CODERS' SPECIALTY GUIDE

Pathology & Laboratory

Volume I & II

2027

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

Contents

Volume I

Volume II

Cardiovascular System

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 Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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 Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
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

33, 52, 53, 63, 73, 74, 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

NCCI Alerts (version 32.0)

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.

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 Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $30.88, Non Facility Fee: $30.88; Non-QP Conversion Factor $33.4009, Facility Fee: $30.73, Non Facility Fee: $30.73
RVU (Facility): Work 0, PE 0.91, Mal 0.01, Total 0.92
RVU (Non-Facility): Work 0, PE 0.91, Mal 0.01, Total 0.92
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: T, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

47, 52, 53, 59, 63, 73, 74, 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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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-O22.8X3, 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, T82.828A, T82.856A, T82.858A, T82.868A, T82.898A, T82.9XXA, T83.510A-T83.510S, T83.511A-T83.511S, T83.512A-T83.512S, T83.518A-T83.518S, Z01.812, Z45.2, Z46.82, Z49.01, Z49.02, Z86.718

36592

Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified

Clinical Responsibility

When the patient is appropriately prepped, the provider draws blood from an established central or peripheral catheter. The provider applies a liquid antiseptic to the area and then places a core needle through the skin into the catheter. He first aspirates and discards a small amount of blood before drawing the blood sample because the initial blood sample withdraw may include contaminated material from the catheter that might affect the lab test results. He then withdraws the blood sample using this needle and flushes the catheter with heparin solution to prevent a clot formation.

Coding Tips

Use 36591 when the provider draws the blood sample from a completely implantable venous access device.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $33.90, Non Facility Fee: $33.90; Non-QP Conversion Factor $33.4009, Facility Fee: $33.73, Non Facility Fee: $33.73
RVU (Facility): Work 0, PE 1, Mal 0.01, Total 1.01
RVU (Non-Facility): Work 0, PE 1, Mal 0.01, Total 1.01
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: T, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

47, 52, 53, 59, 63, 73, 74, 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

NCCI Alerts (version 32.0)

35201[0], 35206[0], 35226[0], 35231[0], 35236[0], 35256[0], 35261[0], 35266[0], 35286[0], 36591[0], J1642[1], J1644[1]

ICD-10-CM Cross References

I27.21, I74.09, I76, I77.3, 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, N52.01, N52.03, O03.35, O03.85, O04.85, O07.35, O08.7, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O87.3, O87.8, Q20.0, Q20.3, Q26.2-Q26.5, Q87.82, 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, T82.311A-T82.311S, T82.312A-T82.312S, T82.321A-T82.321S, T82.322A-T82.322S, T82.331A-T82.331S, T82.332A-T82.332S, T82.391A-T82.391S, T82.392A-T82.392S, 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, T82.828A, T82.856A, T82.858A, T82.868A, T82.898A, T82.9XXA, T83.510A-T83.510S, T83.511A-T83.511S, T83.512A-T83.512S, T83.518A-T83.518S, Z01.812, Z45.2, Z46.82, Z49.01, Z49.02, Z86.718

RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

E22.2, E23.2, E72.530-E72.539, E72.540-E72.549, E87.0, E87.1, E87.8, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, N04.0, N04.1, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N08, N17.9, P74.21, P74.22, P74.49, R82.89, R82.998, Z00.00, Z00.01, Z01.812

84302

Sodium; other source

Clinical Responsibility

The lab analyst performs the technical lab steps to measure the concentration of sodium in sources other than blood, plasma, serum, or urine, such as body fluids or stool specimens, to detect increased or decreased levels. Sodium is an ion obtained from diet and table salt that regulates water content in the body. The body tightly regulates, or balances, sodium for many different essential organ and cellular functions. The test may use methods such as potentiometry, in which electrodes that are specific for sodium ions measure the amount of electrical activity, or potential, created by the sodium ions that are dissolved in a solution.

Although not limited to testing for a specific condition, clinicians may order this test to evaluate patients with abnormal blood sodium levels to help determine the cause of the blood sodium imbalance. Stool sodium levels may be helpful in diagnosing causes of diarrhea or problems with absorption in the gastrointestinal tract. Sodium testing in other body fluids may be useful in monitoring therapy for hyponatremia or hypernatremia.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

E22.2, E23.2, E87.0, E87.1, E87.8, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, N04.0, N04.1, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N08, N17.9, P74.21, P74.22, P74.49, Z00.00, Z00.01, Z01.812

84305

Somatomedin

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically patient blood, with specific substances to measure somatomedin, also known as somatomedin C or insulin like growth factor 1, to diagnose growth problems due to pituitary gland disorders or abnormal growth hormone production. The test may use methods such as immunoassay, in which patient antibodies react with reagent antigens to determine the amount of somatomedin in the blood.

Although not limited to testing for a specific condition, clinicians may order this test to evaluate patients for growth disorders due to decreased levels of somatomedin, which may be seen in delayed puberty, inactive growth hormone, pituitary cancers, nutritional deficiencies, or dwarfism. Increased levels of somatomedin may be due to early puberty, an overactive pituitary gland, or gigantism.

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 Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

C75.1, D35.2, D44.3, D61.02, E07.9, E22.0-E22.9, E23.0, E23.1, E23.6, E23.7, E24.0, E30.1, E30.8, E34.321, E34.322, E34.4, E34.9, E43-E46, E44.0, E44.1, E63.9, E64.0, E66.01, E66.09, E66.1, E66.9, E89.3, G47.9, M62.81, R53.1, T38.811A-T38.811S, T38.812A-T38.812S, T38.813A-T38.813S, T38.814A-T38.814S, T38.815A-T38.815S, T38.816A-T38.816S, Z00.00, Z00.01, Z01.812, Z79.890

84307

Somatostatin

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically

patient blood, with specific substances to measure somatostatin, which is a hormone that helps regulate the endocrine system by inhibiting the secretion of many other hormones, including growth hormone, and also affects nerve transmission. The test may use methods such as radioimmunoassay, which uses a gamma radioactive isotope that allows the precise measurement of minute quantities of an analyte that has a tagged antigen. The analyst can measure the quantity of the analyte from the sample using a gamma counter.

Clinicians may typically order this test to evaluate patients for certain rare tumors that produce somatostatin, which may be found in the pancreas, thyroid gland, adrenal glands, or intestinal tract.

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 Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

E16.8, Z00.00, Z00.01, Z01.812

84311

Spectrophotometry, analyte not elsewhere specified

Clinical Responsibility

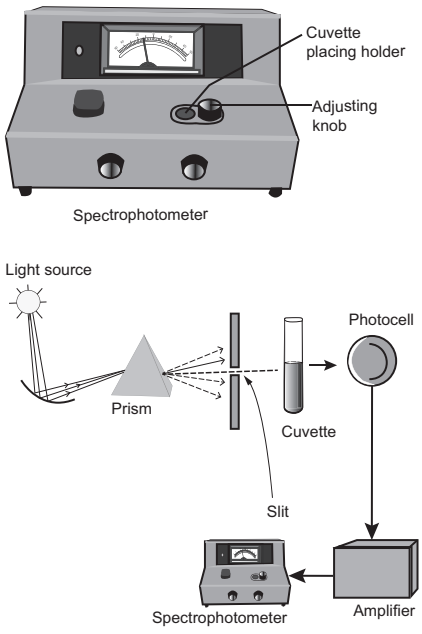
The lab analyst performs the technical lab steps to measure an analyte not elsewhere specified in another code. The analyst uses spectrophotometry, a method that measures the amount of light at a particular wavelength that a sample absorbs after a chemical reaction.

Coding Tips

Report this code only after a provider query for more detailed information and careful evaluation of all other possible codes.

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

Illustration



84311

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

D63.1, D81.30-D81.39, D86.82-D86.85, D86.87, D86.89, D86.9, E10.22, E10.29, E75.240-E75.243, E75.248, E75.249, E75.3, E77.0-E77.9, E83.30, I12.0, I12.9, N17.0, N18.1-N18.4, N18.9, N19, N20.0, N20.2, R94.4

84315

Specific gravity (except urine)

Clinical Responsibility

The lab analyst performs the technical lab steps to measure the specific gravity of specimens other than urine, such as other body fluids. Specific gravity is a measurement of the concentration of dissolved substances in a solution. The test may use methods such as refractometry, which measures the amount of refracted, or bent, light, compared to air, and which varies due to the chemical composition of the fluid.

Although not limited to testing for a specific condition, clinicians may order this test to evaluate body fluids to determine the type and source of the fluids. Exudates are fluids that seep out of blood vessels and occur in infections, inflammation, and malignancies. Transudates are fluids that form due to a fluid pressure imbalance, and occur in conditions that are not infectious such as heart failure, kidney disorders, and liver conditions. The specific gravity of exudates is typically greater than that of transudates.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523^{0}

ICD-10-CM Cross References

A41.59, D86.0-D86.3, D86.81-D86.85, D86.87, K70.31, N99.0, R60.9, R82.998

84375

Sugars, chromatographic, TLC or paper chromatography

Clinical Responsibility

The lab analyst performs a test to detect the presence of sugars, typically in patient urine, by thin layer chromatography, called TLC, or paper chromatography. The test may involve placing the specimen on a solid material, such as coated glass or paper, and adding a solvent to separate and identify the presence of sugars by their rate of movement and formation of a colored band if present.

Clinicians may typically order this test to evaluate patients for disorders of carbohydrate metabolism, which may involve the inability to digest some sugars such as lactose and fructose. The sugars should be absorbed in the upper small intestine, and may cause diarrhea and fluid imbalance if they remain unabsorbed. Unabsorbed sugars may also be referred to as reducing substances.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523^{0}

ICD-10-CM Cross References

E11.A, E72.52, E73.0-E73.9, E74.00, E74.10-E74.19, E74.20-E74.29, E74.31, E74.39, E74.4, E74.819, E74.89, E74.9, E77.1, Z00.00, Z00.01, Z01.812

84376

Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically patient urine or stool, with specific substances to determine the presence of a single sugar or saccharide. The test may use methods such as colorimetry, which measures the amount of color produced after a chemical reaction to indicate the presence of the single sugar in the specimen.

Clinicians may typically order this test to evaluate patients for disorders of carbohydrate metabolism, which may involve the inability to digest some sugars such as lactose and fructose. The sugars should be absorbed in the upper small intestine, and may cause diarrhea and fluid imbalance if they remain unabsorbed. Unabsorbed sugars may also be referred to as reducing substances.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

NCCI Alerts (version 32.0)

96523^{0}

ICD-10-CM Cross References

E11.A, E72.52, E73.0-E73.9, E74.00-E74.04, E74.09, E74.10-E74.19, E74.20-E74.29, E74.31, E74.39, E74.4, E74.819, E74.89, E74.9, E77.1, Z00.00, Z00.01, Z01.812

84377

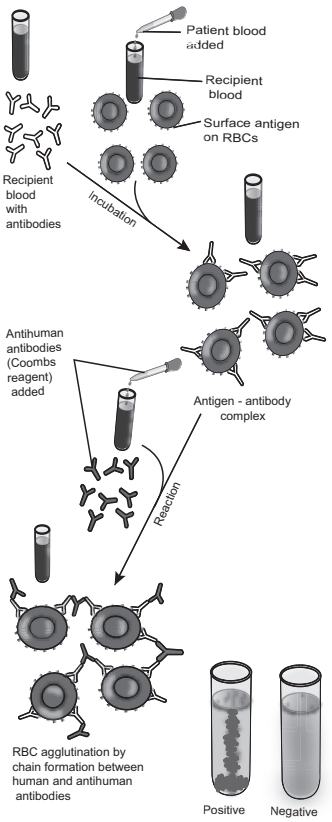
Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically patient urine or stool, with specific substances to determine the presence of multiple sugars or saccharides. The test may use methods such as colorimetry, which measures the amount of color produced after a chemical reaction to indicate the presence of the multiple sugars in the specimen.

Clinicians may typically order this test to evaluate patients for disorders of carbohydrate metabolism, which may involve the inability to digest some sugars such as lactose and fructose. The sugars should be absorbed in the upper small intestine, and may cause diarrhea and fluid imbalance if they remain unabsorbed. Unabsorbed sugars may also be referred to as reducing substances.

Illustration



86885

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

86850[1], 96523[0]

ICD-10-CM Cross References

C91.10-C91.12, D55.0, D55.1, D55.8, D56.8, D57.00, D57.1, D57.20, D57.219, D57.3, D57.40, D57.419, D57.80, D57.819, D58.0, D58.1, D58.8, D58.9, D59.0-D59.6, D59.30-D59.39, D59.8, D69.51, O09.A0-O09.A3, O12.04, O12.05, O12.14, O12.15, O12.24, O12.25, O13.4, O13.5, O16.4, O16.5, P55.0-P55.9, T80.310A, T80.311A, T80.319A, T80.39XA, T80.410A, T80.411A, T80.419A, T80.49XA, T80.910A, T80.919A, T80.A0XA, T80.A10A, T80.A11A, T80.A19A, T80.A9XA, Z01.83, Z01.84, Z34.00-Z34.03, Z34.81-Z34.83, Z36.0-Z36.5, Z36.81-Z36.8A, Z36.9

86886

Antihuman globulin test (Coombs test); indirect, each antibody titer

Clinical Responsibility

The lab analyst performs the technical steps to detect antibodies in multiple dilutions of patient serum. The test method may involve various steps such as incubating serial dilutions of patient serum with reagent red blood cells, or RBCs, containing known antigens, which will bind to the serum antibodies, if present. The next step of the test is like the direct Coombs test, where the lab analyst washes the RBC serum mixture, adds antihuman globulin, also called Coombs reagent, and monitors the mixture for agglutination, or clumping of RBCs. Agglutination occurs if the antibodies in the patient serum have bound to the surface of the reagent RBCs. By comparing reactivity at several dilutions against an earlier specimen or a standard, the lab analyst can evaluate the level of antibody present in patient blood. Each test involving dilutions testing for a specific antibody or group of antibodies represents one unit of 86886.

Antihuman globulin is produced by inoculating non-human species with human serum, which contains human antibodies, so that the animal produces antibodies that will bind to human antibodies, particularly immunoglobulin G, called IgG. By adding antihuman globulin to patient RBCs, the reagent will bind to antibodies bound to antigens on the RBCs, if present, causing the cells to clump.

Although not limited to testing for specific conditions, clinicians may order this test to evaluate the level of antibody present in patient blood, especially in pregnant mothers who have formed antibodies, such as anti RhD, against fetal blood, to direct therapeutic treatment and help predict outcomes.

Coding Tips

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

If the lab performs this titer test for multiple antibodies, one unit of 86886 represents each unique procedure.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 3

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

96523[0]

ICD-10-CM Cross References

D69.51, P55.0-P55.9, T80.310A, T80.311A, T80.319A, T80.39XA, T80.410A, T80.411A, T80.419A, T80.49XA, T80.A0XA, T80.A10A, T80.A11A, T80.A19A, T80.A9XA, Z01.83, Z01.84

86890

Autologous blood or component, collection processing and storage; predeposited

Clinical Responsibility

The provider performs a procedure to withdraw blood from a donor with a needle, called venipuncture, and fills a

Pathology and Laboratory

87806

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

Clinical Responsibility

The lab analyst may conduct tests to identify the presence of HIV type 1 or type 2 strain in the patient's blood. Human immunodeficiency virus, or HIV, causes a condition known as acquired immunodeficiency syndrome, or AIDS. The lab analyst conducts a p24 antigen test, which tests the presence of the protein enveloping the virus. The analyst extracts a blood sample from the patient through routine vein puncture and adds monoclonal antibodies. In the presence of the p24 protein, the antibody will stick to it. Another enzyme-linked antibody would further cause a color change.

Although not limited to testing for a specific condition, providers may order this test as a first test to screen for HIV infection. If this test shows positive results, also called reactive results, the provider will order confirmatory testing before diagnosing the patient as HIV positive, meaning that the patient is infected with the virus. Once a person is infected with HIV, the virus remains in the body for life.

Coding Tips

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

Use 86701 if the analyst performs a micro-ELISA test to detect HIV type 1 strain.

Use 86702 if the analyst detects antibodies for HIV type 2 using enzyme immunoassay, or EIA method.

Use 86703 if the analyst detects antibodies for HIV type 1 or type 2 strain using enzyme immunoassay, or EIA method.

For HIV 1 antigen, use 87390 AND For HIV 2 antigen, use 87391.

Use 86689 if the analyst performs a Western Blot test to detect human lymphotropic virus HTLV that causes T cell leukemia and lymphoma or Human immunodeficiency virus HIV that causes acquired immunodeficiency syndrome (AIDS).

For HIV 1 antigens with HIV1 and HIV 2 antibodies, single result, use 87389 when the provider performs a Western blot test. This differs from 87806 in that this test reports a single result that does not distinguish between the antigens and antibodies, where 87806 tests for one or more HIV 1 antigens plus antibodies for HIV 1 and HIV 2.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, QW

NCCI Alerts (version 32.0)

86701[1], 86702[1], 86703[0], 87389[1], 87390[1], 87534[1], 87535[1], 87536[1], 96523[0], G0432[0], G0433[0], G0475[0]

ICD-10-CM Cross References

B20, B97.35, D84.81, D84.822, D84.89, E88.A, O98.711-O98.719, O98.72, O98.73, Z11.4, Z21

87807

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus

Clinical Responsibility

The lab analyst performs all technical steps to analyze for the presence of RSV in a specimen by immunoassay, which is an antibody-antigen reaction, and by direct optical observation. The analyst will take a specimen from the patient, generally a nasopharyngeal swab, and place the swab in a reagent that contains an antibody to RSV. The analyst then drops this liquid mixture onto some type of card that will give an optical result. The card may turn a particular color if RSV is present or may show a line or some other optical indicator for this virus.

Although not limited to testing for a specific condition, clinicians may order this test on children or immunocompromised patients if they have a severe respiratory infection that is not getting better with treatment.

Coding Tips

Labs may describe these tests as optical immunoassay. The key to this code is that the lab makes the determination based on some visual observation, such as a color change.

Clinician offices often perform this type of test due to the simplicity of performance and because it does not generally require any special equipment; it is based on an observable result from visual inspection.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

59, 90, 91, 99, AR, GC, GY, GZ, KX, Q0, Q6, QW, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 87280[1], 87420[1], 96523[0]

ICD-10-CM Cross References

A41.54, A41.9, B96.83, B97.4, B97.89, C90.00, D84.81, D84.822, D84.89, F33.1, G43.909, I10, I16.9, J06.9, J10.1, J11.1, J12.1, J18.9, J20.5, J20.9, J21.0, J44.1, J44.9, J84.170, J84.178, J95.01-J95.04, J95.09, K12.2, K52.3, K52.89, K52.9, M62.81, R06.03, R10.9, R45.84, R50.2, R50.9, R68.89, R74.8, T82.818A, T82.828A, T82.838A, T82.848A, T82.858A, T82.868A, T82.898A, Z11.59, Z29.11, Z48.298

87808

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis

Clinical Responsibility

The lab analyst performs all technical steps to analyze for the presence of Trichomonas vaginalis by immunoassay, an antibody-antigen reaction, using direct optical observation. The specimen can be from any source but most commonly is a swab from the vagina or penis. The analyst mixes the swab with a liquid reagent containing an antibody to Trichomonas vaginalis and allows a time interval for a reaction. The analyst then dispenses the mixture onto a card that will provide a visual result, either a color change or a line, to indicate a positive result.

Although not limited to testing for a specific condition, clinicians may order this test if a sexually transmitted disease is suspected, the patient has a malodorous discharge from the genital tract, or as confirmation if an analyst sees the suspected parasite as a contaminant in the urine.

Coding Tips

For direct probe technique, use 87660.

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

59, 90, 91, 99, AR, GA, GY, GZ, KX, Q0, Q6, QP, QW, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 96523[0]

ICD-10-CM Cross References

A59.00, A59.01, A59.03, A59.09, A59.8, A59.9, D84.81, D84.822, D84.89, T74.51XA-T74.51XS, T74.52XA-T74.52XS, T76.51XA-T76.51XS, T76.52XA-T76.52XS, Z11.3-Z11.6, Z11.8

87809

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus

Clinical Responsibility

The lab analyst performs all technical steps to detect the presence of adenovirus by immunoassay, an antibody-antigen reaction, using direct optical observation. The specimen can be from any source but most commonly is a nasal swab or throat swab. In the case of a more severe infection, the specimen can be serum or cerebrospinal fluid. The analyst mixes the swab with a liquid reagent containing an antibody to adenovirus and allows a time interval for a reaction. The analyst then dispenses the mixture onto a card that will provide a visual result, either a color change or a line, to indicate a positive result.

Adenovirus is a very common virus causing respiratory illness in children, and it easily spreads through child care facilities, schools, playgrounds, etc.; it can also cause other infections including eye infections.

Although not limited to testing for a specific condition, clinicians may order this test to aid in the diagnosis of respiratory conditions eye inflammation (conjunctivitis), or other conditions that infection with an adenovirus can cause.

Coding Tips

For adenovirus antigen detection by multiple-step enzyme immunoassay, use 87301.

For antigen detection by immunofluorescence, use 87260.

For an adenovirus antibody test, use 86603.

For a single-step method such as a reagent strip for antibody detection, report 86318.

For a quantitative test to detect antibodies, report 86317.

Some payers may pay separately for collecting the specimen using a code such as 36415 for venipuncture to collect blood or 62270 for lumbar puncture to collect CSF.

Report one unit of this code for each immunoglobulin class, such as IgG or IgM, or for each species or type, such as adenovirus serotype 14.

If you perform multiple units of this code, check with your payer about modifier use, such as 91, Repeat clinical laboratory test, or 59, Distinct procedural service, to indicate that the tests are distinct.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

59, 90, 91, 99, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 96523[0]

ICD-10-CM Cross References

A08.2, A08.39, A85.1, A87.1, B30.0-B30.2, B34.0, B97.0, D84.81, D84.822, D84.89, J12.0, Z11.59

87810

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis

Clinical Responsibility

The lab analyst performs all technical steps to identify Chlamydia trachomatis by immunoassay, an antibody antigen reaction, and direct optical observation if it is present in a specimen. The most common specimen for this test is a swab from the urogenital area, a penile discharge swab from a male or a vaginal swab from a female. The analyst will place the swab in a reagent that contains an antibody to Chlamydia trachomatis. The analyst then drops this liquid mixture onto some type of card that will give an optical result. The card may turn a particular color if Chlamydia trachomatis is present or may show a line or some other optical indicator for this bacteria.

Chlamydia trachomatis is a bacteria that most commonly causes urogenital infections; in men this is almost always symptomatic with a penile discharge, but in women the infection may be asymptomatic. This is considered a sexually transmitted disease. The mother may pass Chlamydia to a newborn during delivery, which may cause blindness or pneumonia in the infant; because of this, many providers will test for Chlamydia during pregnancy.

Although not limited to testing for a specific condition, a provider may order this test on a pregnant female or if he suspects a sexually transmitted disease in a patient.

Coding Tips

Labs may describe these tests as optical immunoassay. The key for this code is that the lab makes the determination based on some visual observation, such as a color change.

Clinician offices often perform this type of test due to the simplicity of performance and because it does not generally require any special equipment; it is based on an observable result from visual inspection.

Besides 87810, there are several codes for Chlamydia from a primary source, so be careful to select the correct technique and organism. You must know the lab method used to select the correct code. See 87270 for immunofluorescent technique, 87320 for multiple step enzyme immunoassay technique, qualitative or semiquantitative, and 87490 to 87492 for nucleic acid detection.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

33, 59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 87270[1], 87320[1], 87490[1], 87491[1], 87492[1], 96523[0]

ICD-10-CM Cross References

A55, A56.00-A56.09, A56.11, A56.19, A56.2-A56.4, A56.8, A63.8, A64, A71.0-A71.9, A74.0, A74.81, A74.89, A74.9, D84.81, D84.822, D84.89, J16.0, N34.1, Z11.3, Z11.8

87811

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

Clinical Responsibility

The lab analyst performs all technical steps to analyze for the presence of SARS-CoV-2 in a specimen by immunoassay, which is an antibody-antigen reaction, and by direct optical observation. The analyst will take a specimen from the patient, generally a nasopharyngeal swab, and place the swab in a reagent that contains an antibody to SARS-CoV-2 antigens. The analyst typically then drops this liquid mixture onto some type of card or device that will give an optical result. The card or device may turn a particular color if SARS-CoV-2 is present or may show a line or some other optical indicator for this virus.

Although not limited to testing for a specific condition, clinicians may order this test for a patient with symptoms such as fever, cough, and muscle aches to determine if the patient has COVID-19, which is caused by the SARS-CoV-2 virus.

Coding Tips

Labs may describe these tests as optical immunoassay. The key to this code is that the lab makes the determination based on some visual observation, such as a color change.

Clinician offices often perform this type of test due to the simplicity of performance and because it does not generally require any special equipment; it is based on an observable result from visual inspection.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

59, 90, 91, 92, 99, AI, AM, AQ, AR, AY, CC, CG, CR, CS, ET, EY, GA, GC, GJ, GR, GU, GX, GY, GZ, KX, LR, Q0, Q1, QJ, QP, QW, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

96523[1]

ICD-10-CM Cross References

B34.2, B97.21, B97.29, H01.111-H01.119, H57.9, J00, J12.81, R50.2, R50.81, R50.9, U07.1, Z11.52, Z20.822, Z86.16

87812

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B

Advice

CPT® adds new code 87812 for an immunoassay test with direct optical (visual) observation that detects both severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease (COVID-19), and influenza virus types A and B from a single specimen. This code allows reporting of a combined rapid test.

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

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's specimen for antigens, which are proteins from the virus that trigger an immune response. They place the specimen into a reagent that contains antibodies designed to bind to SARS-CoV-2 and influenza virus A and B antigens. The mixture is applied to a test device, often a card or strip, that shows a visible change if the antigens are present. This may appear as a color change or a line in the results window. The analyst reads the result directly by eye to determine if the patient has COVID-19, influenza A, influenza B, or a combination of these infections. Clinicians may order this combined test when a patient has respiratory symptoms such as fever, cough, sore throat, or body aches, since these illnesses often present with similar signs. A rapid distinction helps guide timely treatment and infection control decisions.

Coding Tips

This test is sometimes described as a rapid antigen test or optical immunoassay. The key feature is that the result is determined by visual inspection, without the need for complex equipment.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 0

Modifier Allowances

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

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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

87850

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae

Clinical Responsibility

The lab analyst performs all technical steps to identify Neisseria gonorrhoeae by immunoassay, an antibody antigen reaction, and direct optical observation if it is present in a specimen. The most common specimen for this test is a swab from the urogenital area, a penile discharge swab from a male or a vaginal swab from a female. The analyst will place the swab in a reagent that contains an antibody to Neisseria gonorrhoeae. The analyst then drops this liquid mixture onto some type of card that will give an optical result. The card may turn a particular color if N. gonorrhoeae is present or may show a line or some other optical indicator for this virus.

Neisseria gonorrhoeae, also sometimes referred to as a gram negative intracellular diplococci, is the causative agent of gonorrhea. This is a sexually transmitted disease. Men may present with a penile discharge, and women may have a mild vaginal discharge, pelvic pain, or also can be asymptomatic. If the clinician does not detect and treat this infection, it can lead to systemic infections. N. gonorrhoeae can also cause infections in the throat, anus, and commonly eye infections in newborn infants.

Although not limited to testing for a specific condition, a clinician may order this analysis if she suspects a sexually transmitted disease in a patient. Clinicians also commonly order this test on pregnant women, infants with eye infections, or for throat or anus infections that do not resolve with the usual standard of care.

Coding Tips

You also may see Neisseria gonorrhoeae spelled N. gonorrhea; alternate terms include GC and gonococcus.

Labs may describe these tests as optical immunoassay. The key for this code is that the lab makes the determination based on some visual observation, such as a color change.

Clinician offices often perform this type of test due to the simplicity of performance and because it does not generally require any special equipment; it is based on an observable result from visual inspection.

In addition to 87850, there are several other codes for gonorrhea from a primary source; be careful to select the correct one. For nucleic acid detection, see 87590 to 87592.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

33, 59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 87590[1], 87591[1], 87592[1], 96523[0]

ICD-10-CM Cross References

A54.00-A54.09, A54.1-A54.6, A54.21-A54.29, A54.30-A54.39, A54.40-A54.49, A54.81-A54.89, A54.9, D84.81, D84.822, D84.89, Z11.2, Z11.3, Z11.8

87880

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A

Clinical Responsibility

The analyst performs the technical steps to test the patient's specimen for antigens to Streptococcus, group A, using an immunoassay method, such as a chromatographic assay, that may include extracting viral particles from the swab or washings, incubating the extraction phase, and adding the extracted liquid to a test device containing antibodies to influenza virus. A color change, such as a colored line, appears within several minutes indicating the presence of Strep A antigens, and the analyst directly observes the reaction.

Although not limited to testing for specific conditions, clinicians may order this test to help diagnose Streptococcus, group A, infections in patients experiencing pharyngitis, also called a sore throat. Without timely and proper treatment, these infections may lead to rheumatic fever and kidney failure.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 87650[0], 87651[0], 87652[0], 96523[0]

ICD-10-CM Cross References

A38.0-A38.9, A40.0-A40.3, A40.8, A40.9, B95.0, D84.81, D84.822, D84.89, G00.2, I00, I01.0-I01.9, J02.0, J02.9, J03.00, J03.01, J13, J15.4, J20.2, M72.6, N00.9, Z11.2

87899

Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified

Clinical Responsibility

The lab analyst performs all technical steps to analyze for the presence of an infectious organism, not otherwise specified, or NOS, by immunoassay, which is an antibody antigen reaction, using direct optical observation. The specimen can be from any source. The analyst mixes the specimen with a liquid reagent containing an antibody to that infectious agent and allows a time interval for reaction. He then dispenses the mixture onto a card that will provide a visual result, either a color change or a line, to indicate a positive result.

Although not limited to testing for a specific condition, a provider may order this test for a presumed infection of any kind, systemic or localized.

Coding Tips

Labs may describe these tests as optical immunoassay. The key for this code is that the lab makes the determination based on some visual observation, such as a color change.

Clinician offices often perform this type of test due to the simplicity of performance and because it does not generally require any special equipment; it is based on an observable result from visual inspection.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 4

Modifier Allowances

59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[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.

87900

Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics

Clinical Responsibility

The lab analyst performs all technical steps to determine drug susceptibility in a patient, creating a phenotype prediction using regularly updated genotypic bioinformatics. A typical patient requiring this service has human immunodeficiency virus (HIV). Clinicians place patients who are HIV positive on a multidrug regimen when diagnosed to try to decrease the viral load. If the patient does not respond to this multidrug regimen, the clinician may assume that the virus is resistant to one or more of these drugs and so the patient needs drug susceptibility testing to determine the correct drug regimen to treat his HIV infection. The prediction results use a number to indicate the patient's susceptibility to various drugs by comparing the patient's date to a large genotype and phenotype database. Updated genotypic bioinformatics ensure that the phenotypic predictions the analyst uses are the most current; HIV experts believe this virus can mutate or change its genetic makeup frequently, rendering the standard treatment ineffective. For patient genotype analysis, see 87901, Infectious agent genotype analysis by nucleic acid, DNA or RNA; HIV 1, reverse transcriptase and protease.

Although not limited to testing for a specific condition, clinicians may order this test if an HIV patient is not responding to treatment. Clinicians also order this test for HIV positive pregnant patients to assure correct drug therapy. Patients generally need a viral load of greater than 500 for a clinician to order this test.

Coding Tips

Use this code for infectious agent drug susceptibility phenotype prediction of HIV 1.

Check payer policies for frequency limitations. Some payers may cover only a certain number of these tests for a patient each year.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 96523[0]

ICD-10-CM Cross References

B20, B97.30, B97.33, Z21

87901

Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions

Clinical Responsibility

The lab analyst performs all technical steps to analyze a specimen, typically serum, from an HIV 1 positive patient. The analysis is for the genotype of that virus, specifically the reverse transcriptase and protease regions of the genotype. The analyst normally treats the specimen with a procedure such as polymerase chain reaction, or PCR, to multiply the number of copies of the specific nucleic acid, DNA or RNA, of the HIV 1 virus. The lab analyst then uses a nucleic acid probe containing the specific reverse transcriptase and protease regions of a particular genotype of the HIV 1. By this method, the analyst can determine the specific genotype of HIV 1.

The reverse transcriptase and protease enzymes are the specific targets of most antiretroviral medications. If the genotype of the HIV 1 changes, specifically in the reverse transcriptase or protease regions, it can cause resistance to the retroviral drugs.

Although not limited to testing for a specific condition, clinicians may order this analysis if an HIV positive patient is not responding to the prescribed retroviral therapy. The clinician may also order this analysis to determine the exact agent to prescribe to the HIV positive patient to elicit the most favorable response.

Coding Tips

The code set includes codes for genotype assays as well as phenotype assays, such as 87903 and 87904, for HIV drug resistance. These tests help clinicians choose appropriate treatments by avoiding drugs to which the patient's particular virus is no longer sensitive.

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor : N/A, Facility Fee: N/A, Non Facility Fee: N/A; Non-QP Conversion Factor $33.4009, Facility Fee: $0.00, Non Facility Fee: $0.00
RVU (Facility): Work 0, PE 0, Mal 0, Total 0.00
RVU (Non-Facility): Work 0, PE 0, Mal 0, Total 0.00
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: X, PC/TC Indicator: 9, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP

NCCI Alerts (version 32.0)

80503[1], 80504[1], 80505[1], 80506[1], 81400[1], 81401[1], 81402[1], 81403[1], 81404[1], 81405[1], 81406[1], 81407[1], 81408[1], 96523[0]

ICD-10-CM Cross References

B25.0-B25.9, D89.810-D89.813, E88.A, P35.1, Z11.59

ICD-10-CM Cross Reference Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
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
A19.9 Miliary tuberculosis, unspecified
A20.0 Bubonic plague
A20.1 Cellulocutaneous plague
A20.2 Pneumonic plague
A20.3 Plague meningitis

A20.7 Septicemic plague
A20.8 Other forms of plague
A20.9 Plague, unspecified
A21.0 Ulceroglandular tularemia
A21.1 Oculoglandular tularemia
A21.2 Pulmonary tularemia
A21.3 Gastrointestinal tularemia
A21.7 Generalized tularemia
A21.8 Other forms of tularemia
A21.9 Tularemia, unspecified
A22.0 Cutaneous anthrax
A22.1 Pulmonary anthrax
A22.2 Gastrointestinal anthrax
A22.7 Anthrax sepsis
A22.8 Other forms of anthrax
A22.9 Anthrax, unspecified
A23.0 Brucellosis due to Brucella melitensis
A23.1 Brucellosis due to Brucella abortus
A23.2 Brucellosis due to Brucella suis
A23.3 Brucellosis due to Brucella canis
A23.8 Other brucellosis
A23.9 Brucellosis, unspecified
A24.0 Glanders
A24.1 Acute and fulminating melioidosis
A24.2 Subacute and chronic melioidosis
A24.3 Other melioidosis
A24.9 Melioidosis, unspecified
A25.0 Spirillosis
A25.1 Streptobacillosis
A25.9 Rat-bite fever, unspecified
A26.0 Cutaneous erysipeloid
A26.7 Erysipelothrix sepsis
A26.8 Other forms of erysipeloid
A26.9 Erysipeloid, unspecified
A27.0 Leptospirosis icterohemorrhagica
A27.81 Aseptic meningitis in leptospirosis
A27.89 Other forms of leptospirosis
A27.9 Leptospirosis, unspecified
A28.0 Pasteurellosis
A28.1 Cat-scratch disease
A28.2 Extraintestinal yersiniosis
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
A31.1 Cutaneous mycobacterial infection
A31.2 Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.0 Cutaneous listeriosis
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A32.81 Oculoglandular listeriosis
A32.82 Listerial endocarditis
A32.89 Other forms of listeriosis
A32.9 Listeriosis, unspecified
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A38.0 Scarlet fever with otitis media
A38.1 Scarlet fever with myocarditis
A38.8 Scarlet fever with other complications
A38.9 Scarlet fever, uncomplicated
A39.0 Meningococcal meningitis
A39.1 Waterhouse-Friderichsen syndrome
A39.2 Acute meningococcemia
A39.3 Chronic meningococcemia
A39.4 Meningococcemia, unspecified
A39.50 Meningococcal carditis, unspecified
A39.51 Meningococcal endocarditis
A39.52 Meningococcal myocarditis
A39.53 Meningococcal pericarditis
A39.81 Meningococcal encephalitis
A39.82 Meningococcal retrobulbar neuritis
A39.83 Meningococcal arthritis
A39.84 Postmeningococcal arthritis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
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
A42.0 Pulmonary actinomycosis
A42.1 Abdominal actinomycosis
A42.2 Cervicofacial actinomycosis
A42.7 Actinomycotic sepsis
A42.81 Actinomycotic meningitis
A42.82 Actinomycotic encephalitis
A42.89 Other forms of actinomycosis
A42.9 Actinomycosis, unspecified
A43.0 Pulmonary nocardiosis
A43.1 Cutaneous nocardiosis
A43.8 Other forms of nocardiosis

Modifier Descriptors

Modifier	Description
CPT® Modifiers	
22	Increased Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Services
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4 kg
66	Surgical Team
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional

Modifier	Description
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
CPT® Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency

Terminology

Terminology	Explanation
11 deoxycortisol	A precursor of cortisol; a steroid hormone, also known as Compound S.
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
AIDS	Acquired immune deficiency syndrome, is a disease caused by human immunodeficiency virus, HIV, that affects the immune system, causing the patient to be susceptible to infections, tumors, and other conditions that eventually can cause death; transmitted primarily through sexual contact but can be transmitted through blood transfusions and sharing of needles for drug use.
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.
Albumin dialysis	A process to remove albumin-bound toxins (waste products harmful to the body) from patients in liver failure or impending liver failure; albumin is the most abundant protein in blood plasma and helps maintain the water concentration of blood.
Algorithm	A specific set of step–by–step calculations using defined inputs at each step to produce a useful output.
Aliquot	A portion of the whole; a sample.
Alkalinize	To change the pH by the addition of an alkaline or base; the opposite of making something more acidic.
Alkaloids	A term used to identify a group of nitrogenous substances found in plants; a common pharmaceutical prescribed by practitioners for many conditions; common alkaloids include the analgesics, codeine, and morphine, which are medicines that give relief from pain.
Alkalosis	Decreased acidity in the blood due to decrease in hydrogen ions, causing an alkaline state of a pH greater than 7.45; this affects all body functions especially metabolism and respiration.
Allele	Specific variant version of a gene at a specific locus.
Allergen	Substance, such as pollen, dust, dander, venom, etc., which triggers an allergic response.
Allergic purpura	An allergic reaction of an unknown origin that causes red patches on the skin along with other symptoms.
Allogeneic	A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also known as allograft and homograft.
Alpha-2 antiplasmin	A fibrinolysis inhibitor that halts plasmin activity, thereby slowing the process of fibrinolysis.
Alzheimer's disease	A continuous decline in the mental functions, most commonly prevalent in middle or old age, due to degeneration of brain tissues.
Amenorrhea	Irregular or absent menstrual periods.
Amniocentesis	Obtaining a sample of amniotic fluid by inserting a needle in the uterus to examine any abnormality in the fetus.
Amniotic fluid	The fluid in the liquid filled sac that the fetus is encased in, inside the pregnant uterus.
Amniotic sac	A bag of fluid inside the uterus where the fetus develops and grows; it is sometimes called the membranes because the sac is made of two membranes called the amnion and the chorion.
Amoeba	A tiny single cell organism that lives in fresh water.
Amoebiasis	Also spelled amebiasis; infection with Entamoeba histolytica in the intestines causing severe diarrhea.
Amphetamines	A central nervous system stimulant drug that a provider uses to treat certain psychiatric disorders.
Amplification	Making more copies of a 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.
Anaerobic	Condition where oxygen is not present or utilized during the activity.
Analgesic	Medicines that give relief from pain.
Analyte	The substance the analyst is measuring during a test.
Anaphylaxis	Widespread allergic systemic reaction causing severe symptoms leading to vascular collapse, shock, respiratory distress, and death.
Androgen	A hormone or compound, usually a steroid, that stimulates or controls male or female hormonal activity or production.
Androgenic receptor modulator	A hormone regulator that acts or modulates many different steroids.
Anemia	A condition where the amount of red blood cells or hemoglobin is below normal, resulting in a feeling of weakness or tiredness, and also evidence of pallor.
Anemia of chronic disease	An anemia of inflammatory response, a natural protective mechanism whereby the body is able to sequester or isolate a portion of the iron to prevent it from being available to nourish pathogens.
Aneuploidy	Chromosome mutation involving an abnormal chromosome number, such as one or three chromosome copies in the nucleus of cells that have a normal chromosome number of two.

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
Pathology & Laboratory (Volume I & II)
9 798892 583329
Print ISBN: 979-8-892583-329