



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

CODERS' SPECIALTY GUIDE

Family Practice & Primary Care



2024

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+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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: \$52.34, OPPI Facility: \$27.91, OPPI Non Facility: \$27.91

RVU Facility Work RVU: 0.80, PE RVU: 0.34, Malpractice RVU: 0.11, Total RVU: 1.25

RVU Non-Facility Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10012¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

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.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

C85.99, C86.0, C86.4, C88.8, 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-H93.8X9, 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, Q89.8, 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, Y84.4, 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.

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, M71.30, M79.4, 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, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

+10008

Fine needle aspiration biopsy, including fluoroscopic 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 fluoroscopic 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 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$59.32, Non Facility: \$167.84, OPPS Facility: \$41.17, OPPS Non Facility: \$41.17

RVU Facility Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.11, Total RVU: 1.70

RVU Non-Facility Work RVU: 1.18, PE RVU: 3.52, Malpractice RVU: 0.11, Total RVU: 4.81

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

Modifier Allowances 22, 52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 10004¹, 10021¹, 10035¹, 19281¹, 19283¹, 19285¹, 19287¹, 36000¹, 36410¹, 36591⁰, 36592⁰, 61650¹, 62324¹, 62325¹, 62326¹, 62327¹, 64415¹, 64416¹, 64417¹, 64450¹, 64454¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 76000¹, 76380¹, 76942¹, 76998¹, 77001¹, 77002¹, 77012¹, 77021¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, J2001¹

ICD-10 CrossRef

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, 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-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.76, C84.77, C84.78, 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, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, 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, D47.99, D48.1, 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-H93.8X9, 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, M71.30, M79.4, 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, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R22.0-R22.2, R22.30-R22.33,

Clinical Responsibility

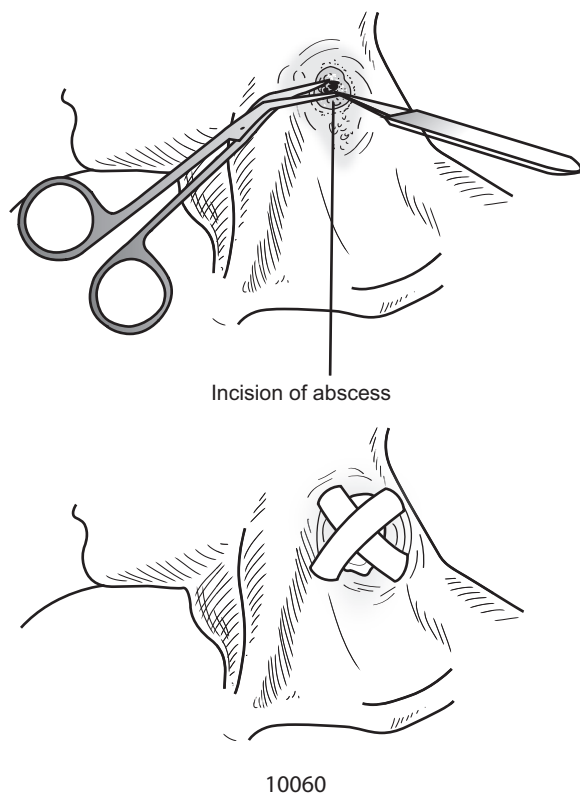
When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision through skin and down to the level of abscess cavity. The provider then opens the abscess and removes the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

Coding Tips

Report this code if the provider performs incision and drainage of an abscess for a simple or single capsule like cyst. For a complicated I&D or multiple I&Ds, report 10061.

This code is not used for I&D of pilonidal cysts, hematomas, foreign bodies, or wound infections. See codes 10080 to 10180 to report those services.

Illustration



Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$105.03, Non Facility: \$126.31, OPPS Facility: \$42.57, OPPS Non Facility: \$42.57

RVU Facility Work RVU: 1.22, PE RVU: 1.66, Malpractice RVU: 0.13, Total RVU: 3.01

RVU Non-Facility Work RVU: 1.22, PE RVU: 2.27, Malpractice RVU: 0.13, Total RVU: 3.62

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 99, AG, AQ, AR, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, SA, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 11055¹, 11056¹, 11057¹, 11401¹, 11402¹, 11403¹, 11404¹, 11406¹, 11421¹, 11422¹, 11423¹, 11424¹, 11426¹, 11441¹, 11442¹, 11443¹, 11444¹, 11446¹, 11450¹, 11451¹, 11462¹, 11463¹, 11470¹, 11471¹, 11600¹, 11601¹, 11602¹, 11603¹, 11604¹, 11606¹, 11620¹, 11621¹, 11622¹, 11623¹, 11624¹, 11626¹, 11640¹, 11641¹, 11642¹, 11643¹, 11644¹, 11646¹, 11719¹, 11720¹, 11721¹, 11730¹, 11740¹, 11765¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 29580¹, 29581¹, 30000¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 97605¹, 97606¹, 97607¹, 97608¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0127¹, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code.

Please check individual payer guidelines for specific coverage determinations.

A pilonidal cyst is a cyst or abscess near or at the bottom of the coccyx (tip of the spine) just above the buttock crease that contains hair and skin debris; pilonidal means nest of hair; also referred to as a pilonidal abscess or pilonidal sinus.

Coding Tips

Unlike 10080, code 10081 generally requires drain placement, more extensive packing, or subsequent wound closure.

See 11770 to 11772 for excision of a pilonidal cyst or sinus.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$176.56, Non Facility: \$348.93, OPPS Facility: \$87.23, OPPS Non Facility: \$87.23

RVU Facility Work RVU: 2.50, PE RVU: 2.15, Malpractice RVU: 0.41, Total RVU: 5.06

RVU Non-Facility Work RVU: 2.50, PE RVU: 7.09, Malpractice RVU: 0.41, Total RVU: 10.00

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 99, AG, AQ, AR, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 10080¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 20500¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495⁰, 99496⁰, G0463¹, G0471¹, J0670¹, J2001¹

ICD-10 CrossRef

L05.01, L05.02, L05.91, L05.92, Q82.6

10120

Incision and removal of foreign body, subcutaneous tissues; simple

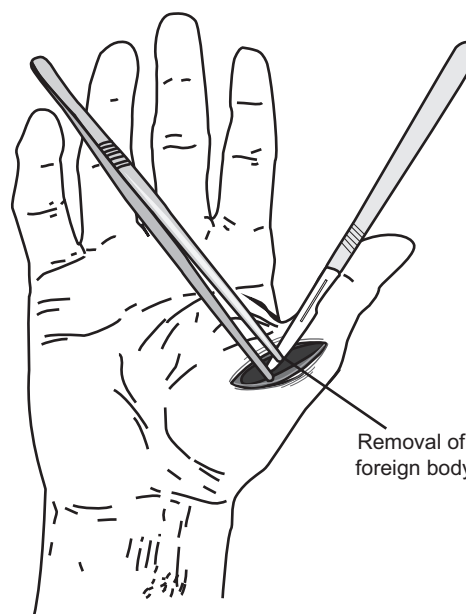
Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses appropriate instrumentation to remove the foreign body. As this is a simple incision, it is not complicated; therefore, this type of foreign body removal requires no dissection. The provider incises the skin around the foreign body to better expose it and then removes it with forceps. The provider closes the incision and cleans and dresses the wound.

Coding Tips

For a complicated I&D of a foreign body, report 10121. Be sure the documentation supports a complicated procedure. A complicated I&D may require more extended exploration, imaging guidance, and/or layered closure of the wound.

Illustration



10120

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$106.08, Non Facility: \$157.02, OPPS Facility: \$42.57, OPPS Non Facility: \$42.57

RVU Facility Work RVU: 1.22, PE RVU: 1.68, Malpractice RVU: 0.14, Total RVU: 3.04

RVU Non-Facility Work RVU: 1.22, PE RVU: 3.14, Malpractice RVU: 0.14, Total RVU: 4.50

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3

69210

Removal impacted cerumen requiring instrumentation, unilateral

Clinical Responsibility

When a patient has a complaint of fullness in the ears, ear pain, itching, or diminished hearing or blockage, the provider attempts to visualize the external auditory canal. If visualization using microscopy is not possible due to wax blockage, the provider uses an instrument to remove the impaction from the patient's external auditory canal.

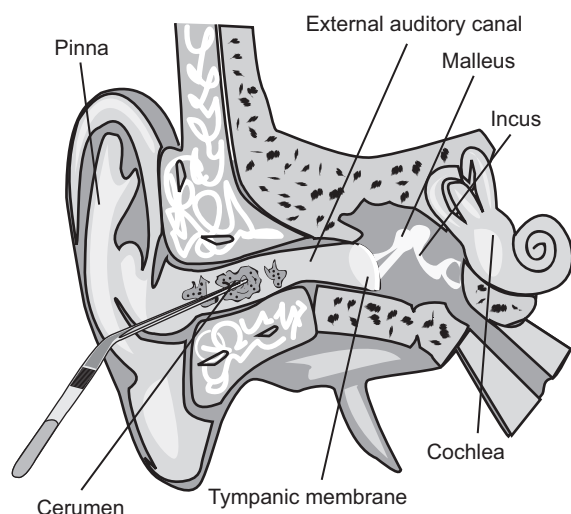
Coding Tips

Code 69210 is a unilateral procedure. If the provider removes impacted cerumen from both ears, follow payer guidelines for reporting a bilateral procedure, such as appending modifier 50 to the code. Also check the payer's bilateral indicator for the code. Some payers will not increase reimbursement for a bilateral 69210 service.

If the cerumen is not impacted, you should count the documentation as part of the evaluation and management (E/M) code, such as 99202-99215.

See 69209 for impacted cerumen removal using irrigation or lavage.

For Medicare claims, report G0268 when the physician removes impacted ear wax on the same day as an audiologist conducts audiologic function testing.

Illustration

69210

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$33.85, Non Facility: \$48.50, OPPS Facility: \$21.28, OPPS Non Facility: \$21.28

Modifier: 0 = not allowed, 1 = allowed

RVU Facility Work RVU: 0.61, PE RVU: 0.27, Malpractice RVU: 0.09, Total RVU: 0.97

RVU Non-Facility Work RVU: 0.61, PE RVU: 0.69, Malpractice RVU: 0.09, Total RVU: 1.39

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 47, 51, 52, 53, 58, 59, 63, 76, 77, 78, 79, 99, AG, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0583T⁰, 0596T¹, 0597T¹, 11000¹, 11001¹, 11004¹, 11005¹, 11006¹, 11042¹, 11043¹, 11044¹, 11045¹, 11046¹, 11047¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64451⁰, 64454⁰, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69209¹, 69990⁰, 92012¹, 92014¹, 92504⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 97597¹, 97598¹, 97602¹, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

H61.20-H61.23

69801

Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal

Clinical Responsibility

The provider incises the posterior ear canal skin through the external ear opening and reflects the skin flap and posterior tympanic membrane forward. He visualizes the horizontal semicircular canal. Using microscopic guidance, the provider

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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$26.17, Non Facility: \$26.17, OPPS Facility: \$90.02, OPPS Non Facility: \$90.02

RVU Facility Work RVU: 0.18, PE RVU: 0.55, Malpractice RVU: 0.02, Total RVU: 0.75

RVU Non-Facility Work RVU: 0.18, PE RVU: 0.55, Malpractice RVU: 0.02, Total RVU: 0.75

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 4

Modifier Allowances 22, 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

CCI Alerts (version 27.3)

0175T¹, 36591⁰, 36592⁰, 96523⁰

ICD-10 CrossRef

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

Medicare Fees National Conversion Factor: 34.8931, Facility: \$34.20, Non Facility: \$34.20, OPPS Facility: \$91.42, OPPS Non Facility: \$91.42

RVU Facility Work RVU: 0.22, PE RVU: 0.74, Malpractice RVU: 0.02, Total RVU: 0.98

RVU Non-Facility Work RVU: 0.22, PE RVU: 0.74, Malpractice RVU: 0.02, Total RVU: 0.98

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 2

Modifier Allowances 22, 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

CCI Alerts (version 27.3)

0175T¹, 36591⁰, 36592⁰, 71045¹, 96523⁰

ICD-10 CrossRef

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.

80047

Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of eight chemicals including ionized calcium, sodium, potassium, chloride, carbon dioxide, glucose, blood urea nitrogen, and creatinine. Notice in this code, the clinician measures ionized calcium, which is the active, or free form of calcium in the blood that is not attached to proteins. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws a blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires performance of all eight components to report. The eight panel tests include: 82330 for ionized calcium; 82374 for carbon dioxide, or bicarbonate; 82435 for chloride; 82565, creatinine; 82947, glucose; 84132 for potassium; 84295 for sodium, and 84520, blood urea nitrogen (BUN). The lab analyst may use a variety of methods to perform each of the tests in the panel.

A provider orders this test to assess a range of different acute and chronic health conditions. It is done often during routine health exams or in the emergency department to check on a person's kidneys, their electrolyte and acid to base balance, as well as their blood glucose and calcium levels.

Coding Tips

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

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00
RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 2

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, QW, XE, XP, XS, XU

CCI Alerts (version 27.3)

80048⁰, 80051¹, 82330¹, 82374¹, 82435¹, 82565¹, 82947¹, 84132¹, 84295¹, 84520¹, 96523⁰

ICD-10 CrossRef

E74.89, E86.0, P74.421, P74.422, P74.49, R82.994, R82.998, T40.711S, T40.712S, T40.713S, T40.714S, T40.715S, T40.721S, T40.722S, T40.723S, T40.724S, T40.725S, Z00.00, Z00.01, Z01.812

80048

Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of eight chemicals including a total calcium, sodium, potassium, chloride, carbon dioxide, glucose, blood urea nitrogen, and creatinine. Notice in this code, the clinician measures total calcium, or both the active (or free) form of calcium in the blood that is not attached to proteins and the calcium bound to a protein such as albumin. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws the blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires the performance of all eight components to report. The eight panel tests include: 82310 for total calcium; 82374 for carbon dioxide, or bicarbonate; 82435 for chloride; 82565, creatinine; 82947, glucose; 84132 for potassium; 84295 for sodium, and 84520, blood urea nitrogen (BUN). The lab analyst may use a variety of methods to perform each of the panel tests.

The clinician orders these tests to assess the range of different acute and chronic health conditions. The panel may be done during routine health checks or in the emergency department to check on the patient's kidneys, electrolyte and fluid balance, as well as the glucose and calcium levels in the blood.

Coding Tips

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

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00

RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 27.3)

86705⁰, 86709⁰, 86803⁰, 87340⁰, 96523⁰

ICD-10 CrossRef

A92.5, B15.0, B15.9, B16.0-B16.9, B17.0-B17.2, B17.10, B17.11, B17.8, B17.9, B18.0-B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, F11.13, F12.13, F14.13, F14.93, F15.13, G93.3, I85.00, I85.01, I85.10, I85.11, K70.41, K71.0-K71.4, K71.10, K71.11, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K74.00-K74.02, K74.60, K74.69, K75.0-K75.3, K75.81, K75.89, K75.9, K76.2-K76.4, K76.6, K76.7, K76.81, M04.1, R10.0-R10.2, R10.10-R10.13, R10.30-R10.33, R10.811, R10.821, R10.83, R10.84, R10.9, R11.0, R11.10-R11.12, R11.14, R11.2, R16.0, R16.2, R17, R40.2410-R40.2414, R40.2420-R40.2424, R40.2430-R40.2434, R40.2440-R40.2444, R53.0-R53.2, R53.81-R53.83, R56.00, R56.01, R56.1, R62.0, R62.50-R62.59, R63.0-R63.2, R63.4, R63.5, R63.6, R73.03, R74.01, R74.02, R94.5, T86.40-T86.49, T86.8401-T86.8409, T86.8411-T86.8419, T86.8421-T86.8429, Z01.812, Z01.89, Z05.0-Z05.3, Z05.41-Z05.43, Z05.5, Z05.6, Z05.71-Z05.73, Z05.8, Z05.9, Z19.1, Z19.2, Z20.821, Z29.11, Z84.82

80076

Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)

Clinical Responsibility

The lab analyst performs a test to measure the blood level of seven liver function indicators identified in the code descriptor. A typical specimen is serum, or blood. The lab analyst may perform collection of the specimen, and if necessary she inserts a needle into the vein of the patient and withdraws a blood sample for analysis. Carefully review the code descriptor to identify the specific tests the panel includes. The code requires performance of all seven components to report. The seven panel tests include: 82040 for albumin; 82247 for total bilirubin and 82248 for direct bilirubin; 84075 for alkaline phosphatase; 84155 for total protein; 84460 for alanine amino transferase, or SGPT, and 84450 for aspartate amino transferase, or SGOT.

The lab analyst may use a variety of methods to perform each of the required panel tests.

The clinician orders this test to assess a patient with symptoms of liver disease or injury. It includes diagnosis and quantitative assessment of the disease and monitoring the effects of certain medications on the liver. Quantitation refers to measuring the exact amount of a substance.

Coding Tips

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

To report the code for the panel, the analyst must perform every test the code definition lists. If the lab analyst performs fewer tests than the panel lists, you should report each test individually instead of using the panel code. If the lab analyst performs more tests than the panel lists, you should list the panel code plus the individual codes for the additional tests.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$0.00, Non Facility: \$0.00, OPPS Facility: \$0.00, OPPS Non Facility: \$0.00

RVU Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: X, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 52, 59, 79, 90, 91, 99, AR, AY, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 27.3)

82040¹, 82247¹, 82248¹, 84075¹, 84155¹, 84450¹, 84460¹, 96523⁰

ICD-10 CrossRef

A06.4, A52.74, B15.0, B15.9, B16.0-B16.9, B17.0-B17.2, B17.10, B17.11, B17.8, B17.9, B18.0-B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, B20, B25.1, B26.81, B58.1, B67.0-B67.5, B67.8, C16.0-C16.9, C17.0-C17.9, C18.0-C18.9, C19, C20, C21.0-C21.8, C22.0-C22.9, C23, C24.0-C24.9, C25.0-C25.9, C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, C43.0-C43.4, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C43.70-C43.72, C43.8, C43.9, C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.121-C50.129, C50.211-C50.219, C50.221-C50.229, C50.311-C50.319, C50.321-C50.329, C50.411-C50.419, C50.421-C50.429, C50.511-C50.519, C50.521-C50.529, C50.611-C50.619, C50.621-C50.629, C50.811-C50.819, C50.821-C50.829, C50.911-C50.919, C50.921-C50.929, C78.7, D01.5, D03.0-D03.4, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D03.70-D03.72, D03.8, D03.9, D68.8, D68.9, D69.6, E70.81, E70.89, E72.81, E72.89, E78.1-E78.3, E78.5, E80.4-E80.6, G93.3, K70.0-K70.2, K70.10, K70.11, K70.30, K70.31, K70.40, K70.41, K70.9, K71.0-K71.4, K71.10, K71.11, K71.50, K71.51, K71.6, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K73.0-K73.9, K74.00-K74.02, K74.1-K74.5, K74.60, K74.69, K75.0-K75.4, K75.81, K75.89,

ICD-10 CrossRef Details

A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	A15.0	Tuberculosis of lung
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor	A15.4	Tuberculosis of intrathoracic lymph nodes
A00.9	Cholera, unspecified	A15.5	Tuberculosis of larynx, trachea and bronchus
A01.01	Typhoid meningitis	A15.6	Tuberculous pleurisy
A02.0	Salmonella enteritis	A15.7	Primary respiratory tuberculosis
A02.1	Salmonella sepsis	A15.8	Other respiratory tuberculosis
A02.20	Localized salmonella infection, unspecified	A15.9	Respiratory tuberculosis unspecified
A02.21	Salmonella meningitis	A17.0	Tuberculous meningitis
A02.29	Salmonella with other localized infection	A17.1	Meningeal tuberculoma
A02.8	Other specified salmonella infections	A17.81	Tuberculoma of brain and spinal cord
A02.9	Salmonella infection, unspecified	A17.82	Tuberculous meningoencephalitis
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>	A17.83	Tuberculous neuritis
A03.1	Shigellosis due to <i>Shigella flexneri</i>	A17.89	Other tuberculosis of nervous system
A03.2	Shigellosis due to <i>Shigella boydii</i>	A17.9	Tuberculosis of nervous system, unspecified
A03.3	Shigellosis due to <i>Shigella sonnei</i>	A18.01	Tuberculosis of spine
A03.8	Other shigellosis	A18.02	Tuberculous arthritis of other joints
A03.9	Shigellosis, unspecified	A18.03	Tuberculosis of other bones
A04.0	Enteropathogenic <i>Escherichia coli</i> infection	A18.09	Other musculoskeletal tuberculosis
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection	A18.10	Tuberculosis of genitourinary system, unspecified
A04.2	Enteroinvasive <i>Escherichia coli</i> infection	A18.11	Tuberculosis of kidney and ureter
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection	A18.12	Tuberculosis of bladder
A04.4	Other intestinal <i>Escherichia coli</i> infections	A18.13	Tuberculosis of other urinary organs
A04.5	<i>Campylobacter</i> enteritis	A18.14	Tuberculosis of prostate
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>	A18.15	Tuberculosis of other male genital organs
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent	A18.16	Tuberculosis of cervix
A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent	A18.17	Tuberculous female pelvic inflammatory disease
A04.8	Other specified bacterial intestinal infections	A18.18	Tuberculosis of other female genital organs
A04.9	Bacterial intestinal infection, unspecified	A18.2	Tuberculous peripheral lymphadenopathy
A05.0	Foodborne staphylococcal intoxication	A18.31	Tuberculous peritonitis
A05.1	Botulism food poisoning	A18.32	Tuberculous enteritis
A05.2	Foodborne <i>Clostridium perfringens</i> [<i>Clostridium welchii</i>] intoxication	A18.39	Retroperitoneal tuberculosis
A05.3	Foodborne <i>Vibrio parahaemolyticus</i> intoxication	A18.4	Tuberculosis of skin and subcutaneous tissue
A05.4	Foodborne <i>Bacillus cereus</i> intoxication	A18.50	Tuberculosis of eye, unspecified
A05.5	Foodborne <i>Vibrio vulnificus</i> intoxication	A18.51	Tuberculous episcleritis
A05.8	Other specified bacterial foodborne intoxications	A18.52	Tuberculous keratitis
A05.9	Bacterial foodborne intoxication, unspecified	A18.53	Tuberculous chorioretinitis
A06.0	Acute amebic dysentery	A18.54	Tuberculous iridocyclitis
A06.1	Chronic intestinal amebiasis	A18.59	Other tuberculosis of eye
A06.2	Amebic nondysenteric colitis	A18.6	Tuberculosis of (inner) (middle) ear
A06.3	Ameboma of intestine	A18.7	Tuberculosis of adrenal glands
A06.4	Amebic liver abscess	A18.81	Tuberculosis of thyroid gland
A06.5	Amebic lung abscess	A18.82	Tuberculosis of other endocrine glands
A06.6	Amebic brain abscess	A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A06.7	Cutaneous amebiasis	A18.84	Tuberculosis of heart
A06.81	Amebic cystitis	A18.85	Tuberculosis of spleen
A06.82	Other amebic genitourinary infections	A18.89	Tuberculosis of other sites
A06.89	Other amebic infections	A19.0	Acute miliary tuberculosis of a single specified site
A06.9	Amebiasis, unspecified	A19.1	Acute miliary tuberculosis of multiple sites
A07.0	Balantidiasis	A19.2	Acute miliary tuberculosis, unspecified
A07.1	Giardiasis [lambliasis]	A19.8	Other miliary tuberculosis
A07.2	Cryptosporidiosis	A19.9	Miliary tuberculosis, unspecified
A07.3	Isosporiasis	A20.1	Cellulocutaneous plague
A07.4	Cyclosporiasis	A20.2	Pneumonic plague
A07.8	Other specified protozoal intestinal diseases	A20.3	Plague meningitis
A07.9	Protozoal intestinal disease, unspecified	A20.7	Septicemic plague
A08.0	Rotaviral enteritis	A20.8	Other forms of plague
A08.19	Acute gastroenteropathy due to other small round viruses	A21.1	Oculoglandular tularemia
A08.2	Adenoviral enteritis	A21.2	Pulmonary tularemia
A08.31	Calicivirus enteritis	A21.3	Gastrointestinal tularemia
A08.32	Astrovirus enteritis	A21.7	Generalized tularemia
A08.39	Other viral enteritis	A21.8	Other forms of tularemia
A08.4	Viral intestinal infection, unspecified	A22.0	Cutaneous anthrax
A08.8	Other specified intestinal infections	A22.1	Pulmonary anthrax
A09	Infectious gastroenteritis and colitis, unspecified	A22.2	Gastrointestinal anthrax
		A22.7	Anthrax sepsis

A74.89	Other chlamydial diseases	B01.89	Other varicella complications
A74.9	Chlamydial infection, unspecified	B01.9	Varicella without complication
A75.3	Typhus fever due to Rickettsia tsutsugamushi	B02.0	Zoster encephalitis
A78	Q fever	B02.1	Zoster meningitis
A79.82	Anaplasmosis [A. phagocytophilum]	B02.21	Postherpetic geniculate ganglionitis
A80.0	Acute paralytic poliomyelitis, vaccine-associated	B02.22	Postherpetic trigeminal neuralgia
A80.1	Acute paralytic poliomyelitis, wild virus, imported	B02.23	Postherpetic polyneuropathy
A80.2	Acute paralytic poliomyelitis, wild virus, indigenous	B02.24	Postherpetic myelitis
A80.30	Acute paralytic poliomyelitis, unspecified	B02.29	Other postherpetic nervous system involvement
A80.39	Other acute paralytic poliomyelitis	B02.30	Zoster ocular disease, unspecified
A80.4	Acute nonparalytic poliomyelitis	B02.31	Zoster conjunctivitis
A80.9	Acute poliomyelitis, unspecified	B02.32	Zoster iridocyclitis
A81.00	Creutzfeldt-Jakob disease, unspecified	B02.33	Zoster keratitis
A81.01	Variant Creutzfeldt-Jakob disease	B02.34	Zoster scleritis
A81.09	Other Creutzfeldt-Jakob disease	B02.39	Other herpes zoster eye disease
A81.1	Subacute sclerosing panencephalitis	B02.7	Disseminated zoster
A81.2	Progressive multifocal leukoencephalopathy	B02.8	Zoster with other complications
A81.81	Kuru	B02.9	Zoster without complications
A81.82	Gerstmann-Straussler-Scheinker syndrome	B03	Smallpox
A81.83	Fatal familial insomnia	B04	Monkeypox
A81.89	Other atypical virus infections of central nervous system	B05.0	Measles complicated by encephalitis
A81.9	Atypical virus infection of central nervous system, unspecified	B05.1	Measles complicated by meningitis
A82.9	Rabies, unspecified	B05.2	Measles complicated by pneumonia
A83.6	Rocio virus disease	B05.3	Measles complicated by otitis media
A84.0	Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis]	B05.4	Measles with intestinal complications
A84.1	Central European tick-borne encephalitis	B05.81	Measles keratitis and keratoconjunctivitis
A84.81	Powassan virus disease	B05.89	Other measles complications
A84.89	Other tick-borne viral encephalitis	B05.9	Measles without complication
A84.9	Tick-borne viral encephalitis, unspecified	B06.00	Rubella with neurological complication, unspecified
A85.0	Enteroviral encephalitis	B06.01	Rubella encephalitis
A85.1	Adenoviral encephalitis	B06.02	Rubella meningitis
A85.8	Other specified viral encephalitis	B06.09	Other neurological complications of rubella
A86	Unspecified viral encephalitis	B06.81	Rubella pneumonia
A87.0	Enteroviral meningitis	B06.82	Rubella arthritis
A87.1	Adenoviral meningitis	B06.89	Other rubella complications
A87.2	Lymphocytic choriomeningitis	B06.9	Rubella without complication
A87.8	Other viral meningitis	B07.0	Plantar wart
A87.9	Viral meningitis, unspecified	B07.8	Other viral warts
A88.8	Other specified viral infections of central nervous system	B07.9	Viral wart, unspecified
A89	Unspecified viral infection of central nervous system	B08.01	Vaccinia not from vaccine
A90	Dengue fever [classical dengue]	B08.02	Orf virus disease
A91	Dengue hemorrhagic fever	B08.04	Paravaccinia, unspecified
A92.0	Chikungunya virus disease	B08.09	Other orthopoxvirus infections
A92.30	West Nile virus infection, unspecified	B08.1	Molluscum contagiosum
A92.31	West Nile virus infection with encephalitis	B08.21	Exanthema subitum [sixth disease] due to human herpesvirus 6
A92.32	West Nile virus infection with other neurologic manifestation	B08.22	Exanthema subitum [sixth disease] due to human herpesvirus 7
A92.39	West Nile virus infection with other complications	B08.60	Parapoxvirus infection, unspecified
A92.5	Zika virus disease	B08.69	Other parapoxvirus infections
A93.0	Oropouche virus disease	B08.70	Yatapoxvirus infection, unspecified
A98.3	Marburg virus disease	B08.71	Tanapox virus disease
A98.4	Ebola virus disease	B08.72	Yaba pox virus disease
B00.0	Eczema herpeticum	B08.79	Other yatapoxvirus infections
B00.1	Herpesviral vesicular dermatitis	B08.8	Other specified viral infections characterized by skin and mucous membrane lesions
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis	B09	Unspecified viral infection characterized by skin and mucous membrane lesions
B00.3	Herpesviral meningitis	B10.01	Human herpesvirus 6 encephalitis
B00.4	Herpesviral encephalitis	B10.09	Other human herpesvirus encephalitis
B00.50	Herpesviral ocular disease, unspecified	B10.81	Human herpesvirus 6 infection
B00.51	Herpesviral iridocyclitis	B10.82	Human herpesvirus 7 infection
B00.52	Herpesviral keratitis	B10.89	Other human herpesvirus infection
B00.53	Herpesviral conjunctivitis	B15.0	Hepatitis A with hepatic coma
B00.59	Other herpesviral disease of eye	B15.9	Hepatitis A without hepatic coma
B00.7	Disseminated herpesviral disease	B16.0	Acute hepatitis B with delta-agent with hepatic coma
B00.81	Herpesviral hepatitis	B16.1	Acute hepatitis B with delta-agent without hepatic coma
B00.82	Herpes simplex myelitis	B16.2	Acute hepatitis B without delta-agent with hepatic coma
B00.89	Other herpesviral infection	B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B00.9	Herpesviral infection, unspecified	B17.0	Acute delta-(super) infection of hepatitis B carrier
B01.0	Varicella meningitis	B17.10	Acute hepatitis C without hepatic coma
B01.11	Varicella encephalitis and encephalomyelitis		
B01.12	Varicella myelitis		
B01.2	Varicella pneumonia		
B01.81	Varicella keratitis		

Modifier Descriptors

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

Modifier	Description
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
Category II Modifiers	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietitian
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record

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

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

Terminology

Terminology	Explanation
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Abdominal ultrasound	This is a noninvasive technique which uses sound waves to take images of the intra-abdominal structures (i.e., liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
Abduction	Movement of a body part away from the medial line of the body.
Aberrant	Unusual or abnormal.
Abscess	A collection of pus in a walled off sac or pocket, the result of infection.
Acellular pertussis	Highly infectious respiratory disease; also called whooping cough.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Acquired immunodeficiency syndrome, or AIDS	A chronic and life threatening condition caused by the human immunodeficiency virus.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Actinic keratoses	Rough, scaly patches of skin that develop from prolonged exposure to sun.
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.
Adaptive behavior	It is one behavior that helps the individual in adjusting to his surrounding environment.
Adenovirus	DNA viruses that cause infection in the lungs and eyes.
Adjuvant	A substance added to the vaccine to boost body's immune response to the vaccine.
Adolescent	Teenager.
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.
Aerosol generator	A device that produces aerosol suspensions, as for inhalation therapy.
Affinity separation	A biochemical method of dividing substances by binding their specific antigens to specific antibodies.
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.
Albuterol	An inhaled bronchodilator.
Ambulatory	The ability to walk or suitability for walking.
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.
Anal canal	The terminal portion of the digestive tube from the rectum to the anus.
Anesthesia	A medication induced state that reduces or eliminates sensitivity to pain, depending upon the type of anesthesia administered; general anesthesia renders the patient completely unconscious, while local or regional anesthesia reduce sensation to pain in specific areas of the body.
Anesthetic	Substance that reduces sensitivity to pain.

Capillary — Chronic obstructive pulmonary disease, or COPD

Terminology	Explanation
Capillary	The tiny blood vessels smaller than veins that can be punctured to obtain blood when only a small sample is needed.
Carbon dioxide, CO₂	A colorless and odorless gas produced as a result of respiration; it is naturally present in air and is absorbed by plants.
Carbuncle	A type of deep skin abscess with multiple openings formed by a cluster of boils.
Cardiopulmonary resuscitation	Emergency measures taken to restore breathing and heart function.
Carpal bones	The eight small bones of the wrist, including the scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, and hamate.
Carpals	Set of eight bones that collectively forms the wrist joint with the radius and the ulna.
Cartilage	Fibrous connective tissue that is strong but flexible; it is found on the surface of joints and composes structures like the nose and ear.
Cast	Plaster of Paris cover that forms a hard cover around the broken bone and maintains stability.
Casts, urine	The small tubular shaped objects frequently found in urine specimens; these are formed in the tubules within the kidney, that pass down from the lower end of the glomerular unit that serves as a filter in the kidney; they may appear as hyaline, meaning glassy, granular, or cellular, and can be of diagnostic importance.
Catalase test	Testing with an enzyme that detoxifies hydrogen peroxide, used extensively in the microbiology lab to assist in identifying bacteria.
Catheter	A flexible tube that a provider inserts into a vessel through which he can pass instruments, blood can be withdrawn, or fluids instilled; a provider can insert this flexible tube into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Cauterization	Use of heat or chemicals to destroy abnormal cells or seal a wound.
Cautery	The use of an energy source, such as electricity, laser light, heat, or plasma, or use of a chemical to burn away diseased tissue or to stop bleeding by coagulation, the formation of a blood clot.
cc	cubic centimeter.
CD4 cells	A type of white blood cell that have a protein on the surface called cluster of differentiation 4, or CD4, and function by initiating the body's immune response to infection; also known as helper T cells.
Centrifugation	Process that rotates a mixture around a fixed axis at a high speed to separate it into its component parts.
Centrifuge tube	A special conical tipped plastic or glass test tube used for spinning down solutions where the sediment is to be separated from the supernatant, or upper fluid, portion.
Cerebrospinal fluid	The clear fluid that bathes the spinal cord and the lining of the brain under the skull.
Cervical biopsy	Removal of any part of the exocervix and/or the transformation zone.
Cervical cancer	Cancer of the cervix, the neck of the womb, or uterus.
Cervical cap	A soft rubber cap with a rim that fits around the cervix.
Cervical spine	Neck, containing vertebrae enumerated C1 through C7.
Cervix	A narrow passage that is part of the uterus; the cervix lies just above the vagina or the birth canal.
Chemical cautery	A chemical agent that destroys the abnormal tissues by burning or scarring.
Chemiluminescent	A chemical reaction that creates light.
Chemosurgery	Surgical removal of dead or diseased tissue after the application of a chemical agent or stain. Moh's surgery is referred to as chemosurgery.
Cholesterol	A steroid lipid, found in the cell membranes of all body tissues, and transported in the blood plasma.
Chromosomes	Structures within the nucleus, or central part, of a cell that contain genetic material; humans have 23 pairs of chromosomes.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition.
Chronic obstructive pulmonary disease, or COPD	A respiratory disease, slow in onset but long lasting, that makes it difficult to breathe; causes of COPD include chronic bronchitis or emphysema, typically from smoking.

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