

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT®) code set. For unabridged code descriptors and complete guidelines, please refer to the CPT 2022 codebook or data file.

Supplementary

100

- 1001.21 Fine-needle aspiration w/o imaging guidance
1001.22 Fine-needle aspiration with imaging guidance
For percutaneous needle biopsy rather than fine needle aspiration, see 19001-19004 for breast, 20100 for muscle, 32400 for prostate, 32405 for benign neoplasms, 42000 for salivary gland, 47000 for testis, 48000 for pancreas, 49100 for abdominal or retroperitoneal mass, 54000 for kidney, 54005 for testis, 64000 for epididymis, 65000 for thyroid, 67200 for nuclear palpation, intraurethral spec, or noninvasive biopsy, 72000 for vaginal canal.

Endogenous and Exogenous Factors

- ◆ 100134** (Feng off this for device client add new widgets)

References

- | | |
|-------------------|--|
| 50000 | Peri neopharyngeal stentomy (pericardial stentomy - 0.7 cm) |
| 50001 | Peri neopharyngeal stentomy (pericardial stentomy) > 1 cm |
| F.A. 50020 | Removal laryngeal plug; tracheal intubation |
| 50020 | Neopharyngotomy; open; without removal; open; with removal |
| 50040 | Neopharyngotomy; partial |
| | (For laryngoscopic partial neopharyngotomy, see 50040) |
| 50050 | Open; ablation; external mass; cryosurgery; external; ultrasound |
| 50060 | Removal; ultrasonically guided; with cryo-neopharyngotomy |
| F.A. 50082 | Removal; of patient; orally; dwelling; ventricular; stent; plug |
| | (For removal and replacement of an internally dwelling ventricular stent via a transcutaneous approach, see 50085) |
| F.A. 50084 | Removal; of internally dwelling ventricular stent; plug |
| | (See also report 50082; 50084 in conjunction with 50095) |
| | (For removal of an internally dwelling ventricular stent via a transcutaneous approach, see 50086) |
| F.A. 50087 | Removal; of patient; stent; accessible; neopharyngeal; cath |
| | (For removal without replacement of an externally accessible ventricular stent not requiring fluoroscopic guidance, see Evaluation and Management services codes) |
| 50089 | Removal; of patient; tube; oral; fluoroscopic guidance |
| | (Removal of neopharyngotomy tube not requiring fluoroscopic guidance is considered inherent to E/M services. Report the appropriate level of E/M service provided) |
| 50090 | Angin; &/or; oral; cath; pericardial; intubation; plug |
| F.A. 50090 | Angin; pericardial; catheter; &/or; pericardial; removal; access |
| 50091 | Angin; pericardial; catheter; &/or; pericardial; removal; access |
| F.A. 50092 | Partial; neopharyngotomy; cath; plug; new; access; cath |
| F.A. 50093 | Partial; neopharyngotomy; cath; plug; new; access; cath |
| F.A. 50094 | Current; neopharyngotomy; cath; to; neopharyngotomy; cath; plug |
| 50095 | Insertion; neopharyngotomy; catheter; plug; with; plug; cath |
| 50096 | Laryngeal; intubation; oral; intubation; with; catheter; &/or; catheter; intubation; catheter; cath |
| F.A. 50097 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| 50098 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| F.A. 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| | (For imaging guidance and monitoring, see 76060, 77061, 77062) |
| F.A. 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| F.A. 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
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| F.A. 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; intubation; catheter; cath |
| 50099 | Removal; of patient; stent; plug; with; catheter; &/or; catheter; int |

- (For endoscopic extraction or manipulation of ureteral calculi, see 50080, 50081, 50563, 50963, 50966, 52529-52530, 52562, 52563, 52565.)

- [illegible]

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- 137000 long peripheral/peripheral space-align
(For percutaneous, image-guided fluid-collection drainage by catheters of peripheral or peripheral space drains, see 137010)
- 137001 (Rif irrigation; single lumen & multi)
(Codes 137001-137002 are reported only when performed independently. Do not report 137001-137002 when catheter insertion is an inclusive component of another procedure.)
- 137001 long temp sublingual bladder catheter
- 137002 long temp sublingual bladder catheter simple
- 137003 long temp sublingual bladder catheter complex and
- 137004 long temp cystostomy tube simple
- 137005 foley sup inflat multi-wrt/s&b&sch
- 137006 bladder irrigation antiseptic/antibiotic agent
- The following section (137007-137008) lists procedures that may be used on any type, or in any and varied combination.

All procedures in this section imply that these services are performed by, or are under the direct supervision of, a physician or other qualified health care professional and that all instruments, equipment, fluids, gases, probes, catheters, technician's fees, medications, gloves, trays, tubing, and other sterile supplies be provided by that individual. When the individual only interprets the results and/or operates the equipment, a professional component, modifier 26, should be used to identify these services.

- 13725 Simple cytometerogram
- 13726 Composite cytometerogram
- 13727 Composite cytometerogram-sentinal germ profile
- 13728 Composite cytometerogram-working pressure studies
- 13729 Composite cytometerograms & sentinal profile
- 13730 Simple workometry
- 13731 Composite workometry
- 13732 Ethic, male anti-aircraft splinter with fire wall
- 13733 Ball EMC, male anti-aircraft splinter w/nylon
- 13734 Stimulus evoked response
- 13735 Work pressure studies, intracardiac catheter
- 13736 Work-rest conditions, intracardiac catheter, blood flow

Indigenous design can be defined as that the main process can be identified without having to list all the associated functions performed at the same time. For example, manufacturing, material utilization and its dilution, construction, and technology prior to a manufacturing structure of products, using a conventional method following extraction of vertical values, internal configurations and Shubert and Shubert's definition of a primary process. The design process is based on vertical values. Within the secondary process, specific additions and subtractions are made. If any design is added or subtracted, it may be identified by the addition of another 72.

- For example, authentication performed for a documented persistent structure is *blinded* and *continuous*.

- | | |
|--|--|
| S2000 | Cytosarcinomy |
| Do not report S2000 in conjunction with S2001, S2038, S2052, S2057, S2058, S2102, S2034, S2140, S2342, S2343, S2345 | |
| S2001 | Cysts-Bledder w/external authentication |
| S2094 | Cytosarcinomy with biopsy |
| S2114 | Cysts-w/external of lesions |
| S2119 | Cysts-w/external of lesions small |
| S2124 | Cysts-w/external of lesions small |
| S2125 | Cytosarcinomy w/out dorsal mass bladder tum |
| S2140 | Cytosarcinomy w/out dorsal mass large |
| S2176 | Cytosarcinomy w/ cut animal authentication |
| S2181 | Cysts-callicornia w/ cut animal authentication |
| S2242 | Cytosarcinomy insertion point w/external stent |
| S2285 | Cytosarcinomy to female w/external syndrome |
| S2310 | Cysts-w/implant removal stent & stent |
| Therapeutic cytosarcinomy always includes diagnostic cytosarcinomy. In report a diagnostic cytosarcinomy, use S2000. | |
| Therapeutic cytosarcinomy with cytosarcinomy and/or pericystomy always includes diagnostic cytosarcinomy with cytosarcinomy and/or pericystomy. In report a diagnostic cytosarcinomy with cytosarcinomy and/or pericystomy, use S2114. | |
| Do not report S2080 in conjunction with S2038-S2143, S2054. | |
| Do not report S2059 in conjunction with S2344-S2346, S2052-S2146. | |

The insertion and removal of a temporary ureteral catheter (J2000) during diagnosis or therapeutic cytoscopy/ureteroscopy with ureteroscopy and/or percutopy is included in J2230-J2234 and should not be reported separately.

To report insertion of a self-retaining, indwelling stent performed during diagnostic or therapeutic cystourethroscopy with ureteroscope and/or percutaneous, report S2222, in addition to primary procedure(s) performed (S2030-S2034, S2044-S2051, S2154, S2241, and append modifier 51. Code S2222 is used to report a unilateral ureteral stent, otherwise specified.

For bilateral insertion of self-retaining, indolging external roots, use code 12002, and ground modifier M.

To report cytosine/thymine removal of a self-retaining, self-healing material, use 52.110, 52.075, and append modifier 50, if appropriate.

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|--|--|
| S2312 | Cryto-w/element arterial stent |
| (Do not report S2312 in conjunction with S2300, S2353, S2356 when performed together on the same site) | |
| S2318 | Cryto-w/ventr pt w/air gpt valve, rtgt |
| S2319 | Cryto-w/ventrpt w/pt/perforator |
| (Do not report S2319 in conjunction with S2340, S2342, S2345, S2346, S2348, S2349, S2354) | |
| S2322 | Cryto-w/ventrpt w/ventr/tnsq-stent |
| S2323 | Cryto-w/ventrpt w/pt/tnsq |
| S2324 | Cryto/perforator, bld/fulguration, pt/bld/tnsq |
| S2326 | Cryto/ventrpt w/tnsq/tnsq standard-stent |
| (Do not report S2326 in conjunction with S2312, S2323 when performed together on the same site) | |

American Medical Association Coding Guidelines

M Walker



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Proceedings of the House of Delegates, American Medical Association American Medical Association, 1998 Journal of the American Medical Association ,2003 Physicians Fee & Coding Guide ,2011 *National Library of Medicine Current Catalog* National Library of Medicine (U.S.), 1971 First multi year cumulation covers six years 1965 70 Evaluation and Management Coding and Documentation Guide Jillian H. Kuruc, 2003 **Saunders Manual of Medical Assisting Practice** Karen Lane, 1993 Aims to provide a valuable reference for medical assisting that incorporates the full range of business and clinical activities encountered in the physician s office or in other outpatient medical settings **AMA Physician ICD-9-CM 2004** American Medical Association, 2005-12-03 New AHA s Coding Clinic for ICD 9 CM references Identifies the exact issue of Coding Clinic the official coding advice which contains further information on that code Revised Official Coding Guidelines Stay coding compliant as required by HIPAA Color Coded Tabular Symbols just like the ones found in CPT identify new revised and deleted codes and text and color coded bars highlight unspecified nonspecific and manifestation coding situations Email Delivered Special Reports Stay current on important developments and code changes Customers who provide an e mail address will receive Special Reports via e mail Color Fourth and Fifth Digit Symbols in Index and Tabular Color coded intuitive symbol identifies codes that require an additional fourth and or fifth digit Hundreds of Clinically Oriented Diagnosis Definitions and Illustrations Ensure quick and correct code selection Age and Sex Edits Identifies codes that are restricted dependent upon age or sex of patient Valid Three Digit Category Appendix Know at a glance whether a three digit code is valid for submitting on claim New and Revised Code Symbols and Dated Pages Quickly identify new and revised codes and the date the codes were most recently changed V Code Symbols Quickly identify V codes that can be used only as a primary or secondary diagnosis *Practical Reporting of Cardiovascular Services and Procedures* ,2001

Global Guide to Medical Information George Thomas Kurian, 1988 Sourcebook on resources programs and institutions dealing with medical research and practice throughout the world Contains national regional and international organizations also covering the medical media and the communications industry Arranged under international and regional organizations research institutes national associations by subjects medical publishers online databases indexes bibliographies and statistics symposia and conference series and periodicals General index **APC Training and Implementation Manual** Jill Giddens, 2001 *Health Information* Mervat Abdelhak, Sara Grostick, Mary Alice Hanken, Ellen Jacobs, 2001 This book has been thoroughly revised and updated to reflect the vast technological changes in the field for 2 year or 4 year health management programs This text focuses on health data its collection and use It emphasizes the deployment of information technology and the role of the HIM professional in the development of the electronic health record

Insurance Handbook for the Medical Office Marilyn Takahashi Fordney, 2006 Offering guidance for all aspects of submitting tracing appealing and transmitting claims for today s full range of health plans this essential reference

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Journal of AHIMA ,2008 **HCPCS 2005** ,2004 *The Publishers Weekly* ,2000 *Medical Group Management Journal* ,1993 **Hcpcs 2006** American Medical Association,American Medical Association Staff,2005

Principles of ICD-9-CM Coding Deborah J. Grider,American Medical Association,Debra E. Hampton,2003 This revised training and educational tool helps to simplify learning the ICD 9 CM coding process Chapters include all areas of ICD 9 CM from an introduction to the content format and coding process to an in depth analysis for identifying and locating the most appropriate codes

Guide to Medical Billing Insurance career development,1994-10 **Proceedings of the House of Delegates, Interim Meeting - American Medical Association** American Medical Association,1993

The Enigmatic Realm of **American Medical Association Coding Guidelines**: Unleashing the Language is Inner Magic

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Table of Contents American Medical Association Coding Guidelines

1. Understanding the eBook American Medical Association Coding Guidelines
 - The Rise of Digital Reading American Medical Association Coding Guidelines
 - Advantages of eBooks Over Traditional Books
2. Identifying American Medical Association Coding Guidelines
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an American Medical Association Coding Guidelines
 - User-Friendly Interface
4. Exploring eBook Recommendations from American Medical Association Coding Guidelines
 - Personalized Recommendations
 - American Medical Association Coding Guidelines User Reviews and Ratings

- American Medical Association Coding Guidelines and Bestseller Lists
- 5. Accessing American Medical Association Coding Guidelines Free and Paid eBooks
 - American Medical Association Coding Guidelines Public Domain eBooks
 - American Medical Association Coding Guidelines eBook Subscription Services
 - American Medical Association Coding Guidelines Budget-Friendly Options
- 6. Navigating American Medical Association Coding Guidelines eBook Formats
 - ePub, PDF, MOBI, and More
 - American Medical Association Coding Guidelines Compatibility with Devices
 - American Medical Association Coding Guidelines Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of American Medical Association Coding Guidelines
 - Highlighting and Note-Taking American Medical Association Coding Guidelines
 - Interactive Elements American Medical Association Coding Guidelines
- 8. Staying Engaged with American Medical Association Coding Guidelines
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers American Medical Association Coding Guidelines
- 9. Balancing eBooks and Physical Books American Medical Association Coding Guidelines
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection American Medical Association Coding Guidelines
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine American Medical Association Coding Guidelines
 - Setting Reading Goals American Medical Association Coding Guidelines
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of American Medical Association Coding Guidelines
 - Fact-Checking eBook Content of American Medical Association Coding Guidelines
 - Distinguishing Credible Sources

13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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