CODERS' SPECIALTY GUIDE

Pulmonology

2027

AAPC

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

Contents

General Surgical Procedures

+10004

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

Clinical Responsibility

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

Coding Tips

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

Fee Schedule Information

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

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10012[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.9A, C84.A0, C84.A1, C84.A5, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X3, H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

Clinical Responsibility

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

Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

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

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

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

Fee Schedule Information

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

Modifier Allowances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

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

ICD-10-CM Cross References

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

+10006

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

Clinical Responsibility

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

Coding Tips

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

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

Fee Schedule Information

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

Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[1], 0216T[1], 10004[1], 10035[1], 19281[1], 19283[1], 19285[1], 19287[1], 36000[1], 36410[1], 36591[0], 36592[0], 61650[1], 62324[1], 62325[1], 62326[1], 62327[1], 64415[1], 64416[1], 64417[1], 64450[1], 64454[1], 64486[1], 64487[1], 64488[1], 64489[1], 64490[1], 64493[1], 76000[1], 76380[1], 76942[1], 76998[1], 77001[1], 77002[1], 77012[1], 77021[1], 96360[1], 96365[1], 96372[1], 96374[1], 96375[1], 96376[1], 96377[1], 96523[0]

ICD-10-CM Cross References

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

10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

Clinical Responsibility

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

Coding Tips

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

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

Integumentary System

10180

Incision and drainage, complex, postoperative wound infection

Clinical Responsibility

The provider cleans the operative site with an antiseptic and may inject a local anesthetic such as lidocaine. Then, he incises the area of wound infection and drains it of fluid collection. He performs copious irrigation of the abscess cavity with something like normal saline solution to adequately remove debris from the wound cavity. This also facilitates subsequent breakup of cavities or compartments of fluid. After complete removal of the pus, he irrigates the wound with an antibiotic solution and packs it with gauze to prevent leakage of cellular fluid from the noninfected tissues surrounding the abscess. Loose packing or gauze allows continued drainage and healing by secondary intention. Alternatively, he may close the wound in layers around a drain. A complicated procedure generally takes longer to perform and requires more extensive expertise and technique on the part of the provider.

Coding Tips

A complicated incision and drainage can involve multiple incisions, drain placements, extensive packing, and a more complicated wound closure. Make sure the documentation supports a complicated incision and drainage.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $176.57, Non Facility Fee: $289.69; Non-QP Conversion Factor $33.4009, Facility Fee: $175.69, Non Facility Fee: $288.25
RVU (Facility): Work 2.24, PE 2.52, Mal 0.5, Total 5.26
RVU (Non-Facility): Work 2.24, PE 5.89, Mal 0.5, Total 8.63
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AG, AQ, AR, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T^{0}, 0216T^{0}, 0596T^{1}, 0597T^{1}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 0925T^{0}, 11720^{1}, 11721^{1}, 12001^{1}, 12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}, 12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}, 13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 20500^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{0}, 62321^{0}, 62322^{0}, 62323^{0}, 62324^{0}, 62325^{0}, 62326^{0}, 62327^{0}, 64400^{0}, 64405^{0}, 64408^{0}, 64415^{0}, 64416^{0}, 64417^{0}, 64418^{0}, 64420^{0}, 64421^{0}, 64425^{0}, 64430^{0}, 64435^{0}, 64445^{0}, 64446^{0}, 64447^{0}, 64448^{0}, 64449^{0}, 64450^{1}, 64451^{0}, 64454^{1}, 64461^{0}, 64462^{0}, 64463^{0}, 64466^{1}, 64467^{1}, 64468^{1}, 64469^{1}, 64473^{0}, 64474^{0}, 64479^{0}, 64480^{0}, 64483^{0}, 64484^{0}, 64486^{0}, 64487^{0}, 64488^{0}, 64489^{0}, 64490^{0}, 64491^{0}, 64492^{0}, 64493^{0}, 64494^{0}, 64495^{0}, 64505^{0}, 64510^{0}, 64517^{0}, 64520^{0}, 64530^{0}, 69990^{0}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 99155^{0}, 99156^{0}, 99157^{0}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{1}, 99232^{1}, 99233^{1}, 99234^{1}, 99235^{1}, 99236^{1}, 99238^{1}, 99239^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99252^{1}, 99253^{1}, 99254^{1}, 99255^{1}, 99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99374^{1}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}, 99449^{0}, 99451^{0}, 99452^{0}, 99495^{0}, 99496^{0}, G0463^{1}, G0471^{1}, J0670^{1}

ICD-10-CM Cross References

B95.2, B96.22, E36.8, K68.11, L76.33, L76.34, L76.81, L76.82, O86.00-O86.03, O86.09, O90.2, S31.136D, S31.137D, S31.13AD, S31.146D, S31.146S, S31.147D, S31.147S, S31.14AD, S31.14AS, S31.636A-S31.636S, S31.637D, S31.637S, S31.63AA-S31.63AS, S31.646A, S31.646S, S31.647A, S31.647S, S31.64AA, S31.64AS, S80.851D, S80.852D, S80.859D, S80.861D, S80.862D, S80.869D, S91.151D, S91.152D, S91.153D, S91.154D, S91.155D, S91.156D, S91.159D, S91.211D, S91.212D, S91.213D, S91.214D, S91.215D, S91.216D, S91.219D, T81.40XA-T81.40XS

11010

Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues

Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound associated with an open fracture and/or dislocation. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in these skin and subcutaneous wounds. She uses forceps, a scalpel, or other instruments as needed. The provider removes all these tissues surgically in and around the site of the open fracture and/or dislocation. She examines other soft tissues in the area, for example tendons and ligaments. The provider then performs irrigation of the tissue layers.

Coding Tips

Use 11011 when the service involves skin, subcutaneous tissue, muscle fascia, and muscle.

Use 11012 when the service involves skin, subcutaneous tissue, muscle fascia, muscle, and bone.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $250.75, Non Facility Fee: $471.62; Non-QP Conversion Factor $33.4009, Facility Fee: $249.50, Non Facility Fee: $469.28
RVU (Facility): Work 4.09, PE 2.63, Mal 0.75, Total 7.47
RVU (Non-Facility): Work 4.09, PE 9.21, Mal 0.75, Total 14.05
MPFS Payment Policy Indicators: Global Period 10, Preop 10.00%, Intraop 80.00%, Postop 10.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None
Practitioner MUE: 2

Modifier Allowances

22, 51, 52, 53, 54, 55, 56, 58, 59, 73, 74, 76, 77, 78, 79, 99, AQ, AR, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0213T[0], 0216T[0], 0335T[1], 0490T[1], 0510T[1], 0511T[1], 0552T[1], 0565T[1], 0566T[1], 0596T[1], 0597T[1], 0656T[1], 0657T[1], 0718T[1], 0903T[1], 0904T[1], 0905T[1], 10030[1], 10060[1], 10120[1], 10121[1], 10160[1], 10180[1], 11008[1], 11055[1], 11102[1], 11104[1], 11106[1], 11450[1], 11451[1], 11462[1], 11463[1], 11470[1], 12001[1], 12002[1], 12004[1], 12005[1], 12006[1], 12007[1], 12011[1], 12013[1], 12014[1], 12015[1], 12016[1], 12020[1], 12021[1], 12031[1], 12032[1], 12034[1], 12035[1], 12036[1], 12037[1], 12041[1], 12042[1], 12044[1], 12045[1], 12046[1], 12047[1], 12051[1], 12052[1], 12053[1], 12054[1], 12055[1], 12056[1], 12057[1], 13102[1], 13122[1], 13133[1], 13153[1], 15002[1], 15004[1], 15769[1], 15851[0], 15852[1], 16000[1], 16020[1], 16025[1], 16030[1], 20100[1], 20101[1], 20102[1], 20150[1], 20200[1], 20205[1], 20206[1], 20220[1], 20225[1], 20240[1], 20245[1], 20250[1], 20251[1], 20520[1], 20525[1], 20527[1], 20551[1], 20552[1], 20553[1], 20560[1], 20561[1], 20604[1], 20606[1], 20611[1], 20661[1], 20662[1], 20663[1], 20692[1], 20693[1], 20802[1], 20805[1], 20808[1], 20816[1], 20822[1], 20824[1], 20827[1], 20838[1], 20900[1], 20902[1], 20910[1], 20912[1], 20920[1], 20922[1], 20924[1], 20955[1], 20956[1], 20957[1], 20962[1], 20969[1], 20970[1], 20972[1], 20973[1], 21010[1], 21025[1], 21026[1], 21029[1], 21030[1], 21034[1], 21044[1], 21045[1], 21050[1], 21060[1], 21070[1], 21076[1], 21077[1], 21079[1], 21080[1], 21081[1], 21082[1], 21083[1], 21084[1], 21085[1], 21086[1], 21087[1], 21088[1], 21110[1], 21120[1], 21121[1], 21122[1], 21123[1], 21125[1], 21127[1], 21137[1], 21138[1], 21139[1], 21141[1], 21142[1], 21143[1], 21145[1], 21146[1], 21147[1], 21150[1], 21151[1], 21154[1], 21155[1], 21159[1], 21160[1], 21172[1], 21175[1], 21179[1], 21180[1], 21181[1], 21182[1], 21183[1], 21184[1], 21188[1], 21193[1], 21194[1], 21195[1], 21196[1], 21198[1], 21199[1], 21206[1], 21208[1], 21209[1], 21210[1], 21215[1], 21230[1], 21235[1], 21240[1], 21242[1], 21243[1], 21244[1], 21245[1], 21246[1], 21247[1], 21248[1], 21249[1], 21255[1], 21256[1], 21260[1], 21261[1], 21263[1], 21267[1], 21268[1], 21270[1], 21275[1], 21280[1], 21501[1], 21550[1], 21600[1], 21610[1], 21615[1], 21616[1], 21620[1], 21627[1], 21630[1], 21700[1], 21705[1], 21720[1], 21725[1], 21740[1], 21742[1], 21743[1], 21750[1], 21925[1], 22100[1], 22101[1], 22102[1], 22110[1], 22112[1], 22114[1], 22210[1], 22212[1], 22214[1], 22216[1], 22220[1], 22222[1], 22224[1], 22226[1], 22548[1], 22554[1], 22556[1], 22558[1], 22585[1], 22590[1], 22595[1], 22600[1], 22610[1], 22612[1], 22614[1], 22630[1], 22632[1], 22800[1], 22802[1], 22804[1], 22808[1], 22810[1], 22812[1], 22830[1], 22840[1], 22842[1], 22843[1], 22844[1], 22845[1], 22846[1], 22847[1], 22848[1], 22849[1], 22850[1], 22852[1], 22855[1], 23020[1], 23030[1], 23035[1], 23040[1], 23044[1], 23100[1], 23101[1], 23105[1], 23106[1], 23120[1], 23125[1], 23130[1], 23140[1], 23145[1], 23146[1], 23150[1], 23155[1], 23170[1], 23172[1], 23180[1], 23182[1], 23184[1], 23190[1], 23195[1], 23333[1], 23334[1], 23335[1], 23395[1], 23397[1], 23400[1], 23405[1], 23406[1], 23410[1], 23412[1], 23415[1], 23420[1], 23430[1], 23440[1], 23450[1], 23455[1], 23460[1], 23462[1], 23465[1], 23466[1], 23470[1], 23472[1], 23480[1], 23485[1], 23490[1], 23491[1], 23800[1], 23802[1], 23900[1], 23920[1], 23921[1], 23930[1], 23931[1], 24066[1], 24100[1], 24101[1], 24102[1], 24110[1], 24115[1], 24116[1], 24120[1], 24125[1], 24126[1], 24130[1], 24134[1], 24136[1], 24138[1], 24140[1], 24145[1], 24147[1], 24149[1], 24155[1], 24160[1], 24164[1], 24201[1], 24300[1], 24301[1], 24305[1], 24310[1], 24320[1], 24330[1], 24331[1], 24340[1], 24341[1], 24342[1], 24343[1], 24344[1], 24345[1], 24346[1], 24360[1], 24361[1], 24362[1], 24363[1], 24365[1], 24366[1], 24400[1], 24410[1], 24420[1], 24430[1], 24435[1], 24470[1], 24495[1], 24498[1], 24800[1], 24802[1], 24900[1], 24920[1], 24925[1], 24930[1], 24931[1], 24935[1], 24940[1], 25031[1], 25065[1], 25066[1], 25085[1], 25105[1], 25107[1], 25112[1], 25116[1], 25119[1], 25120[1], 25125[1], 25126[1], 25130[1], 25135[1], 25136[1], 25145[1], 25150[1], 25151[1], 25210[1], 25215[1], 25230[1], 25240[1], 25390[1], 25391[1], 25392[1], 25393[1], 25400[1], 25405[1], 25415[1], 25420[1], 25425[1], 25426[1], 25440[1], 25441[1], 25442[1], 25443[1], 25444[1], 25445[1], 25446[1], 25447[1], 25448[1], 25449[1], 25450[1], 25455[1], 25490[1], 25491[1], 25492[1], 25800[1], 25805[1], 25810[1], 25820[1], 25825[1], 25830[1], 25900[1], 25905[1], 25907[1], 25909[1], 25915[1], 25920[1], 25922[1], 25924[1], 25927[1], 25929[1], 25931[1], 26010[1], 26011[1], 26025[1], 26030[1], 26034[1], 26035[1], 26037[1], 26045[1], 26121[1], 26123[1], 26125[1], 26130[1], 26135[1], 26140[1], 26145[1], 26412[1], 26415[1], 26416[1], 26433[1], 26434[1], 26437[1], 26440[1], 26442[1], 26445[1], 26449[1], 26471[1], 26474[1], 26476[1], 26477[1], 26478[1], 26479[1], 26480[1], 26483[1], 26485[1], 26489[1], 26490[1], 26492[1], 26494[1], 26496[1], 26497[1], 26498[1], 26500[1], 26502[1], 26508[1], 26510[1], 26516[1], 26517[1], 26518[1], 26520[1], 26525[1], 26530[1], 26531[1], 26535[1], 26536[1], 26540[1], 26541[1], 26542[1], 26545[1], 26546[1], 26548[1], 26550[1], 26551[1], 26553[1], 26554[1], 26555[1], 26556[1], 26560[1], 26561[1], 26562[1], 26565[1], 26567[1], 26568[1], 26580[1], 26587[1], 26590[1], 26593[1], 26596[1], 26820[1], 26841[1], 26842[1], 26843[1], 26844[1], 26850[1], 26852[1], 26860[1], 26862[1], 26910[1], 26951[1], 26952[1], 27041[1], 27052[1], 27054[1], 27060[1], 27062[1], 27065[1], 27066[1], 27138[1], 27140[1], 27146[1], 27147[1], 27151[1], 27156[1], 27158[1], 27161[1], 27165[1], 27170[1], 27175[1], 27176[1], 27177[1], 27178[1], 27179[1], 27181[1], 27185[1], 27187[1], 27280[1], 27282[1], 27284[1], 27286[1], 27290[1], 27295[1], 27301[1], 27303[1], 27305[1], 27306[1], 27307[1], 27310[1], 27324[1], 27330[1], 27331[1], 27332[1], 27333[1], 27334[1], 27335[1], 27345[1], 27347[1], 27350[1], 27355[1], 27356[1], 27357[1], 27358[1], 27360[1], 27369[1], 27372[1], 27380[1], 27381[1], 27385[1], 27386[1], 27390[1], 27391[1], 27392[1], 27393[1], 27394[1], 27395[1], 27396[1], 27397[1], 27400[1], 27403[1], 27405[1], 27407[1], 27409[1], 27418[1], 27420[1], 27422[1], 27424[1], 27425[1], 27427[1], 27428[1], 27429[1], 27430[1], 27435[1], 27437[1], 27438[1], 27440[1], 27441[1], 27442[1], 27443[1], 27446[1], 27447[1], 27448[1], 27450[1], 27454[1], 27455[1], 27457[1], 27465[1], 27466[1], 27470[1], 27472[1], 27475[1], 27477[1], 27479[1], 27485[1], 27486[1], 27487[1], 27488[1], 27495[1], 27496[1], 27497[1], 27498[1], 27580[1], 27590[1], 27591[1], 27592[1], 27594[1], 27596[1], 27598[1], 27600[1], 27601[1], 27602[1], 27603[1], 27604[1], 27607[1], 27610[1], 27612[1], 27620[1], 27625[1], 27626[1], 27630[1], 27635[1], 27637[1], 27638[1], 27650[1], 27652[1], 27654[1], 27656[1], 27658[1], 27659[1], 27664[1], 27665[1], 27675[1], 27676[1], 27680[1], 27681[1], 27685[1], 27686[1], 27687[1], 27690[1], 27691[1], 27695[1], 27696[1], 27698[1], 27700[1], 27702[1], 27703[1], 27704[1], 27705[1], 27709[1], 27712[1], 27715[1], 27720[1], 27722[1], 27724[1], 27725[1], 27727[1], 27730[1], 27732[1], 27734[1], 27740[1], 27742[1], 27745[1], 27870[1], 27871[1], 27880[1], 27881[1], 27882[1], 27884[1], 27886[1], 27888[1], 27889[1], 27892[1], 27893[1], 27894[1], 28003[1], 28005[1], 28008[1], 28020[1], 28022[1], 28035[1], 28055[1], 28060[1], 28062[1], 28070[1], 28072[1], 28086[1], 28090[1], 28100[1], 28102[1], 28103[1], 28104[1], 28106[1], 28107[1], 28111[1], 28112[1], 28113[1], 28114[1], 28116[1], 28118[1], 28119[1], 28120[1], 28122[1], 28124[1], 28130[1], 28140[1], 28192[1], 28193[1], 28200[1], 28202[1], 28210[1], 28220[1], 28222[1], 28226[1], 28238[1], 28250[1], 28260[1], 28261[1], 28262[1], 28264[1], 28270[1], 28280[1], 28285[1], 28286[1], 28288[1], 28289[1], 28292[1], 28296[1], 28297[1], 28298[1], 28299[1], 28300[1], 28302[1], 28304[1], 28305[1], 28306[1], 28307[1], 28308[1], 28309[1], 28310[1], 28312[1], 28313[1], 28315[1], 28320[1], 28322[1], 28340[1], 28341[1], 28345[1], 28360[1], 28705[1], 28715[1], 28725[1], 28730[1], 28735[1], 28737[1], 28740[1], 28750[1], 28755[1], 28760[1], 28800[1], 28805[1], 28810[1], 29000[1], 29010[1], 29015[1], 29035[1], 29040[1], 29044[1], 29046[1], 29049[1], 29055[1], 29058[1], 29065[1], 29075[1], 29085[1], 29086[1], 29105[1], 29125[1], 29126[1], 29130[1], 29131[1], 29200[1], 29240[1], 29260[1],

Modifier Allowances

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

NCCI Alerts (version 32.0)

00520[0], 36591[0], 36592[0], 94150[1], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[1], 99347[1], 99348[1], 99349[1], 99350[1], 99483[1], 99497[1], G0463[1]

ICD-10-CM Cross References

A15.0-A15.6, A15.8, A31.0, A41.3, A42.0, B38.0-B38.3, B40.0-B40.3, B40.7, B40.81, B40.89, B40.9, B41.0-B41.9, B42.0, B42.1, B42.7, B42.81-B42.89, B42.9, B43.0-B43.9, B44.0-B44.2, B44.7, B44.81, B44.89, B44.9, B45.0-B45.9, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, D14.30-D14.32, D14.4, D38.1-D38.6, D38.6, G71.036, I26.01-I26.09, I26.90-I26.99, I27.0, I27.1, I27.20-I27.29, I27.81-I27.83, I27.89, I27.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, J15.61, J15.69, J44.81, J44.89, J47.0-J47.9, J4A.0-J4A.9, J60, J61, J62.0, J62.8, J63.0-J63.6, J64, J65, J66.0-J66.8, J67.0-J67.9, J69.0-J69.8, J70.5-J70.9, J95.87, R05.1-R05.9, R06.00-R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, T53.5X1D, T53.5X1S, T53.5X2D, T53.5X2S, T53.5X3D, T53.5X3S, T53.5X4D, T53.5X4S, T54.0X1D, T54.0X1S, T54.0X2D, T54.0X2S, T54.0X3D, T54.0X3S, T54.0X4D, T54.0X4S, T59.0X1D, T59.0X1S, T59.0X2D, T59.0X2S, T59.0X3D, T59.0X3S, T59.0X4D, T59.0X4S, T59.1X1D, T59.1X1S, T59.1X2D, T59.1X2S, T59.1X3D, T59.1X3S, T59.1X4D, T59.1X4S, T59.2X1D, T59.2X1S, T59.2X2D, T59.2X2S, T59.2X3D, T59.2X3S, T59.2X4D, T59.2X4S, T59.3X1D, T59.3X1S, T59.3X2D, T59.3X2S, T59.3X3D, T59.3X3S, T59.3X4D, T59.3X4S, T59.4X1D, T59.4X1S, T59.4X2D, T59.4X2S, T59.4X3D, T59.4X3S, T59.4X4D, T59.4X4S, T59.5X1D, T59.5X1S, T59.5X2D, T59.5X2S, T59.5X3D, T59.5X3S, T59.5X4D, T59.5X4S, T59.6X1D, T59.6X1S, T59.6X2D, T59.6X2S, T59.6X3D, T59.6X3S, T59.6X4D, T59.6X4S, T59.7X1D, T59.7X1S, T59.7X2D, T59.7X2S, T59.7X3D, T59.7X3S, T59.7X4D, T59.7X4S, T59.811D, T59.811S, T59.812D, T59.812S, T59.813D, T59.813S, T59.814D, T59.814S, T59.891D, T59.891S, T59.892D, T59.892S, T59.893D, T59.893S, T59.894D, T59.894S, T59.91XD, T59.91XS, T59.92XD, T59.92XS, T59.93XD, T59.93XS, T59.94XD, T59.94XS, U07.1

+94729

Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)

Clinical Responsibility

During the same session as other pulmonary function testing, the testing provider ensures a clip is in place on the patient's nose. The patient breathes in a small amount of a tracer gas, holds her breath for a matter of seconds, and then exhales quickly into a mouthpiece. The test includes collection of the exhaled breath to measure the concentration of the tracer gas present. This concentration is proportional to the lung's diffusing capacity. The interpreting provider checks the results for mistakes, reviews the data and the testing procedure, interprets the results, and records the interpretation in the medical record. Providers may use this test for patients with lung conditions such as lung cancer or emphysema.

Coding Tips

Because +94729 is an add-on code, payers will not reimburse you if you report it without an appropriate primary code for pulmonary testing: 94010, 94060, 94070, 94375, 94726 to 94728.

If you are reporting only the professional component for the service, you should append professional component modifier 26 to the code.

If you are reporting only the technical component for the service, you should append technical component modifier TC to the code unless the hospital provided the technical component. In that case, do not append modifier TC because the hospital's portion is inherently technical.

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

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $63.78, Non Facility Fee: $63.78; Non-QP Conversion Factor $33.4009, Facility Fee: $63.46, Non Facility Fee: $63.46
RVU (Facility): Work 0.19, PE 1.69, Mal 0.02, Total 1.90
RVU (Non-Facility): Work 0.19, PE 1.69, Mal 0.02, Total 1.90
MPFS Payment Policy Indicators: Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

26, 52, 53, 59, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, TC, XE, XP, XS, XU

NCCI Alerts (version 32.0)

00520[0], 36591[0], 36592[0], 96523[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[1], 99347[1], 99348[1], 99349[1], 99350[1], 99483[1], 99497[1], G0463[1]

ICD-10-CM Cross References

A15.0-A15.6, A15.8, A31.0, A41.3, A42.0, B38.0-B38.3, B40.0-B40.3, B40.7, B40.81, B40.89, B40.9, B41.0-B41.9, B42.0, B42.1, B42.7, B42.81-B42.89, B42.9, B43.0-B43.9, B44.0-B44.2, B44.7, B44.81, B44.89, B44.9, B45.0-B45.9, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, D14.30-D14.32, D14.4, D38.1-D38.6, D38.6, G71.036, I26.01-I26.09, I26.90-I26.99, I27.0, I27.1, I27.20-I27.29, I27.81-I27.83, I27.89, I27.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, J47.0-J47.9, J60, J61, J62.0, J62.8, J63.0-J63.6, J64, J65, J66.0-J66.8, J67.0-J67.9, J69.0-J69.8, J70.5-J70.9, J95.87, R05.1-R05.9, R06.00-R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, T53.5X1D, T53.5X1S, T53.5X2D, T53.5X2S, T53.5X3D, T53.5X3S, T53.5X4D, T53.5X4S, T54.0X1D, T54.0X1S, T54.0X2D, T54.0X2S, T54.0X3D, T54.0X3S, T54.0X4D, T54.0X4S, T59.0X1D, T59.0X1S, T59.0X2D, T59.0X2S, T59.0X3D, T59.0X3S, T59.0X4D, T59.0X4S, T59.1X1D, T59.1X1S, T59.1X2D, T59.1X2S,

T59.1X3D, T59.1X3S, T59.1X4D, T59.1X4S, T59.2X1D, T59.2X1S, T59.2X2D, T59.2X2S, T59.2X3D, T59.2X3S, T59.2X4D, T59.2X4S, T59.3X1D, T59.3X1S, T59.3X2D, T59.3X2S, T59.3X3D, T59.3X3S, T59.3X4D, T59.3X4S, T59.4X1D, T59.4X1S, T59.4X2D, T59.4X2S, T59.4X3D, T59.4X3S, T59.4X4D, T59.4X4S, T59.5X1D, T59.5X1S, T59.5X2D, T59.5X2S, T59.5X3D, T59.5X3S, T59.5X4D, T59.5X4S, T59.6X1D, T59.6X1S, T59.6X2D, T59.6X2S, T59.6X3D, T59.6X3S, T59.6X4D, T59.6X4S, T59.7X1D, T59.7X1S, T59.7X2D, T59.7X2S, T59.7X3D, T59.7X3S, T59.7X4D, T59.7X4S, T59.811D, T59.811S, T59.812D, T59.812S, T59.813D, T59.813S, T59.814D, T59.814S, T59.891D, T59.891S, T59.892D, T59.892S, T59.893D, T59.893S, T59.894D, T59.894S, T59.91XD, T59.91XS, T59.92XD, T59.92XS, T59.93XD, T59.93XS, T59.94XD, T59.94XS, T75.81XD, T75.81XS, U07.1

94760

Noninvasive ear or pulse oximetry for oxygen saturation; single determination

Clinical Responsibility

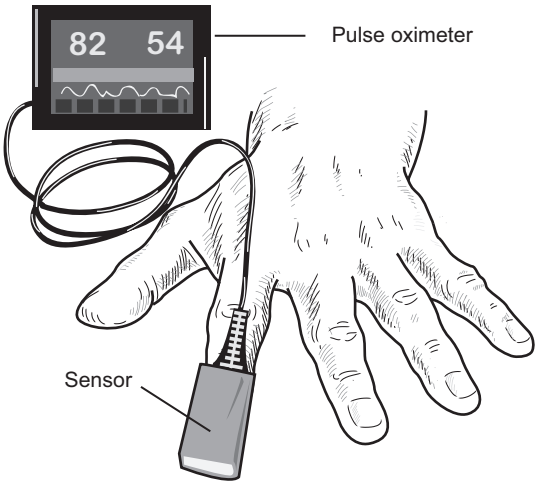
The provider places a sensor, such as one in the form of a clip, on the patient's earlobe or fingertip. The sensor uses a light shining through the body part to measure the oxygen saturation, detecting the differences in the ways blood cells with and without oxygen reflect light. Oxygen saturation, sometimes called O2 sat, is the percentage of hemoglobin carrying oxygen molecules. Hemoglobin is the protein in the red blood cell that carries oxygen to the tissue and returns carbon dioxide to the lungs. The sensor transmits the data to a computer unit that displays the result. Use this code when the provider takes a single measurement.

Coding Tips

Many payers bundle pulse oximetry into other services, so check your payer's policy to be sure.

Before choosing your final noninvasive ear or pulse oximetry code, review 94760 to 94762 to be sure you've chosen the appropriate code for your case.

Illustration



94760

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $4.03, Non Facility Fee: $4.03; Non-QP Conversion Factor $33.4009, Facility Fee: $4.01, Non Facility Fee: $4.01
RVU (Facility): Work 0, PE 0.11, Mal 0.01, Total 0.12
RVU (Non-Facility): Work 0, PE 0.11, Mal 0.01, Total 0.12
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

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

NCCI Alerts (version 32.0)

0733T[0], 36591[0], 36592[0], 94762[1], 96523[0], 98975[1], 98976[1], 98977[1], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[1], 99347[1], 99348[1], 99349[1], 99350[1], 99453[0], 99454[0], 99473[0], 99483[1], 99497[1], G0248[0]

ICD-10-CM Cross References

A15.0-A15.6, A15.8, A31.0, A41.3, A42.0, B38.0-B38.3, B40.0-B40.3, B40.7, B40.81, B40.89, B40.9, B41.0-B41.9, B42.0, B42.1, B42.7, B42.81-B42.89, B42.9, B43.0-B43.9, B44.0-B44.2, B44.7, B44.81, B44.89, B44.9, B45.0-B45.9, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, D14.30-D14.32, D14.4, D38.1-D38.6, D38.6, G47.30, I26.01-I26.09, I26.90-I26.99, I27.0, I27.1, I27.20-I27.29, I27.81-I27.83, I27.89, I27.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, I5A, J17, J18.9, J20.9, J21.0, J21.8, J40, J41.0-J41.8, J42, J43.0-J43.9, J47.0-J47.9, J60, J61, J62.0, J62.8, J63.0-J63.6, J64, J65, J66.0-J66.8, J67.0-J67.9, J69.0-J69.8, J70.5-J70.9, M96.A1-M96.A9, R05.1-R05.9, R06.00-R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, S06.81AA-S06.81AS, S06.82AA-S06.82AS, S06.89AA-S06.89AS, S06.8A0A-S06.8A0S, S06.8A1A-S06.8A1S, S06.8A2A-S06.8A2S, S06.8A3A-S06.8A3S, S06.8A4A-S06.8A4S, S06.8A5A-S06.8A5S, S06.8A6A-S06.8A6S, S06.8A7A, S06.8A8A, S06.8A9A-S06.8A9S, S06.8AAA-S06.8AAS, S06.9XAA-S06.9XAS, T40.411A-T40.411S, T40.412A-T40.412S, T40.413A-T40.413S, T40.414A-T40.414S, T40.415A-T40.415S, T40.421A-T40.421S, T40.422A-T40.422S, T40.423A-T40.423S, T40.424A-T40.424S, T40.425A-T40.425S, T40.491A-T40.491S, T40.492A-T40.492S, T40.493A-T40.493S, T40.494A-T40.494S, T40.495A-T40.495S, T43.651A-T43.651S, T43.652A-T43.652S, T43.653A-T43.653S, T43.654A-T43.654S, T43.655A-T43.655S, T71.111A-T71.111S, T71.112A-T71.112S, T71.114A-T71.114S, T71.121A-T71.121S, T71.122A-T71.122S, T71.124A-T71.124S, T71.131A-T71.131S, T71.132A-T71.132S, T71.134A-T71.134S, T71.141A, T71.141D, T71.144A, T71.144D, T71.151A, T71.151D, T71.152A, T71.152D, T71.154A, T71.154D, T71.161A, T71.161D, T71.162A, T71.162D, T71.164A, T71.164D, T71.191A, T71.191D, T71.192A, T71.192D, T71.194A, T71.194D, T71.20XA, T71.20XD, T71.21XA, T71.21XD, T71.221A, T71.221D, T71.222A, T71.222D, T71.224A, T71.224D, T71.231A, T71.231D, T71.232A, T71.232D, T71.234A, T71.234D, T71.29XA, T71.29XD, T71.9XXD, T73.2XXA-T73.2XXS, T73.3XXA-T73.3XXS, T78.070A-T78.070S,

T78.071A-T78.071S, T78.079A-T78.079S, T78.080A-T78.080S, T78.081A-T78.081S, T78.089A-T78.089S, T78.110A-T78.110S, T78.111A-T78.111S, T78.119A-T78.119S, T78.120A-T78.120S, T78.121A-T78.121S, T78.129A-T78.129S, T78.19XA-T78.19XS, T79.1XXD, T79.1XXS, U07.1, Z57.2-Z57.6, Z57.39, Z91.0110-Z91.0112, Z91.0120-Z91.0122

94761

Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)

Clinical Responsibility

The provider places a sensor, such as one in the form of a clip, on the patient's earlobe or fingertip. The sensor uses a light shining through the body part to measure the oxygen saturation, detecting the differences in the ways blood cells with and without oxygen reflect light. Oxygen saturation, sometimes called O2 sat, is the percentage of hemoglobin carrying oxygen molecules. Hemoglobin is the protein in the red blood cell that carries oxygen to the tissue and returns carbon dioxide to the lungs. The sensor transmits the data to a computer unit that displays the result. Use this code when the provider takes multiple measurements.

Coding Tips

Many payers bundle pulse oximetry into other services, so check your payer's policy to be sure.

Before choosing your final noninvasive ear or pulse oximetry code, review 94760 to 94762 to be sure you've chosen the appropriate code for your case.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $4.36, Non Facility Fee: $4.36; Non-QP Conversion Factor $33.4009, Facility Fee: $4.34, Non Facility Fee: $4.34
RVU (Facility): Work 0, PE 0.12, Mal 0.01, Total 0.13
RVU (Non-Facility): Work 0, PE 0.12, Mal 0.01, Total 0.13
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

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

NCCI Alerts (version 32.0)

0733T[0], 36591[0], 36592[0], 94760[0], 94762[1], 96523[0], 98975[0], 98976[0], 98977[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[1], 99347[1], 99348[1], 99349[1], 99350[1], 99453[0], 99454[0], 99473[0], 99483[1], 99497[1], G0248[0], G0463[1]

ICD-10-CM Cross References

A15.0-A15.6, A15.8, A31.0, A41.3, A42.0, B38.0-B38.3, B40.0-B40.3, B40.7, B40.81, B40.89, B40.9, B41.0-B41.9, B42.0, B42.1, B42.7, B42.81-B42.89, B42.9, B43.0-B43.9, B44.0-B44.2, B44.7, B44.81, B44.89, B44.9, B45.0-B45.9, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, D14.30-D14.32, D14.4, D38.1-D38.6, D38.6, G47.30, I26.01-I26.09, I26.90-I26.99, I27.0, I27.1, I27.20-I27.29, I27.81-I27.83, I27.89, I27.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, J17, J18.9, J20.9, J21.0, J21.8, J40, J41.0-J41.8, J42, J43.0-J43.9, J47.0-J47.9, J60, J61, J62.0, J62.8, J63.0-J63.6, J64, J65, J66.0-J66.8, J67.0-J67.9, J69.0-J69.8, J70.5-J70.9, M96.A1-M96.A9, R05.1-R05.9, R06.00-R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, S06.81AA-S06.81AS, S06.82AA-S06.82AS, S06.89AA-S06.89AS, S06.8A0A-S06.8A0S, S06.8A1A-S06.8A1S, S06.8A2A-S06.8A2S, S06.8A3A-S06.8A3S, S06.8A4A-S06.8A4S, S06.8A5A-S06.8A5S, S06.8A6A-S06.8A6S, S06.8A7A, S06.8A8A, S06.8A9A-S06.8A9S, S06.8AAA-S06.8AAS, S06.9XAA-S06.9XAS, T40.411A-T40.411S, T40.412A-T40.412S, T40.413A-T40.413S, T40.414A-T40.414S, T40.415A-T40.415S, T40.421A-T40.421S, T40.422A-T40.422S, T40.423A-T40.423S, T40.424A-T40.424S, T40.425A-T40.425S, T40.491A-T40.491S, T40.492A-T40.492S, T40.493A-T40.493S, T40.494A-T40.494S, T40.495A-T40.495S, T43.651A-T43.651S, T43.652A-T43.652S, T43.653A-T43.653S, T43.654A-T43.654S, T43.655A-T43.655S, T71.111A-T71.111S, T71.112A-T71.112S, T71.114A-T71.114S, T71.121A-T71.121S, T71.122A-T71.122S, T71.124A-T71.124S, T71.131A-T71.131S, T71.132A-T71.132S, T71.134A-T71.134S, T71.141A, T71.141D, T71.144A, T71.144D, T71.151A, T71.151D, T71.152A, T71.152D, T71.154A, T71.154D, T71.161A, T71.161D, T71.162A, T71.162D, T71.164A, T71.164D, T71.191A, T71.191D, T71.192A, T71.192D, T71.194A, T71.194D, T71.20XA, T71.20XD, T71.21XA, T71.21XD, T71.221A, T71.221D, T71.222A, T71.222D, T71.224A, T71.224D, T71.231A, T71.231D, T71.232A, T71.232D, T71.234A, T71.234D, T71.29XA, T71.29XD, T71.9XXD, T73.2XXA-T73.2XXS, T73.3XXA-T73.3XXS, T78.070A-T78.070S, T78.071A-T78.071S, T78.079A-T78.079S, T78.080A-T78.080S, T78.081A-T78.081S, T78.089A-T78.089S, T78.110A-T78.110S, T78.111A-T78.111S, T78.119A-T78.119S, T78.120A-T78.120S, T78.121A-T78.121S, T78.129A-T78.129S, T78.19XA-T78.19XS, T79.1XXD, T79.1XXS, U07.1, Z57.2-Z57.6, Z57.39, Z71.82, Z91.0110-Z91.0112, Z91.0120-Z91.0122

94762

Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

Clinical Responsibility

The provider places a sensor, such as one in the form of a clip, on the patient's earlobe or fingertip. The sensor uses a light shining through the body part to measure the oxygen saturation, detecting the differences in the ways blood cells with and without oxygen reflect light. Oxygen saturation, sometimes called O2 sat, is the percentage of hemoglobin carrying oxygen molecules. Hemoglobin is the protein in the red blood cell that carries oxygen to the tissue and returns carbon dioxide to the lungs. The sensor transmits the data to a computer unit that displays the result. Use this code when the provider monitors the oxygen saturation continuously overnight.

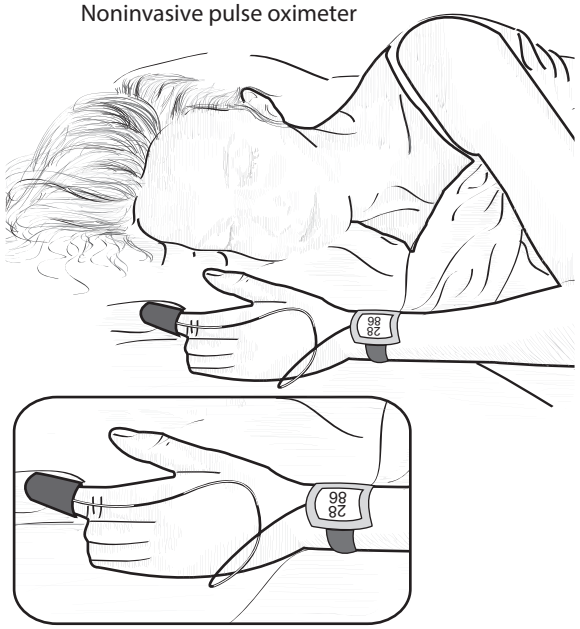
Coding Tips

The code definition indicates this service is a separate procedure. That means you should not report the code when the provider performs the service as an integral component of a larger procedure.

Before choosing your final noninvasive ear or pulse oximetry code, review 94760 to 94762 to be sure you've chosen the appropriate code for your case.

Illustration

Noninvasive pulse oximeter



94762

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $24.17, Non Facility Fee: $24.17; Non-QP Conversion Factor $33.4009, Facility Fee: $24.05, Non Facility Fee: $24.05
RVU (Facility): Work 0, PE 0.71, Mal 0.01, Total 0.72
RVU (Non-Facility): Work 0, PE 0.71, Mal 0.01, Total 0.72
MPFS Payment Policy Indicators: Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 32.0)

0733T[0], 36591[0], 36592[0], 82805[1], 96523[0], 98975[0], 98976[0], 98977[0], 99202[1], 99203[1], 99204[1], 99205[1], 99211[1], 99212[1], 99213[1], 99214[1], 99215[1], 99281[1], 99282[1], 99283[1], 99284[1], 99285[1], 99304[1], 99305[1], 99306[1], 99307[1], 99308[1], 99309[1], 99310[1], 99315[1], 99316[1], 99341[1], 99342[1], 99344[1], 99345[1], 99347[1], 99348[1], 99349[1], 99350[1], 99453[0], 99454[0], 99473[0], 99483[1], 99497[1], G0248[0], G0463[1]

ICD-10-CM Cross References

A15.0-A15.6, A15.8, A31.0, A41.3, A42.0, B38.0-B38.3, B40.0-B40.3, B40.7, B40.81, B40.89, B40.9, B41.0-B41.9, B42.0, B42.1, B42.7, B42.81-B42.89, B42.9, B43.0-B43.9, B44.0-B44.2, B44.7, B44.81, B44.89, B44.9, B45.0-B45.9, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, D14.30-D14.32, D14.4, D38.1-D38.6, D38.6, G47.30, I26.01-I26.09, I26.90-I26.99, I27.0, I27.1, I27.20-I27.29, I27.81-I27.83, I27.89, I27.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, J17, J18.9, J20.9, J21.0, J21.8, J40, J41.0-J41.8, J42, J43.0-J43.9, J47.0-J47.9, J60, J61, J62.0, J62.8, J63.0-J63.6, J64, J65, J66.0-J66.8, J67.0-J67.9, J69.0-J69.8, J70.5-J70.9, R05.1-R05.9, R06.00-R06.09, R06.1-R06.7, R06.81-R06.89, R06.9, T71.141A, T71.141D, T71.144A, T71.144D, T71.151A, T71.151D, T71.152A, T71.152D, T71.154A, T71.154D, T71.161A, T71.161D, T71.162A, T71.162D, T71.164A, T71.164D, T71.191A, T71.191D, T71.192A, T71.192D, T71.194A, T71.194D, T71.20XA, T71.20XD, T71.21XA, T71.21XD, T71.221A, T71.221D, T71.222A, T71.222D, T71.224A, T71.224D, T71.231A, T71.231D, T71.232A, T71.232D, T71.234A, T71.234D, T71.29XA, T71.29XD, T71.9XXD, T73.2XXA-T73.2XXS, T73.3XXA-T73.3XXS, T78.070A-T78.070S, T78.071A-T78.071S, T78.079A-T78.079S, T78.080A-T78.080S, T78.081A-T78.081S, T78.089A-T78.089S, T78.110A-T78.110S, T78.111A-T78.111S, T78.119A-T78.119S, T78.120A-T78.120S, T78.121A-T78.121S, T78.129A-T78.129S, T78.19XA-T78.19XS, T79.1XXD, T79.1XXS, Z57.2-Z57.6, Z57.39, Z91.0110-Z91.0112, Z91.0120-Z91.0122

94772

Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant

Clinical Responsibility

The testing provider sets up the pneumogram equipment and attaches sensors to the infant. The sensors detect information such as the patient's heart rate, oxygen level, effort required to breathe, and flow of air into the lungs as the patient sleeps. The recording may last between 12 and 24 hours. A circadian rhythm is essentially a 24 hour cycle in a body process. The interpreting provider reviews the data and interprets it, identifying any abnormal breathing patterns, such as a pause in breathing called apnea, and a related slow heart rhythm. He records the interpretation in the medical record. Providers may order this test particularly for preterm infants in the process of weaning from home apnea monitors.

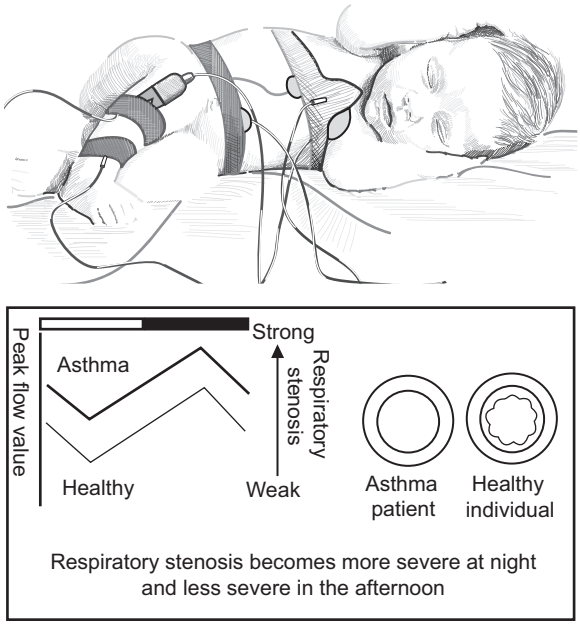
Coding Tips

If you are reporting only the professional component for the service, you should append professional component modifier 26 to the code.

If you are reporting only the technical component for the service, you should append technical component modifier TC to the code unless the hospital provided the technical component. In that case, do not append modifier TC because the hospital's portion is inherently technical.

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

Illustration



94772

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $0.00, Non Facility Fee: $0.00; 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: C, PC/TC Indicator: 1, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

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

NCCI Alerts (version 32.0)

00520^{0}, 36591^{0}, 36592^{0}, 96523^{0}, 99202^{1}, 99203^{1}, 99204^{1}, 99205^{1}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99281^{1}, 99282^{1}, 99283^{1}, 99284^{1}, 99285^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99341^{1}, 99342^{1}, 99344^{1}, 99345^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99483^{1}, 99497^{1}, $G0463^{1}$

ICD-10-CM Cross References

J95.87, P19.0-P19.2, P22.0-P22.9, P23.0-P23.9, P25.0-P25.8, P27.0, P27.1, P27.8, P28.0-P28.2, P28.10, P28.19, P28.30-P28.39, P28.40-P28.49, P28.5, P28.81, P28.89, P28.9, P29.12, P84, P91.60-P91.63, R06.03, R06.81, U07.0, U07.1

94774

Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional

Clinical Responsibility

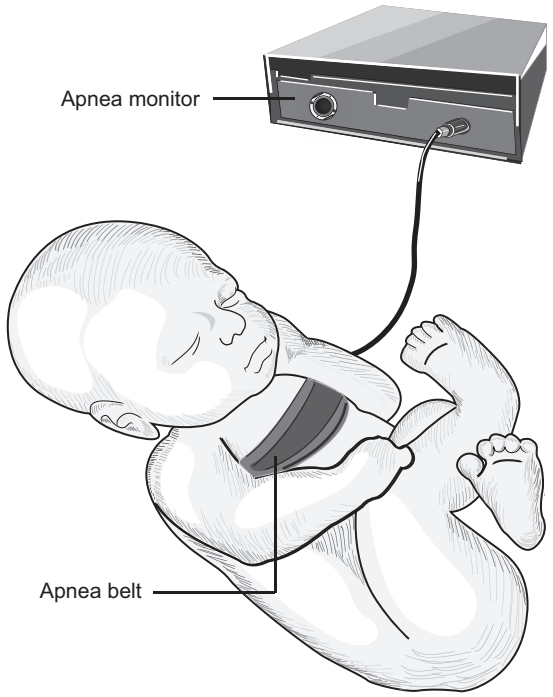
This code represents the technical and professional components of a service in which a provider uses a monitor to detect signs of apnea in a pediatric patient. A provider performs the technical services of attaching the home apnea monitor to the pediatric patient to record information such as the patient's breathing rates and patterns as well as heart rate. The technical provider also downloads the data that the monitor records for up to 30 days. A provider then performs the professional services of reviewing the patient's recorded data and interpreting the data, looking in particular for signs of apnea in which the patient stops breathing for a short time and the heart rate often slows. The interpreting provider then prepares a report for the medical record.

Coding Tips

Code 94774 represents the technical and professional components of the service, so you should not append modifier 26, Professional component, or TC, Technical component. To report the technical component only, the rendering provider should consider 94775 and 94776. To report the professional component only, the rendering provider should report 94777.

Report this code only once in a 30-day time period.

Illustration



94774

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $0.00, Non Facility Fee: $0.00; 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 YYY, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: C, PC/TC Indicator: 4, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AR, AS, ET, GA, GC, GQ, GR, GT, GY, GZ, KX, PD, Q5, Q6, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0733T^{0}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 36591^{0}, 36592^{0}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 94772^{1}, 94775^{1}, 94776^{1}, 94777^{1}, 95805^{1}, 96523^{0}, 98975^{0}, 98976^{0}, 98977^{0}, 99202^{1}, 99203^{1}, 99204^{1}, 99205^{1}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99281^{1}, 99282^{1}, 99283^{1}, 99284^{1}, 99285^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99341^{1}, 99342^{1}, 99344^{1}, 99345^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99453^{0}, 99454^{0}, 99473^{0}, 99483^{1}, 99497^{1}, G0248^{0}, G0463^{1}

ICD-10-CM Cross References

I27.22, P19.0-P19.9, P22.0-P22.9, P23.0-P23.9, P25.0-P25.8, P27.0, P27.1, P27.8, P28.0-P28.2, P28.10, P28.19, P28.30-P28.39, P28.40-P28.49, P28.5, P28.81, P28.89, P28.9, P29.12, P84, P91.60-P91.63, R06.03, R06.81

94775

Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)

Clinical Responsibility

This code represents the technical component of a service in which a provider uses a monitor to detect signs of apnea in a pediatric patient. For this code, a provider performs the technical services of attaching the home apnea monitor to the pediatric patient to record information such as the patient's breathing rates and patterns as well as heart rate. The provider initiates the recording. At the end of the recording period, the provider disconnects the device to remove it from the patient.

Report this code once for each 30-day time period. This code represents the technical component of the service only.

Coding Tips

Code 94775 represents the technical component of the service only, so you should not append modifier 26, Professional component, or TC, Technical component. To report the additional technical work of monitoring and downloading the data for computer analysis, the rendering provider should report 94776. To report the professional component only, the rendering provider should report 94777.

Report this code only once in a 30-day time period.

Fee Schedule Information

Medicare Fees (National): QP Conversion Factor $: 33.5675, Facility Fee: $0.00, Non Facility Fee: $0.00; 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 YYY, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: C, PC/TC Indicator: 3, Endoscopic Base Code: None
Practitioner MUE: 1

Modifier Allowances

52, 53, 58, 59, 76, 77, 78, 79, 80, 81, 82, 99, AR, AS, ET, GA, GC, GR, GY, GZ, KX, PD, Q5, Q6, QD, XE, XP, XS, XU

NCCI Alerts (version 32.0)

0733T^{0}, 0903T^{1}, 0904T^{1}, 0905T^{1}, 36591^{0}, 36592^{0}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}, 93042^{1}, 94772^{1}, 95805^{1}, 96523^{0}, 98975^{0}, 98976^{0}, 98977^{0}, 99202^{1}, 99203^{1}, 99204^{1}, 99205^{1}, 99211^{1}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99281^{1}, 99282^{1}, 99283^{1}, 99284^{1}, 99285^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}, 99316^{1}, 99341^{1}, 99342^{1}, 99344^{1}, 99345^{1}, 99347^{1}, 99348^{1}, 99349^{1}, 99350^{1}, 99453^{0}, 99454^{0}, 99473^{0}, 99483^{1}, 99497^{1}, G0248^{0}, G0463^{1}

ICD-10-CM Cross References

I27.22, P19.0-P19.9, P22.0-P22.9, P23.0-P23.9, P25.0-P25.8, P27.0, P27.1, P27.8, P28.0-P28.2, P28.10, P28.19, P28.30-P28.39, P28.40-P28.49, P28.5, P28.81, P28.89, P28.9, P29.12, P84, P91.60-P91.63, R06.03, R06.81

94776

Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only

Clinical Responsibility

The pediatric patient wears apnea equipment that monitors her heart rate and respiration during unattended periods and sleep. The provider reviews apnea equipment results via a computer. This service includes reviewing the results of a pediatric home apnea monitoring parameters, including respiratory rate, pattern, and heart rate. The service covers a 30-day period. It includes monitoring, downloading information, receiving transmissions and computer analyses.

Coding Tips

If the services provided include monitor attachment, monitoring, download of data, review, interpretation, and report, see 94774.

For pediatric apnea monitor attachment only (includes hook-up, initiation of recording and disconnection), see 94775.

Temporary National Codes (Non-Medicare)

S0311

Comprehensive management and care coordination for advanced illness, per calendar month

Clinical Responsibility

A provider, a physician or other qualified healthcare professional, provides coordination of all the components of the care and management (including management of the patient's illness, activities of daily living, and psychosocial needs) of a patient with a single advanced illness and updating of the plan of care to address any changes in the patient's condition or situation. This code is for all the services related to this coordination for a calendar month for a patient with an illness that puts the patient at risk for sudden increase in symptoms or decline of functional status and expected to last at least a year or until the patient's death. Such patients may be home-bound or residents of an assisted living facility or nursing home. The provider(s) communicate with all those involved in the patient's care, including home health and other community services; document the patient's health data; educate the patient, family and caregivers; assess and modify the patient's treatment and medication as needed; and identify resources for the patient and family to facilitate the patient's care and other needs.

BETOS

Z2: Undefined codes

S9441

Asthma education, non-physician provider, per session

Clinical Responsibility

In general, asthma education programs typically cover early warning signs, common triggers, medication use, and handling emergencies. Often practitioners develop a training curriculum for non-physician healthcare professionals to present, modifying it as necessary based on the patient's clinical needs and medical literacy. The physician's practice makeup determines the standardized curriculum.

Asthma causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.

BETOS

Z2: Undefined codes

S9445

Patient education, not otherwise classified, non-physician provider, individual, per session

Clinical Responsibility

The approach of self-management support programs depends on the patient's condition. Interaction between patients and non-physician provider educators includes a strong element of coaching, with the goal of educating and empowering the patient and increasing his or her ability to manage a condition. Nonphysician providers usually present training using a standardized curriculum to an individual patient for the treatment of an established illness or disease or to delay comorbidity, the existence of one or more additional diseases. The provider modifies this curriculum as appropriate for the patient's health condition. This education and training service enables patients and or their caregivers or families to effectively manage the disease.

This code represents each interaction in which a non-physician provider spends any amount of time educating an individual in an otherwise nonclassified type of patient education.

BETOS

Z2: Undefined codes

S9446

Patient education, not otherwise classified, non-physician provider, group, per session

Clinical Responsibility

The approach of self-management support programs depends on the patient's condition. Interaction between patients and non-physician provider educators includes a strong element of coaching, with the goal of educating and empowering the patient and increasing his or her ability to manage a condition. Nonphysician providers usually present training using a standardized curriculum to an individual patient for the treatment of an established illness or disease or to delay comorbidity, the existence of one or more additional diseases. The provider modifies this curriculum as appropriate for the patient's health condition. This education and training service enables patients and or their caregivers or families to effectively manage the disease.

This code represents each interaction in which a non-physician provider spends any amount of time educating a group of patients in an otherwise nonclassified type of patient education.

BETOS

Z2: Undefined codes

S9473

Pulmonary rehabilitation program, non-physician provider, per diem

Clinical Responsibility

Pulmonary, or lung, rehabilitation helps improve lung health among people who have chronic or ongoing breathing problems. Used with medication therapy, pulmonary rehabilitation includes exercise training, nutritional counseling, and breathing strategies. Patients also receive education on their lung disease or condition, along with advice on managing it. Psychological counseling and group support provide additional assistance. Lung rehabilitation programs may also include aerobic and muscle strengthening exercise. The pulmonary rehabilitation team of caregivers includes doctors, nurses, respiratory therapists, physical and occupational therapists, dietitians or nutritionists, and psychologists or social workers.

Coding Tips

S codes represent drugs, services, and supplies that do not have a permanent national code. However, private sector and Medicaid payers require these codes to implement policies, programs, or claims processing and meet their particular needs. These codes are not payable by Medicare.

BETOS

Z2: Undefined codes

ICD-10-CM Cross Reference Details

A01.01 Typhoid meningitis
A01.03 Typhoid pneumonia
A01.09 Typhoid fever with other complications
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A06.5 Amebic lung abscess
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
A18.59 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
A20.2 Pneumonic plague
A20.3 Plague meningitis
A20.7 Septicemic plague
A21.2 Pulmonary tularemia
A22.1 Pulmonary anthrax
A27.81 Aseptic meningitis in leptospirosis
A31.0 Pulmonary mycobacterial infection
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A33 Tetanus neonatorum
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
A39.50 Meningococcal carditis, unspecified
A39.51 Meningococcal endocarditis
A39.52 Meningococcal myocarditis
A40.0 Sepsis due to streptococcus, group A
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.3 Sepsis due to Hemophilus influenzae
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.54 Sepsis due to Acinetobacter baumannii
A42.0 Pulmonary actinomycosis
A42.81 Actinomycotic meningitis
A42.82 Actinomycotic encephalitis
A42.89 Other forms of actinomycosis
A43.0 Pulmonary nocardiosis
A43.8 Other forms of nocardiosis
A48.1 Legionnaires' disease
A49.2 Hemophilus influenzae infection, unspecified site
A50.04 Early congenital syphilitic pneumonia
A50.41 Late congenital syphilitic meningitis
A51.41 Secondary syphilitic meningitis
A52.01 Syphilitic aneurysm of aorta
A52.02 Syphilitic aortitis
A52.03 Syphilitic endocarditis
A52.06 Other syphilitic heart involvement
A52.13 Late syphilitic meningitis
A52.72 Syphilis of lung and bronchus
A52.73 Symptomatic late syphilis of other respiratory organs
A54.81 Gonococcal meningitis
A54.83 Gonococcal heart infection
A54.84 Gonococcal pneumonia
A69.21 Meningitis due to Lyme disease
A75.3 Typhus fever due to Rickettsia tsutsugamushi
A78 Q fever
A79.82 Anaplasmosis [A. phagocytophilum]
A80.0 Acute paralytic poliomyelitis, vaccine-associated
A80.1 Acute paralytic poliomyelitis, wild virus, imported
A80.2 Acute paralytic poliomyelitis, wild virus, indigenous
A80.30 Acute paralytic poliomyelitis, unspecified
A80.39 Other acute paralytic poliomyelitis
A80.4 Acute nonparalytic poliomyelitis
A80.9 Acute poliomyelitis, unspecified

A81.00 Creutzfeldt-Jakob disease, unspecified
A81.01 Variant Creutzfeldt-Jakob disease
A81.09 Other Creutzfeldt-Jakob disease
A81.1 Subacute sclerosing panencephalitis
A81.2 Progressive multifocal leukoencephalopathy
A81.81 Kuru
A81.82 Gerstmann-Straussler-Scheinker syndrome
A81.83 Fatal familial insomnia
A81.89 Other atypical virus infections of central nervous system
A81.9 Atypical virus infection of central nervous system, unspecified
A87.0 Enteroviral meningitis
A87.1 Adenoviral meningitis
A87.2 Lymphocytic choriomeningitis
A87.8 Other viral meningitis
A87.9 Viral meningitis, unspecified
A92.39 West Nile virus infection with other complications
B00.3 Herpesviral meningitis
B00.82 Herpes simplex myelitis
B01.0 Varicella meningitis
B01.11 Varicella encephalitis and encephalomyelitis
B01.12 Varicella myelitis
B01.2 Varicella pneumonia
B01.81 Varicella keratitis
B01.89 Other varicella complications
B01.9 Varicella without complication
B02.1 Zoster meningitis
B02.8 Zoster with other complications
B02.9 Zoster without complications
B05.0 Measles complicated by encephalitis
B05.1 Measles complicated by meningitis
B05.2 Measles complicated by pneumonia
B05.3 Measles complicated by otitis media
B05.4 Measles with intestinal complications
B05.81 Measles keratitis and keratoconjunctivitis
B05.89 Other measles complications
B05.9 Measles without complication
B06.00 Rubella with neurological complication, unspecified
B06.01 Rubella encephalitis
B06.02 Rubella meningitis
B06.09 Other neurological complications of rubella
B06.81 Rubella pneumonia
B06.82 Rubella arthritis
B06.89 Other rubella complications
B06.9 Rubella without complication
B08.21 Exanthema subitum [sixth disease] due to human herpesvirus 6
B08.22 Exanthema subitum [sixth disease] due to human herpesvirus 7
B10.01 Human herpesvirus 6 encephalitis
B10.09 Other human herpesvirus encephalitis
B10.81 Human herpesvirus 6 infection
B10.82 Human herpesvirus 7 infection
B10.89 Other human herpesvirus infection
B16.0 Acute hepatitis B with delta-agent with hepatic coma
B16.1 Acute hepatitis B with delta-agent without hepatic coma
B16.2 Acute hepatitis B without delta-agent with hepatic coma
B16.9 Acute hepatitis B without delta-agent and without hepatic coma
B17.0 Acute delta-(super) infection of hepatitis B carrier
B18.0 Chronic viral hepatitis B with delta-agent
B18.1 Chronic viral hepatitis B without delta-agent
B19.10 Unspecified viral hepatitis B without hepatic coma
B19.11 Unspecified viral hepatitis B with hepatic coma
B20 Human immunodeficiency virus [HIV] disease
B25.0 Cytomegaloviral pneumonitis
B26.1 Mumps meningitis
B26.89 Other mumps complications
B26.9 Mumps without complication
B27.00 Gammaherpesviral mononucleosis without complication
B27.02 Gammaherpesviral mononucleosis with meningitis
B27.09 Gammaherpesviral mononucleosis with other complications
B27.10 Cytomegaloviral mononucleosis without complications
B27.12 Cytomegaloviral mononucleosis with meningitis
B27.19 Cytomegaloviral mononucleosis with other complication
B27.80 Other infectious mononucleosis without complication
B27.82 Other infectious mononucleosis with meningitis
B27.89 Other infectious mononucleosis with other complication
B27.90 Infectious mononucleosis, unspecified without complication
B27.92 Infectious mononucleosis, unspecified with meningitis
B27.99 Infectious mononucleosis, unspecified with other complication
B33.20 Viral carditis, unspecified
B33.21 Viral endocarditis
B33.22 Viral myocarditis
B33.4 Hantavirus (cardio)-pulmonary syndrome [HPS] [HCPS]
B34.0 Adenovirus infection, unspecified
B34.1 Enterovirus infection, unspecified
B34.2 Coronavirus infection, unspecified
B37.1 Pulmonary candidiasis
B37.5 Candidal meningitis
B37.6 Candidal endocarditis
B38.0 Acute pulmonary coccidioidomycosis
B38.1 Chronic pulmonary coccidioidomycosis
B38.2 Pulmonary coccidioidomycosis, unspecified
B38.3 Cutaneous coccidioidomycosis
B38.4 Coccidioidomycosis meningitis
B39.0 Acute pulmonary histoplasmosis capsulati
B39.1 Chronic pulmonary histoplasmosis capsulati
B39.2 Pulmonary histoplasmosis capsulati, unspecified
B39.4 Histoplasmosis capsulati, unspecified
B39.5 Histoplasmosis duboisii
B40.0 Acute pulmonary blastomycosis
B40.1 Chronic pulmonary blastomycosis
B40.2 Pulmonary blastomycosis, unspecified
B40.3 Cutaneous blastomycosis
B40.7 Disseminated blastomycosis
B40.81 Blastomycotic meningoencephalitis
B40.89 Other forms of blastomycosis
B40.9 Blastomycosis, unspecified
B41.0 Pulmonary paracoccidioidomycosis
B41.7 Disseminated paracoccidioidomycosis
B41.8 Other forms of paracoccidioidomycosis
B41.9 Paracoccidioidomycosis, unspecified
B42.0 Pulmonary sporotrichosis
B42.1 Lymphocutaneous sporotrichosis
B42.7 Disseminated sporotrichosis
B42.81 Cerebral sporotrichosis
B42.82 Sporotrichosis arthritis
B42.89 Other forms of sporotrichosis
B42.9 Sporotrichosis, unspecified
B43.0 Cutaneous chromomycosis
B43.1 Pheomycotic brain abscess
B43.2 Subcutaneous pheomycotic abscess and cyst
B43.8 Other forms of chromomycosis
B43.9 Chromomycosis, unspecified
B44.0 Invasive pulmonary aspergillosis
B44.1 Other pulmonary aspergillosis
B44.2 Tonsillar aspergillosis
B44.7 Disseminated aspergillosis
B44.81 Allergic bronchopulmonary aspergillosis
B44.89 Other forms of aspergillosis
B44.9 Aspergillosis, unspecified
B45.0 Pulmonary cryptococcosis
B45.1 Cerebral cryptococcosis
B45.2 Cutaneous cryptococcosis
B45.3 Osseous cryptococcosis
B45.7 Disseminated cryptococcosis
B45.8 Other forms of cryptococcosis
B45.9 Cryptococcosis, unspecified
B46.0 Pulmonary mucormycosis
B50.0 Plasmodium falciparum malaria with cerebral complications
B51.8 Plasmodium vivax malaria with other complications
B51.9 Plasmodium vivax malaria without complication
B52.8 Plasmodium malariae malaria with other complications

Modifier Descriptors

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

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
23 valent	A vaccine that contains 23 of the most common types of pneumococcal bacteria to help prevent infection.
Ablation	Surgical destruction of abnormal tissue or organ growth.
Abscess	A localized collection of pus that collects in a cavity, usually in response to infection.
Accessory nasal sinuses	Paranasal sinuses present as a hollow cavity within the skull but open into the nasal cavity; these are lined with a mucosal membrane.
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 care	A level of service where a patient is actively treated for a brief but severe episode of illness, or injury.
Acute respiratory distress	Sudden onset of difficulty breathing or periods of apnea, or failure to breathe.
Adhesions	Band of fibrous tissue that binds two organs or tissues together.
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.
Airway resistance	Resistance, or opposition, to flow caused by friction forces in the airways of the respiratory tract.
Albuterol	An inhaled bronchodilator.
Algorithm	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
Allograft	A tissue graft from a donor.
Alveoli	Air sacs that are a continuation of bronchioles and are responsible for exchange of gases.
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.
Anastomosis	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
Aneurysm	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
Anterior	Closer to the front part of the body or a structure.
Anterior nasal bone	Two small bones that form a bridge of bones in the front.
Anterolateral	Situated in front and to one side.
Anterolateral thoracotomy	Surgical incision through the anterior, or front, chest wall to the side.
Anteroposterior view	The X-ray projection travels from front to back, abbreviated as AP.
Antibody	A protein produced by the immune system in response to an antigen; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Anticoagulant	A drug that prevents clot formation within the blood vessels and dissolves any blood clot formed previously.
Antigen	A substance that can stimulate the immune system to produce antibodies; lab tests may utilize reactions between antibodies and antigens to identify a substance in a patient specimen.
Antrochoanal polyp	A solitary polyp that arises in the maxillary sinus and enlarges the sinus ostium, which is the natural opening into the sinus.
Antrostomy	A surgical break into the antrum, that refers to a cavity.
Antrum	A natural cavity that may have a specific meaning in reference to organs or sites.
Aorta	Largest artery originating from heart, which supplies oxygenated blood to the body.
Apical tumor	Cancerous growth at the apex of a pyramid or rounded structure or organ, such as the heart or lung.
Arterial access	Situated or occurring within an artery.
Aryepiglottic fold	The entrance of the larynx, or the voice box, which is narrow in the front and wide behind.
Arytenoid	Cartilage present at the back of the voice box, responsible for production of specific voice sounds.
Arytenoidectomy	Surgical procedure in which the provider excises the arytenoids cartilage; it is generally performed to improve air flow through the airway.
Arytenoidopexy	Fixation or suspension of the arytenoid cartilage.

Terminology	Explanation
Arytenoids	A pair of small cartilage structures present at the back of the vocal cords to which the vocal cords are attached; responsible for the production of sound.
Aspirate	Draw fluid out by suction.
Aspiration	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
Asthma	A disease that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.
Atretic plate	A plate at the end of the nasal septum that is continuous with the choanal opening, an opening between the nasal cavity and the nasopharynx.
Atrial fibrillation	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
Attenuated vaccine	Vaccine made from live micro organisms that are cultured under advanced conditions retaining their ability of immunity.
Autograft	Placement of a tissue or an organ to a new position in the same individual; also called auto transplant.
Autologous	Surgical placement of any tissue from one part of the body to another location in the same patient, also applies to reinfusion of blood or its components to the same patient from which the blood was removed.
Bacteria	Single celled microorganisms visible only with a microscope, some of which cause infection.
Benign neoplasm	An abnormal mass of cells that lacks the ability to penetrate the neighboring tissues.
Bilateral	On two sides; opposite of unilateral.
Bilateral sequential	Occurring on one side and then subsequently on the other side.
Bilobectomy	Surgical removal of two lobes, as of the lung.
Biopsy	A procedure in which the provider excises a sample of the patient's diseased tissues; the sample is sent to a laboratory for detection of any disease condition.
Bipolar cautery	The provider passes high frequency electrical current from active to passive electrodes in tissues to control bleeding.
Bronchi	Main passageway of air into lungs.
Bronchial stent	Tube-shaped structure placed in the main airways to the lungs to treat a variety of airway diseases.
Bronchial thermoplasty	A technique to ablate airway muscles using radiofrequency to reduce the amount of smooth muscles in the airway; may help reduce a patient's asthma attacks.
Bronchial valve	A synthetic device placed inside the lungs to control airflow; used to treat air leakages due to lung disease such as emphysema, atelectasis, etc.
Bronchioles	Smaller subdivisions of bronchi that supply air to and from the lungs.
Bronchitis	Inflammation of the main passages of the lungs.
Broncho-cutaneous	The joining of the bronchus, pleural space, and subcutaneous tissue.
Bronchodilator	A drug that relaxes and widens the air passages of the lungs to increase airflow to the lungs.
Broncho-pleural	The joining of a bronchial tube and the pleura.
Bronchopleural fistula (BPF)	A condition involving an abnormal passageway between a bronchus and the pleural cavity (space between the membranes surrounding the lungs); major causes of this condition are surgery on the lung and bronchus, chemotherapy or radiotherapy for cancers, and tuberculosis.
Bronchoscopy	A technique to visualize the inside of the airways, using a viewing instrument called a bronchoscope, for diagnostic and therapeutic purposes.
Bronchus	An anatomic pathway that conveys air to and from the lungs.
Brush Biopsy	A provider uses a small brush to remove cells from airways; a trained provider looks at these cells under a microscope for any disease.
Bullae	A bubble-like pocket of fluid or air.
Bullous emphysema	Pathological accumulation of air or fluid in lung's air sacs.
Burr	A surgical instrument used to drill through the bone.
Caldwell-Luc incision	Incision in the front wall of the maxillary sinus through the upper gums.
Canine fossa	A large and deep depression on the external surface of the maxilla, which is the upper jaw.
Cannula	A thin tube set in the body, typically either to insert an implant or to drain fluid.

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
Pulmonology
9 798892 583367
Print ISBN: 979-8-892583-367