AAPC

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

CODERS' SPECIALTY GUIDE

# Pathology & Laboratory

## Volumes I & II

2024

# Contents

## Volume I


Introduction . . . . . 3

Cardiovascular System . . . . . 5

Pathology and Laboratory (80047-87804) . . . . . 7


## Volume II


Pathology and Laboratory (87806-89398) . . . . . 801

Medicine . . . . . 940

Evaluation and Management . . . . . 949

Category III Codes . . . . . 980

Multianalyte Assays . . . . . 987

Proprietary Laboratory Analyses . . . . . 992

HCPCS Level II Codes

- Enteral and Parenteral Therapy . . . . . 1158
- Outpatient PPS . . . . . 1159
- Procedures/Professional Services . . . . . 1160
- Medical Services . . . . . 1172
- Pathology and Laboratory Services . . . . . 1173
- Temporary Codes . . . . . 1186
- Temporary National Codes (Non-Medicare) . . . . . 1188
- Coronavirus Diagnostic Panel . . . . . 1194

ICD-10 CrossRef Details . . . . . 1197

Modifier Descriptors . . . . . 1423

Terminology . . . . . 1433

Code Index . . . . . 1463

# 36415

Collection of venous blood by venipuncture

## Clinical Responsibility

The provider cleanses the venipuncture site, usually on the upper arm or elbow, with an appropriate antiseptic, usually 70% alcohol. He allows the area to dry. The provider wraps an elastic band tightly around the upper arm so that the vein at the arm swells. Next, the provider inserts a needle slowly into the vein, taking care not to puncture the posterior wall of the vein. He draws around 5 mL of blood into a collection tube. Then he removes the needle and applies direct pressure onto the puncture site to stop the bleeding.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 2
**Modifier Allowances** 22, 33, 52, 53, 59, 76, 77, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## CCI Alerts (version 27.3)

36591[0], 36592[0], 96523[0], 99211[1]

## ICD-10 CrossRef

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

# 36416

Collection of capillary blood specimen (eg, finger, heel, ear stick)

## Clinical Responsibility

The provider uses a sterile sharp pointed device and pricks the site, most commonly the finger, heel, or ear lobe. He presses the pricking site to collect the blood sample. He then presses the site to stop the bleeding.

## Coding Tips

This procedure is also known as a fingerstick or heelstick.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: B, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0
**Modifier Allowances** 22, 33, 52, 53, 59, 63, 76, 77, 79, 99, AR, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, GY, GZ, KX, Q5, Q6, QJ, XE, XP, XS, XU

## CCI Alerts (version 27.3)

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

## ICD-10 CrossRef

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

# 36591

Collection of blood specimen from a completely implantable venous access device

## Clinical Responsibility

When the patient is appropriately prepped, the provider draws blood from the venous access device that he placed in a prior procedure. The provider applies a liquid antiseptic to the area and then places a needle through the skin into the port or reservoir. He then withdraws a blood sample using this needle and flushes the port with a heparin solution to prevent a clot formation.

## Coding Tips

Use 36592 when the provider draws the blood sample using an established central or peripheral catheter.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $26.87, Non Facility: $26.87, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.76, Malpractice RVU: 0.01, Total RVU: 0.77
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.76, Malpractice RVU: 0.01, Total RVU: 0.77
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: T, PC/TC Indicator: 3, Endoscopic Base Code: None, MUE: 2
**Modifier Allowances** 22, 47, 52, 53, 59, 63, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## CCI Alerts (version 27.3)

35201[0], 35206[0], 35226[0], 35231[0], 35236[0], 35256[0], 35261[0], 35266[0], 35286[0]

## ICD-10 CrossRef

I87.301-I87.309, I87.311-I87.319, I87.321-I87.329, I87.331-I87.339, I87.391-I87.399, I97.410, I97.610, I97.630, I97.640, K64.5, O03.35, O03.85, O04.85, O07.35, O08.7, O22.50-O22.53, O22.8X1-O22.8X9, O87.3, O87.8, Q26.2-Q26.5, R75, T45.611A-T45.611S, T45.612A-T45.612S, T45.613A-T45.613S, T45.614A-T45.614S, T45.615A-T45.615S, T45.616A-T45.616S, T80.211A-T80.211S, T80.212A-T80.212S, T80.218A-T80.218S, T80.219A-T80.219S, T81.505A-T81.505S, T81.506A-T81.506S, T81.507A-T81.507S, T81.515A-T81.515S, T81.516A-T81.516S, T81.517A-T81.517S, T81.525A-T81.525S, T81.526A-T81.526S, T81.527A-T81.527S, T81.535A-T81.535S, T81.536A-T81.536S, T81.537A-T81.537S, T81.595A-T81.595S, T81.596A-T81.596S, T81.597A-T81.597S, T82.41XA-T82.41XS, T82.42XA-T82.42XS, T82.43XA-T82.43XS, T82.49XA-T82.49XS, T82.514A-T82.514S, T82.524A-T82.524S, T82.534A-T82.534S, T82.594A-T82.594S, T82.598A, T82.818A,




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 79, 90, 91, 99, AR, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

82040[1], 82247[1], 82248[1], 84075[1], 84155[1], 84450[1], 84460[1], 96523[0]

## ICD-10 CrossRef

A06.4, A52.74, B15.0, B15.9, B16.0-B16.9, B17.0-B17.2, B17.10, B17.11, B17.8, B17.9, B18.0-B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, B20, B25.1, B26.81, B58.1, B67.0-B67.5, B67.8, C16.0-C16.9, C17.0-C17.9, C18.0-C18.9, C19, C20, C21.0-C21.8, C22.0-C22.9, C23, C24.0-C24.9, C25.0-C25.9, C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, C43.0-C43.4, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C43.70-C43.72, C43.8, C43.9, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C78.7, D01.5, D03.0-D03.4, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D03.70-D03.72, D03.8, D03.9, D68.8, D68.9, D69.6, E70.81, E70.89, E72.81, E72.89, E78.1-E78.3, E78.5, E80.4-E80.6, G93.3, K70.0-K70.2, K70.10, K70.11, K70.30, K70.31, K70.40, K70.41, K70.9, K71.0-K71.4, K71.10, K71.11, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K73.0-K73.9, K74.00-K74.02, K74.1-K74.5, K74.60, K74.69, K75.0-K75.4, K75.81, K75.89, K75.9, K76.0-K76.7, K76.81, K76.89, K76.9, K77, K80.00, K80.01, K80.10-K80.19, K80.20, K80.21, K80.30-K80.37, K80.40-K80.47, K80.50, K80.51, K80.60-K80.67, K80.70, K80.71, K80.80, K80.81, K81.0-K81.9, K82.0-K82.4, K82.8, K82.9, K82.A1, K82.A2, K83.01, K83.09, K83.1-K83.5, K83.8, K83.9, K87, K91.5, K91.82, K92.0, K92.1, O26.611-O26.619, O26.62, O26.63, P15.0, P59.0, P59.1, P59.20, P59.29, P59.3, P59.8, P59.9, P78.84, Q26.6, Q44.0, Q44.1, Q44.4, Q44.5, Q44.6, Q44.7, R10.11, R10.13, R10.33, R16.0-R16.2, R17, R18.8, R53.0, R53.1, R53.81, R53.83, R74.01, R74.02, R74.8, R74.9, R78.0, R79.83, R82.2, R93.2, R94.5, S36.112A-S36.112S, S36.113A-S36.113S, S36.114A-S36.114S, S36.115A-S36.115S, S36.116A-S36.116S, S36.118A-S36.118S, S36.119A-S36.119S, T78.2XXA-T78.2XXS, T86.40-T86.49, T88.6XXA-T88.6XXS, Z00.00, Z00.01, Z01.812, Z09, Z20.5, Z20.6, Z20.821, Z20.828, Z48.23, Z51.11, Z77.29, Z79.3, Z79.891, Z79.899, Z85.05, Z94.4

# 80081

Obstetric panel (includes HIV testing)

This panel must include the following:

Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004)

OR

Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009)

Hepatitis B surface antigen (HBsAg) (87340)

HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389)

Antibody, rubella (86762)

Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592)

Antibody screen, RBC, each serum technique (86850)

Blood typing, ABO (86900) AND

Blood typing, Rh (D) (86901)

## Clinical Responsibility

The lab analyst performs all technical steps to perform a variety of laboratory tests comprising an obstetric panel. The lab analyst may collect the specimen in a separate procedure. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires performance of all components to report the panel.

An obstetric panel is a set of blood tests that labs perform to check the health of a woman before and during early pregnancy. A complete blood count (CBC), with differential measures the white blood cells, red blood cells, hemoglobin, and hematocrit to screen for problems such as anemia or infection. The differential describes the percentage of each of the kinds of white cells present in the sample. This panel's test for a CBC with differential could be 85025. Another possibility is a combination of 85027 along with 85004. You may also see a combination of 85027 for automated complete blood count along with 85007. A final option for this third component is 85027 for automated complete blood count along with 85009.

The Hepatitis B surface antigen or HBsAg test 87340 describes a screening test for Hepatitis B. The HIV test 87389 describes a screening test for HIV.

The rubella antibody test 86762 represents screens to make sure the patient has rubella antibodies; patients with rubella antibodies cannot get the disease again. If a patient contracts rubella (German measles) while pregnant, it can lead to miscarriage or birth defects.

The qualitative nontreponemal antibody syphilis test described by 86592 screens for syphilis, which is a venereal disease caused by a bacteria called Treponema; common tests used for this screening include VDRL (Venereal Disease Research Laboratory); RPR (rapid plasma reagin); and ART (automated reagin test).

The red blood cell (RBC) antibody screen by serum technique described by 86850 assesses whether the patient has antibodies present that could be incompatible with the fetal blood. Blood typing, ABO, described by 86900 and blood typing, Rh, described by 86901 respectively determine the patient's blood type, A, B, or O, and the Rh positive or negative status. If the mother is RH negative, the clinician can offer an injection to prevent the mother from producing Rh antibodies that can cause complications in a current or future pregnancy.

Although not limited to testing for a specific condition, clinicians may order this panel on female patients planning to become pregnant or female patients presenting to the provider after becoming pregnant.

## Coding Tips

Distinguish this code from 80055, Obstetric panel, which is another obstetric panel code that includes the same tests as 80081 except that 80055 doesn't include the test for HIV.




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

# 80349

Cannabinoids, natural

## Clinical Responsibility

The lab analyst performs a test to measure or detect the natural cannabinoids in a patient specimen. A common specimen is urine. The lab analyst may use a methodology such as high performance gas chromatography (HPGC). In HPGC, the lab analyst vaporizes a sample and injects it onto the head of the chromatographic column. Next, he transports the sample through the column by the flow of an inert gas that carries the molecules of the analyte through the heated column during the mobile phase of the test. The column itself contains a liquid stationary phase in which the analyte gets absorbed onto the surface of an inert solid for analysis . For this code, testing may be quantitative; qualitative, showing the specimen is positive or negative for the analyte; or a combination.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose whether a patient has taken an overdose of the cannabinoids or to determine whether a patient is complying with a prescribed regimen.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: I, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

F12.10, F12.11, F12.120-F12.129, F12.13, F12.150, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220-F12.229, F12.23, F12.250-F12.259, F12.280, F12.288, F12.29, F12.90-F12.93, F12.920-F12.929, F12.950, F12.959, F12.980, F12.988, F12.99, T40.711A, T40.712A, T40.713A, T40.714A, T40.715A, T40.716A-T40.716S, T40.721A, T40.722A, T40.723A, T40.724A, T40.725A, T40.726A-T40.726S, T40.906A-T40.906S, T40.996A-T40.996S, Z02.83

# 80350

Cannabinoids, synthetic; 1-3

## Clinical Responsibility

The lab analyst performs a test to measure the amount of or detect the presence of one to three synthetic cannabinoids, such as JWH018 and AM679 or JWH073, in a patient specimen. A typical specimen may be urine or serum. The lab analyst may use a methodology such as liquid chromatography, tandem mass spectrometry, in which chromatography first separates a sample mixture. The sample then undergoes ionization, changing the neutral atoms to charged, and analysis by mass to charge ratio. Then two mass spectrometers in tandem measure the analyte. For this code, testing may be quantitative; qualitative, showing the specimen is positive or negative for the analyte; or a combination.

Although not limited to testing for a specific condition, clinicians may order this test to help confirm use of synthetic cannabinoids by a patient.

## Coding Tips

Use 80349, Cannabinoids, natural, when the lab analyst tests the specimen for natural cannabinoids. When the lab analyst tests for four to six synthetic cannabinoids, you instead should use 80351, Cannabinoids, synthetic; 4 to 6; and for seven or more, use 80352, Cannabinoids, synthetic; 7 or more.

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: I, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

F12.10, F12.11, F12.120-F12.129, F12.13, F12.150, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220-F12.229, F12.23, F12.250-F12.259, F12.280, F12.288, F12.29, F12.90-F12.93, F12.920-F12.929, F12.950, F12.959, F12.980, F12.988, F12.99, T40.711A, T40.712A, T40.713A, T40.714A, T40.715A, T40.716A-T40.716S, T40.721A, T40.722A, T40.723A, T40.724A, T40.725A, T40.726A-T40.726S, T40.906A-T40.906S, T40.996A-T40.996S, Z02.83

# 80351

Cannabinoids, synthetic; 4-6

## Clinical Responsibility

The lab analyst performs a test to measure the amount of or detect the presence of four to six synthetic cannabinoids such as JWH018 and AM679 or JWH073, in a patient specimen. A typical specimen may be urine or serum. The lab analyst may use a methodology such as liquid chromatography, tandem mass spectrometry, in which chromatography first separates a sample mixture. The sample then undergoes ionization, changing the neutral atoms to charged, and analysis by mass to charge ratio. Then two mass spectrometers in tandem measure the analyte. For this code, testing may be quantitative; qualitative, showing




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

# 80365

Oxycodone

## Clinical Responsibility

The lab analyst performs a test to measure the amount of or detect the presence of oxycodone in a patient specimen. A typical specimen may be urine or blood. The lab analyst may use a methodology such as liquid chromatography Liquid chromatography forces a combination of a pressurized liquid and the specimen through a specially designed column. This method separates the analyte, which is the substance the analyst is measuring, from the mixture, allowing a sensitive detector to quantitate the analyte. Quantitation refers to measuring the exact amount of a substance. For this code, testing may be quantitative; qualitative, showing the specimen is positive or negative for the analyte; or a combination.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose whether a patient has taken an overdose of oxycodone or to determine whether a patient is complying with a prescribed regimen.

## Coding Tips

Some payers may pay separately for collecting the specimen using a code such as 36415, Collection of venous blood by venipuncture.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: I, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

F11.10, F11.11, F11.120-F11.129, F11.14, F11.150-F11.159, F11.181-F11.188, F11.19, F11.20, F11.21, F11.220-F11.229, F11.23, F11.24, F11.250-F11.259, F11.281-F11.288, F11.29, F11.90-F11.94, F11.920-F11.929, F11.950-F11.959, F11.981-F11.988, F11.99, T40.2X1A, T40.2X2A, T40.2X3A, T40.2X4A, T40.2X5A, T40.606A-T40.606S, T40.696A-T40.696S, Z02.83

# 80366

Pregabalin

## Clinical Responsibility

The lab analyst performs a test to measure the amount of or detect the presence of pregabalin in a patient specimen. A typical specimen may be urine, plasma, or serum. The lab analyst may use a methodology such as liquid chromatography. This method forces a combination of a pressurized liquid and the specimen through a specially designed column. This method separates the analyte, which is the substance the analyst is measuring, from the mixture, allowing a sensitive detector to quantitate the analyte. Quantitation refers to measuring the exact amount of a substance. For this code, testing may be quantitative; qualitative, showing the specimen is positive or negative for the analyte; or a combination.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose whether a patient has taken an overdose of pregabalin or to determine whether a patient is complying with a prescribed regimen.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: I, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

B02.22-B02.24, B02.29, B02.8, B02.9, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.821-G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01

# 80367

Propoxyphene

## Clinical Responsibility

The lab analyst performs a test to measure the amount of or detect the presence of propoxyphene in a patient specimen. A typical specimen may be urine or plasma. The lab analyst may use a methodology such as gas chromatography or mass spectrometry. The chromatographic method forces a combination of a pressurized gas and the specimen through a specially designed column. The spectrometric method showers the atoms and molecules of the specimen with electrons in the presence of an electric or magnetic field. This separates the analyte, which is the substance the analyst is measuring, from the mixture, allowing a sensitive detector to quantitate the analyte. Quantitation refers to measuring the exact amount of a substance. For this code, testing may be quantitative; qualitative, showing the specimen is positive or negative for the analyte; or a combination.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose whether a patient has taken an overdose of propoxyphene or to


*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

# 89255

Preparation of embryo for transfer (any method)

## Clinical Responsibility

The analyst performs technical steps to prepare an embryo, an inseminated egg, for transfer to a uterus. Steps may include removing the embryo from the culture media, placing the embryo into a catheter, which is the device the clinician uses to contain the embryo during transfer and insertion, taking the embryo to the transfer room, and checking the catheter after transfer to ensure that no embryos remain.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 79, 90, 91, 99, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

N46.01, N46.021-N46.029, N46.11, N46.121-N46.129, N46.8, N46.9, N97.1, N97.2, N97.8, N97.9, Z31.41

# 89257

Sperm identification from aspiration (other than seminal fluid)

## Clinical Responsibility

The lab analyst performs the technical lab steps to identify sperm from specimens other than seminal fluid or semen that a clinician aspirated from the vas deferens or epididymis. The test may use specimens obtained by aspiration methods such as MESA, PESA, and TESA, and then uses microscopy to identify that sperm are present in the specimen before performing further evaluation using separately reportable tests.

Clinicians may typically order this test in a facility that specializes in reproductive medicine and infertility treatments.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 79, 90, 91, 99, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

## CCI Alerts (version 27.3)

96523[0]

## ICD-10 CrossRef

N46.01, N46.021-N46.029, N46.11, N46.121-N46.129, N46.8, N46.9, Z31.41

# 89258

Cryopreservation; embryo(s)

## Clinical Responsibility

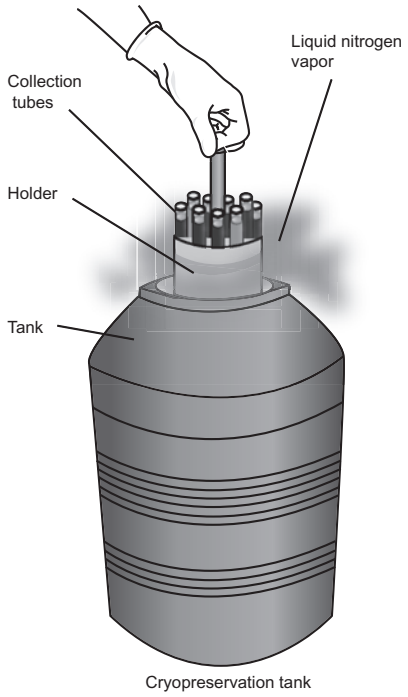
The lab analyst performs the technical lab steps to preserve one or more embryos from a female patient using cryopreservation during an in vitro fertilization, or IVF, cycle. Cryopreservation uses a cold protective solution to freeze and store extra embryos, harvested during an IVF cycle, at a sub-zero temperature for use at a later time to accomplish conception and pregnancy.

Clinicians may typically order this service in a facility that specializes in reproductive medicine and infertility treatments.

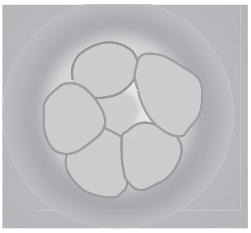
## Coding Tips

You may use 89258 on more than one day during an IVF cycle to capture the work of preserving embryos at different stages of the cycle, which may last up to a week.

## Illustration



Cryopreservation tank


Frozen embryo cells

89258

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00,




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

## ICD-10 CrossRef

N46.01, N46.021-N46.029, N46.11, N46.121-N46.129, N46.8, N46.9, N97.1, N97.2, N97.8, N97.9, Z14.01, Z14.02, Z14.1, Z14.8, Z15.89, Z31.41, Z31.430, Z31.438

# 89291

Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos

### Clinical Responsibility

The lab analyst performs the technical lab steps to perform the biopsy of oocyte polar bodies or embryo blastomeres. She does this for greater than five embryos for preimplantation genetic diagnosis, or PGD. The analyst may perform this biopsy as part of an in vitro fertilization, or IVF, cycle. The process uses a microtechnique to aspirate the polar bodies or blastomeres to screen them for genetic disorders before a provider implants the oocytes or embryos in the female uterus during a separately reportable encounter.

Clinicians may typically order this service in a facility that specializes in reproductive medicine and infertility treatments to reject oocytes or embryos with genetic defects so the provider does not use them for implantation.

### Coding Tips

Code 89291 is for the biopsy only. It does not include services such as culture or transfer preparation.

For five or fewer embryos, use 82920, Biopsy, oocyte polar body or embryo blastomere, microtechnique, for pre-implantation genetic diagnosis; less than or equal to 5 embryos.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 79, 90, 91, 99, CR, ET, GA, GC, GR, GY, GZ, KX, Q0, Q5, Q6, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$96523^{0}$

## ICD-10 CrossRef

N46.01, N46.021-N46.029, N46.11, N46.121-N46.129, N46.8, N46.9, N97.1, N97.2, N97.8, N97.9, Z14.01, Z14.02, Z14.1, Z14.8, Z15.89, Z31.41, Z31.430, Z31.438

# 89300

Semen analysis; presence and/or motility of sperm including Huhner test (post coital)

### Clinical Responsibility

The lab analyst performs the technical lab steps to analyze semen, including sperm's presence, motility, or both as part of a post coital Huhner test. The test may use a microscope to check for the presence or absence of sperm and their motility, or movement, in a post coital specimen aspirated or swabbed from the female patient's reproductive tract.

Clinicians may typically order this test to evaluate the ability of sperm to move through the mucus in the female reproductive tract to help diagnose infertility problems.

### Coding Tips

For other semen analysis services, see 89300-89322.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 22, 52, 59, 79, 90, 91, 99, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$89310^{0}$, $89321^{0}$, $96523^{0}$, $G0027^{0}$

## ICD-10 CrossRef

N46.01, N46.021-N46.029, N46.11, N46.121-N46.129, N46.8, N46.9, R86.9, Z31.41, Z31.7

# 89310

Semen analysis; motility and count (not including Huhner test)

### Clinical Responsibility

The lab analyst performs the technical lab steps to analyze semen, including motility and count, but not including a post coital Huhner test, on the ejaculate from a male patient. Various methods are possible. The test may use a microscope to analyze the motility, or movement, of sperm, and count the number of sperm in millions per milliliter.

Clinicians may typically order this test to evaluate males for infertility issues due to a low sperm count or due to sperm that are unable to move or swim normally.

### Coding Tips

For other semen analysis services, see 89300-89322.

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

# 0214U

Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband

## Clinical Responsibility

Using a patient specimen, such as blood or saliva, the lab analyst performs a single platform test to analyze the whole exome and mitochondrial DNA sequence, constitutional genome-wide copy number variation (CNV), gene tandem repeat expansion (typically AFF2, AFF3, AR, ATN1, ATXN1, ATXN2, ATXN3, ATXN7, ATXN8OS, ATXN10, C9ORF72, CACNA1A, CNBP, CSTB, DIP2B, DMPK, FMR1, FXN, HTT, JPH3, NOP56, NOTCH2NLC, PHOX2B, PPP2R2B, TBP, TCF4), and mitochondrial whole genome sequence with deletion/duplication and heteroplasmy (presence of cells with some mitochondria with mitochondrial DNA mutations and some without). Testing is for the proband, the first person in a family to get genetic counseling or testing for a possible genetic disorder. Although the exome is a small subset of the genome, it accounts for most known mutations that impact human disease.

The procedure involves using specialized equipment such as a next generation gene sequencer, which is an automated instrument that determines the order of nucleotides in DNA. This test examines only the genes that form exons, which are DNA sequences that transcribe into mature RNA in cells, which code for proteins. The gene sequencer reports the patient exome gene sequence as a string of letters, called a read. Proprietary algorithms analyze the data, which is interpreted by an analyst in relation to the patient's physical characteristics.

Although not limited to testing for a specific condition, clinicians may order this test to aid in the diagnosis of an unexplained set of patient symptoms that could be associated with a constitutional or genetic disorder or syndrome such as adult-onset movement disorder (with or without cognitive involvement), early-onset intellectual disability disorder and other disorders of short tandem repeat (STR) analysis.

## Coding Tips

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

See 0215U for similar testing of a comparator exome.

See 0212U for similar testing of a proband whole genome instead of exome.

See 0213U for similar testing of a comparator whole genome instead of exome.

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

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 0, Radiology Diagnostic Test: 0, Code Status: 0, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 59, 77, 90, 91, 92, ET, Q0, Q1, QP, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

81415[0]

## ICD-10 CrossRef

A24.1-A24.3, A24.9, C37, C7A.091, D15.0, D35.2, D38.4, D3A.091, D64.0-D64.3, D66, D67, D84.89, D84.9, E22.1, E34.8, E34.9, E88.89, E88.9, G11.0-G11.4, G11.10, G11.9, G31.89, G31.9, G60.8, G60.9, G71.00-G71.09, G71.3, H49.811-H49.819, H49.881-H49.889, H49.9, Q04.8, Q04.9, Q75.4, Q87.89, Q89.2, Q92.8, Q92.9, Q93.88, Q93.89, Q93.9, Q99.2-Q99.9

# 0215U

Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)

## Clinical Responsibility

Using a patient specimen, such as blood or saliva, the lab analyst performs a single platform test to analyze the exome and mitochondrial DNA sequence, constitutional genome-wide copy number variation (CNV), gene tandem repeat, and mitochondrial whole genome sequence with deletion/duplication and heteroplasmy (cells with mitochondrial DNA mutations in some, but not all, mitochondria). Testing is for an individual, such as a sibling or parent, related to the proband patient. The proband is the first person in a family to get genetic counseling or testing for a possible genetic disorder. The test allows comparison with the proband exome. Although the exome is a small subset of the genome, it accounts for most known mutations that impact human disease.

The procedure involves using specialized equipment such as a next generation gene sequencer, which is an automated instrument that determines the order of nucleotides in DNA. This test examines only the genes that form exons, which are DNA sequences that transcribe into mature RNA in cells, which code for proteins. The gene sequencer reports the patient exome gene sequence as a string of letters, called a read. Proprietary algorithms analyze the data, which is interpreted by an analyst in relation to the patient's physical characteristics.

Although not limited to testing for a specific condition, clinicians may order this test for a patient's relative to aid in the diagnosis of an unexplained set of patient symptoms that could be associated with a constitutional or genetic disorder or syndrome such as adult-onset movement disorder (with or without cognitive involvement), early-onset intellectual




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

and may help slow the development of antiviral drug resistance.

## Coding Tips

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

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

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 0, Radiology Diagnostic Test: 0, Code Status: 0, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 59, 77, 90, 91, 92, ET, Q0, Q1, QP, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

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

## ICD-10 CrossRef

B20, B97.35, O98.711-O98.719, O98.72, O98.73, R75, Z11.4, Z20.6, Z21, Z71.7, Z83.0

# 0220U

Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score

## Clinical Responsibility

The lab analyst analyzes an image using artificial intelligence to characterize tissue samples from a breast cancer patient. The service assesses 12 histologic and immunohistochemical features. Histology refers to examining tissue under a microscope. Immunohistochemistry involves chemical analysis of cells and tissues, such as multispectral immunofluorescence. The results are reported as a recurrence score.

Clinicians may order the test for patients with breast cancer to assist with predicting the course of the disease, specifically likelihood of recurrence.

## Coding Tips

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

## Fee Schedule

**Medicare Fees National** Conversion Factor: 34.8931, Facility: $0.00, Non Facility: $0.00, OPPS Facility: $0.00, OPPS Non Facility: $0.00
**RVU Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**RVU Non-Facility** Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00
**Indicators** Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 0, Radiology Diagnostic Test: 0, Code Status: 0, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
**Modifier Allowances** 59, 77, 90, 91, 92, ET, Q0, Q1, QP, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

0045U$^{0}$

## ICD-10 CrossRef

C43.52, C44.501, C44.511, C44.521, C44.591, C4A.52, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C79.81, C84.7A, D03.52, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D24.1-D24.9, D48.60-D48.62, D49.3, Z80.3, Z85.3, Z86.000

# 0221U

Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene

## Clinical Responsibility

The lab analyst performs gene analysis using a patient specimen such as blood or saliva to analyze differences in the ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene. Variation in the ABO gene determines the individual's ABO blood group by determining the presence or absence of specific red blood cell (RBC) antigens. The test uses next generation sequencing (NGS) to identify genetic markers for specific red blood cell antigens in the ABO blood group. NGS uses an automated instrument that can simultaneously determine the order of DNA nucleotides in many genes. The instrument identifies each sequence as a string of letters, called a read, and compares the sequences to a library of normal and variant gene sequences associated with certain conditions.

Although not limited to testing for a specific condition, clinicians may order this test on specimens from blood or tissue donors and recipients to improve transfusion or transplant compatibility, or on specimens from maternal blood to minimize newborn adverse blood reactions or maternal antibody formation. ABO is the most common blood group system producing familiar blood types A, B, AB, and O. Blood group genotyping provides some advantages over traditional serology typing methods, which may be compromised by antibody interference, or weak antibody reactivity or antigen expression.

## Coding Tips

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

Distinguish this code from 0180U, which also performs red cell antigen (ABO blood group) genotyping using Sanger




*CPT® is a registered trademark of the American Medical Association.*
*CPT © 2022 American Medical Association. All rights reserved.*

# ICD-10 CrossRef Details

**A00.0** Cholera due to Vibrio cholerae 01, biovar cholerae
**A00.1** Cholera due to Vibrio cholerae 01, biovar eltor
**A00.9** Cholera, unspecified
**A01.00** Typhoid fever, unspecified
**A01.01** Typhoid meningitis
**A01.02** Typhoid fever with heart involvement
**A01.03** Typhoid pneumonia
**A01.04** Typhoid arthritis
**A01.05** Typhoid osteomyelitis
**A01.09** Typhoid fever with other complications
**A01.1** Paratyphoid fever A
**A01.2** Paratyphoid fever B
**A01.3** Paratyphoid fever C
**A01.4** Paratyphoid fever, unspecified
**A02.0** Salmonella enteritis
**A02.1** Salmonella sepsis
**A02.20** Localized salmonella infection, unspecified
**A02.21** Salmonella meningitis
**A02.22** Salmonella pneumonia
**A02.23** Salmonella arthritis
**A02.24** Salmonella osteomyelitis
**A02.25** Salmonella pyelonephritis
**A02.29** Salmonella with other localized infection
**A02.8** Other specified salmonella infections
**A02.9** Salmonella infection, unspecified
**A03.0** Shigellosis due to Shigella dysenteriae
**A03.1** Shigellosis due to Shigella flexneri
**A03.2** Shigellosis due to Shigella boydii
**A03.3** Shigellosis due to Shigella sonnei
**A03.8** Other shigellosis
**A03.9** Shigellosis, 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
**A05.0** Foodborne staphylococcal intoxication
**A05.1** Botulism food poisoning
**A05.2** Foodborne Clostridium perfringens [Clostridium welchii] intoxication
**A05.3** Foodborne Vibrio parahaemolyticus intoxication
**A05.4** Foodborne Bacillus cereus intoxication
**A05.5** Foodborne Vibrio vulnificus intoxication
**A05.8** Other specified bacterial foodborne intoxications
**A05.9** Bacterial foodborne intoxication, unspecified
**A06.0** Acute amebic dysentery
**A06.1** Chronic intestinal amebiasis
**A06.2** Amebic nondysenteric colitis
**A06.3** Ameboma of intestine
**A06.4** Amebic liver abscess
**A06.5** Amebic lung abscess
**A06.6** Amebic brain abscess
**A06.7** Cutaneous amebiasis
**A06.81** Amebic cystitis
**A06.82** Other amebic genitourinary infections
**A06.89** Other amebic infections
**A06.9** Amebiasis, unspecified
**A07.0** Balantidiasis
**A07.1** Giardiasis [lambliasis]
**A07.2** Cryptosporidiosis
**A07.3** Isosporiasis
**A07.4** Cyclosporiasis
**A07.8** Other specified protozoal intestinal diseases
**A07.9** Protozoal intestinal disease, unspecified
**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
**A18.02** Tuberculous arthritis of other joints
**A18.03** Tuberculosis of other bones
**A18.09** Other musculoskeletal tuberculosis
**A18.10** Tuberculosis of genitourinary system, unspecified
**A18.11** Tuberculosis of kidney and ureter
**A18.12** Tuberculosis of bladder
**A18.13** Tuberculosis of other urinary organs
**A18.14** Tuberculosis of prostate
**A18.15** Tuberculosis of other male genital organs
**A18.16** Tuberculosis of cervix
**A18.17** Tuberculous female pelvic inflammatory disease
**A18.18** Tuberculosis of other female genital organs
**A18.2** Tuberculous peripheral lymphadenopathy
**A18.31** Tuberculous peritonitis
**A18.32** Tuberculous enteritis
**A18.39** Retroperitoneal tuberculosis
**A18.4** Tuberculosis of skin and subcutaneous tissue
**A18.50** Tuberculosis of eye, unspecified
**A18.51** Tuberculous episcleritis
**A18.52** Tuberculous keratitis
**A18.53** Tuberculous chorioretinitis
**A18.54** Tuberculous iridocyclitis
**A18.59** Other tuberculosis of eye
**A18.6** Tuberculosis of (inner) (middle) ear
**A18.7** Tuberculosis of adrenal glands
**A18.81** Tuberculosis of thyroid gland
**A18.82** Tuberculosis of other endocrine glands
**A18.83** Tuberculosis of digestive tract organs, not elsewhere classified
**A18.84** Tuberculosis of heart
**A18.85** Tuberculosis of spleen
**A18.89** Tuberculosis of other sites
**A19.0** Acute miliary tuberculosis of a single specified site
**A19.1** Acute miliary tuberculosis of multiple sites
**A19.2** Acute miliary tuberculosis, unspecified
**A19.8** Other miliary tuberculosis

**A56.02** Chlamydial vulvovaginitis
**A56.09** Other chlamydial infection of lower genitourinary tract
**A56.11** Chlamydial female pelvic inflammatory disease
**A56.19** Other chlamydial genitourinary infection
**A56.2** Chlamydial infection of genitourinary tract, unspecified
**A56.3** Chlamydial infection of anus and rectum
**A56.4** Chlamydial infection of pharynx
**A56.8** Sexually transmitted chlamydial infection of other sites
**A57** Chancroid
**A58** Granuloma inguinale
**A59.00** Urogenital trichomoniasis, unspecified
**A59.01** Trichomonal vulvovaginitis
**A59.02** Trichomonal prostatitis
**A59.03** Trichomonal cystitis and urethritis
**A59.09** Other urogenital trichomoniasis
**A59.8** Trichomoniasis of other sites
**A59.9** Trichomoniasis, unspecified
**A60.00** Herpesviral infection of urogenital system, unspecified
**A60.01** Herpesviral infection of penis
**A60.02** Herpesviral infection of other male genital organs
**A60.03** Herpesviral cervicitis
**A60.04** Herpesviral vulvovaginitis
**A60.09** Herpesviral infection of other urogenital tract
**A60.1** Herpesviral infection of perianal skin and rectum
**A60.9** Anogenital herpesviral infection, unspecified
**A63.0** Anogenital (venereal) warts
**A63.8** Other specified predominantly sexually transmitted diseases
**A64** Unspecified sexually transmitted disease
**A65** Nonvenereal syphilis
**A66.0** Initial lesions of yaws
**A66.1** Multiple papillomata and wet crab yaws
**A66.2** Other early skin lesions of yaws
**A66.3** Hyperkeratosis of yaws
**A66.4** Gummata and ulcers of yaws
**A66.5** Gangosa
**A66.6** Bone and joint lesions of yaws
**A66.7** Other manifestations of yaws
**A66.8** Latent yaws
**A66.9** Yaws, unspecified
**A67.0** Primary lesions of pinta
**A67.1** Intermediate lesions of pinta
**A67.2** Late lesions of pinta
**A67.3** Mixed lesions of pinta
**A67.9** Pinta, unspecified
**A68.0** Louse-borne relapsing fever
**A68.1** Tick-borne relapsing fever
**A68.9** Relapsing fever, unspecified
**A69.0** Necrotizing ulcerative stomatitis
**A69.1** Other Vincent's infections
**A69.20** Lyme disease, unspecified
**A69.21** Meningitis due to Lyme disease
**A69.22** Other neurologic disorders in Lyme disease
**A69.23** Arthritis due to Lyme disease
**A69.29** Other conditions associated with Lyme disease
**A69.8** Other specified spirochetal infections
**A69.9** Spirochetal infection, unspecified
**A70** Chlamydia psittaci infections
**A71.0** Initial stage of trachoma
**A71.1** Active stage of trachoma
**A71.9** Trachoma, unspecified
**A74.0** Chlamydial conjunctivitis
**A74.81** Chlamydial peritonitis
**A74.89** Other chlamydial diseases
**A74.9** Chlamydial infection, unspecified
**A75.0** Epidemic louse-borne typhus fever due to Rickettsia prowazekii
**A75.1** Recrudescent typhus [Brill's disease]
**A75.2** Typhus fever due to Rickettsia typhi
**A75.3** Typhus fever due to Rickettsia tsutsugamushi
**A75.9** Typhus fever, unspecified
**A77.0** Spotted fever due to Rickettsia rickettsii
**A77.1** Spotted fever due to Rickettsia conorii
**A77.2** Spotted fever due to Rickettsia siberica
**A77.3** Spotted fever due to Rickettsia australis
**A77.40** Ehrlichiosis, unspecified
**A77.41** Ehrlichiosis chafeensis [E. chafeensis]
**A77.49** Other ehrlichiosis
**A77.8** Other spotted fevers
**A77.9** Spotted fever, unspecified
**A78** Q fever
**A79.0** Trench fever
**A79.1** Rickettsialpox due to Rickettsia akari
**A79.81** Rickettsiosis due to Ehrlichia sennetsu
**A79.82** Anaplasmosis [A. phagocytophilum]
**A79.89** Other specified rickettsioses
**A79.9** Rickettsiosis, unspecified
**A80.0** Acute paralytic poliomyelitis, vaccine-associated
**A80.1** Acute paralytic poliomyelitis, wild virus, imported
**A80.2** Acute paralytic poliomyelitis, wild virus, indigenous
**A80.30** Acute paralytic poliomyelitis, unspecified
**A80.39** Other acute paralytic poliomyelitis
**A80.4** Acute nonparalytic poliomyelitis
**A80.9** Acute poliomyelitis, unspecified
**A81.00** Creutzfeldt-Jakob disease, unspecified
**A81.01** Variant Creutzfeldt-Jakob disease
**A81.09** Other Creutzfeldt-Jakob disease
**A81.1** Subacute sclerosing panencephalitis
**A81.2** Progressive multifocal leukoencephalopathy
**A81.81** Kuru
**A81.82** Gerstmann-Straussler-Scheinker syndrome
**A81.83** Fatal familial insomnia
**A81.89** Other atypical virus infections of central nervous system
**A81.9** Atypical virus infection of central nervous system, unspecified
**A82.0** Sylvatic rabies
**A82.1** Urban rabies
**A82.9** Rabies, unspecified
**A83.0** Japanese encephalitis
**A83.1** Western equine encephalitis
**A83.2** Eastern equine encephalitis
**A83.3** St Louis encephalitis
**A83.4** Australian encephalitis
**A83.5** California encephalitis
**A83.6** Rocio virus disease
**A83.8** Other mosquito-borne viral encephalitis
**A83.9** Mosquito-borne viral encephalitis, unspecified
**A84.0** Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]
**A84.1** Central European tick-borne encephalitis
**A84.81** Powassan virus disease
**A84.89** Other tick-borne viral encephalitis
**A84.9** Tick-borne viral encephalitis, unspecified
**A85.0** Enteroviral encephalitis
**A85.1** Adenoviral encephalitis
**A85.2** Arthropod-borne viral encephalitis, unspecified
**A85.8** Other specified viral encephalitis
**A86** Unspecified viral encephalitis
**A87.0** Enteroviral meningitis
**A87.1** Adenoviral meningitis
**A87.2** Lymphocytic choriomeningitis
**A87.8** Other viral meningitis
**A87.9** Viral meningitis, unspecified
**A88.0** Enteroviral exanthematous fever [Boston exanthem]
**A88.1** Epidemic vertigo
**A88.8** Other specified viral infections of central nervous system
**A89** Unspecified viral infection of central nervous system
**A90** Dengue fever [classical dengue]
**A91** Dengue hemorrhagic fever
**A92.0** Chikungunya virus disease
**A92.1** O'nyong-nyong fever
**A92.2** Venezuelan equine fever
**A92.30** West Nile virus infection, unspecified
**A92.31** West Nile virus infection with encephalitis
**A92.32** West Nile virus infection with other neurologic manifestation
**A92.39** West Nile virus infection with other complications

# 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 |
| **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 |
| **95** | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| **96** | Habilitative Services |
| **97** | Rehabilitative Services |
| **99** | Multiple Modifiers |
| **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 |
| **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 |

*CPT® is a registered trademark of the American Medical Association. All rights reserved.*

*CPT © 2022 American Medical Association. All rights reserved.*

| Modifier | Description |
|---|---|
| **GM** | Multiple patients on one ambulance trip |
| **GN** | Services delivered under an outpatient speech language pathology plan of care |
| **GO** | Services delivered under an outpatient occupational therapy plan of care |
| **GP** | Services delivered under an outpatient physical therapy plan of care |
| **GQ** | Via asynchronous telecommunications system |
| **GR** | This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy |
| **GS** | Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level |
| **GT** | Via interactive audio and video telecommunication systems |
| **GU** | Waiver of liability statement issued as required by payer policy, routine notice |
| **GV** | Attending physician not employed or paid under arrangement by the patient's hospice provider |
| **GW** | Service not related to the hospice patient's terminal condition |
| **GX** | Notice of liability issued, voluntary under payer policy |
| **GY** | Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit |
| **GZ** | Item or service expected to be denied as not reasonable and necessary |
| **H9** | Court-ordered |
| **HA** | Child/adolescent program |
| **HB** | Adult program, non-geriatric |
| **HC** | Adult program, geriatric |
| **HD** | Pregnant/parenting women's program |
| **HE** | Mental health program |
| **HF** | Substance abuse program |
| **HG** | Opioid addiction treatment program |
| **HH** | Integrated mental health/substance abuse program |
| **HI** | Integrated mental health and intellectual disability/developmental disabilities program |
| **HJ** | Employee assistance program |
| **HK** | Specialized mental health programs for high-risk populations |
| **HL** | Intern |
| **HM** | Less than bachelor degree level |
| **HN** | Bachelor's degree level |
| **HO** | Master's degree level |
| **HP** | Doctoral level |

| Modifier | Description |
|---|---|
| **HQ** | Group setting |
| **HR** | Family/couple with client present |
| **HS** | Family/couple without client present |
| **HT** | Multi-disciplinary team |
| **HU** | Funded by child welfare agency |
| **HV** | Funded state addictions agency |
| **HW** | Funded by state mental health agency |
| **HX** | Funded by county/local agency |
| **HY** | Funded by juvenile justice agency |
| **HZ** | Funded by criminal justice agency |
| **J1** | Competitive acquisition program no-pay submission for a prescription number |
| **J2** | Competitive acquisition program, restocking of emergency drugs after emergency administration |
| **J3** | Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology |
| **J4** | DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge |
| **J5** | Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service |
| **JA** | Administered intravenously |
| **JB** | Administered subcutaneously |
| **JC** | Skin substitute used as a graft |
| **JD** | Skin substitute not used as a graft |
| **JE** | Administered via dialysate |
| **JG** | Drug or biological acquired with 340b drug pricing program discount |
| **JW** | Drug amount discarded/not administered to any patient |
| **K0** | Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility |
| **K1** | Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator |
| **K2** | Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator |




*CPT® is a registered trademark of the American Medical Association. All rights reserved.*
*CPT © 2022 American Medical Association. All rights reserved.*

# Terminology

| Terminology | Explanation |
|---|---|
| **11 deoxycortisol** | A precursor of cortisol; a steroid hormone, also known as Compound S. |
| **Abscess** | A collection of pus in a walled off sac or pocket, the result of infection. |
| **ACE-inhibitors** | A class of drugs known as antihypertensives, which are taken to aid in the reduction of hypertension or blood pressure. |
| **Acetic anhydride** | Colorless liquid with pungent smell that pharmaceutics companies use in the manufacture of aspirin. |
| **Acid fast bacilli** | Also called AFB, these bacteria resist loss of stain color when treated with a dilute acid, and are part of the taxonomic class bacillus that are typically rod shaped bacteria. |
| **Acid-base balance** | The condition of the balance between the acid ions and the base or alkaline ions, a delicate mechanism, which controls the pH or acidity-alkalinity in the body. |
| **Acidosis** | Increased acidity in the blood due to increased hydrogen ions, causing a decrease in pH below 7.35; this affects all body functions especially metabolism and respiration. |
| **Aciduria** | The presence of acid in urine, particularly in abnormal amounts. |
| **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 circulatory failure** | A sudden drop in cardiac output. |
| **Acute coronary syndrome** | Conditions caused by sudden loss of blood supply to the heart because of a blockage; these include but are not limited to unstable angina and heart attack. |
| **Acute lymphoblastic anemia** | A sudden abnormal rise in production by the body of a kind of white blood cell called a lymphoblast; usually found in the bone marrow, a large number of these immature cells replace the normal healthy cells, thereby causing life threatening symptoms. |
| **Acute tubular necrosis** | A condition involving the death of cells that form the tubules of the kidneys; this condition commonly leads to acute kidney injury. |
| **Addison's disease** | A serious chronic condition caused by a reduction of hormones produced by the adrenal cortex, located on the upper pole of each kidney. |
| **Adenoma** | A benign tumor with glandular structure or origin that may secrete hormones or affect hormone production. |
| **Adenosine triphosphate, or ATP** | A molecular unit that consists of adenosine and three phosphate groups that provides the main source of energy within cells for metabolism |
| **Adenovirus** | DNA viruses; different types of which cause respiratory infections, conjunctivitis, and gastroenteritis. |
| **Adrenal cortex** | The gland located on the upper portion of each kidney, with the cortex being the outer portion of that gland. |
| **Adrenal gland** | A small gland located on the upper pole of each kidney that secretes hormones directly into the blood. |
| **Adrenal hormones** | The adrenal glands produce hormones that are responsible for functions such as heart rate control and blood pressure; they also produce the stress hormone, commonly known as the flight or fight hormone, in addition to many more. |
| **Adrenocortical** | Pertaining to hormones produced by the outer portion, or cortex, of the adrenal gland, located on the upper pole of each kidney. |
| **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. |
| **Adrenogenital hyperplasia** | A congenital disorder caused by the lack of the enzyme 21 hydroxylase, which involves the adrenal glands and affects cortisol production, a necessary hormone for growth, blood pressure, and other vital functions. |
| **Aerobic** | Indicating the presence of air or oxygen; in microbiology, referring to growth in the presence of air or oxygen. |
| **Affinity** | Attraction; what makes one element or substance in a compound combine with another element or substance. |
| **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. |
| **Agglutination** | Clumping. |

| Terminology | Explanation |
|---|---|
| **Autoantibody** | A protein produced in the blood that attacks the patient's own body and causes damage to cells and tissue. |
| **Autoimmune disease** | A condition characterized by a body producing antibodies against its own cells, tissues, or organs. |
| **B cells, or B lymphocytes** | Cells present in the bone marrow and circulating in the blood and lymph that produce antibodies to fight infections. |
| **Bacteria** | Single celled microorganisms visible only with a microscope, some of which cause infection. |
| **Bacterial culture** | A laboratory test involving the cultivation of microorganisms or cells in a special growth medium. |
| **Bacterial vaginosis** | Increased number of bacteria in the vagina causing a shift in the normal pH, leading to infection. |
| **Bacteriuria** | A significant number of bacteria in the urine; a possible urinary tract infection. |
| **Basophils, or mast cells** | White blood cells of the granulocytic series that produce histamine; comprise only about one percent of the total white blood cells, or leukocytes, in the circulation. |
| **Bath salts** | Designer, recreational drugs that create a sense of joy, happiness, and excitement, on administration; so called because they resemble legal bathing products. |
| **Benign** | Not malignant, generally treatable or not needing treatment. |
| **Beta hemolytic** | A property exhibited by some bacteria, commonly some types of streptococcus, that causes a zone of clearing around a bacterial colony growing on an opaque agar, a nontransparent gelatinous material often used in lab tests. |
| **Beta-carotene** | A red pigment found in some plants, fruits, and vegetables such as carrots that is converted to vitamin A in the intestine. |
| **Beta-galactoside** | The glycoside, sugar bound to another group, that is formed from the sugar galactose. |
| **Biliary cirrhosis** | Liver disease that damages the small ducts of the liver; a long term disease; this gradually damages the organ. |
| **Bilirubin** | A bile pigment produced from hemoglobin during red blood cell breakdown; it causes the yellow discoloration of skin and eyes in patients with jaundice. |
| **Bioinformatics** | The analysis of biological and chemical information using computers. |
| **Biomarker or biological marker** | A measurable substance that is an indicator of a condition, disease, or normal or abnormal process. |
| **Biopsy** | To remove a portion or the entirety of suspicious tissue for pathologic examination; types of biopsies include excisional, incisional, punch, needle, open. |
| **Bladder** | A muscular organ that receives, stores, and transmits fluids; the urinary bladder stores urine; the gallbladder stores bile. |
| **Blastogenesis** | Conversion of white blood cells into a larger form before undergoing mitosis, or cell division. |
| **Blastomere** | A cell produced by division of a fertilized egg, usually after three days; contains chromosomes from the egg that may be used for genetic testing. |
| **Blood brain barrier or BBB** | Selectively permeable membrane that prevents certain substances from entering the brain. |
| **Blood factors** | Various components in plasma that facilitate blood clotting. |
| **Blood spot card** | A filter paper material that blood is collected on, to be used for certain analytical tests. |
| **Blood transfusion** | Introduction of blood or blood components from one person into the bloodstream of another person. |
| **Bone marrow** | Substance within the internal cavity of a bone; a source of stem cells, which ultimately develop into red blood cells, white blood cells, and platelets. |
| **Bone marrow transplant** | A procedure to replace damaged or destroyed bone marrow with healthy bone marrow cells. |
| **Breakpoint** | Location of chromosome breakage during translocation. |
| **Bronchi** | Branches of the trachea that go into the lungs. |
| **Bronchioalveolar lavage, or BAL** | In this service, a bronchoscope is introduced into the patient's lungs; fluid is then washed through the lungs and collected for analysis. |
| **Bronchioles** | Airways that branch from the bronchi. |
| **Bronchiolitis** | Viral infection of smaller air passages, typically affecting small children. |
| **Bronchoscopy** | A diagnostic procedure in which a fiberoptic scope with a light and camera is inserted into the nose or mouth, down the throat, and into the lungs to view abnormalities and collect specimens. |
| **C cell hyperplasia** | A thyroid condition that indicates a patient may develop medullary thyroid cancer. |
| **C peptide** | A peptide produced by the beta cells in the pancreas; connects insulin's A and B chain in the proinsulin molecule, the precursor to insulin. |
| **C-13** | An abbreviation for the non-radioactive isotope carbon-13, one of the 15 known isotopes of carbon, frequently used for clinical laboratory testing purposes. |

# Code Index


| Codes | Page No. |
|---|---|
| 0011M | 987 |
| 0012M | 987 |
| 0013M | 988 |
| 0014M | 989 |
| 0015M | 990 |
| 0016M | 990 |
| 0017M | 991 |
| 0342T | 980 |
| +0443T | 980 |
| 0495T | 980 |
| +0496T | 981 |
| 0500T | 982 |
| 0547T | 982 |
| 0564T | 982 |
| 0581T | 984 |
| 0640T | 984 |
| 0641T | 985 |
| 0642T | 985 |
| 0001U | 992 |
| 0002U | 992 |
| 0003U | 993 |
| 0005U | 993 |
| 0007U | 994 |
| 0008U | 995 |
| 0009U | 996 |
| 0010U | 996 |
| 0011U | 997 |
| 0012U | 997 |
| 0013U | 998 |
| 0014U | 999 |
| 0016U | 1000 |
| 0017U | 1001 |
| 0018U | 1001 |
| 0019U | 1002 |
| 0021U | 1003 |
| 0022U | 1003 |
| 0023U | 1004 |
| 0024U | 1005 |
| 0025U | 1006 |
| 0026U | 1006 |
| 0027U | 1007 |

| Codes | Page No. |
|---|---|
| 0029U | 1007 |
| 0030U | 1008 |
| 0031U | 1009 |
| 0032U | 1009 |
| 0033U | 1010 |
| 0034U | 1010 |
| 0035U | 1011 |
| 0036U | 1012 |
| 0037U | 1013 |
| 0038U | 1013 |
| 0039U | 1014 |
| 0040U | 1015 |
| 0041U | 1016 |
| 0042U | 1016 |
| 0043U | 1017 |
| 0044U | 1017 |
| 0045U | 1018 |
| 0046U | 1018 |
| 0047U | 1019 |
| 0048U | 1020 |
| 0049U | 1021 |
| 0050U | 1021 |
| 0051U | 1022 |
| 0052U | 1023 |
| 0053U | 1023 |
| 0054U | 1024 |
| 0055U | 1024 |
| 0056U | 1025 |
| 0058U | 1026 |
| 0059U | 1026 |
| 0060U | 1027 |
| 0061U | 1027 |
| 0062U | 1028 |
| 0063U | 1029 |
| 0064U | 1029 |
| 0065U | 1029 |
| 0066U | 1030 |
| 0067U | 1030 |
| 0068U | 1031 |
| 0069U | 1031 |
| 0070U | 1032 |

| Codes | Page No. |
|---|---|
| +0071U | 1033 |
| +0072U | 1033 |
| +0073U | 1034 |
| +0074U | 1035 |
| +0075U | 1035 |
| +0076U | 1036 |
| 0077U | 1037 |
| 0078U | 1037 |
| 0079U | 1038 |
| 0080U | 1039 |
| 0082U | 1039 |
| 0083U | 1040 |
| 0084U | 1041 |
| 0086U | 1042 |
| 0087U | 1043 |
| 0088U | 1044 |
| 0089U | 1044 |
| 0090U | 1045 |
| 0091U | 1046 |
| 0092U | 1047 |
| 0093U | 1047 |
| 0094U | 1048 |
| 0095U | 1048 |
| 0096U | 1049 |
| 0097U | 1049 |
| 0101U | 1050 |
| 0102U | 1050 |
| 0103U | 1051 |
| 0105U | 1052 |
| 0106U | 1053 |
| 0107U | 1053 |
| 0108U | 1054 |
| 0109U | 1055 |
| 0110U | 1055 |
| 0111U | 1056 |
| 0112U | 1057 |
| 0113U | 1058 |
| 0114U | 1058 |
| 0115U | 1059 |
| 0116U | 1059 |
| 0117U | 1060 |

| Codes | Page No. |
|---|---|
| 0118U | 1061 |
| 0119U | 1061 |
| 0120U | 1062 |
| 0121U | 1063 |
| 0122U | 1063 |
| 0123U | 1064 |
| 0129U | 1064 |
| +0130U | 1065 |
| +0131U | 1066 |
| +0132U | 1067 |
| +0133U | 1068 |
| +0134U | 1068 |
| +0135U | 1069 |
| +0136U | 1070 |
| +0137U | 1071 |
| +0138U | 1071 |
| 0140U | 1072 |
| 0141U | 1073 |
| 0142U | 1073 |
| 0143U | 1074 |
| 0144U | 1075 |
| 0145U | 1076 |
| 0146U | 1077 |
| 0147U | 1079 |
| 0148U | 1080 |
| 0149U | 1081 |
| 0150U | 1082 |
| 0151U | 1083 |
| 0152U | 1084 |
| 0153U | 1085 |
| 0154U | 1086 |
| 0155U | 1086 |
| 0156U | 1087 |
| +0157U | 1088 |
| +0158U | 1088 |
| +0159U | 1089 |
| +0160U | 1090 |
| +0161U | 1091 |
| +0162U | 1092 |
| 0163U | 1093 |
| 0164U | 1094 |

| Codes | Page No. |
|---|---|
| 0166U | 1094 |
| 0167U | 1095 |
| 0169U | 1095 |
| 0170U | 1096 |
| 0171U | 1096 |
| 0172U | 1097 |
| 0173U | 1098 |
| 0174U | 1098 |
| 0175U | 1099 |
| 0176U | 1100 |
| 0177U | 1100 |
| 0178U | 1101 |
| 0179U | 1101 |
| 0180U | 1102 |
| 0181U | 1102 |
| 0182U | 1103 |
| 0183U | 1103 |
| 0184U | 1104 |
| 0185U | 1104 |
| 0186U | 1105 |
| 0187U | 1106 |
| 0188U | 1106 |
| 0189U | 1107 |
| 0190U | 1107 |
| 0191U | 1108 |
| 0192U | 1108 |
| 0193U | 1109 |
| 0194U | 1109 |
| 0195U | 1110 |
| 0196U | 1110 |
| 0197U | 1111 |
| 0198U | 1111 |
| 0199U | 1112 |
| 0200U | 1112 |
| 0201U | 1113 |
| 0202U | 1113 |
| 0203U | 1114 |
| 0204U | 1114 |
| 0205U | 1115 |
| 0206U | 1115 |
| +0207U | 1116 |

# Thank You for Your Contribution to the Hardship Fund


Thanks to your book purchase, AAPC will be able to help even more members who face financial difficulty through the Hardship Fund.

The Hardship Fund is a financial aid program created to assist our members with:

- ✓ **Maintaining their membership and certification through membership renewal dues, exam prep tools and more**
- ✓ **Registration for national or regional conferences**
- ✓ **Certain local chapter events**

All awards are based on the availability of funds and the applicant's ability to demonstrate reasonable hardship. A portion of each book sale goes to helping more applicants through their time of need. We appreciate your contribution and your support for your fellow AAPC members.

To learn more about the Hardship Fund and its efforts or apply for financial assistance, **visit aapc.com.**

AAPC

**2024 Coders' Specialty Guide**
Pathology/Laboratory

9 781646 319350

**ISBN:** 978-1-646319-350
**eBook ISBN:** 978-1-646319-572