NOTE: Make sure your computer speakers are turned ON. Audio will be streaming through your speakers.

If you do not have computer speakers, call the ACCMA at 510-654-5383 for alternatives.

We will begin shortly after 10:00 am.
About This Manual

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The information presented in this manual is extracted from official government and industry publications. We make every attempt to assure that information is accurate; however, no warranty or guarantee is given that this information is error-free and we accept no responsibility or liability should an error occur.

CPT codes used in this manual are excerpts from the current edition of the CPT (Current Procedural Terminology) book, are not intended to be used to code from and are for instructional purposes only. It is strongly advised that all providers purchase and maintain up to date copies of CPT. CPT is copyrighted property of the American Medical Association.

Session II

- Coding Surgical Services
  - Global Package Concept
  - (Separate Procedures)
  - "Add-On" Procedures
  - Multiple Procedures
- Surgery Section - CPT
- Radiology Services
- Pathology Services
Procedures

Selecting The Right Code For Your Surgical Services

SURGICAL Coding GUIDELINES

• Know Bundling/Unbundling Regulations
  • When to use –51
    • Multiple Procedures – add to 2nd, 3rd, 4th procedure (if NOT an add-on)
  
  • When to use –59
    • Use only when two procedures are ordinarily bundled

• When to use -25
  • Use when an E/M service and procedure are done on same day
    • Goes on E/M service

• When to use -57
  • Use when E/M service done during preoperative period to indicate the decision for surgery was made at the time of E/M service

• Monitor Quarterly CCI Edits
Surgical Guidelines . . . .

• Read Definitions Carefully
  • “Each”, “each additional”, “and”
  • “Or”
  • “Up to” and “more than”
  • Simple vs Complicated/complex
  • Single vs Multiple
  • Simple vs Extensive
  • Any Method
  • Partial vs Complete
  • With or Without
  • Add on Code

Surgical Guidelines . . . .

• Know the “How To” of Measuring
  • Wound Debridement
  • Lesions
  • Defects
  • Tumors
  • Resections
Measuring

• Wound Debridement
  • Depth of tissue removed by surface area of the wound
  • Single Wound – report depth using deepest level of tissue removed
  • Multiple wounds – sum surface area that are at the same depth – do NOT combine sums from different depths

• Lesion Removal
  • Size of lesion plus (+) margins

• Defects (Closures) – sutures, staples, tissue adhesives; singly or in combination
  • By type of repair (simple, intermediate, complex) and location (anatomical site)

Surgical Guidelines . . . . .

• What’s Included in the Global Package
  • Complications
  • Re-operations
  • Days (pre-op and post-op)
  • How many visits (OB)
Surgical Guidelines . . . . . .

• How to Bill for Supplies
  • Paid vs Not Paid
  • Diagnostic Services vs Therapeutic Services

Correct Coding Initiative Edits

• On January 1, 1996, the Medicare program implemented its national “Correct Coding Initiative”

• Employs Code Edits in an attempt to eliminate unbundling or other inappropriate reporting of CPT codes. The purpose of this initiative is to reduce program expenditures by detecting inappropriate coding on Medicare claims.
CCI Edit Categories

• Comprehensive/Component Procedure Codes (Column 1 and Column 2)
  • Codes that are considered “Components” are incidental to the codes considered to be “Comprehensive” and will be denied as such (denied as “incidental”)
    • Column 1 is the comprehensive code
    • Column 2 is the incidental code

• Mutually Exclusive Procedure Codes
  • Procedures that cannot be reasonably done in the same session

CCI Modifier

• 0 = No modifier is allowed (EVER)

• 1 = Modifier allowed to differentiate services
  • 25
  • 59
  • 78
  • 79
  • LT
  • RT

• 25
  • E1 – E4
  • FA – F9
  • TA – T9
  • LC – LD
  • RC

• 9 = Start date equals End date (may re-bill)
Surgical “Package”

• The majority of surgical codes are “package” services – they include the actual surgical procedures, local infiltration, metacarpal and digital block or topical anesthesia (when used) and an allowance for normal postoperative care.

• It is imperative that one know the surgical package make-up for each payer with whom your office contracts. This may vary from payer to payer, and many payers have adopted Medicare’s global service guidelines.

• CPT definition of services included in the global package differs a little from Medicare’s definition.

CPT Surgical Package

• Pre-Op
  • Local Infiltration
  • Digital Block
  • Topical anesthesia

• Intra-Op
  • Operation per-se

• Post-Op
  • Normal uncomplicated follow up care
Medicare Surgical Package

- Pre-Op
  - All visits 24 hours before surgery

- Intra-Op
  - Operation per se

- Post-Op
  - All follow-up care, including complications that do not require a return to the operating room

Global Periods

- For each CPT® code, there is a corresponding global period. These global periods indicate the number of postoperative days of care that are included in the payment for a procedure or surgery.
Global Periods

- 000: Postoperative care is not included in the payment, but any related evaluation and management work is included if done on the same day.
- 010: 10 days of postoperative care are included in the payment.
- 090: 90 days of postoperative care are included in the payment.
- XXX: Global concept does not apply and any evaluation and management and other services performed may be reported separately on the same day.
- YYY: Global period is to be set by the carrier (e.g., unlisted surgery codes).
- ZZZ: The code is part of another service and falls within the global period for the other service.

Follow up Care for Diagnostic Procedures

CPT guidelines separately address follow-up care for diagnostic procedures. Follow up care for diagnostic procedures includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other coexisting condition is not included and may reported separately. Some examples of diagnostic procedures include endoscopy, arthroscopy, and injection procedures for radiography.
Example- “A patient undergoes a diagnostic upper gastrointestinal endoscopy for suspected gastric ulcer disease. The findings of the endoscopy are positive for an acute gastric ulcer. At that time, the physician prescribes medication for treatment of the ulcer disease. The patient is instructed to return to the physician's office in 1 week for follow-up care related to the effectiveness of the medication prescribed.”

- In the above scenario, the follow up visit is separately reported. Care of the condition for which the diagnostic procedure was performed is not included and may be reported separately.

Follow Up Care
Therapeutic Procedure

Follow up care for therapeutic surgical procedures includes only care that is usually a part of the surgical service. Complications, exacerbations, recurrence, or the presence of other diseases or injuries requiring additional services should be separately reported.

CPT code 99024 is located in the Medicine section of the CPT book and is used to report normal post operative care.
Add-On Codes

Most of the procedures listed in the CPT can be reported by themselves— that is because they represent the total procedure that was performed. These codes "stand alone" to describe the total procedure or service.  Some of the codes listed in the CPT code set describe procedures/services that must never be reported as a stand-alone code. These codes are referred to as "add-on" codes. Add-on codes describe procedures/services that are always performed in addition to the primary procedure/service.

"add-on" codes designated with a + symbol, specific language such as "each additional"

Example: Additional Lesion (s)

**Code:** 11100  **Description:** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

+**Code:** 11101  **Description:** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure).

*There is no payment adjustment for the second (add-on) procedure*
Example Neurorrhaphy (s)

**Code:** 64831  **Description:** Suture of digital nerve, hand or foot; one nerve. **Global Surgery:** 90 days

**Code:** 64832  **Description:** Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure).

*There is no payment adjustment for the second (add-on) procedure*

Example - Joints

**Code:** 26860  **Description:** Arthrodesis, interphalangeal joint, with or without internal fixation; **Global Days:** 90

**Code:** 26861  **Description:** Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
Separate procedures at defined in CPT as services that are “commonly carried out as an integral part of a total service, and as such do not warrant a separate identification”. These services are noted in the CPT with the parenthetical phrase (separate procedure) at the end of the description. When this phrase appears before the semicolon, all indented descriptions that follow are covered by it.

The following is an example of an integral component

**Code: 58720**  **Description:** Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).

**Code: 58150**  **Description:** Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).

When reporting a total abdominal hysterectomy with removal of the tube(s) and ovary(s), it would not be appropriate to separately report code 58720 in conjunction with 58150. The procedure described by code 58720 is considered an integral component of the procedures described by code 58150.
Multiple Procedures

- When two or more procedures are performed by the same physician on the same date they are categorized as “multiple procedures”
  - Attach modifier -51 to any additional procedures
  - Reimbursement for the second and any other additional procedures is reduced
  - Appendix E of CPT lists procedures that are exempt from modifier -51
    - They are add-on procedures and have already had their value reduced

Let’s Review

Coding for Surgery
Surgery

- General (10021 – 10022)
- Integumentary System (10040 - 19499)
- Musculoskeletal System (20000 – 29999)
- Respiratory System (30000 – 32999)
- Cardiovascular System (33010 – 37799)
- Hemic and Lymphatic System (38100 - 38999)
- Mediastinum and Diaphragm (39000 – 39599)
- Digestive System (40490- 49999)
- Urinary System (50010 – 53899)
- Male Genital System (54000 – 55899)
- Reproductive System Procedures (55920)
- Intersex Surgery (55970 – 55980)
- Female Genital System (56405 – 58999)
- Maternity Care & Delivery (59000 – 59899)
- Endocrine System (60000 – 60699)
- Nervous System (61000 – 64999)
- Eye and Ocular Adnexa (65091 – 68899)
- Auditory System (69000 – 69979)
- Operating Microscopy (69990)

Surgery - General

- Fine Needle Aspirations
  - Without imaging guidance
  - With imaging guidance

*Bill radiology supervision and interpretations separately*

Not for percutaneous needle biopsy
Surgery - Integumentary

- Skin, Subcutaneous and Accessory Structures (CPT 10040 – 11646)
  - Incision and Drainage
  - Excision – Debridement
  - Paring or Cutting
  - Biopsy
  - Removal of Skin Tags
  - Shaving of Epidermal or Dermal Lesions
  - Excision – Benign Lesions
  - Excision – Malignant Lesions

Integumentary

- Nails (CPT 11719 – 11765)
- Pilonidal Cyst (CPT 11770 – 11772)
- Introduction (CPT 11900 – 11983)
  - Injections
  - Tattooing
  - Filling Materials
  - Tissue Expanders
  - Implantable Contraceptive Capsules
Integumentary

• Repair/Closure (CPT 12001 – 16036)
  • Simple
  • Intermediate
  • Complex
  • Adjacent Tissue Transfer
  • Skin Replacement Surgery
    • Preparation
    • Grafts
  • Flaps (Skin and/or Deep Tissue)
  • Other Flaps & Grafts
  • Other Procedures
    • Dermabrasion
    • Chemical Peel
  • Pressure Ulcers
  • Burns

Integumentary

• Destruction (CPT 17000 – 17999)
  • Benign or Premalignant Lesions
  • Malignant Lesions, Any Method
  • Mohs Micrographic Surgery
  • Other Procedures
    • Cryotherapy
    • Acne Exfoliation

• Breast (CPT 19000 – 19499)
  • Incision
  • Excision
  • Introduction
  • Mastectomy Procedures
  • Repair and/or Reconstruction
  • Other Procedures
Surgery - Musculoskeletal

• General (CPT 20000 – 29999)
  • Incision
  • Wound Exploration
  • Excision
  • Introduction or Removal
  • Replantation
  • Grafts (or Implants)
  • Other Procedures

Musculoskeletal

• Head (CPT 21010 – 21499)
  • Incision
  • Excision
  • Manipulation
  • Head Prosthesis
    • Other Procedures
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
    • Other Procedures
  • Fracture and/or Dislocation
    • Other Procedures
Musculoskeletal

• Neck (Soft Tissues) and Thorax (CPT 21501 – 21899)
  • Incision
  • Excision
  • Repair, Revision and/or Reconstruction
  • Fracture and/or Dislocation
  • Other Procedures

• Back and Flank (CPT 21920 – 21936)
  • Excision

Musculoskeletal

• Spine (Vertebral Column) (CPT 22010 – 22899)
  • Incision
  • Excision
  • Osteotomy
  • Fracture and/or Dislocation
  • Manipulation
  • Vertebral Body, Embolization or Injection
  • Arthrodesis
    • Lateral Extracavitary Approach Technique
    • Anterior or Anterolateral Approach
    • Posterior, Posterolateral or Lateral Transverse Process
    • Spine Deformity (Scoliosis, Khyosis)
  • Exploration
  • Spinal Instrumentation
  • Other Procedures
Musculoskeletal

- Abdomen (CPT 22900 – 22999)
  - Excision
  - Other
- Shoulder (CPT 23000 – 23929)
  - Incision
  - Excision
  - Introduction or Removal
  - Repair, Revision, and/or Reconstruction
  - Fracture and/or Dislocation
  - Manipulation
  - Arthrodesis
  - Amputation
  - Other Procedures

Musculoskeletal

- Humerus (Upper Arm) and Elbow (CPT 23000 – 23929)
  - Incision
  - Excision
  - Introduction or Removal
  - Repair, Revision, and/or Reconstruction
  - Fracture and/or Dislocation
  - Arthrodesis
  - Amputation
  - Other Procedures
- Forearm and Wrist (CPT 25000 – 25999)
  - Incision
  - Excision
  - Introduction or Removal
  - Repair, Revision, and/or Reconstruction
  - Fracture and/or Dislocation
  - Arthrodesis
  - Amputation
  - Other Procedures
Musculoskeletal

• Hand and Fingers (CPT 26010 – 26989)
  • Incision
  • Excision
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
  • Fracture and/or Dislocation
  • Arthrodesis
  • Amputation
  • Other Procedures

Musculoskeletal

• Pelvis and Hip Joint (CPT 26990 – 27299)
  • Incision
  • Excision
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
  • Fracture and/or Dislocation
  • Manipulation
  • Arthrodesis
  • Amputation
  • Other Procedures
Musculoskeletal

• Femur (Thigh Region) and Knee Joint (CPT 27301 – 27599)
  • Incision
  • Excision
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
  • Fracture and/or Dislocation
  • Manipulation
  • Arthrodesis
  • Amputation
  • Other Procedures

Musculoskeletal

• Leg (Tibia and Fibula) and Ankle Joint (CPT 27600 – 27899)
  • Incision
  • Excision
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
  • Fracture and/or Dislocation
  • Manipulation
  • Arthrodesis
  • Amputation
  • Other Procedures
Musculoskeletal

• Foot and Toes (CPT 28001 – 28899)
  • Incision
  • Excision
  • Introduction or Removal
  • Repair, Revision, and/or Reconstruction
  • Fracture and/or Dislocation
  • Manipulation
  • Arthrodesis
  • Amputation
  • Other Procedures

Musculoskeletal

• Application of Casts and Strapping (CPT 29000 – 29799)
  • Body and Upper Extremity
    • Casts
    • Splints
    • Strapping
  • Lower Extremity
    • Casts
    • Splints
    • Strapping
  • Removal or Repair
  • Other Procedures

• Endoscopy/Arthroscopy (CPT 29800 – 29999)
Surgery - Respiratory

• Nose (CPT 30000 – 30999)
  • Incision
  • Excision
  • Introduction
  • Removal of Foreign Body
  • Repair
  • Destruction
  • Other Procedures

• Accessory Sinuses (CPT 31000 – 31299)
  • Incision
  • Excision
  • Endoscopy
  • Other Procedures

Respiratory

• Larynx (CPT 31300 – 31599)
  • Excision
  • Introduction
  • Endoscopy
  • Repair
  • Destruction
  • Other Procedures

• Trachea and Bronchi (CPT 31600 – 31899)
  • Incision
  • Endoscopy
  • Introduction
  • Excision, Repair
  • Other Procedures
Respiratory

- Lungs and Pleura (CPT 32035 – 32999)
  - Incision
  - Excision
  - Removal
    - Introduction and Removal
  - Destruction
  - Endoscopy
  - Repair
  - Lung Transplantation
  - Surgical Collapse Therapy; Thoracoplasty
  - Other Procedures

Surgery - Cardiovascular

- Heart and Pericardium (CPT 33010 – 33999)
  - Pericardium
  - Cardiac Tumor
  - Transmyocardial Revascularization
  - Pacemaker or Pacing Cardioverter- Defibrillator
  - Electrophysiologic Operative Procedures
    - Incision
    - Endoscopy
  - Patient-Activated Event Record
  - Heart (including Valves) and Great Vessels
  - Cardiac Valves
    - Aortic
    - Mitral
    - Tricuspid
    - Pulmonary
Heart and Pericardium (continued)
- Other Valvular Procedures
- Coronary Artery Anomalies
- Endoscopy
- Venous Grafting Only for Coronary Artery Bypass
- Combined Arterial-Venous Grafting for Coronary Bypass
- Arterial Grafting for Coronary Artery Bypass
- Coronary Endarterectomy
- Single Ventricle and Other Complex Cardiac Anomalies
- Septal Defect
- Sinus of Valsalva
- Venous Anomalies
- Shunting Procedures

Heart and Pericardium (continued)
- Transposition of the Great Vessels
- Truncus Arteriosus
- Aortic Anomalies
- Thoracic Aortic Aneurysm
- Endovascular Repair of Descending Thoracic Aorta
- Pulmonary artery
- Heart/Lung Transplantation
- Cardiac Assist
- Other Procedures
Cardiovascular

• Arteries and Veins (CPT 34001 – 37799)
  • Embolectomy / Thrombectomy
    • Arterial, with or without catheter
    • Venous, direct or with catheter
  • Venous Reconstruction
  • Endovascular Repair or Abdominal Aortic Aneurysm
  • Endovascular Repair of Iliac Aneurysm
  • Direct Repair of Aneurysm or Excision and Graft Insertion for Aneurysm
  • Pseudoaneurysm, Ruptured Aneurysm, and Associated Occlusive Disease
  • Repair Arteriovenous Fistula
  • Repair Blood Vessel Other than for Fistula, With or Without Patch Angioplasty
  • Thromboendarterectomy

• Arteries and Veins (continued)
  • Angioscopy
  • Transluminal Angioplasty
    • Open
    • Percutaneous
  • Bypass Graft
    • Vein
    • In-Situ Vein
    • Other Than Vein
  • Composite Grafts
  • Adjuvant Techniques
  • Arterial Transposition
  • Excision, Exploration, Repair, Revision
Cardiovascular

• Arteries and Veins (continued)
  • Vascular Injection Procedures
    • Intravenous
    • Intra-Arterial – Intra-Aortic
    • Venous
    • Central Venous Access procedures
    • Arterial
    • Intraosseous
    • Hemodialysis Access, Intervascular Cannulation for Extracorporeal Circulation or Shunt Insertion
    • Shunt Insertion
    • Portal Decompression Procedures

• Arteries and Veins (continued)
  • Transcatheter Procedures
    • Arterial Mechanical Thrombectomy
    • Venous Mechanical Thrombectomy
    • Other Procedures
  • Intravascular Ultrasound Services
  • Endoscopy
  • Ligation
  • Other Procedures
Surgery
Hemic and Lymphatic Systems

• Spleen (CPT 38100 – 38200)
  • Excision
  • Repair
  • Laparoscopy
  • Introduction

• General (CPT 38202 – 38242)
  • Bone Marrow or Stem Cell Services/Procedures

• Lymph Nodes and Lymphatic Channels (CPT 36300 – 38999)
  • Incision
  • Excision
  • Limited Lymphadenectomy for Staging
  • Laparoscopy
  • Radical Lymphadenectomy
  • Introduction
  • Other Procedures

Surgery – Mediastinum and Diaphragm

• Mediastinum (CPT 39000 – 39599)
  • Incision
  • Excision
  • Endoscopy
  • Other Procedures

• Diaphragm (CPT 39501 – 39599)
  • Repair
  • Other Procedures
Surgery – Digestive System

• Lips (CPT 40490–40799)
  • Excision
  • Repair (Cheiloplasty)
  • Other Procedures

• Vestibule of Mouth (CPT 40800–40899)
  • Incision
  • Excision
  • Repair
  • Other Procedures

Digestive System

• Tongue and Floor of Mouth (CPT 41000–41599)
  • Incision
  • Excision
  • Repair
  • Other Procedures

• Dentoalveolar Structures (CPT 41800–41599)
  • Incision
  • Excision
  • Other Procedures
Digestive System

- Palate and Uvula (CPT 42000 – 42299)
  - Incision
  - Excision, Destruction
  - Repair
  - Other Procedures

- Salivary Gland and Ducts
  - Incision
  - Excision
  - Repair
  - Other Procedures

Digestive System

- Pharynx, Adenoids, and Tonsils (CPT 42700 – 42999)
  - Incision
  - Excision, Destruction
  - Repair
  - Other Procedures

- Esophagus (CPT 43020 – 43499)
  - Incision
  - Excision
  - Endoscopy
  - Laparoscopy
  - Repair
  - Manipulation
  - Other Procedures
Digestive System

• Stomach (CPT 43500 – 43999)
  • Incision
  • Excision
  • Laparoscopy
  • Introduction
  • Bariatric Surgery
    • Laparoscopy
  • Other Procedures

Digestive System

• Intestines (Except Rectum) (CPT 44005 – 44799)
  • Incision
  • Excision
  • Laparoscopy
    • Incision
    • Enterostomy
    • Excision
    • Repair
    • Other Procedures
  • Enterostomy
  • Endoscopy, Small Intestine & Stomal
  • Introduction
  • Repair
  • Other Procedures
Digestive System

- Meckel's Diverticulum and the Mesentery (CPT 44800 – 44899)
  - Excision
  - Suture
  - Other Procedures

- Appendix (CPT 44900 – 44820)
  - Incision
  - Excision
  - Laparoscopy

Digestive System

- Rectum (CPT 45000 – 45999)
  - Incision
  - Excision
  - Destruction
  - Endoscopy
  - Laparoscopy
    - Excision
    - Repair
  - Repair
  - Manipulation
  - Other Procedures
Digestive System

- Anus (CPT 46020 – 46999)
  - Incision
  - Excision
  - Introduction
  - Endoscopy
  - Repair
  - Destruction
  - Other Procedures

- Liver (CPT 47000 – 47399)
  - Incision
  - Excision
  - Liver Transplantation
  - Repair
  - Laparoscopy
  - Other Procedures

- Biliary Tract (CPT 47400 – 47999)
  - Incision
  - Introduction
  - Endoscopy
  - Laparoscopy
  - Excision
  - Repair
  - Other Procedures

- Pancreas (CPT 48000 – 48999)
  - Incision
  - Excision
  - Introduction
  - Repair
  - Pancreas Transplantation
  - Other Procedures
Digestive System

- Abdomen, Peritoneum, and Omentum (CPT 49000 – 49999)
  - Incision
  - Excision
  - Laparoscopy
  - Introduction, Revision, Removal
    - Initial Placement
    - Conversion
    - Replacement
    - Mechanical Removal of Obstructive Material
    - Other
  - Repair
  - Suture
  - Other Procedures

Digestive System

- Know the rules of your different payers for paying for endoscopic exams

- Medicare
  - 100% of the highest valued procedure in a family
  - Difference between the next highest valued and the “base code” of the family

Example: Colonoscopy with removal of one tumor by snare technique and one polyp by hot biopsy forceps
Reimbursement:

- 45385 Snare technique $514.46
- 45384 Hot Biopsy Forceps $69.25
- 45384 $450.65
- 45378 $381.40
- $ 69.25
Surgery – Urinary System

- Kidney (CPT 50010 – 50539)
  - Incision
  - Excision
  - Renal Transplantation
  - Introduction
    - Renal Pelvis Catheter Procedures
      - Internally Dwelling
      - Externally Accessible
    - Other Procedures
- Ureter (CPT 50600 – 50980)
  - Incision
  - Excision
  - Introduction
  - Repair
  - Laparoscopy
  - Endoscopy

Urinary System

- Bladder (CPT 51020 – 52700)
  - Incision
  - Removal
  - Excision
  - Introduction
  - Urodynamics
  - Repair
  - Laparoscopy
  - Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy
  - Transurethral Surgery
    - Urethra & Bladder
    - Ureter and Pelvis
  - Vesical Neck and Prostate
**Surgery – Male Genital System**

- **Penis (CPT 54000 – 54450)**
  - Incision
  - Destruction
  - Excision
  - Introduction
  - Repair
  - Manipulation

- **Testis (CPT 54500 – 54699)**
  - Excision
  - Exploration
  - Repair
  - Laparoscopy

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**Male Genital System**

- **Epididymus (CPT 54700 – 54901)**
  - Incision
  - Excision
  - Exploration
  - Repair

- **Tunica Vaginalis (CPT 55000 – 55060)**
  - Incision
  - Excision
  - Repair

- **Scrotum (CPT 55100 – 55180)**
  - Incision
  - Excision
  - Repair
Male Genital System

- Vas Deferens (CPT 55200 – 55450)
  - Incision
  - Excision
  - Introduction
  - Repair
  - Suture

- Spermatic Cord (CPT 55500 – 55559)
  - Excision
  - Laparoscopy

Male Genital System

- Seminal Vesicles (CPT 55600 – 55680)
  - Incision
  - Excision

- Prostate (CPT 55700 – 55899)
  - Incision
  - Excision
  - Laparoscopy
  - Other Procedures
Genital Systems
Male and/or Female

- Reproductive System Procedures (CPT 55920)
  - For placement of needles or catheters for subsequent interstitial radioelement application

- Intersex Surgery (CPT 55970 – 55980)
  - Male to Female
  - Female to Male

Surgery
Female Genital System

- Vulva, Perineum, and Introitus (CPT 56405 – 56821)
  - Incision
  - Destruction
  - Excision
  - Repair
  - Endoscopy

- Vagina (CPT 57000 – 57246)
  - Incision
  - Destruction
  - Excision
  - Introduction
  - Repair
  - Manipulation
  - Endoscopy/Laparoscopy
Female Genital System

• Cervix Uteri (CPT 57452 – 57800)
  • Endoscopy
  • Excision
  • Repair
  • Manipulation

• Corpus Uteri (CPT 58100 – 58579)
  • Excision
    • Hysterectomy Procedures
  • Introduction
  • Repair
  • Laparoscopy/Hysteroscopy

Female Genital System

• Oviduct/Ovary (CPT 58600 – 58770)
  • Incision
  • Laparoscopy
  • Excision
  • Repair

• Ovary (CPT 58800 – 58960)
  • Incision
  • Excision

• In Vitro Fertilization (CPT 58970 – 58999)
  • Other Procedures
Surgery
Maternity Care and Delivery
(CPT 59000 - 59899)

- Antepartum and Fetal Invasive Services
- Excision
- Introduction
- Repair
- Vaginal Delivery, Antepartum and Postpartum Care
- Cesarean Delivery
- Delivery After Previous Cesarean Delivery
- Abortion
- Other Procedures

Surgery – Endocrine System

- Thyroid Gland (CPT 60000 – 60300)
  - Incision
  - Excision
  - Removal

- Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid body (CPT 60500 – 60699)
  - Excision
  - Laparoscopy
  - Other Procedures
Surgery – Nervous System

• Skull, Meninges, and Brain (CPT 61000 – 62258)
  • Injection, Drainage, or Aspiration
  • Twist Drill, Burr Holes (S) or Trephine
  • Cranietomy or Craniotomy
  • Surgery of Skull Base
    • Approach Procedures
    • Definitive Procedures
    • Repair and/or Reconstruction of surgical Defects of Skull Base
  • Endovascular Therapy
  • Surgery for Aneurysm, AV Malformations, or Vascular Disease
  • Sterotaxis
  • Stereotactic Radiosurgery (Cranial)
  • Neurostimulators
  • Repair
  • Neuroendoscopy
  • Cerebrospinal Fluid Shunt

Nervous System

• Spine and Spinal Cord (CPT 62263 – 63746)
  • Injection, Drainage or Aspiration
  • Catheter Implantation
  • Reservoir/Pump Implantation
  • Posterior Extradural Laminotomy or Laminectomy for Exploration/
    Decompression of Neural Elements or Excision of Herniated
    Intervertebral Discs
  • Transpedicular or Costovertebral Approach for Posterolateral
    Extradural Exploration/Decompression
  • Exploration/Decompression
  • Anterior or Anterolateral Approach for Extradural
    Exploration/Decompression
  • Lateral Extracavitary Approach for Extradural
    Exploration/Decompression
Nervous System

• Spine & Spinal Cord (continued)
  • Incision
  • Excision by Laminectomy
  • Excision Anterior or Anterolateral Approach, Intraspinal Lesion
  • Stereotaxis
  • Stereotactic Radiosurgery
  • Neurostimulators
  • Repair
  • Shunt, Spinal CSF

Nervous System

• Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System (CPT 64400 – 64999)
  • Introduction/Injection o Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic
    • Somatic Nerves
    • Paravertebral Spinal Nerves and Branches
    • Autonomic Nerves
  • Neurostimulators (Peripheral Nerve)
  • Destruction by Neurolytic Agent
  • Radiofrequency
    • Somatic Nerves
    • Sympathetic Nerves
  • Neuroplasty (Exploration, Neurolysis, or Nerve Decompression)
Nervous System

- Extracranial Nerves, etc. (continued)
  - Transection or Avulsion
  - Excision
    - Somatic Nerves
    - Sympathetic Nerves
  - Neurorrhaphy
  - Neurorrhaphy With Nerve Graft, Vein Graft, or Conduit
  - Other Procedures

Surgery

Eye and Ocular Adnexa

- Eyeball (CPT 65091 – 65290)
  - Removal of Eye
  - Secondary Implant (s) Procedures
  - Removal of Foreign Body
  - Repair of Laceration

- Anterior Segment (CPT 65400 – 66990)
  - Cornea
    - Excision
    - Removal or Destruction
    - Keratoplasty
    - Other Procedures
Eye and Ocular Adnexa

• Anterior Segment (continued)
  • Anterior Chamber
    • Incision
    • Removal
    • Introduction
  • Anterior Sclera
    • Excision
    • Aqueous Shunt
    • Repair or Revision
  • Iris, Ciliary Body
    • Incision
    • Excision
    • Repair
    • Destruction

• Anterior Segment (continued)
  • Lens
    • Incision
    • Removal
  • Intraocular Lens Procedures
  • Other Procedures

• Posterior Segment (CPT 67005 – 67299)
  • Vitreous
  • Retina or Choroid
    • Repair
    • Prophylaxis
    • Destruction
Eye and Ocular Adnexa

• Posterior Segment (continued)
  • Posterior Sclera
    • Repair
  • Other Procedures

• Ocular Adnexa (CPT 67311 – 67999)
  • Extraocular Muscles
    • Other Procedures
  • Orbit
    • Exploration, Excision, Decompression

Eye and Ocular Adnexa

• Ocular Adnexa (continued)
  • Eyelids
    • Incision
    • Excision, Destruction
    • Tarsorrhaphy
    • Repair
    • Reconstruction
    • Other Procedures

• Conjunctiva (CPT 68020 – 68899)
  • Incision and Drainage
  • Excision
  • Injection
Eye and Ocular Adnexa

• Conjunctiva (continued)
  • Conjunctivoplasty
  • Other Procedures
  • Lacrimal System
    • Incision
    • Excision
    • Repair
    • Probing and/or Related Procedures
    • Other Procedures

Surgery
Auditory System

• External Ear (CPT 69000 – 69399)
  • Incision
  • Excision
  • Removal
  • Repair
  • Other Procedures

• Middle Ear (CPT 69400 – 69799)
  • Introduction
  • Incision
  • Excision
  • Repair
  • Other Procedures
Auditory System

- Inner Ear (CPT 69801 – 69949)
  - Incision and/or Destruction
  - Excision
  - Introduction
  - Other Procedures

- Temporal Bone, Middle Fossa Approach (CPT 69950 – 69979)
  - Other Procedures

Surgery
Operating Microscope

- CPT 69990
  - Inclusive with codes listed in the guideline for use
    - Not all payers recognize that list – some have more extensive list of what procedures include the use of the operating microscope
Let’s Review

Finding Surgical Procedure Codes!

Poll Questions
Radiology Guidelines

- There are 3 options to be considered before selecting the appropriate CPT code:

  Technical Component (TC) is used only to report the facility component of the radiological procedure performed including the equipment, film, technical staffing, etc.

  Professional Component (-26) is used to describe the supervision and interpretation performed by the physician.

  Both Technical & Professional Component- are used to describe the facility & physicians service, i.e. when x-rays are performed in your office and are read by the physician.

A separate, signed report is required.

“A written report, signed by the interpreting physician should be considered an integral part of the radiologic procedure or interpretation”

According to E&M guidelines, reporting of x-ray interpretation of outside films should be included in the medical decision making component.
Documentation of an x-ray interpretation will require minimum:

- When & where were x-rays taken?...
- What views & anatomical visualized?...
- What did you see on the films?......
- What is the impression?...........

The most conservative advice is to file your separately distinct procedure in a separate “test” section of the medical record.

Radiology

- Diagnostic Radiology (CPT 70010 – 76499)
- Diagnostic Ultrasound (CPT 76506 – 76999)
- Radiologic Guidance (CPT 77001 – 77032)
- Breast, Mammography (CPT 77051 – 77059)
- Bone/Joint Studies (CPT 77071 – 77084)
- Radiation Oncology (CPT 77261 – 77799)
- Nuclear Medicine (CPT 78000 – 79999)
Pathology

• Organ or Disease-Oriented Panels
• Drug Testing
• Therapeutic Drug Assays
• Evocative/Suppression Testing
• Consultations (Clinical Pathology)
• Urinalysis
• Chemistry
• Hematology and Coagulation
• Immunology
• Transfusion Medicine
• Microbiology
• Anatomic Pathology
• Cytopathology
• Cytogenetic Studies
• Surgical Pathology
• In Vivo (eg, Transcutaneous Laboratory Procedures)
• Other Procedures
• Reproductive Medicine Procedures

CODING EXERCISE

Assign the appropriate code (s) for the following procedures.
Homework Instructions:

• Do the best you can – don’t worry if you can’t do some of them or if you struggle with some

• Call me if you need help or have other questions

• Fax or email your answers