CODERS' SPECIALTY GUIDE

Internal Medicine, Endocrinology, & Wound Care

2027

AAPC

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

Contents

General Surgical Procedures

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule Information

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

Modifier 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.

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

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

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

Fee Schedule Information

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

Modifier 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 32.0)

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

ICD-10-CM Cross References

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

+10006

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule Information

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

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

ICD-10-CM Cross References

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

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

Integumentary System

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): QP Conversion Factor $: 33.5675, Facility Fee: $118.83, Non Facility Fee: $624.69; Non-QP Conversion Factor $33.4009, Facility Fee: $118.24, Non Facility Fee: $621.59
RVU (Facility): Work 2.68, PE 0.51, Mal 0.35, Total 3.54
RVU (Non-Facility): Work 2.68, PE 15.58, Mal 0.35, Total 18.61
MPFS Payment Policy Indicators: Global Period 0, 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 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0903T[1], 0904T[1], 0905T[1], 10060[1], 10061[1], 10080[1], 10081[1], 10140[1], 10160[1], 11055[1], 11056[1], 11057[1], 11401[1], 11402[1], 11403[1], 11404[1], 11406[1], 11421[1], 11422[1], 11423[1], 11424[1], 11426[1], 11441[1], 11442[1], 11443[1], 11444[1], 11446[1], 11450[1], 11451[1], 11462[1], 11463[1], 11470[1], 11471[1], 11600[1], 11601[1], 11602[1], 11603[1], 11604[1], 11606[1], 11620[1], 11621[1], 11622[1], 11623[1], 11624[1], 11626[1], 11640[1], 11641[1], 11642[1], 11643[1], 11644[1], 11646[1], 11719[1], 11720[1], 11721[1], 11765[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], 20500[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], 61650[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], 75989[1], 76000[1], 76380[1], 76942[1], 76998[1], 77002[1], 77003[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], 97597[1], 97598[1], 97602[1], 97605[1], 97606[1], 97607[1], 97608[1], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], G0127[1], G0463[1], G0471[1], J0670[1]

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

Medicine

90460

Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

Clinical Responsibility

The provider administers a single live attenuated vaccine through a parenteral, oral, intranasal, intramuscular, or intravenous to a patient up to 18 years of age. When the patient is prepped, the provider administers a single vaccine or mix of vaccines or toxoids. He counsels the patient, providing instructions and precautions before immunization.

Coding Tips

If the provider administers more than one vaccine, use +90461, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered, for each additional vaccine or toxoid component.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $23.50, Non Facility Fee: $23.50; Non-QP Conversion Factor $33.4009, Facility Fee: $23.38, Non Facility Fee: $23.38
RVU (Facility): Work 0.23, PE 0.45, Mal 0.02, Total 0.70
RVU (Non-Facility): Work 0.23, PE 0.45, Mal 0.02, Total 0.70
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: 9

Modifier Allowances

33, 52, 79, 80, 81, 82, AS, GA, KX, PD, Q6

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 0708T[1], 0709T[1], 36591[0], 36592[0], 90471[0], 90473[0], 96160[1], 96161[1], 96372[1], 96377[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1], 99411[1], 99412[1], 99483[1], 99497[1], G0008[1], G0009[1], G0010[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

A15.0-A15.9, A17.0, A17.1, A17.81-A17.89, A17.9, A36.0-A36.3, A36.81-A36.89, A36.9, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A49.2, A80.0-A80.2, A80.30, A80.39, A80.4, A80.9, A81.00-A81.09, A81.1, A81.2, A81.81-A81.89, A81.9, B01.0-B01.2, B01.11, B01.12, B01.81, B01.89, B01.9, B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.09, B06.81-B06.89, B06.9, B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B96.3, G00.1, G14, J09.X1-J09.X3, J09.X9, J10.00-J10.08, J10.1, J10.2, J10.81-J10.89, J11.00, J11.08, J11.1, J11.2, J11.81-J11.89, J12.2, J14, J20.1, J20.4, M00.10-M00.19, M00.111-M00.119, M00.121-M00.129, M00.131-M00.139, M00.141-M00.149, M00.151-M00.159, M00.161-M00.169, M00.171-M00.179, T50.A16A-T50.A16S, T50.B16A-T50.B16S, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z20.821, Z23, Z28.83, Z29.89, Z71.84, Z71.85

+90461

Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)

Clinical Responsibility

The provider administers an additional live attenuated vaccine either via a parenteral, oral, intranasal, intramuscular, or intravenous to a patient up to 18 years of age after the administration of the first vaccine. After injection of a single or initial vaccine, the provider during the same session, preps the patient for an additional live attenuated vaccine. The provider administers a mix of vaccines or toxoids during immunization. She counsels the patient, providing instructions and precautions before immunization.

Coding Tips

Because +90461 is an add-on code, payers will not reimburse you if you report it without the appropriate primary vaccine administration code 90460.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $8.73, Non Facility Fee: $8.73; Non-QP Conversion Factor $33.4009, Facility Fee: $8.68, Non Facility Fee: $8.68
RVU (Facility): Work 0.18, PE 0.07, Mal 0.01, Total 0.26
RVU (Non-Facility): Work 0.18, PE 0.07, Mal 0.01, Total 0.26
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: 8

Modifier Allowances

33, 52, 79, 80, 81, 82, AS, GA, KX, PD, Q6, Q7

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 36591[0], 36592[0], 96160[1], 96161[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1],

99411[1], 99412[1], 99483[1], 99497[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

A15.0-A15.9, A17.0, A17.1, A17.81-A17.89, A17.9, A36.0-A36.3, A36.81-A36.89, A36.9, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A49.2, A80.0-A80.2, A80.30, A80.39, A80.4, A80.9, A81.00-A81.09, A81.1, A81.2, A81.81-A81.89, A81.9, B01.0-B01.2, B01.11, B01.12, B01.81, B01.89, B01.9, B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.09, B06.81-B06.89, B06.9, B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B96.3, G00.1, G14, J09.X1-J09.X3, J09.X9, J10.00-J10.08, J10.1, J10.2, J10.81-J10.89, J11.00, J11.08, J11.1, J11.2, J11.81-J11.89, J12.2, J14, J20.1, J20.4, M00.10-M00.19, M00.111-M00.119, M00.121-M00.129, M00.131-M00.139, M00.141-M00.149, M00.151-M00.159, M00.161-M00.169, M00.171-M00.179, T50.A16A-T50.A16S, T50.B16A-T50.B16S, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z20.821, Z23, Z28.83, Z29.89, Z71.84, Z71.85

90471

Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

Clinical Responsibility

When the patient is prepped, the provider administers a single vaccine or mix of vaccines or toxoids during a single immunization via percutaneous, intradermal, subcutaneous, or intramuscular route.

Coding Tips

If the provider administers more than one vaccine, use +90472, Immunization administration, includes percutaneous, intradermal, subcutaneous, or intramuscular injections; each additional vaccine, for each additional vaccine or toxoid component.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $22.15, Non Facility Fee: $22.15; Non-QP Conversion Factor $33.4009, Facility Fee: $22.04, Non Facility Fee: $22.04
RVU (Facility): Work 0.17, PE 0.48, Mal 0.01, Total 0.66
RVU (Non-Facility): Work 0.17, PE 0.48, Mal 0.01, Total 0.66
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 5, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

33, 52, 53, 79, 80, 81, 82, 99, AR, AS, GA, GC, GR, KX, PD, Q6, QJ, SY

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 36591[0], 36592[0], 90473[0], 96160[1], 96161[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1], 99411[1], 99412[1], 99483[1], 99497[1], G0008[1], G0009[1], G0010[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

P35.4, T50.A16A-T50.A16S, T50.B16A-T50.B16S, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z20.821, Z23, Z28.83, Z29.89, Z71.84

+90472

Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

Clinical Responsibility

An immunization is the administration of a modified form of an infectious agent to protect against an infectious disease. Here the physician administers a vaccine to the patient. The route of administration can be either percutaneous, intradermal, subcutaneous, or intramuscular. Use this code for each additional injection of a vaccine after the first injection.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $16.11, Non Facility Fee: $16.11; Non-QP Conversion Factor $33.4009, Facility Fee: $16.03, Non Facility Fee: $16.03
RVU (Facility): Work 0.15, PE 0.32, Mal 0.01, Total 0.48
RVU (Non-Facility): Work 0.15, PE 0.32, Mal 0.01, Total 0.48
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 5, Endoscopic Base Code: None
Practitioner MUE: 8

Modifier Allowances

33, 52, 53, 79, 80, 81, 82, 99, AR, AS, GA, GC, GR, KX, PD, Q6, QJ, SY

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 36591[0], 36592[0], 96160[1], 96161[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1], 99411[1], 99412[1], 99483[1], 99497[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

A15.0-A15.9, A17.0, A17.1, A17.81-A17.89, A17.9, A36.0-A36.3, A36.81-A36.89, A36.9, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A49.2, A80.0-A80.2, A80.30, A80.39, A80.4, A80.9, A81.00-A81.09, A81.1, A81.2, A81.81-A81.89, A81.9, B01.0-B01.2, B01.11, B01.12, B01.81, B01.89, B01.9, B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.09, B06.81-B06.89, B06.9, B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B96.3, G00.1, G14, J09.X1-J09.X3, J09.X9, J10.00-J10.08, J10.1, J10.2, J10.81-J10.89, J11.00, J11.08, J11.1, J11.2, J11.81-J11.89, J12.2, J14, J20.1, J20.4, M00.10-M00.19, M00.111-M00.119, M00.121-M00.129, M00.131-M00.139, M00.141-M00.149, M00.151-M00.159,

M00.161-M00.169, M00.171-M00.179, P35.4, T50.A16A-T50.A16S, T50.B16A-T50.B16S, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z20.821, Z28.83, Z29.89, Z71.84

90473

Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

Clinical Responsibility

When the patient is appropriately prepped, the provider immunizes the patient through intranasal or oral route using a single vaccine.

Coding Tips

If the provider administers more than one vaccine, use +90474, Immunization administration by intranasal or oral route; each additional vaccine, single or combination vaccine/toxoid, for each additional vaccine administration through the oral or intranasal route.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $17.46, Non Facility Fee: $17.46; Non-QP Conversion Factor $33.4009, Facility Fee: $17.37, Non Facility Fee: $17.37
RVU (Facility): Work 0.17, PE 0.34, Mal 0.01, Total 0.52
RVU (Non-Facility): Work 0.17, PE 0.34, Mal 0.01, Total 0.52
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

33, 52, 53, 59, 79, 80, 81, 82, 99, AR, AS, GA, GC, GR, GY, GZ, KX, PD, Q6, QJ, SY, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 36591[0], 36592[0], 96160[1], 96161[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1], 99411[1], 99412[1], 99483[1], 99497[1], G0008[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z23, Z28.83, Z29.89, Z71.84

+90474

Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

Clinical Responsibility

After administration of a single or initial vaccine, the provider during the same session preps the patient for an additional live attenuated vaccine. He administers an additional mix of a single vaccine or multiple vaccines or toxoids during immunization orally or through an intranasal route.

Coding Tips

Because +90474 is an add-on code, payers will not reimburse you if you report it without the appropriate primary administration code 90473.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $12.42, Non Facility Fee: $12.42; Non-QP Conversion Factor $33.4009, Facility Fee: $12.36, Non Facility Fee: $12.36
RVU (Facility): Work 0.15, PE 0.21, Mal 0.01, Total 0.37
RVU (Non-Facility): Work 0.15, PE 0.21, Mal 0.01, Total 0.37
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: 1

Modifier Allowances

33, 52, 53, 79, 80, 81, 82, 99, AR, AS, GA, GC, GR, GY, GZ, KX, PD, Q6, QJ, SY

NCCI Alerts (version 32.0)

0591T[1], 0592T[1], 0593T[1], 36591[0], 36592[0], 96160[1], 96161[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99242[1], 99243[1], 99244[1], 99245[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99381[1], 99382[1], 99383[1], 99384[1], 99385[1], 99386[1], 99387[1], 99391[1], 99392[1], 99393[1], 99394[1], 99395[1], 99396[1], 99397[1], 99401[1], 99402[1], 99403[1], 99404[1], 99406[1], 99407[1], 99408[1], 99409[1], 99411[1], 99412[1], 99483[1], 99497[1], G0442[1], G0443[1], G0444[1], G0445[1], G0463[1]

ICD-10-CM Cross References

A80.0-A80.2, A80.30, A80.39, A80.4, A80.9, A81.00-A81.09, A81.1, A81.2, A81.81-A81.89, A81.9, B91, G14, M89.60-M89.69, M89.611-M89.619, M89.621-M89.629, M89.631-M89.639, M89.641-M89.649, M89.651-M89.659, M89.661-M89.669, M89.671-M89.679, T50.B96A-T50.B96S, T50.Z96A-T50.Z96S, Z28.83, Z29.89, Z71.84

90476

Adenovirus vaccine, type 4, live, for oral use

Clinical Responsibility

This code represents a vaccine product administered to reduce the patient's risk of contracting illnesses caused by adenovirus type 4. This is a live vaccine, containing a weakened form of the virus. The route of administration is oral, meaning the patient swallows the vaccine. Adenovirus type 4 can cause respiratory illnesses such as the common cold, sore throat, bronchitis, pneumonia, and conjunctivitis (pink eye).

Proprietary Laboratory Analyses

0573U

Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous

Advice

CPT® adds 0573U to be reported only for Amplified Sciences PanCystPro™ from Amplified Sciences Inc. This test analyzes pancreatic cyst fluid for three biomarkers: glucose, carcinoembryonic antigen (CEA), and gastricsin. These substances can help determine whether the cyst is mucinous (associated with cancer risk) or nonmucinous. A diagnostic algorithm categorizes the result accordingly.

Effective date of this code: July 1, 2026.

Clinical Responsibility

This code represents Amplified Sciences PanCystPro™ from Amplified Sciences Inc. The test analyzes pancreatic cyst fluid for three biomarkers. Glucose is a sugar normally present in body fluids; low levels in cyst fluid can suggest a mucinous cyst. Carcinoembryonic antigen (CEA) is a protein often elevated in mucinous or cancer-related cysts. Gastricsin is a digestive enzyme that may be increased in certain types of cysts. These markers are measured, and the results are interpreted using a diagnostic algorithm that categorizes the cyst as mucinous (potentially precancerous or cancerous) or nonmucinous (typically benign).

Clinicians may order this test to help determine the nature of a pancreatic cyst and guide decisions about further monitoring, surgery, or other treatment.

Coding Tips

Use this code only for the appropriate proprietary test.

Fee Schedule Information

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

Modifier Allowances

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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

C25.0-C25.9, C78.89, D13.6, D13.7, K86.2, K86.89, K86.9, Z12.89, Z80.0, Z85.07

0600U

Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism

Advice

CPT® adds 0600U to be reported only for FidaLab Molecular Wound Infection Test from FidaLab LLC. This test identifies microorganisms that cause wound infections and detects antibiotic resistance genes using a molecular method called real-time polymerase chain reaction (PCR). It analyzes wound swab samples for 65 possible organisms and 30 genes linked to antibiotic resistance. Each organism is reported as positive or negative, helping guide appropriate antimicrobial therapy.

Effective date: Jan. 1, 2027.

Clinical Responsibility

This code represents FidaLab Molecular Wound Infection Test from FidaLab LLC. The laboratory uses a technique called real-time polymerase chain reaction (PCR), which amplifies (copies) and detects specific DNA sequences from bacteria, fungi, or other infectious organisms present in a wound swab specimen. Real-time refers to the ability to measure the amplification process as it occurs, allowing for both identification and quantification of microbial DNA in the sample. The test targets 65 organisms commonly associated with wound infections, including both aerobic (oxygen-requiring) and anaerobic (non-oxygen-requiring) bacteria, as well as certain fungi. It also screens for 30 antibiotic resistance genes (genetic markers that indicate whether a microorganism may resist common antibiotics, such as beta-lactams or macrolides). The results are reported as positive or negative for each organism and resistance gene detected. Clinicians may order this test to identify the cause of a wound infection and determine whether resistant organisms are present, allowing for more precise selection of effective therapy and improved wound management.

Coding Tips

Use this code only for the appropriate proprietary test.

Fee Schedule Information

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

Modifier Allowances

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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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

0602U

Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score

Advice

CPT® adds 0602U to be reported only for Kihealth Inc® Diabetes Risk Test from Kihealth Inc® Laboratory. This test evaluates a patient's risk of developing diabetes by analyzing both genetic and biochemical markers. It measures methylation (chemical tagging) of the insulin (INS) gene using digital droplet polymerase chain reaction (ddPCR), and assesses insulin, C-peptide, and hemoglobin A1c (HbA1c) levels through immunoassay methods. These combined results are processed through an algorithm that produces a diabetes-risk score to indicate the likelihood of impaired glucose metabolism or diabetes.

Effective date: Jan. 1, 2027.

Clinical Responsibility

This code represents Kihealth Inc® Diabetes Risk Test from Kihealth Inc® Laboratory. The laboratory performs digital droplet polymerase chain reaction (ddPCR) to measure methylation of the insulin (INS) gene using a blood sample. Methylation is the attachment of small chemical groups to DNA that can turn gene activity up or down; abnormal methylation of the INS gene may affect insulin production. The test also measures insulin, C-peptide, and hemoglobin A1c (HbA1c) using immunoassays. Insulin is the hormone that regulates blood sugar levels. C-peptide is a molecule released in equal amounts to insulin and is used to estimate how much insulin the body is producing naturally. HbA1c represents the average blood sugar level over the previous two to three months by measuring glucose attached to red blood cells. These data are combined in a proprietary algorithm that calculates a diabetes-risk score, indicating how likely a patient is to develop diabetes or experience poor blood sugar control. Clinicians may order this test to assess diabetes risk early, monitor individuals with prediabetes, or guide preventive and lifestyle interventions to reduce future diabetes complications.

Coding Tips

Use this code only for the appropriate proprietary test.

Fee Schedule Information

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

Modifier Allowances

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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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

HCPCS Level II Codes

Medical and Surgical Supplies

A2001

Innovamatrix ac, per square centimeter (add-on, list separately in addition to primary procedure)

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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2002

Mirragen advanced wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)

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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

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 (add-on, list separately in addition to primary procedure)

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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2006

Novosorb synpath dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure)

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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2007

Restrata, per square centimeter (add-on, list separately in addition to primary procedure)

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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2008

Theragenesis, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of TheraGenesis®. As a wound matrix, this product provides a template to support cell growth in wounds. It has a porcine (pig) tendon-derived layer and a silicone film layer with an adhesive mesh. A tendon is the fibrous tissue that connects muscle to bone. 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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2009

Symphony, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of Symphony™, a skin substitute made of an extracellular matrix (ECM) derived from sheep forestomach. ECM is a material secreted by cells that provides a supportive framework for surrounding cells. The product also has a layer of hyaluronic acid, a substance that retains moisture. 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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2010

Apis, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of Apis®, a skin substitute made of porcine (pig) gelatin, manuka honey (from bees that feed on the manuka plant), and hydroxyapatite, which is a calcium phosphate mineral. 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.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

A2011

Supra sdrm, per square centimeter (add-on, list separately in addition to primary procedure)

Clinical Responsibility

This code describes the supply of Supra SDRM®, a skin substitute that is fully synthetic, with polylactic acid (a type of polyester) as the main component. The provider may apply this product on a wound, such as an ulcer or burn, to assist healing. The provider reports this code for each square centimeter.

Coding Tips

Because this is an add-on code, you must report it in addition to an appropriate primary code.

BETOS

P5A: Ambulatory procedures - skin

ICD-10-CM Cross Reference Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxigenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A06.4 Amebic liver abscess
A08.0 Rotaviral enteritis
A08.11 Acute gastroenteropathy due to Norwalk agent
A08.19 Acute gastroenteropathy due to other small round viruses
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A08.4 Viral intestinal infection, unspecified
A08.8 Other specified intestinal infections
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.12 Tuberculosis of bladder
A18.31 Tuberculous peritonitis
A20.2 Pneumonic plague
A20.7 Septicemic plague
A22.1 Pulmonary anthrax
A31.0 Pulmonary mycobacterial infection
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A39.0 Meningococcal meningitis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
A41.3 Sepsis due to Hemophilus influenzae
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A43.0 Pulmonary nocardiosis
A46 Erysipelas
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.2 Hemophilus influenzae infection, unspecified site
A52.16 Charcot's arthropathy (tabetic)
A52.72 Syphilis of lung and bronchus
A52.74 Syphilis of liver and other viscera
A56.01 Chlamydial cystitis and urethritis
A56.11 Chlamydial female pelvic inflammatory disease
A66.2 Other early skin lesions of yaws
A68.1 Tick-borne relapsing fever
A75.3 Typhus fever due to Rickettsia tsutsugamushi
A78 Q fever
A79.82 Anaplasmosis [A. phagocytophilum]
A80.0 Acute paralytic poliomyelitis, vaccine-associated
A80.1 Acute paralytic poliomyelitis, wild virus, imported
A80.2 Acute paralytic poliomyelitis, wild virus, indigenous
A80.30 Acute paralytic poliomyelitis, unspecified
A80.39 Other acute paralytic poliomyelitis
A80.4 Acute nonparalytic poliomyelitis
A80.9 Acute poliomyelitis, unspecified
A81.00 Creutzfeldt-Jakob disease, unspecified
A81.01 Variant Creutzfeldt-Jakob disease
A81.09 Other Creutzfeldt-Jakob disease
A81.1 Subacute sclerosing panencephalitis
A81.2 Progressive multifocal leukoencephalopathy
A81.81 Kuru
A81.82 Gerstmann-Straussler-Scheinker syndrome
A81.83 Fatal familial insomnia
A81.89 Other atypical virus infections of central nervous system
A81.9 Atypical virus infection of central nervous system, unspecified
A84.0 Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]
A84.1 Central European tick-borne encephalitis
A84.89 Other tick-borne viral encephalitis
A84.9 Tick-borne viral encephalitis, unspecified
A92.0 Chikungunya virus disease
A98.4 Ebola virus disease
B00.1 Herpesviral vesicular dermatitis
B01.0 Varicella meningitis
B01.11 Varicella encephalitis and encephalomyelitis
B01.12 Varicella myelitis
B01.2 Varicella pneumonia
B01.81 Varicella keratitis
B01.89 Other varicella complications
B01.9 Varicella without complication
B02.0 Zoster encephalitis
B02.1 Zoster meningitis
B02.30 Zoster ocular disease, unspecified
B02.31 Zoster conjunctivitis
B02.32 Zoster iridocyclitis

B02.33 Zoster keratitis
B02.34 Zoster scleritis
B02.39 Other herpes zoster eye disease
B02.7 Disseminated zoster
B02.8 Zoster with other complications
B02.9 Zoster without complications
B05.0 Measles complicated by encephalitis
B05.1 Measles complicated by meningitis
B05.2 Measles complicated by pneumonia
B05.3 Measles complicated by otitis media
B05.4 Measles with intestinal complications
B05.81 Measles keratitis and keratoconjunctivitis
B05.89 Other measles complications
B05.9 Measles without complication
B06.00 Rubella with neurological complication, unspecified
B06.01 Rubella encephalitis
B06.02 Rubella meningitis
B06.09 Other neurological complications of rubella
B06.81 Rubella pneumonia
B06.82 Rubella arthritis
B06.89 Other rubella complications
B06.9 Rubella without complication
B08.8 Other specified viral infections characterized by skin and mucous membrane lesions
B09 Unspecified viral infection characterized by skin and mucous membrane lesions
B15.0 Hepatitis A with hepatic coma
B15.9 Hepatitis A without hepatic coma
B16.0 Acute hepatitis B with delta-agent with hepatic coma
B16.1 Acute hepatitis B with delta-agent without hepatic coma
B16.2 Acute hepatitis B without delta-agent with hepatic coma
B16.9 Acute hepatitis B without delta-agent and without hepatic coma
B17.0 Acute delta-(super) infection of hepatitis B carrier
B17.10 Acute hepatitis C without hepatic coma
B17.11 Acute hepatitis C with hepatic coma
B17.2 Acute hepatitis E
B17.8 Other specified acute viral hepatitis
B17.9 Acute viral hepatitis, unspecified
B18.0 Chronic viral hepatitis B with delta-agent
B18.1 Chronic viral hepatitis B without delta-agent
B18.2 Chronic viral hepatitis C
B18.8 Other chronic viral hepatitis
B18.9 Chronic viral hepatitis, unspecified
B19.0 Unspecified viral hepatitis with hepatic coma
B19.10 Unspecified viral hepatitis B without hepatic coma
B19.11 Unspecified viral hepatitis B with hepatic coma
B19.20 Unspecified viral hepatitis C without hepatic coma
B19.21 Unspecified viral hepatitis C with hepatic coma
B19.9 Unspecified viral hepatitis without hepatic coma
B20 Human immunodeficiency virus [HIV] disease
B25.1 Cytomegaloviral hepatitis
B25.2 Cytomegaloviral pancreatitis
B33.4 Hantavirus (cardio)-pulmonary syndrome [HPS] [HCPS]
B37.1 Pulmonary candidiasis
B38.0 Acute pulmonary coccidioidomycosis
B38.1 Chronic pulmonary coccidioidomycosis
B38.2 Pulmonary coccidioidomycosis, unspecified
B39.0 Acute pulmonary histoplasmosis capsulati
B39.1 Chronic pulmonary histoplasmosis capsulati
B39.2 Pulmonary histoplasmosis capsulati, unspecified
B40.0 Acute pulmonary blastomycosis
B40.1 Chronic pulmonary blastomycosis
B40.2 Pulmonary blastomycosis, unspecified
B41.0 Pulmonary paracoccidioidomycosis
B42.0 Pulmonary sporotrichosis
B44.0 Invasive pulmonary aspergillosis
B44.1 Other pulmonary aspergillosis
B44.81 Allergic bronchopulmonary aspergillosis
B45.0 Pulmonary cryptococcosis
B46.0 Pulmonary mucormycosis
B52.0 Plasmodium malariae malaria with nephropathy
B58.3 Pulmonary toxoplasmosis
B59 Pneumocystosis
B65.3 Cercarial dermatitis
B67.0 Echinococcus granulosus infection of liver
B67.31 Echinococcus granulosus infection, thyroid gland
B67.5 Echinococcus multilocularis infection of liver
B67.8 Echinococcosis, unspecified, of liver
B77.81 Ascariasis pneumonia
B88.01 Infestation by Demodex mites
B88.09 Other acariasis
B91 Sequelae of poliomyelitis
B95.0 Streptococcus, group A, as the cause of diseases classified elsewhere
B95.2 Enterococcus as the cause of diseases classified elsewhere
B95.3 Streptococcus pneumoniae as the cause of diseases classified elsewhere
B95.4 Other streptococcus as the cause of diseases classified elsewhere
B95.61 Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere
B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere
B95.7 Other staphylococcus as the cause of diseases classified elsewhere
B96.1 Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere
B96.3 Hemophilus influenzae [H. influenzae] as the cause of diseases classified elsewhere
B96.4 Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere
B96.5 Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
B96.6 Bacteroides fragilis [B. fragilis] as the cause of diseases classified elsewhere
B96.89 Other specified bacterial agents as the cause of diseases classified elsewhere
B97.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
C00.0 Malignant neoplasm of external upper lip
C00.1 Malignant neoplasm of external lower lip
C00.2 Malignant neoplasm of external lip, unspecified
C00.3 Malignant neoplasm of upper lip, inner aspect
C00.4 Malignant neoplasm of lower lip, inner aspect
C00.5 Malignant neoplasm of lip, unspecified, inner aspect
C00.6 Malignant neoplasm of commissure of lip, unspecified
C00.8 Malignant neoplasm of overlapping sites of lip
C00.9 Malignant neoplasm of lip, unspecified
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
C05.8 Malignant neoplasm of overlapping sites of palate
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

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
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.
Adrenocorticotropic 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.

Join the biggest team in healthcare information management.

As an AAPC member, you'll be part of a global network of 250,000+ career learners and working professionals. Our credentials are among the most highly sought after in the industry — in part because AAPC members are trained for more than passing an exam. They are trained to succeed on the job from day one.

"If you want to rise in the ranks of the Healthcare business portion of the medical field, I highly suggest that you become a member of AAPC and obtain your certifications through them. They will help you to advance and open the door of opportunity for you."

- Latisha Booker, CPC

"APPC has not only provided me with the opportunity to earn multiple credentials but has also opened important doors for me in my career."

- 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."

– Bradley Miller, CPC, CRC, CDEO

Whether you're just getting started or a seasoned pro, AAPC membership will give you the support, training, tools, and resources to help you launch and advance your career successfully,

Learn more at **aapc.com**

AAPC

2027 Coders' Specialty Guide
Internal Medicine, Endocrinology, & Wound Care

9 798892 583244

Print ISBN: 979-8-892583-244