CODERS' SPECIALTY GUIDE

Oncology & Hematology

2027

AAPC

Your essential illustrated coding guide for oncology & hematology, 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.

Hemic and Lymphatic Systems

38204

Management of recipient hematopoietic progenitor cell donor search and cell acquisition

Clinical Responsibility

The provider manages a team that reviews the records for potential donors and screens them for compatibility as donors for bone marrow or stem cells. The provider reviews the compatible donors and manages the plans to harvest the cells. He may also take sample cells from the potential donors and assess the sample for compatibility.

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: $86.17, Non Facility Fee: $86.17
RVU (Facility): Work 1.95, PE 0.42, Mal 0.21, Total 2.58
RVU (Non-Facility): Work 1.95, PE 0.42, Mal 0.21, Total 2.58
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: B, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

52, 63, 73, 74, 76, 77, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q5, Q6, QJ

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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, C64.1-C64.9, C65.1-C65.9, C79.00-C79.02, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.38, C83.390, C83.398, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.00-C84.09, C84.10-C84.19, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.00, C86.10, C86.20, C86.30, C86.40, C86.50, C86.60, C88.20, C88.30, C88.40, C88.80, C88.90, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.40-C94.42, C94.6, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, D45, D46.20-D46.22, D46.9-D46.C, D46.Z, D47.1-D47.4, D56.1, D57.00-D57.02, D57.1, D57.20, D57.211, D57.212, D57.219, D57.3, D57.40, D57.411, D57.412, D57.419, D57.80, D57.811, D57.812, D57.819, D59.5, D60.0-D60.9, D61.01, D61.09, D61.1-D61.3, D61.9, D70.0, D72.0, D76.1, D81.0-D81.2, D81.9, D82.0, L12.30-L12.35, M31.11, M31.19, Q81.0-Q81.9

38205

Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic

Clinical Responsibility

The provider performs bone marrow and stem cell transplantation to treat various diseases of the blood and bone marrow as well as some other cancers. He may harvest stem cells from the blood as well as the bone marrow. The provider connects the blood circulation of a donor with a machine that circulates the collected blood and separates the stem cells from other components by a process called apheresis. The provider may perform multiple cycles to collect a sufficient amount of cells. After collecting the cells he transplants the cells into another person and the rest of the blood is returned to the donor. Harvesting of blood-derived stem cells is very much like a normal blood donation and does not require much provider intervention.

Coding Tips

For harvesting of hematopoietic progenitor cells from the patient's own blood, use code 38206.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $69.15, Non Facility Fee: $69.15; Non-QP Conversion Factor $33.4009, Facility Fee: $68.81, Non Facility Fee: $68.81
RVU (Facility): Work 1.46, PE 0.52, Mal 0.08, Total 2.06
RVU (Non-Facility): Work 1.46, PE 0.52, Mal 0.08, Total 2.06
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: R, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 51, 52, 58, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q5, Q6, QJ

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0708T[1], 0709T[1], 0901T[0], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1],

13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 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], 38206[0], 38227[0], 38230[0], 38240[0], 38241[0], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99221[1], 99222[1], 99223[1], 99231[1], 99232[1], 99233[1], 99234[1], 99235[1], 99236[1], 99238[1], 99239[1], 99242[1], 99243[1], 99244[1], 99245[1], 99252[1], 99253[1], 99254[1], 99255[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99347[1], 99348[1], 99349[1], 99350[1], 99374[1], 99375[1], 99377[1], 99378[1], 99446[0], 99447[0], 99448[0], 99449[0], 99451[0], 99452[0], 99495[1], 99496[1], G0463[1], G0471[1]

ICD-10-CM Cross References

C82.50, C82.59, C84.90, C84.99, C84.A0, C84.A9, C84.Z0, C84.Z9, C85.10, C85.19, C85.20, C85.29, C85.80, C85.89, C85.90, C85.99, C86.40, M31.11, M31.19, Z52.001, Z52.3

38206

Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous

Clinical Responsibility

The provider performs bone marrow and stem cell transplantation to treat various diseases of the blood and bone marrow as well as some other cancers. He may harvest stem cells from the blood as well as the bone marrow. The provider connects the blood circulation of the patient with a machine that circulates the collected blood and separates the stem cells from other components by a process called apheresis. The provider may perform multiple cycles to collect a sufficient amount of cells. After collecting the cells, he transplants the cells in the patient's body and the rest of the blood returns to the patient's circulation. Harvesting of blood-derived stem cells is very much like a normal blood donation and does not require much provider intervention.

Coding Tips

For harvesting of hematopoietic progenitor cells from another person's blood, use code 38205.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $67.81, Non Facility Fee: $67.81; Non-QP Conversion Factor $33.4009, Facility Fee: $67.47, Non Facility Fee: $67.47
RVU (Facility): Work 1.46, PE 0.47, Mal 0.09, Total 2.02
RVU (Non-Facility): Work 1.46, PE 0.47, Mal 0.09, Total 2.02
MPFS Payment Policy Indicators: Global Period 0, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: R, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

22, 47, 51, 52, 58, 63, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q5, Q6, QJ

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0596T[1], 0597T[1], 0692T[0], 0708T[1], 0709T[1], 0901T[1], 0903T[1], 0904T[1], 0905T[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12017[1], 12018[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13100[1], 13101[1], 13102[1], 13120[1], 13121[1], 13122[1], 13131[1], 13132[1], 13133[1], 13151[1], 13152[1], 13153[1], 36000[1], 36400[1], 36405[1], 36406[1], 36410[1], 36420[1], 36425[1], 36430[1], 36440[1], 36511[0], 36512[0], 36513[0], 36514[0], 36591[0], 36592[0], 36600[1], 36640[1], 38225[0], 38227[0], 38230[0], 38240[0], 38241[0], 43752[1], 51701[1], 51702[1], 51703[1], 62320[0], 62321[0], 62322[0], 62323[0], 62324[0], 62325[0], 62326[0], 62327[0], 64400[0], 64405[0], 64408[0], 64415[0], 64416[0], 64417[0], 64418[0], 64420[0], 64421[0], 64425[0], 64430[0], 64435[0], 64445[0], 64446[0], 64447[0], 64448[0], 64449[0], 64450[0], 64451[0], 64454[0], 64461[0], 64462[0], 64463[0], 64466[1], 64467[1], 64468[1], 64469[1], 64473[1], 64474[1], 64479[0], 64480[0], 64483[0], 64484[0], 64486[0], 64487[0], 64488[0], 64489[0], 64490[0], 64491[0], 64492[0], 64493[0], 64494[0], 64495[0], 64505[0], 64510[0], 64517[0], 64520[0], 64530[0], 69990[0], 86890[0], 86891[0], 86985[1], 92012[1], 92014[1], 93000[1], 93005[1], 93010[1], 93040[1], 93041[1], 93042[1], 93318[1], 93355[1], 94002[1], 94200[1], 94680[1], 94681[1], 94690[1], 95812[1], 95813[1], 95816[1], 95819[1], 95822[1], 95829[1], 95955[1], 96360[1], 96361[1], 96365[1], 96366[1], 96367[1], 96368[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0], 99155[0], 99156[0], 99157[0], 99202[1], 99203[1], 99204[1], 99205[1], 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], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99291[1], 99292[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[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], 99466[1], 99468[1], 99469[1], 99471[1], 99472[1], 99475[1], 99476[1], 99477[1], 99478[1], 99479[1], 99480[1], 99483[1], 99485[1], 99495[1], 99496[1], 99497[1], G0380[1], G0381[1], G0382[1], G0383[1], G0384[1], G0406[1], G0407[1], G0408[1], G0425[1], G0426[1], G0427[1], G0463[1], G0471[1], G0508[1], G0509[1]

ICD-10-CM Cross References

C82.00, C82.09, C82.10, C82.19, C82.20, C82.29, C82.30, C82.39, C82.40, C82.49, C82.50, C82.59, C82.60, C82.69, C82.80, C82.89, C82.90, C82.99, C83.18, C84.40, C84.49, C84.90, C84.99, C84.A0, C84.A9, C84.Z0, C84.Z9, C85.10, C85.19, C85.20, C85.29, C85.80, C85.89, C85.90, C85.99, C86.40, C90.00, M31.11, M31.19, Z52.001, Z52.018, Z52.3

Radiology

71045

Radiologic examination, chest; single view

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of 2 views of chest, report code 71046; for 3 views, report 71047; and for 4 or more views, report 71048.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $25.51, Non Facility Fee: $25.51; Non-QP Conversion Factor $33.4009, Facility Fee: $25.38, Non Facility Fee: $25.38
RVU (Facility): Work 0.18, PE 0.56, Mal 0.02, Total 0.76
RVU (Non-Facility): Work 0.18, PE 0.56, Mal 0.02, Total 0.76
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 4

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0175T[1], 36591[0], 36592[0], 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.

71046

Radiologic examination, chest; 2 views

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of a single view chest, report code 71045; for 3 views, report 71047; and for 4 or more views, report 71048.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $33.23, Non Facility Fee: $33.23; Non-QP Conversion Factor $33.4009, Facility Fee: $33.07, Non Facility Fee: $33.07
RVU (Facility): Work 0.21, PE 0.76, Mal 0.02, Total 0.99
RVU (Non-Facility): Work 0.21, PE 0.76, Mal 0.02, Total 0.99

MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0175T[1], 36591[0], 36592[0], 71045[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.

71047

Radiologic examination, chest; 3 views

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of a single view chest, report code 71045; for 2 views, report 71046; and for 4 or more views, report 71048.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $41.29, Non Facility Fee: $41.29; Non-QP Conversion Factor $33.4009, Facility Fee: $41.08, Non Facility Fee: $41.08
RVU (Facility): Work 0.26, PE 0.95, Mal 0.02, Total 1.23
RVU (Non-Facility): Work 0.26, PE 0.95, Mal 0.02, Total 1.23
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0175T[1], 36591[0], 36592[0], 71045[1], 71046[1], 71101[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.

71048

Radiologic examination, chest; 4 or more views

Clinical Responsibility

The provider positions the patient so that the X-ray beam focuses on the chest. The patient remains still so that the image is not blurred. During the examination, an X-ray machine sends a beam of radiation through the chest area, and a computer or a special film records the image. Dense body parts such as bones appear white on the X-ray image as they absorb much of the radiation. Softer body tissues, such as muscles and fat, allow the X-ray beams to pass through them and appear darker.

The different views of chest are anteroposterior, or front to back view; posteroanterior, or back to front view; a lateral, or side-to-side view; or right and left oblique views, which are views done at approximately a 45-degree angle. The provider may also perform other views of the chest, such as decubitus, or lying on the side that helps detect fluid, lordotic that helps to visualize the apex of the lung, and expiratory, after blowing the breath out.

Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

If the provider performs radiological examination of a single view chest, report code 71045; for 2 views, report 71046; and for 3 views, report 71047.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $45.32, Non Facility Fee: $45.32; Non-QP Conversion Factor $33.4009, Facility Fee: $45.09, Non Facility Fee: $45.09
RVU (Facility): Work 0.3, PE 1.02, Mal 0.03, Total 1.35
RVU (Non-Facility): Work 0.3, PE 1.02, Mal 0.03, Total 1.35
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

26, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AI, AQ, AR, AS, CC, CR, ET, EY, FX, FY, GA, GC, GJ, GK, GR, GU, GY, GZ, KX, PD, Q5, Q6, QJ, SC, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0175T[1], 36591[0], 36592[0], 71045[1], 71046[1], 71047[1], 71101[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.

71250

Computed tomography, thorax, diagnostic; without contrast material

Clinical Responsibility

Computed tomography, or CT, is when the provider rotates an X-ray tube and X-ray detectors around a patient, which produces a tomogram, a computer generated cross sectional image.

When the patient is appropriately positioned, the provider instructs the patient to remain motionless during the procedure. The provider has the patient lie on the scanner bed, which moves slowly into the scanner, and then he takes multiple cross sectional images of the thoracic region. The provider examines these cross sectional images on a computer monitor. The provider then interprets the diagnostic results from the images he obtains. The provider uses the computer to store, reconstruct, and reproduce these images as prints for further evaluation as necessary. The provider performs this procedure without injecting contrast material into the patient.

Coding Tips

When the provider performs a computed tomography, or CT, of the thorax with an injection of contrast material, use 71260, Computed tomography, thorax, diagnostic; with contrast material.

When the provider performs a computed tomography, or CT, of the thorax without contrast material, followed by an injection of contrast material, use 71270, Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material and further sections.

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

When the provider administers oral or rectal contrast, you should code the service as without contrast because the radiology service includes oral and rectal contrast.

To assign a code whose descriptor includes contrast, the contrast must be intravascular, intraarticular, or intrathecal.

Depending on the payer's guidelines, providers who supply contrast may also separately report the contrast using a 99070 supply code or a HCPCS Level II code. Check individual payers' policies for contrast coverage and reportable supply codes.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $133.26, Non Facility Fee: $133.26; Non-QP Conversion Factor $33.4009, Facility Fee: $132.60, Non Facility Fee: $132.60
RVU (Facility): Work 1.05, PE 2.85, Mal 0.07, Total 3.97
RVU (Non-Facility): Work 1.05, PE 2.85, Mal 0.07, Total 3.97
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

26, 51, 52, 53, 59, 76, 77, 79, 80, 81, 82, 99, AQ, AR, AS, CR, CT, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

01922[0], 0558T[1], 36591[0], 36592[0], 71271[0], 75571[1], 76380[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.

HCPCS Level II Codes

Medical and Surgical Supplies

A4600

Sleeve for intermittent limb compression device, replacement only, each

Clinical Responsibility

Use this code to report a claim for a replacement sleeve for an intermittent limb compression device. This type of compression device applied to a limb intermittently inflates and deflates. The device improves blood circulation, decreases swelling in the limbs, and prevents blood clots.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals, a combination of a radioactive compound with a pharmaceutical compound.

BETOS

D1E: Other DME

Administrative, Miscellaneous and Investigational

A9591

Fluoroestradiol f 18, diagnostic, 1 millicurie

Clinical Responsibility

The standard dosage of fluoroestradiol F-18 is 222 MBq (6 mCi), with a range of 111 MBq to 222 MBq (3 mCi to 6 mCi), administered as a single intravenous injection of 10 mL or less over one to two minutes.

Fluoroestradiol F-18 is supplied as 148 MBq/mL to 3,700 MBq/mL (4 mCi/mL to 100 mCi/mL) in a multiple-dosage vial.

Breast cancer is a type of cancer that develops from the breast cells and is capable of spreading, commonly affecting women; the major signs include a lump in the breast, change in the shape of the breast, and fluid from the nipples.

Report this code for each 1 mCi of fluoroestradiol F-18 administered.

Coding Tips

Brand names for this drug include: Cerianna™.

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

BETOS

I1E: Standard imaging - nuclear medicine

A9596

Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie

Clinical Responsibility

The standard dosage of gallium Ga-68 gozetotide is 111 MBq to 259 MBq (3 mCi to 7 mCi) administered as a bolus intravenous injection. Gozetotide is also known as PSMA-11. This code is specific to Illuccix®, which is supplied as a kit containing a vial with 25 mcg gozetotide and 10 mcg stabilizer as a lyophilized (freeze-dried) powder, a vial with an acetate buffer (for pH adjustment), and a vial for the collection of gallium Ga-68 chloride and radiolabeling reaction. This last vial serves as a multiple-dose vial after preparation of the product.

Providers may use this radioactive diagnostic agent to localize PSMA-positive metastatic disease in patients with prostate cancer. Prostate specific membrane antigen (PSMA) is overexpressed on prostate cancer cells. After injection of gallium Ga-68 gozetotide, PET imaging can localize where the radiotracer is, allowing localization of metastatic disease and providing information for treatment decisions. Report this code per millicurie.

Coding Tips

This code is specific to Illuccix®.

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

BETOS

I1E: Standard imaging - nuclear medicine

A9601

Flortaucipir f 18 injection, diagnostic, 1 millicurie

Clinical Responsibility

The standard dosage of flortaucipir F-18 is 10 mCi (370 MBq) administered as a bolus intravenous injection. It is supplied in a multiple-dose vial.

Providers may use this radioactive diagnostic agent for positron emission tomography (PET) imaging of the brain to estimate the density and distribution of aggregated tau neurofibrillary tangles (NFTs) in patients with cognitive impairment who are being evaluated for Alzheimer's disease. NFTs are a primary marker of Alzheimer's disease. Report this code per millicurie.

Coding Tips

Brand names for this agent include: Tauvid™.

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

BETOS

I1E: Standard imaging - nuclear medicine

A9602

Fluorodopa f-18, diagnostic, per millicurie

Clinical Responsibility

The standard dosage of fluorodopa F-18 is 185 MBq administered as an intravenous injection over one minute. It is supplied in a multiple-dose vial.

Providers may use this radioactive diagnostic agent for positron emission tomography (PET) imaging of dopaminergic nerve cells in the brain to evaluate patients with suspected Parkinsonian syndromes (PS). PS is a group of movement disorders that may involve slow movements, body stiffness, shakiness when resting, and an inability to maintain posture. PS is associated with the damage or loss of dopaminergic nerves in a part of the brain called the striatum. Report this code per millicurie.

Coding Tips

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

BETOS

I1E: Standard imaging - nuclear medicine

A9606

Radium Ra-223 dichloride, therapeutic, per microcurie

Clinical Responsibility

Radium Ra-223 dichloride is a radiopharmaceutical medication used to treat prostatic cancer that has spread to the bones. The patient receives radium Ra-223 dichloride through an intravenous injection. Ra-223 dichloride treats prostate cancer that has metastasized, or spread, to the bones because it has not responded to medical or surgical treatments that lower testosterone.

Coding Tips

Use A codes to represent transportation services, medical and surgical supplies, and radiopharmaceuticals.

BETOS

I1E: Standard imaging - nuclear medicine

A9607

Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie

Clinical Responsibility

The standard dosage of lutetium Lu 177 vipivotide tetraxetan is 7.4 GBq (200 mCi) administered as an intravenous injection or infusion. It is supplied in a single-dose vial.

Providers may use this radiopharmaceutical to treat patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC), an aggressive form of prostate cancer. Report this code per millicurie.

Coding Tips

Brand names for this agent include: Pluvicto™.

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

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

BETOS

I1E: Standard imaging - nuclear medicine

A9699

Radiopharmaceutical, therapeutic, not otherwise classified

Clinical Responsibility

The patient receives a radiopharmaceutical material for therapeutic purposes, and the material is not specified by any HCPCS Level II code. A radiopharmaceutical is a combination of a radioactive compound with a pharmaceutical compound that a provider uses to identify and treat certain diseases or analyze the function of a part of human body under investigation.

Coding Tips

The Healthcare Common Procedure Coding System, or HCPCS, codes that begin with an A represent medical and surgical supplies, including supplies to help treat patients with urinary incontinence, ostomies, respiratory problems, and patients receiving dialysis.

Report this code with one unit of service for a therapeutic radiopharmaceutical not specified by another code.

BETOS

I1E: Standard imaging - nuclear medicine

A9800

Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie

Clinical Responsibility

The standard dosage of gallium Ga-68 gozetotide is 111 MBq to 259 MBq (3 mCi to 7 mCi) administered as a slow intravenous injection. Gozetotide is also known as PSMA-11. This code is specific to Locametz®, which is supplied as a kit containing a multiple-dose vial with 25 mcg gozetotide as a lyophilized (freeze-dried) powder. After radiolabeling with gallium-68, the vial contains a sterile solution of gallium Ga-68 gozetotide at a strength up to 1,369 MBq (37 mCi) in up to 10 mL.

Providers may use this radioactive diagnostic agent for PET imaging of PSMA-positive lesions in patients with prostate cancer. Prostate specific membrane antigen (PSMA) is overexpressed on prostate cancer cells. After injection of gallium Ga-68 gozetotide, PET imaging can localize where the radiotracer is, allowing localization of disease and providing information for treatment decisions. Report this code per millicurie.

Coding Tips

This code is specific to Locametz®.

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

BETOS

I1E: Standard imaging - nuclear medicine

ICD-10-CM Cross Reference Details

A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A03.0 Shigellosis due to Shigella dysenteriae
A03.8 Other shigellosis
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
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
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.6 Amebic brain abscess
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
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
A08.8 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
A19.9 Miliary tuberculosis, unspecified
A22.7 Anthrax sepsis
A26.7 Erysipelothrix sepsis
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A30.0 Indeterminate leprosy
A30.1 Tuberculoid leprosy
A30.2 Borderline tuberculoid leprosy
A30.3 Borderline leprosy
A30.4 Borderline lepromatous leprosy
A30.5 Lepromatous leprosy
A30.8 Other forms of leprosy
A30.9 Leprosy, unspecified
A31.0 Pulmonary mycobacterial infection
A31.2 Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.7 Listerial sepsis
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.54 Sepsis due to Acinetobacter baumannii
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.7 Actinomycotic sepsis
A51.31 Condyloma latum
A51.39 Other secondary syphilis of skin
A51.41 Secondary syphilitic meningitis

A51.44 Secondary syphilitic nephritis
A51.45 Secondary syphilitic hepatitis
A51.46 Secondary syphilitic osteopathy
A51.49 Other secondary syphilitic conditions
A52.01 Syphilitic aneurysm of aorta
A52.19 Other symptomatic neurosyphilis
A52.2 Asymptomatic neurosyphilis
A52.3 Neurosyphilis, unspecified
A52.74 Syphilis of liver and other viscera
A54.22 Gonococcal prostatitis
A54.86 Gonococcal sepsis
A59.02 Trichomonal prostatitis
A66.2 Other early skin lesions of yaws
A66.3 Hyperkeratosis of yaws
A67.2 Late lesions of pinta
A68.1 Tick-borne relapsing fever
A69.20 Lyme disease, unspecified
A69.21 Meningitis due to Lyme disease
A69.22 Other neurologic disorders in Lyme disease
A69.23 Arthritis due to Lyme disease
A69.29 Other conditions associated with Lyme disease
A77.40 Ehrlichiosis, unspecified
A77.41 Ehrlichiosis chaffeensis [E. chaffeensis]
A77.49 Other ehrlichiosis
A79.82 Anaplasmosis [A. phagocytophilum]
A84.81 Powassan virus disease
A84.89 Other tick-borne viral encephalitis
A92.5 Zika virus disease
B00.1 Herpesviral vesicular dermatitis
B00.82 Herpes simplex myelitis
B01.12 Varicella myelitis
B02.24 Postherpetic myelitis
B03 Smallpox
B04 Monkeypox
B07.0 Plantar wart
B07.8 Other viral warts
B07.9 Viral wart, unspecified
B08.010 Cowpox
B08.011 Vaccinia not from vaccine
B08.03 Pseudocowpox [milker's node]
B08.04 Paravaccinia, unspecified
B08.09 Other orthopoxvirus infections
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
B26.81 Mumps hepatitis
B27.00 Gammaherpesviral mononucleosis without complication
B27.01 Gammaherpesviral mononucleosis with polyneuropathy
B27.02 Gammaherpesviral mononucleosis with meningitis
B27.09 Gammaherpesviral mononucleosis with other complications
B27.10 Cytomegaloviral mononucleosis without complications
B27.11 Cytomegaloviral mononucleosis with polyneuropathy
B27.12 Cytomegaloviral mononucleosis with meningitis
B27.19 Cytomegaloviral mononucleosis with other complication
B27.80 Other infectious mononucleosis without complication
B27.81 Other infectious mononucleosis with polyneuropathy
B27.82 Other infectious mononucleosis with meningitis
B27.89 Other infectious mononucleosis with other complication
B27.90 Infectious mononucleosis, unspecified without complication
B27.91 Infectious mononucleosis, unspecified with polyneuropathy
B27.92 Infectious mononucleosis, unspecified with meningitis
B27.99 Infectious mononucleosis, unspecified with other complication
B34.2 Coronavirus infection, unspecified
B36.9 Superficial mycosis, unspecified
B37.7 Candidal sepsis
B37.82 Candidal enteritis
B38.1 Chronic pulmonary coccidioidomycosis
B38.2 Pulmonary coccidioidomycosis, unspecified
B38.3 Cutaneous coccidioidomycosis
B38.4 Coccidioidomycosis meningitis
B38.7 Disseminated coccidioidomycosis
B38.81 Prostatic coccidioidomycosis
B38.89 Other forms of coccidioidomycosis
B38.9 Coccidioidomycosis, unspecified
B39.1 Chronic pulmonary histoplasmosis capsulati
B39.2 Pulmonary histoplasmosis capsulati, unspecified
B39.3 Disseminated histoplasmosis capsulati
B39.4 Histoplasmosis capsulati, unspecified
B39.5 Histoplasmosis duboisii
B39.9 Histoplasmosis, unspecified
B45.1 Cerebral cryptococcosis
B52.0 Plasmodium malariae malaria with nephropathy
B55.0 Visceral leishmaniasis
B57.32 Megacolon in Chagas' disease
B58.1 Toxoplasma hepatitis
B58.2 Toxoplasma meningoencephalitis
B58.3 Pulmonary toxoplasmosis
B58.81 Toxoplasma myocarditis
B58.82 Toxoplasma myositis
B58.83 Toxoplasma tubulo-interstitial nephropathy
B58.89 Toxoplasmosis with other organ involvement
B58.9 Toxoplasmosis, unspecified
B60.01 Babesiosis due to Babesia microti
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
B69.0 Cysticercosis of central nervous system
B78.0 Intestinal strongyloidiasis
B78.1 Cutaneous strongyloidiasis
B78.7 Disseminated strongyloidiasis
B78.9 Strongyloidiasis, unspecified
B88.01 Infestation by Demodex mites
B88.09 Other acariasis
B88.9 Infestation, unspecified
B96.83 Acinetobacter baumannii as the cause of diseases classified elsewhere
B97.10 Unspecified enterovirus as the cause of diseases classified elsewhere
B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29 Other coronavirus as the cause of diseases classified elsewhere
B97.35 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere

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
5 fluorouracil	A drug used to treat certain types of cancer.
Ablate	To remove tissue, a body part, or an organ or destroy its function.
Ablation	Removal of tissue, a body part, or an organ or destruction of its function.
ABO incompatibility	An abnormal reaction between blood cells of incompatible blood groups; this results in destruction of blood cells and the formation of clumps.
Absorption	Taking in of substances by tissues.
Acne	Eruptions of small oil secreting glands below the skin surface due to infection or inflammation; also known as pimples.
Acquired immunodeficiency syndrome, or AIDS	An infectious disorder which severely damages the immune system.
Acromegaly	A hormone disorder that develops when a gland in the body produces too much growth hormone causing excess growth of body tissues.
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 intermittent porphyria	Genetically transmitted disease causing abdominal pain and neurologic symptoms; however, many patients are asymptomatic.
Acute lymphoblastic leukemia	Cancer of the blood cells that mainly affects children and young adults up to 21 years of age.
Acute myeloid leukemia, or AML	Cancer of the white blood cells, in which the blood cells multiply at a very fast rate.
Adenocarcinoma	Malignant tumor in epithelial cells.
Adenoma	A benign tumor of a glandular structure.
Adrenal glands	A pair of glands, located on top of the kidneys, that secrete a variety of hormones and chemicals involved in various body functions such as to regulate heart rate, blood pressure, and other vital functions.
Advance directive	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
Advanced HIV associated Kaposi's sarcoma, or KS	Rare type of cancer that involves the skin, lungs, liver, and gastric system.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
Afterloading	Placing catheters, which are subsequently loaded with radioactive substance, at the treatment site.
Agglutination	Abnormal clumping of particles of any substances, most commonly in case of abnormal clumping of blood cells due to contact between incompatible blood groups.
Agranulocytes	A type of white blood cell, which has a single nucleus and helps in providing immunity.
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; specifically for MAAAs, the output involves some sort of diagnostic or prognostic information about treatment options or disease outcomes.
Allergy	An adverse reaction that the body has in response to a particular food or substance.
Allogeneic	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allograft and homograft.
Alpha-2 antiplasmin	A fibrinolysis inhibitor that halts plasmin activity, thereby slowing the process of fibrinolysis.
Amino acids	Organic compounds that combine in chains to form proteins, the body's building blocks, and can provide energy; nonessential amino acids are formed in the body, while essential amino acids must be obtained from food.
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.

Terminology	Explanation
Analgesic	Relief or absence of pain.
Androgen	A hormone or compound, usually a steroid, that stimulates or controls male or female hormonal activity or production.
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.
Angiocatheter	A catheter inserted into a blood vessel, typically to instill fluids or medicine, to withdraw blood, or to deliver instruments or devices such as a pressure transducer or balloon.
Antiadrenergic	Achieving the opposite effect of that of adrenaline, a hormone released in response to stress.
Antibiotic	Substance that inhibits infection.
Antibody	An immune system related protein that can detect a harmful substance called an antigen; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Anticholinergic	A substance that blocks acetylcholine, a neurotransmitter in the brain and nervous system; anticholinergic medications treat a variety of conditions.
Anticoagulant drug	An anticoagulant is a drug that causes a delay in clotting of blood, thus preventing the chances of myocardial infarction, stroke, blood clot in the brain, or deep vein thrombosis.
Antiemetic	A drug used to prevent or relieve nausea and vomiting.
Antigen	Foreign bodies, such as bacteria, that enter the human body, or substances that form within the body, that cause an immune response, such as antibody production, and possibly infection; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Antihemophilic agent	An agent that works to stop the bleeding tendency in bleeding disorders, such as hemophilia.
Antihistamine	A drug that blocks the action of histamine in the body; histamine is responsible for allergic symptoms.
Antineoplastic	A drug or other substance capable of killing or slowing the growth of tumors or malignant cells.
Antithrombin	A naturally occurring protein in the body produced by the liver that helps regulate the formation blood clot.
Anus	The distal opening of the large intestine.
Apheresis	A procedure in which the blood of a donor or patient is passed through an apparatus that separates out one particular constituent and returns the remainder to the circulation.
Arc therapy	A form of radiation therapy that uses equipment that produces single or multiple radiation beams that sweep, or arc, up to 360 degrees around the patient so a concentrated beam can target all sides of the tumor as it follows the contours of the tumor instead of impacting healthy tissue around it.
Arrhythmia	Irregular rate or rhythm of the heartbeat.
Arterial vessels	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Aseptic	Conditions characterized by freedom from contamination by any microorganism.
Aspergillosis	Any one of a group of fungal infections caused by the mold Aspergillus, a common type of fungus that can be readily found indoors and outdoors.
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.
Atherosclerosis	Formation of plaque in the walls of the arteries that lead to hardening of the artery and reduction in blood flow.
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.
Autoantibody	An antibody that reacts to tissues or cells of the body that produced it.
Autogenous tissue graft	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
Autoimmune	An immune response directed by the body against its own cells or tissues.

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
Oncology & Hematology

9 798892 583275

Print ISBN: 979-8-89258-3-275