AAPC

Coders' Specialty Guide

Pathology/Laboratory

Your essential illustrated coding guide for pathology/laboratory, including CPT®, HCPCS, tips, CPT® to ICD-10 CrossRef, CCI edits, and RVU information.

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See back for details

2021

Contents

80187

Posaconazole

Advice

CPT® 2020 adds 80187 to describe a therapeutic drug assay for a quantitative measure of the drug, posaconazole, in a specimen such as serum. Prior to the addition of this code, labs may have reported the test with 80299. Clinicians order this or other tests in the Therapeutic Drug Assay CPT® section (80145-80299) to monitor clinical response to a prescribed medication, testing the named, parent drug, and any measured metabolites, if performed.

Effective date of this code: January 1, 2020

Clinical Responsibility

The lab analyst performs all technical steps to measure the level of posaconazole present in the specimen. The most common specimen is serum. The collecting provider may obtain the specimen from the patient as a separate procedure. A common detection method is liquid chromatography-tandem mass spectrometry (LC-MS/MS). The test involves preparing the specimen for an automated analytical instrument. The instrument will first pass the sample through a high-pressure liquid chromatograph to separate components, and then ionize the components and transfer them to mass spectrometers to provide structural identity and quantification of individual components based on mass to charge ratio. The instrument provides a quantitative result for posaconazole.

Although not limited to testing for a specific condition, clinicians may commonly order this test for patients taking posaconazole as Aspergillus and Candida prophylaxis in immunocompromised patients, or to treat oropharyngeal candidiasis. Clinicians use the test results to ensure patient compliance and appropriate therapeutic levels of posaconazole.

Coding Tips

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

Trade names for posaconazole are Noxafil® and Posanol®.

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, 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: 0
Modifier Allowances 51, 59, 90, 91, 99, AF, CC, CG, CR, CS, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, SC, XE, XP, XS, XU

CCI Alerts (version 25.3)

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

ICD-10 CrossRef

T60.3X1A-T60.3X1S, T60.3X2A-T60.3X2S, T60.3X3A-T60.3X3S, T60.3X4A-T60.3X4S

80188

Primidone

Clinical Responsibility

The lab analyst performs all technical steps to measure the level of primidone present in the specimen. The most common specimen is serum. The collecting provider may obtain the specimen from the patient as a separate procedure. The most common method of detection is by an immunoassay method such as enzyme linked immunosorbent assay (ELISA). The test may include various steps such as reacting the specimen with test antibodies, incubating the mixture, adding an agent to detect the antigen antibody complex, such as a stain or fluorescent or other marker, and quantifying the result.

Primidone is an anticonvulsant medication clinicians use to treat patients with epilepsy or other seizure disorders.

Although not limited to testing for a specific condition, a clinician may order this test to monitor the primidone level in patients with epilepsy to ensure the clinician is prescribing the correct dose.

Coding Tips

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

Fee Schedule

2019 PAYMENT WITH CAP: 18.44 **WEIGHTED MEDIAN:** 15.81
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

96523^{0}

ICD-10 CrossRef

G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.821-G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, R56.00, R56.01, R56.1

80190

Procainamide

Clinical Responsibility

The lab analyst performs all technical steps to measure the level of procainamide present in the specimen. The most common specimen is serum. The collecting provider may obtain the specimen from the patient as a separate procedure. A common method of detection is by an immunoassay method such as enzyme linked immunosorbent assay, called ELISA. The test may include various steps such as reacting the specimen with test antibodies, incubating the mixture, adding an agent to detect the antigen antibody complex, such as a stain or fluorescent or other marker, and quantifying the result.

Procainamide is a medication clinicians use to treat patients with heart arrhythmias, both atrial arrhythmias and ventricular arrhythmias. Clinicians must monitor levels carefully; levels above the therapeutic range can cause problems with the immune system or even cause a different type of arrhythmia.

Although not limited to testing for a specific condition, clinicians may order this test on a patient taking procainamide for arrhythmia to ensure the clinician is prescribing the patient the correct dose.

Coding Tips

Use 80192 if the clinician orders procainamide with metabolites.

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

Fee Schedule

2019 PAYMENT WITH CAP: 60.00 **WEIGHTED MEDIAN:** 60.00
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

96523[0]

ICD-10 CrossRef

I20.1-I20.9, I25.111-I25.119, I25.701-I25.709, I25.711-I25.719, I25.721-I25.729, I25.731-I25.739, I25.751-I25.759, I25.761-I25.769, I25.791-I25.799, I46.2-I46.9, I47.0-I47.9, I48.0-I48.4, I48.91, I48.92, I49.01, I49.02, I49.1-I49.3, I49.40, I49.49, I49.5, I49.8

80192

Procainamide; with metabolites (eg, n-acetyl procainamide)

Clinical Responsibility

The lab analyst performs all technical steps to measure the level of procainamide with metabolites present in the specimen. The most common specimen is serum. The collecting provider may obtain the specimen from the patient as a separate procedure. A common method of detection is by an immunoassay method such as enzyme linked immunosorbent assay, called ELISA. The test may include various steps such as reacting the specimen with test antibodies, incubating the mixture, adding an agent to detect the antigen antibody complex, such as a stain or fluorescent or other marker, and quantifying the result.

Procainamide is a medication clinicians use to treat patients with heart arrhythmias, both atrial arrhythmias and ventricular arrhythmias. Very quickly after administration, the liver begins to metabolize, or break down, this medication producing metabolites such as n acetyl procainamide, or NAPA. This metabolite still produces an antiarrhythmic effect and can contribute to toxicity. Monitoring both the intact procainamide and the metabolites gives a more accurate measurement of the total procainamide level. Clinicians must carefully monitor the level; levels above the therapeutic range can cause problems with the immune system or even cause a different type of arrhythmia.

Although not limited to testing for a specific condition, clinicians may order this test on a patient taking procainamide for arrhythmia to ensure the clinician is prescribing the patient the correct dose.

Coding Tips

Use 80190 if the clinician orders procainamide alone, without metabolites.

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

Fee Schedule

2019 PAYMENT WITH CAP: 18.61 **WEIGHTED MEDIAN:** 14.92
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80190[1], 96523[0]

ICD-10 CrossRef

I20.1-I20.9, I25.111-I25.119, I25.701-I25.709, I25.711-I25.719, I25.721-I25.729, I25.731-I25.739, I25.751-I25.759, I25.761-I25.769, I25.791-I25.799, I46.2-I46.9, I47.0-I47.9, I48.0-I48.4, I48.91, I48.92, I49.01, I49.02, I49.1-I49.3, I49.40, I49.49, I49.5, I49.8

80194

Quinidine

Clinical Responsibility

The lab analyst performs all technical steps to measure the level of quinidine present in the specimen. The most common specimen is serum. The collecting provider may obtain the specimen from the patient as a separate procedure. A common method of detection is by an immunoassay method such as enzyme linked immunosorbent assay, called ELISA. The test may include various steps such as reacting the specimen with test antibodies, incubating the mixture, adding an agent to detect the antigen antibody complex, such as a stain or fluorescent or other marker, and quantifying the result.

Quinidine is a medication clinicians use to treat some heart arrhythmias.

Although not limited to testing for a specific condition, clinicians may order this test on a patient taking quinidine for a heart arrhythmia to ensure the clinician is prescribing the patient the correct dose.

Coding Tips

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

Fee Schedule

2019 PAYMENT WITH CAP: 16.22 **WEIGHTED MEDIAN:** 13.00
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

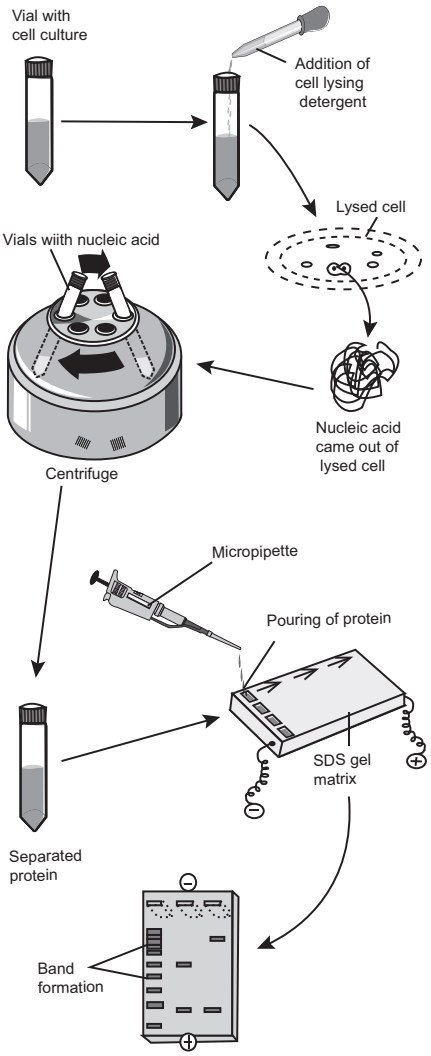
96523[0]

ICD-10 CrossRef

I20.1-I20.9, I25.111-I25.119, I25.701-I25.709, I25.711-I25.719, I25.721-I25.729, I25.731-I25.739, I25.751-I25.759, I25.761-I25.769, I25.791-I25.799, I47.0-I47.9, I48.0-I48.4, I48.91, I48.92, I49.01, I49.02,

the protein fractions on the blot. Do not report the two codes together for the same specimen; instead choose the most specific code.

Illustration



84181

Fee Schedule

2019 PAYMENT WITH CAP: 18.92 **WEIGHTED MEDIAN:** 16.62
Modifier Allowances 22, 26, 52, 59, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 96523[0]

ICD-10 CrossRef

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

84182

Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each

Clinical Responsibility

The lab analyst performs the technical lab test on a patient specimen such as blood or cerebrospinal fluid, called CSF, to separate different protein fractions and measure the level of each in the specimen. The lab analyst uses a method called Western blot, which includes an electrophoresis step followed by an immunoassay step. The lab analyst uses a specialized instrument that applies an electrical field across a gel containing the specimen, causing the specimen protein fractions to migrate apart. The lab analyst then transfers the protein fractions to a membrane and stains them with antibodies specific to a target protein antigen to identify and quantify the proteins.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose several infectious diseases that cause proliferation of a specific type of protein in the blood and possibly other body fluids. For instance, the lab may utilize Western blot to help detect proteins specific to HIV, which causes AIDS; Bovine spongiform encephalopathy, or BSE, commonly called mad cow disease; the tick borne illness, lyme disease; Hepatitis B; and some Herpes simplex viruses.

Coding Tips

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

Code 84182 describes the technical lab test Western blot. If the ordering clinician requests a written interpretation of the test results by a pathologist, the interpretation is a physician service that warrants a separate bill. The billing entity for the lab should report 84182, and the billing entity for the pathologist should report the same code with modifier 26, Professional component. To allow billing for both the technical and professional component of this and about 20 other lab tests, Medicare lists the codes on the physician fee schedule with modifier 26, and on the clinical laboratory fee schedule without a modifier.

Don't use this code for Western blot from a tissue specimen; instead see 88371, Protein analysis of tissue by Western Blot, with interpretation and report.

If a more specific code exists for a Western blot test, you should use that code instead of 84182, such as 86689, Antibody; HTLV or HIV antibody, confirmatory test, e.g., Western Blot; or 86617, Antibody; Borrelia burgdorferi, Lyme disease, confirmatory test, e.g, Western Blot or immunoblot.

Distinguish codes 84181 and 84182, which describe the same initial work, but 84182 also includes immunoassay testing of the protein fractions on the blot. Do not report the two codes together for the same specimen; instead choose the most specific code.

Fee Schedule

2019 PAYMENT WITH CAP: 29.21 **WEIGHTED MEDIAN:** 29.21
Modifier Allowances 22, 26, 52, 59, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 84181[1], 96523[0]

ICD-10 CrossRef

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

84202

Protoporphyrin, RBC; quantitative

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically patient blood, with specific substances to measure

protoporphyrin. The lab analyst may use a methodology such as high performance liquid chromatography, or HPLC. Liquid chromatography forces a combination of a pressurized liquid and the specimen through a specially designed column. This method separates the analyte, which is the substance the analyst is measuring, from the mixture, allowing a sensitive detector to quantitate the analyte. Quantitation refers to measuring the exact amount of a substance.

Although not limited to testing for a specific condition, clinicians may order this test to evaluate patients for decreased levels of protoporphyrin, which may cause porphyrias, a group of rare hereditary disorders in which heme, an important part of hemoglobin, is not made properly.

This code involves lab testing of a patient's red blood cell sample to help diagnose, monitor, or rule out the disorder porphyria. Quantitative test reports on the actual measured amount of protoporphyrin levels in the red blood cell.

Coding Tips

When the provider bills for a test which an outside laboratory performs, append modifier 90, Reference outside laboratory, with 84030.

Some payers may pay separately for collecting the specimen, which you can report with code 36415, Collection of venous blood by venipuncture.

Fee Schedule

2019 PAYMENT WITH CAP: 15.94 **WEIGHTED MEDIAN:** 11.42
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

96523[0]

ICD-10 CrossRef

D50.0-D50.9, D55.0-D55.9, D58.0, D59.0-D59.4, D59.9, D63.0-D63.8, D64.0-D64.3, D64.81, D64.9, E80.0, E80.1, E80.20-E80.29, E83.10, E83.110-E83.119, E83.19, M1A.10X0, M1A.10X1, M1A.1110, M1A.1111, M1A.1120, M1A.1121, M1A.1190, M1A.1191, M1A.1210, M1A.1211, M1A.1220, M1A.1221, M1A.1290, M1A.1291, M1A.1310, M1A.1311, M1A.1320, M1A.1321, M1A.1390, M1A.1391, M1A.1410, M1A.1411, M1A.1420, M1A.1421, M1A.1490, M1A.1491, M1A.1510, M1A.1511, M1A.1520, M1A.1521, M1A.1590, M1A.1591, M1A.1610, M1A.1611, M1A.1620, M1A.1621, M1A.1690, M1A.1691, M1A.1710, M1A.1711, M1A.1720, M1A.1721, M1A.1790, M1A.1791, M1A.18X0, M1A.18X1, M1A.19X0, M1A.19X1, T56.0X1A, T56.0X2A, T56.0X3A, T56.0X4A, Z00.00, Z00.01, Z01.812, Z77.011

84203

Protoporphyrin, RBC; screen

Clinical Responsibility

The lab analyst performs the technical lab steps to mix the specimen, typically patient blood, with specific substances to measure protoporphyrin. The lab analyst may use a methodology such as high performance liquid chromatography, or HPLC. Liquid chromatography forces a combination of a pressurized liquid and the specimen through a specially designed column.

Although not limited to testing for a specific condition, clinicians may order this test to evaluate patients for the presence of decreased levels of protoporphyrin, which may cause porphyrias, a group of rare hereditary disorders in which heme, an important part of hemoglobin, is not made properly.

Coding Tips

Some payers may pay separately for collecting the specimen, which you can report with code 36415, Collection of venous blood by venipuncture.

When the provider bills for a test which an outside laboratory performs, append modifier 90, Reference outside laboratory, with 84030.

Fee Schedule

2019 PAYMENT WITH CAP: 9.74 **WEIGHTED MEDIAN:** 9.74
Modifier Allowances 22, 33, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GR, GY, GZ, KX, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

96523[0]

ICD-10 CrossRef

D50.0-D50.9, D55.0-D55.9, D58.0, D59.0-D59.4, D59.9, D63.0-D63.8, D64.0-D64.3, D64.81, D64.9, E80.0, E80.1, E80.20-E80.29, E83.10, E83.110-E83.119, E83.19, M1A.10X0, M1A.10X1, M1A.1110, M1A.1111, M1A.1120, M1A.1121, M1A.1190, M1A.1191, M1A.1210, M1A.1211, M1A.1220, M1A.1221, M1A.1290, M1A.1291, M1A.1310, M1A.1311, M1A.1320, M1A.1321, M1A.1390, M1A.1391, M1A.1410, M1A.1411, M1A.1420, M1A.1421, M1A.1490, M1A.1491, M1A.1510, M1A.1511, M1A.1520, M1A.1521, M1A.1590, M1A.1591, M1A.1610, M1A.1611, M1A.1620, M1A.1621, M1A.1690, M1A.1691, M1A.1710, M1A.1711, M1A.1720, M1A.1721, M1A.1790, M1A.1791, M1A.18X0, M1A.18X1, M1A.19X0, M1A.19X1, T56.0X1A, T56.0X2A, T56.0X3A, T56.0X4A, Z00.00, Z00.01, Z01.812, Z77.011

84206

Proinsulin

Clinical Responsibility

The lab analyst performs a test on a patient specimen such as plasma to measure levels of proinsulin, which is a chemical precursor of insulin. The lab analyst may use a method such as an immunoassay that binds specific antibodies with target proinsulin antigens in the specimen. The lab analyst may visualize and measure the antibody proinsulin complex by a process such as chemiluminescence, which is a chemical reaction that produces light.

Although not limited to testing for a specific condition, clinicians may order this test to help diagnose or evaluate risk for conditions such as insulinoma, which is a tumor of the pancreas beta cells that produce insulin. Clinicians may also order the test to help diagnose proprotein convertase 1 3 deficiency, called PC1 3 deficiency, which is a genetic disorder associated with elevated proinsulin and other hormonal abnormalities, infertility, and morbid obesity.

Coding Tips

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

CCI Alerts (version 25.3)

80500[1], 80502[1], 96523[0]

ICD-10 CrossRef

C15.5-C15.9, C16.0-C16.9, C17.0-C17.9, C18.0-C18.9, C19, C20, C21.0-C21.8, C22.0-C22.9, C25.0-C25.9, 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, C51.0-C51.9, C52, C53.0-C53.9, C54.0-C54.9, C55, C56.1-C56.9, C57.00-C57.02, C79.10-C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60-C79.62, C79.70-C79.72, 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, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.00-C84.09, C84.10-C84.19, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, D03.9, D89.41, Z00.00, Z00.01

86325

Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's body fluid, other than serum, for immunoglobulins, using IEP. The test may include several steps such as concentrating the fluid by centrifugation, or spinning, to increase the density of protein, pipetting the sample onto an agarose covered plate, and passing an electric current through the gel until the proteins separate according to their electric charge. The analyst adds antisera to troughs in the plate that diffuse into the agar and form a white precipitin antibody line of solid particles where antibody antigen complexes form. He then interprets the results. The five types of immunoglobulins include IgM that forms with initial exposure to an antigen; IgG that is the most common type of antibody and forms with repeat antigen exposure; IgA that defends against infection in mucous membranes; IgE that causes allergic reactions; and IgD that occurs only minutely.

Although not limited to testing for specific conditions, clinicians may order this test to help diagnose patients with multiple myeloma, a cancer of blood plasma cells; autoimmune diseases, such as rheumatoid arthritis; or inflammatory bowel disease.

Coding Tips

Use code 86320 for serum immunoelectrophoresis.

Fee Schedule

2019 PAYMENT WITH CAP: 24.85 **WEIGHTED MEDIAN:** 23.13
Modifier Allowances 22, 26, 52, 59, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 96523[0]

ICD-10 CrossRef

C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.00-C84.09, C84.10-C84.19, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, D89.41, R82.89, R82.998

86327

Immunoelectrophoresis; crossed (2-dimensional assay)

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's sample for immunoglobulins, using crossed IEP. The test may include several steps, including pipetting the sample onto an agarose covered plate, and passing an electric current through the gel until the proteins separate according to their electric charge. The analyst performs a second electrophoresis of the separated proteins into gel containing antibodies to the proteins. White precipitates form in bell shaped patterns that indicate antibody antigen complexes. He then interprets the results. The five types of immunoglobulins include IgM that forms with initial exposure to an antigen; IgG that is the most common type of antibody and forms with repeat antigen exposure; IgA that defends against infection in mucous membranes; IgE that causes allergic reactions; and IgD that occurs only minutely.

Although not limited to testing for specific conditions, clinicians may order this test to help diagnose patients with multiple myeloma, a cancer of blood plasma cells; autoimmune diseases, such as rheumatoid arthritis; or inflammatory bowel disease.

Coding Tips

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

Fee Schedule

2019 PAYMENT WITH CAP: 29.92 **WEIGHTED MEDIAN:** N/A
Modifier Allowances 22, 26, 52, 59, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 96523[0]

ICD-10 CrossRef

C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.00-C84.09, C84.10-C84.19, C84.Z0-C84.Z9, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99

86329

Immunodiffusion; not elsewhere specified

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's sample, typically serum, urine, or cerebrospinal fluid, for immunoglobulins using an immunodiffusion method. The test may include pipetting the sample into a well in an agarose plate that contains antigens,

proteins that attach to immunoglobulins. Antibodies in the sample spread out, or diffuse, into the gel and form a white area of precipitated antibody complexes where they meet. He then interprets the results. The size and thickness of the area may indicate the concentration of immunoglobulin in the sample.

Although not limited to testing for specific conditions, clinicians may order this test to assess the amount of immunoglobulins present to diagnose certain fungal infections, such as blastomyces.

Coding Tips

See code 86331 for gel immunodiffusion, qualitative, antigen or antibody.

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

Fee Schedule

2019 PAYMENT WITH CAP: 15.61 **WEIGHTED MEDIAN:** 12.51
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 86331[1], 96523[0]

ICD-10 CrossRef

B20, B97.35, C86.5, C88.3-C88.9, D80.2-D80.6, D80.8, D80.9, D81.0-D81.2, D81.89, D81.9, D82.2-D82.4, D82.8, D82.9, D83.0-D83.9, D84.8, D84.9, O98.711-O98.719, O98.72, O98.73, R75, R76.8, R76.9, R83.4, R84.4, R85.4, R86.4, R87.4, R89.4, Z05.43, Z11.4, Z20.6, Z21, Z29.11, Z51.12, Z71.7, Z83.0, Z92.25

86331

Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's sample, typically serum, urine, or cerebrospinal fluid, for antibodies or antigens, using Ouchterlony, or double, immunodiffusion. The test may include pipetting the sample into a well in an agarose plate and pipetting a complementary antibody or antigen into another well. The antibodies and antigens spread out, or diffuse, into the gel and form white lines of precipitated antibody antigen complexes where they meet. He then interprets the results.

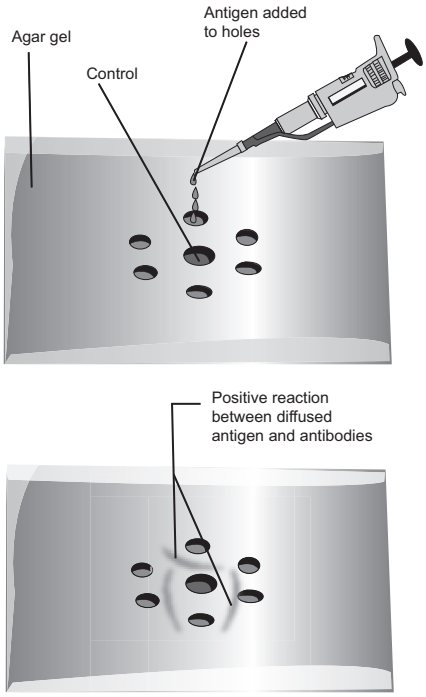
Although not limited to testing for specific conditions, clinicians may order this test to help diagnose patients with aspergillosis, a fungal infection typically found in the lungs.

Coding Tips

Use code 86329 for Immunodiffusion, not elsewhere specified.

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

Illustration



86331

Fee Schedule

2019 PAYMENT WITH CAP: 13.31 **WEIGHTED MEDIAN:** 11.06
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 96523[0]

ICD-10 CrossRef

K90.41, K90.49

86332

Immune complex assay

Clinical Responsibility

The lab analyst performs the technical steps to test the patient's serum for antibodies to an immune complex, such as C1q, using an immunoassay method such as enzyme linked immunosorbent assay, called ELISA. The test may include various steps such as reacting the specimen with test antigens, incubating the mixture, adding an agent to detect the antigen antibody complex, such as a stain or fluorescent or other marker, and interpreting the results as positive, negative, or as a semiquantitative value.

Although not limited to testing for specific conditions, clinicians may order an immune complex test such as complement 1q binding assay, C1q, to help indicate the course of disease progression in systemic lupus nephritis, an autoimmune disease with liver complications.

Coding Tips

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

Fee Schedule

2019 PAYMENT WITH CAP: 27.08 **WEIGHTED MEDIAN:** 21.71
Modifier Allowances 22, 52, 59, 90, 91, 99, AR, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, Q0, Q5, Q6, QJ, QP, XE, XP, XS, XU

CCI Alerts (version 25.3)

96523[0]

ICD-10 CrossRef

D59.0-D59.2, D59.4, D80.9, D89.82, E06.3, E31.0, K75.4, M32.0-M32.9, M32.10-M32.19, R76.0, Z01.84

Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 3
Modifier Allowances 22, 26, 52, 59, 79, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q0, Q5, Q6, QJ, QP, TC, XE, XP, XS, XU

CCI Alerts (version 25.3)

88346[1], 96523[0]

ICD-10 CrossRef

C67.0-C67.9, C78.00, C7A.00, C7A.098, C7A.8, C7B.00, C7B.09, C7B.8, D09.0, D41.4, D49.4, N46.01, N46.029, N46.11, N46.9, N97.1, N97.2, N97.8, N97.9, Q87.11, Q87.19, R31.0, R31.1, R31.21, R31.29, R31.9, Z78.9, Z85.51, Z86.002, Z86.003

88365

In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure

Clinical Responsibility

The lab analyst performs the technical steps to prepare stained slides from the patient specimen, such as tumor tissue, using a specialized stain process called in situ hybridization, or ISH. The ISH stain includes a DNA or RNA probe, which selectively attaches to a target segment of DNA or RNA in the patient tissue in a process called hybridization. The probe includes some kind of marker, often a fluorescent molecule, which the lab analyst can visualize using a fluorescence microscope to detect and localize the target in the tissue. The specific process that uses a fluorescent marker is called fluorescence ISH, or FISH.

Using a typical specimen such as formalin fixed paraffin embedded tumor tissue, the lab analyst cuts and mounts the tissue onto slides, adds reagents to prepare slides to receive the stain, then applies the initial single probe stain. The pathologist then looks at the ISH slides under the microscope, qualitatively interprets the findings to reach a pathologic diagnosis, and prepares a report for the ordering clinician. If the pathologist counts or estimates the number of stained cells, you should not use 88365, but should see other codes in the range 88367 to 88377.

Although not limited to testing for a specific condition, providers commonly perform this test to aid in the diagnosis of certain cancers. ISH testing allows the provider to detect and localize in the specimen, a gene of interest that may characterize tumor processes in cases such as some breast or cervical cancers. Information from ISH stains can aid the clinician in diagnosing and planning treatment for certain cancers.

Coding Tips

Report this code once per specimen, no matter how many blocks, such as paraffin blocks, or stained slides the lab analyst prepares. CPT® defines a surgical pathology specimen as follows: tissue or tissues that are submitted for individual and separate attention, requiring individual examination and pathologic diagnosis.

Use this code only for qualitative ISH stains. See codes in the range 88367 to 88377 for quantitative or semiquantitative ISH.

Code 88365 is in a family with +88364, each additional single probe stain procedure to 88366,each multiplex probe stain procedure. The common part of the descriptor specifies that the codes are for an ISH stain per specimen.

This code describes the initial single probe stain. If the lab analyst stains other slides from the same specimen with additional single probe stains, report each additional stain using indented code +88364, In situ hybridization, e.g., FISH, per specimen; each additional single probe stain procedure, List separately in addition to code for primary procedure.

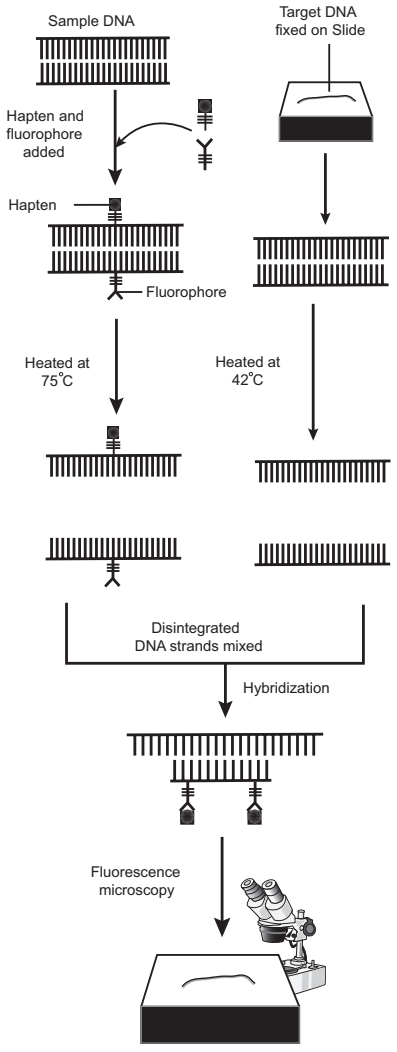
This code describes a stain that uses just one DNA or RNA probe. A multiplex stain uses multiple probes, and you should not use 88365 for a multiplex stain. Instead use 88366, In situ hybridization, e.g., FISH, per specimen; each multiplex probe stain procedure.

Code 88365 represents the global service, meaning that reporting the code without a modifier describes both the technical work that the lab analyst performs to prepare the slides, and the professional work that the pathologist performs to interpret and report on the slides. If you're billing only for the technical work, append modifier TC, Technical component, to the code. If you're billing only for the professional work, append modifier 26, Professional component, to the code.

For tumor ISH for bladder cancer that uses a cytology specimen, which is cellular material, don't use codes in the range +88364 to 88377, but instead look to codes in the range 88120 to 88121.

If the lab analyst performs an ISH test to assess conditions other than cancer, such as heritable diseases associated with deletions or chromosome abnormalities, don't use these codes, but look to cytogenetics codes in the range 88271 to 88275 instead. Also, use codes from the range 88271 to 88275 if a provider not approved by payers to interpret an ISH test, such as a PhD laboratory scientist, interprets any ISH test, even a test for tumor analysis.

Illustration



88365

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: $184.06, Non Facility: $184.06, OPPS Facility: $31.76, OPPS Non Facility: $31.76
RVU Facility Work RVU: 0.88, PE RVU: 4.18, Malpractice RVU: 0.04, Total RVU: 5.10
RVU Non-Facility Work RVU: 0.88, PE RVU: 4.18, Malpractice RVU: 0.04, Total RVU: 5.10
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, 59, 79, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q0, Q5, Q6, QJ, QP, TC, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 88271[1], 88272[1], 88273[1], 88274[1], 88275[1], 88346[1], 88358[1], 96523[0]

ICD-10 CrossRef

C50.011-C50.019, C50.021-C50.029, C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919, Q87.11, Q87.19, Z86.002, Z86.003

88366

In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure

Clinical Responsibility

The lab analyst performs the technical steps to prepare stained slides using a specialized stain. The ISH stain includes a DNA or RNA probe, which selectively attaches to a target segment of DNA or RNA in the patient tissue in a process called hybridization. The probe includes some kind of marker, often a fluorescent molecule, which the lab analyst can visualize using a fluorescence microscope to localize the target in the tissue. The process that uses a fluorescent marker is called fluorescence ISH, or FISH. Because this code describes a multiplex ISH stain, it involves multiple probes to detect multiple targets.

Using a typical specimen such as formalin fixed paraffin embedded tumor tissue, the lab analyst cuts and mounts the tissue onto slides, adds reagents to prepare slides to receive the stain, then applies the ISH multiplex probe stain. The pathologist then looks at the multiplex ISH slides under the microscope, qualitatively interprets the findings to reach a pathologic diagnosis, and prepares a report for the ordering clinician. If the pathologist counts or estimates the number of stained cells, you should not use 88366, but should see other codes in the range 88367 to 88377.

Although not limited to testing for a specific condition, providers commonly perform this test to aid in the diagnosis of certain cancers. ISH testing allows the provider to detect and localize in the specimen a gene of interest that may characterize tumor processes in cases such as some breast or cervical cancers. Information from ISH stains can aid the clinician in diagnosing and planning treatment for certain cancers.

Coding Tips

Report this code once per specimen, no matter how many blocks, such as paraffin blocks, or stained slides the lab analyst prepares. CPT® defines a surgical pathology specimen as follows: tissue or tissues that are submitted for individual and separate attention, requiring individual examination and pathologic diagnosis.

Use this code only for qualitative ISH. See codes in the range 88367 to 88377 for quantitative or semiquantitative ISH.

Code 88365, ISH, per specimen; initial single probe stain procedure, is in a family with +88364 to 88366. The common part of the descriptor specifies that the codes are for an ISH stain per specimen.

This code describes a single multiplex ISH stain per specimen. Choose this code instead of 88365, In situ hybridization, e.g., FISH, per specimen; initial single probe stain procedure, if the lab analyst prepares multiplex probe stained slides. Do not report 88365 and +88364, In situ hybridization, e.g., FISH, per specimen; each additional single probe stain procedure for two probe stains that are part of a multiplex stain. Use 88366 instead.

Report multiple units of 88366 if the analyst prepares multiple different multiplex stains on the same specimen.

Code 88366 represents the global service, meaning that reporting the code without a modifier describes both the technical work that the lab analyst performs to prepare the slides, and the professional work that the pathologist performs to interpret and report on the slides. If you're billing only for the technical work, append modifier TC, Technical component, to the code. If you're billing only for the professional work, append modifier 26, Professional component, to the code.

For tumor ISH for bladder cancer that uses a cytology specimen, which is cellular material, don't use codes in the range +88364 to 88377, but instead look to codes in the range 88120 to 88121.

If the lab analyst performs an ISH test to assess conditions other than cancer, such as heritable diseases associated with deletions or chromosome abnormalities, don't use these codes, but look to cytogenetics codes 88271 to 88275 instead. Also, use codes from the range 88271 to 88275 if a provider not approved by payers to interpret an ISH test, such as a PhD laboratory scientist, interprets any ISH test, even a test for tumor analysis.

Fee Schedule

Medicare Fees National Conversion Factor: 36.0896, Facility: $281.50, Non Facility: $281.50, OPPS Facility: $44.75, OPPS Non Facility: $44.75
RVU Facility Work RVU: 1.24, PE RVU: 6.52, Malpractice RVU: 0.04, Total RVU: 7.80
RVU Non-Facility Work RVU: 1.24, PE RVU: 6.52, Malpractice RVU: 0.04, Total RVU: 7.80
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, 59, 79, 80, 81, 82, 90, 91, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, GY, GZ, KX, PD, Q0, Q5, Q6, QJ, QP, TC, XE, XP, XS, XU

CCI Alerts (version 25.3)

80500[1], 80502[1], 88271[1], 88272[1], 88273[1], 88274[1], 88275[1], 88346[1], 88358[1], 88367[1], 88368[1], 88374[1], 96523[0]

ICD-10 CrossRef

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

ICD-10 CrossRef Details

A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1 Cholera due to Vibrio cholerae 01, biovar eltor
A00.9 Cholera, unspecified
A01.00 Typhoid fever, unspecified
A01.01 Typhoid meningitis
A01.02 Typhoid fever with heart involvement
A01.03 Typhoid pneumonia
A01.04 Typhoid arthritis
A01.05 Typhoid osteomyelitis
A01.09 Typhoid fever with other complications
A01.1 Paratyphoid fever A
A01.2 Paratyphoid fever B
A01.3 Paratyphoid fever C
A01.4 Paratyphoid fever, unspecified
A02.0 Salmonella enteritis
A02.1 Salmonella sepsis
A02.20 Localized salmonella infection, unspecified
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A02.23 Salmonella arthritis
A02.24 Salmonella osteomyelitis
A02.25 Salmonella pyelonephritis
A02.29 Salmonella with other localized infection
A02.8 Other specified salmonella infections
A02.9 Salmonella infection, unspecified
A03.0 Shigellosis due to Shigella dysenteriae
A03.1 Shigellosis due to Shigella flexneri
A03.2 Shigellosis due to Shigella boydii
A03.3 Shigellosis due to Shigella sonnei
A03.8 Other shigellosis
A03.9 Shigellosis, unspecified
A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxigenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections
A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning
A05.2 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3 Foodborne Vibrio parahaemolyticus intoxication
A05.4 Foodborne Bacillus cereus intoxication
A05.5 Foodborne Vibrio vulnificus intoxication
A05.8 Other specified bacterial foodborne intoxications
A05.9 Bacterial foodborne intoxication, unspecified
A06.0 Acute amebic dysentery
A06.1 Chronic intestinal amebiasis
A06.2 Amebic nondysenteric colitis
A06.3 Ameboma of intestine
A06.4 Amebic liver abscess
A06.5 Amebic lung abscess
A06.6 Amebic brain abscess
A06.7 Cutaneous amebiasis
A06.81 Amebic cystitis
A06.82 Other amebic genitourinary infections
A06.89 Other amebic infections
A06.9 Amebiasis, unspecified
A07.0 Balantidiasis
A07.1 Giardiasis [lambliasis]
A07.2 Cryptosporidiosis
A07.3 Isosporiasis
A07.4 Cyclosporiasis
A07.8 Other specified protozoal intestinal diseases
A07.9 Protozoal intestinal disease, unspecified
A08.0 Rotaviral enteritis
A08.11 Acute gastroenteropathy due to Norwalk agent
A08.19 Acute gastroenteropathy due to other small round viruses
A08.2 Adenoviral enteritis
A08.31 Calicivirus enteritis
A08.32 Astrovirus enteritis
A08.39 Other viral enteritis
A08.4 Viral intestinal infection, unspecified
A08.8 Other specified intestinal infections
A09 Infectious gastroenteritis and colitis, unspecified
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.7 Primary respiratory tuberculosis
A15.8 Other respiratory tuberculosis
A15.9 Respiratory tuberculosis unspecified
A17.0 Tuberculous meningitis
A17.1 Meningeal tuberculoma
A17.81 Tuberculoma of brain and spinal cord
A17.82 Tuberculous meningoencephalitis
A17.83 Tuberculous neuritis
A17.89 Other tuberculosis of nervous system
A17.9 Tuberculosis of nervous system, unspecified
A18.01 Tuberculosis of spine
A18.02 Tuberculous arthritis of other joints
A18.03 Tuberculosis of other bones
A18.09 Other musculoskeletal tuberculosis
A18.10 Tuberculosis of genitourinary system, unspecified
A18.11 Tuberculosis of kidney and ureter
A18.12 Tuberculosis of bladder
A18.13 Tuberculosis of other urinary organs
A18.14 Tuberculosis of prostate
A18.15 Tuberculosis of other male genital organs
A18.16 Tuberculosis of cervix
A18.17 Tuberculous female pelvic inflammatory disease
A18.18 Tuberculosis of other female genital organs
A18.2 Tuberculous peripheral lymphadenopathy
A18.31 Tuberculous peritonitis
A18.32 Tuberculous enteritis
A18.39 Retroperitoneal tuberculosis
A18.4 Tuberculosis of skin and subcutaneous tissue
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A18.6 Tuberculosis of (inner) (middle) ear
A18.7 Tuberculosis of adrenal glands
A18.81 Tuberculosis of thyroid gland
A18.82 Tuberculosis of other endocrine glands
A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
A18.84 Tuberculosis of heart
A18.85 Tuberculosis of spleen
A18.89 Tuberculosis of other sites
A19.0 Acute miliary tuberculosis of a single specified site
A19.1 Acute miliary tuberculosis of multiple sites
A19.2 Acute miliary tuberculosis, unspecified
A19.8 Other miliary tuberculosis
A19.9 Miliary tuberculosis, unspecified
A20.0 Bubonic plague
A20.1 Cellulocutaneous plague
A20.2 Pneumonic plague
A20.3 Plague meningitis
A20.7 Septicemic plague
A20.8 Other forms of plague
A20.9 Plague, unspecified
A21.0 Ulceroglandular tularemia

A21.1 Oculoglandular tularemia
A21.2 Pulmonary tularemia
A21.3 Gastrointestinal tularemia
A21.7 Generalized tularemia
A21.8 Other forms of tularemia
A21.9 Tularemia, unspecified
A22.0 Cutaneous anthrax
A22.1 Pulmonary anthrax
A22.2 Gastrointestinal anthrax
A22.7 Anthrax sepsis
A22.8 Other forms of anthrax
A22.9 Anthrax, unspecified
A23.0 Brucellosis due to Brucella melitensis
A23.1 Brucellosis due to Brucella abortus
A23.2 Brucellosis due to Brucella suis
A23.3 Brucellosis due to Brucella canis
A23.8 Other brucellosis
A23.9 Brucellosis, unspecified
A24.0 Glanders
A24.1 Acute and fulminating melioidosis
A24.2 Subacute and chronic melioidosis
A24.3 Other melioidosis
A24.9 Melioidosis, unspecified
A25.0 Spirillosis
A25.1 Streptobacillosis
A25.9 Rat-bite fever, unspecified
A26.0 Cutaneous erysipeloid
A26.7 Erysipelothrix sepsis
A26.8 Other forms of erysipeloid
A26.9 Erysipeloid, unspecified
A27.0 Leptospirosis icterohemorrhagica
A27.81 Aseptic meningitis in leptospirosis
A27.89 Other forms of leptospirosis
A27.9 Leptospirosis, unspecified
A28.0 Pasteurellosis
A28.1 Cat-scratch disease
A28.2 Extraintestinal yersiniosis
A28.8 Other specified zoonotic bacterial diseases, not elsewhere classified
A28.9 Zoonotic bacterial disease, unspecified
A30.0 Indeterminate leprosy
A30.1 Tuberculoid leprosy
A30.2 Borderline tuberculoid leprosy
A30.3 Borderline leprosy
A30.4 Borderline lepromatous leprosy
A30.5 Lepromatous leprosy
A30.8 Other forms of leprosy
A30.9 Leprosy, unspecified
A31.0 Pulmonary mycobacterial infection
A31.1 Cutaneous mycobacterial infection
A31.2 Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8 Other mycobacterial infections
A31.9 Mycobacterial infection, unspecified
A32.0 Cutaneous listeriosis
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.7 Listerial sepsis
A32.81 Oculoglandular listeriosis
A32.82 Listerial endocarditis
A32.89 Other forms of listeriosis
A32.9 Listeriosis, unspecified
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A36.0 Pharyngeal diphtheria
A36.1 Nasopharyngeal diphtheria
A36.2 Laryngeal diphtheria
A36.3 Cutaneous diphtheria
A36.81 Diphtheritic cardiomyopathy
A36.82 Diphtheritic radiculomyelitis
A36.83 Diphtheritic polyneuritis
A36.84 Diphtheritic tubulo-interstitial nephropathy
A36.85 Diphtheritic cystitis
A36.86 Diphtheritic conjunctivitis
A36.89 Other diphtheritic complications
A36.9 Diphtheria, unspecified
A37.00 Whooping cough due to Bordetella pertussis without pneumonia
A37.01 Whooping cough due to Bordetella pertussis with pneumonia
A37.10 Whooping cough due to Bordetella parapertussis without pneumonia
A37.11 Whooping cough due to Bordetella parapertussis with pneumonia
A37.80 Whooping cough due to other Bordetella species without pneumonia
A37.81 Whooping cough due to other Bordetella species with pneumonia
A37.90 Whooping cough, unspecified species without pneumonia
A37.91 Whooping cough, unspecified species with pneumonia
A38.0 Scarlet fever with otitis media
A38.1 Scarlet fever with myocarditis
A38.8 Scarlet fever with other complications
A38.9 Scarlet fever, uncomplicated
A39.0 Meningococcal meningitis
A39.1 Waterhouse-Friderichsen syndrome
A39.2 Acute meningococcemia
A39.3 Chronic meningococcemia
A39.4 Meningococcemia, unspecified
A39.50 Meningococcal carditis, unspecified
A39.51 Meningococcal endocarditis
A39.52 Meningococcal myocarditis
A39.53 Meningococcal pericarditis
A39.81 Meningococcal encephalitis
A39.82 Meningococcal retrobulbar neuritis
A39.83 Meningococcal arthritis
A39.84 Postmeningococcal arthritis
A39.89 Other meningococcal infections
A39.9 Meningococcal infection, unspecified
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A42.1 Abdominal actinomycosis
A42.2 Cervicofacial actinomycosis
A42.7 Actinomycotic sepsis
A42.81 Actinomycotic meningitis
A42.82 Actinomycotic encephalitis
A42.89 Other forms of actinomycosis
A42.9 Actinomycosis, unspecified
A43.0 Pulmonary nocardiosis
A43.1 Cutaneous nocardiosis
A43.8 Other forms of nocardiosis
A43.9 Nocardiosis, unspecified
A44.0 Systemic bartonellosis
A44.1 Cutaneous and mucocutaneous bartonellosis
A44.8 Other forms of bartonellosis
A44.9 Bartonellosis, unspecified
A46 Erysipelas
A48.0 Gas gangrene
A48.1 Legionnaires' disease
A48.2 Nonpneumonic Legionnaires' disease [Pontiac fever]
A48.3 Toxic shock syndrome
A48.4 Brazilian purpuric fever
A48.51 Infant botulism
A48.52 Wound botulism

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 Modifiers	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record

Modifier	Description
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	Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
EB	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
EC	Erythropoietic stimulating agent (ESA) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy
ED	Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle

Terminology

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

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

Code Index

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