones of right upper limb
**C40.02** Malignant neoplasm of scapula and long bones of left upper limb
**C40.10** Malignant neoplasm of short bones of unspecified upper limb
**C40.11** Malignant neoplasm of short bones of right upper limb
**C40.12** Malignant neoplasm of short bones of left upper limb
**C40.20** Malignant neoplasm of long bones of unspecified lower limb
**C40.21** Malignant neoplasm of long bones of right lower limb
**C40.22** Malignant neoplasm of long bones of left lower limb
**C40.30** Malignant neoplasm of short bones of unspecified lower limb
**C40.31** Malignant neoplasm of short bones of right lower limb
**C40.32** Malignant neoplasm of short bones of left lower limb

# 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 |
|---|---|
| **Abbe Estlander operation** | Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft. |
| **Abdominal aorta** | Largest artery that supplies the abdominal cavity, part of the aorta and a continuation of the descending aorta from the thorax; it divides further into iliac arteries, which supply blood to the abdominal wall, pelvis, and lower extremities. |
| **Abdominal aortic aneurysm, or AAA** | Widening of the abdominal aorta due to weakening in the wall of the aorta. |
| **Abdominal ultrasound** | This is a noninvasive technique which uses sound wave to take images of the intra-abdominal structures (i.e. liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta). |
| **Ablation** | Removal of tissue, a body part, or an organ or destruction of its function. |
| **Abscess** | A collection of pus in a walled off sac or pocket, the result of infection. |
| **Acute** | A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic. |
| **Acute respiratory distress syndrome, or ARDS** | A buildup of fluid, or an inflammation, in the lungs due to trauma or disease. |
| **Adhesions** | Fibrous bands, which typically result from inflammation or injury during surgery that form between tissues and organs; they may be thought of as internal scar tissue. |
| **Adrenal glands** | A small endocrine gland found on top of the kidney that secretes hormones into the blood. |
| **Adrenal veins** | Veins branching off of the left or right 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. |
| **Advanced life support** | Emergency prehospital services that use invasive medical actions, such as administration of intravenous fluids or drugs, intubation, and cardioversion or defibrillation. |
| **Adventitia** | The outermost layer or covering of a vessel or organ. |
| **Air cuff** | An inflatable band worn around an extremity to regulate the flow of blood. |
| **Algorithm** | A specific set of step-by-step calculations using defined inputs at each step to produce a useful output. |
| **Amniotic cavity** | Sac filled with amniotic fluid where the fetus develops. |
| **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. |
| **Anastomosis** | Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side. |
| **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. |
| **Angioaccess** | A group of procedures in which a vascular provider places a catheter, shunt, or graft in the patient's arm or neck for easy access the blood vessels to perform procedures such as hemodialysis. |
| **Angiogram** | A general term for radiographic images of arteries or veins following the administration of a contrast material; more specific terms include aortogram, arteriogram, and venogram. |
| **Angiography** | Imaging of internal organs including blood vessels, arteries, veins, and heart chambers. |
| **Angioplasty** | A surgical procedure to widen a narrowed or blocked artery. |
| **Angioscope** | Fiberoptic catheter for viewing the lumen, or interior, of a blood vessel. |
| **Antegrade** | That which occurs in the normal direction or flow. |
| **Anterior** | Closer to the front part of the body. |
| **Anterior tibial artery** | Smaller anterior artery that passes between the tibia and fibula, descends in the anterior portion of the leg, and continues beyond the ankle joint into the foot as the dorsalis pedis artery. |
| **Antibiotic** | Substance that inhibits infection. |
| **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. |

| Terminology | Explanation |
|---|---|
| **Aorta** | The main artery that comes out of the top of the left ventricle and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively. |
| **Aortic arch** | As the aorta comes out of the heart, it rises and then curves down forming an arch. |
| **Aortic dissection** | Blood coursing within the layers of the aorta's walls. |
| **Aortic valve** | The cardiac valve connecting the heart to the aorta. |
| **Aortocarotid** | Pertaining to the aorta and the carotid vessels located in the neck. |
| **Aortography** | Study of the aorta by taking X-ray images after injecting contrast material. |
| **Aortoiliac artery** | The aorta near the umbilicus splits into iliac arteries that run through the pelvis and further divide into arteries supplying blood to the lower limbs. |
| **Aortosubclavian** | Pertaining to the aorta and the subclavian vessels in the chest below the clavicle (collarbone). |
| **Apex** | The top or highest part of an organ. |
| **Apheresis** | A procedure in which the blood of a donor or patient is passed through an apparatus that separates out one particular constituent and returns the remainder to the circulation. |
| **Arch of aorta** | The second section of the aorta following the ascending aorta. |
| **Arrhythmia** | An abnormal beating of the heart with an irregular or abnormal rhythm. |
| **Arterial access** | Situated or occurring within an artery. |
| **Arterial catheter or cannula** | A thin plastic tube that a provider inserts into an artery; the radial artery in the wrist is the most common choice for the purpose of arterial catheterization. |
| **Arterial vessels** | Vessels that carry oxygen rich blood away from the heart to the rest of the body. |
| **Arteries** | Vessels that carry oxygen rich blood from heart to the organs. |
| **Arteriogram** | A medical imaging in which the provider injects a dye into the arteries to visualize the inside of these blood vessels using X-ray also known as an angiography. |
| **Arteriography** | A technique to visualize the inside of blood vessels. |
| **Arteriosclerosis** | An abnormal thickening and hardening of the walls of the arteries. |
| **Arteriotomy** | Cutting or opening of an artery wall. |
| **Arteriovenous anastomosis** | An abnormal connection between an artery and a vein made either surgically, as a result of trauma or a medical condition, or congenital; also be referred to as an arteriovenous fistula. |
| **Arteriovenous fistula** | An abnormal connection between an artery and vein that disturbs the normal pattern of blood flow. |
| **Arteriovenous graft** | A provider surgically connects a vein to an artery using a soft plastic tube or an organic material from a person or animal. |
| **Arteriovenous malformation** | A mass of interwoven arteries and veins that interferes with blood flow; often congenital, or present at birth. |
| **Ascending aorta** | Part of the aorta that rises up from the heart from which the coronary arteries branch off to supply the heart with blood. |
| **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. |
| **Atherectomy** | Removal of plaque from the lining, or intima, of an artery; also called endarterectomy. |
| **Atheroma** | Deposition of fatty material on the innermost layer of the wall of an artery. |
| **Atherosclerosis** | Chronic disease characterized by abnormal thickening of the walls of the arteries due to fatty deposits. |
| **Atherosclerotic burden** | The sum or extent of atherosclerotic disease. |
| **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. |
| **Atrium** | One of the two upper chambers of the heart; the left atrium delivers oxygenated blood from the pulmonary veins to the left ventricle of the heart, the right receives blood from the major veins and delivers it to the right ventricle. |
| **Autologous tissue graft** | Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue. |
| **Axillary artery** | The main blood vessel that supplies oxygenated blood to the sides of the body and armpits. |

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**- Mary Arnold, CPC, CPMA, CRC, RMA, HR-C**

*"While taking classes, I was introduced to AAPC. I became a member to help boost my career, and more than 20 years later, I'm still an AAPC member."*

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