

CPT

INTRODUCTION

- **CURRENT PROCEDURAL TERMINOLOGY**
- **4TH EDITION**
- **FIVE DIGIT CODE**
- **REPORTING PROCEDURES AND SERVICES**
- **TERM PROCEDURE – USED TO DESCRIBE SERVICES INCLUDING DIAGNOSTIC TESTS**
- CPT is maintained and annually updated by the American Medical Association (AMA)

- ▶ Updated annually
- ▶ Notifications sent in early fall
- ▶ Effective January 1
- ▶ Coding changes
 - Additions
 - Deletions
 - Changes or revisions



- **CPT codes** are a list of descriptive terms, guidelines, and identifying codes for reporting medical services and procedures.
- **The purpose of CPT is to provide a uniform language that describes medical, surgical, and diagnostic services.**
- **Used as an effective communication among physicians, patients and third party payers**

Organisation of CPT

- **Introduction**
- **Category I – 6 sections**
- **Section guidelines**
- **Section table of contents**
- **Notes**
- **Category II codes**
- **Category III codes**
- **Appendices A- P**
- **Index**

The CPT Format/**Symbols**

- **Special Symbols** (*highlight changes or special points*)
 - new procedure
 - ▲ change in code's description
 - ▶ ◀ new or revised information
 - + add-on codes (procedures carried out in addition to other procedures)

The CPT Format/Symbols

- Special **Symbols** (*highlight changes or special points*)
 - **Cont.**
 - ⊙ (Bullet inside a circle) next to a code means that the *conscious sedation is a part of the procedure that the surgeon performs.*
 - ⚡ (Lightning Bolt) is used with vaccine codes that have been submitted to the **Federal Drug Administration** (FDA) and are expected to be **approved** for use soon.
 - The Code can not be used until **approved**
 - When approved the symbol is *removed for the next printing of the CPT.*

7. # (a number sign) indicates a resequenced code
- **Resequenced**—CPT procedure codes that have been reassigned to another sequence

- ▶ Located at the back of the CPT Manual
- ▶ Organized by Main terms
 - Procedure or service
 - Organ or other anatomic site
 - Condition
 - Synonyms, Eponyms or abbreviations
- Subterms modify the main term



HCPCS

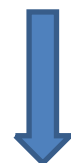


LEVEL I
CPT



CATEGORIES - I , II , III

LEVEL II



**SUPPLY CODES /
equipment codes**

HCPCS

- ▶ Level I – CPT
 - Category I – Main sections of CPT
 - Category II – not mandatory; tracking codes
 - Category III – collect statistical data; temporary codes
- ▶ Level II – National Codes
 - Used to bill for services not in Level I and supplies and equipment



- **CPT® Category I** —the largest body of codes consisting of those commonly used by providers to report their services and procedures - **6 sections**
- **CPT® Category II** —supplemental tracking codes used for performance management (**Ends with letter F**)- **0025F**
- **CPT® Category III** —temporary codes used to report emerging and experimental services and procedures (**Ends with letter T**) - **0017T**

CATEGORY I

- **The 6 main sections of CPT® Category I codes are**
- Evaluation & Management Services (99201 – 99499)
- Anesthesia Services (01000 – 01999)
- Surgery (10021 – 69990) – further broken into body area or system within this code range
- Radiology Services (70010 – 79999)
- Pathology and Laboratory Services (80047 – 89398)
- Medical Services and Procedures (90281 – 99607)

- **Evaluation and Management Services E&M**
- These services are for the visit portion of a patient encounter.
- They have their own set of instructions on selection of the appropriate code.

Appendixes

- Appendix A= Modifiers
- Appendix B= Summary of Additions, Deletions and Revisions
- Appendix C= Clinical Examples
- Appendix D= Summary of Add-on Codes
- Appendix E= Summary of Modifier -51 exempt
- Appendix F= Summary of Modifier -63 exempt
- Appendix G= Summary of codes that include moderate sedation

- Appendix H= Alpha listing of Performance Measures
- Appendix I= Genetic Testing Modifiers
- Appendix J= Electrodiagnostic Medicine listing of Sensory, Motor and Mixed Nerves
- Appendix K= Products pending FDA approval
- Appendix L= Vascular Family Listing
- Appendix M= Crosswalk from Deleted Codes
- Appendix N= Summary of Resequenced Codes
- Appendix O –Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses
- Appendix P - CPT Codes That May Be Used For Synchronous Telemedicine Services

Guidelines

- At the beginning of each section are specific guidelines on how to choose the appropriate code within the section.
- **Example: Radiology explains how supervision and interpretation codes should be coded**
- At the beginning of each code set are guidelines on using the codes within the set
- **Example: Laparoscopy heading states, Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy (peritoneoscopy) (separate procedure), use 49320**

to select a Procedure (

- Select the **name of the procedure** from the **index of the CPT book**
- Using the code set listed in the index review the verbiage of the code within the body of the CPT book

Example:

Appendectomy

1. Index shows code range 44950-44960
2. Go to 44950 and review the individual codes to find the appropriate code for the procedure performed

CPT Assistant

On each code there is a listing for the CPT Assistant this is to show you where to go in the AMA monthly publication. (This is for more clarification on the code, if needed.)

44950

Appendectomy;

CPT Assistant Feb 92:22, Sep 96:4, Aug 02:2, Nov 08:7

Month

Year

Volume

Modifiers

- Modifiers are used to “modify” the code that is chosen for a given procedure.
- These are listed in the front cover of the CPT book with a description
- **Example:**
- **51 Multiple Procedure**
- **52 Reduced Service**

Commonly Used CPT and HCPCS Modifiers

- **22** Unusual procedural services
- **23** Unusual anesthesia
- **24** Unrelated evaluation and management service by the same physician during a postoperative period
- **25** Significant, separately identifiable E&M service by the same physician on the same day of the procedure or service
- **26** Professional component
- **27** Multiple outpatient hospital E&M encounters on the same date
- **32** Mandated services
- **47** Anesthesia by surgeons
- **50** Bilateral procedure
- **51** Multiple procedures Indicates that multiple procedures (other than E/M services)
- **52** Reduced services
- **53** Discontinued procedure

- **57** Decision for Surgery – Indicates an E/M service that resulted in the initial decision to perform a surgery
- **58** Staged or related procedure or service by the same physician during the postoperative period
- **59** Distinct Procedural Service – Indicates that a non-E/M procedure or service was distinct or independent from other non-E/M services performed on the same day:
 - XE-Separate Encounter
 - XP-Separate Practitioner
 - XS-Separate Organ/Structure
 - XU-Unusual Non-overlapping Service
- **76** Repeat procedure or service by same physician or other qualified healthcare professional
- **77** Repeat procedure by another physician or other qualified healthcare professional
- **95** Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system

Anatomical Modifiers: Anatomical modifiers indicate the area or part of the body on which the procedure is performed on different sites during the same session. Examples:

- **E1-E4** Eyelids
- **FA-F9** Fingers
- **TA-T9** Toes
- **RT** Right
- **LT** Left
- **LC** Left circumflex, coronary artery
- **LD** Left anterior descending coronary artery
- **LM** Left main coronary artery
- **RI** Ramus intermedius
- **RC** Right coronary artery

Place of Service

- The first page of the CPT book (no page number designation) is a list of locations.
- • These locations indicate where the procedure was performed
- • These are selected by the “coder” and they print on the CMS 1500 form for billing
- Example:
- 11 Office
- 21 Inpatient Hospital

Using the code

- Once you have selected the procedure code for the service, place of service, and modifiers (if necessary)
- Add the diagnosis code for that procedure
- The charge will be entered into your “billing” system and printed or electronically filed to the appropriate insurance company for payment.

Exercise

- Esophagogastroduodendoscopy (EGD)
- EGD with band ligation for varices
- ERCP for stent removal
- Anesthesia for CABG with heart lung machine
- Ultrasound guided biopsy of small mass in left breast
- Open abdominal hysterectomy in which cervix and uterus are removed.
- Lumbar injection – L3 , L4 with guidance of fluroscopy

CPT

MODIFIERS

MODIFIERS

- **Modifier** - as the name implies a modifier will modify a service / procedure or an item under certain circumstances for appropriate reimbursement.
- **Modifiers may add information or change the description** according to the physician documentation to give more specificity for the service or procedure rendered.
- **Appending of an appropriate modifier will effectively respond to reimbursement.**

- Modifier are **two digit codes** and are categorized into **two levels**
- 1. **Level I Modifiers**: Normally known as **CPT Modifiers** and consists of two numeric digits and are updated annually by AMA - American Medical Association.
- 2. **Level II Modifiers**: Normally known as **HCPCS Modifiers** and consists of two digits (Alpha / Alphanumeric characters) in the sequence AA through VP. These modifiers are annually updated by CMS - Centres for Medicare and Medicaid Services.

- **21 Prolonged Evaluation and Management Services**
- **22 Unusual Procedural Services**
- **23 Unusual Anesthesia**
- **24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period**

**25 Significant, Separately Identifiable
Evaluation and Management Service by the
Same Physician on the Same Day of the
Procedure or Other Service**

26 Professional Component

32 Mandated Services

47 Anesthesia by Surgeon

50 Bilateral Procedures

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 During the Postoperative Period

59 Distinct Procedural Service

62 Two Surgeons

63 Procedure Performed on Infants less than 4 kg.

66 Surgical Team

76 Repeat Procedure by Same Physician

77 Repeat Procedure by Another Physician

**78 Return to the Operating Room for a Related Procedure
During the Postoperative Period**

**79 Unrelated Procedure or Service by the Same Physician
During the Postoperative Period**

80 Assisted Surgeons

81 Minimum Assistant Surgeons

82 Assistant Surgeon (when qualified surgeon no available)

90 Reference (Outside) Laboratory

91 Repeat Clinical Diagnostic Laboratory Test

99 Multiple Modifiers

CIERS APPROVED FOR HO OUTPATIENT USE (CPT)

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

74 Discontinue Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

25, 33, 50, 52, 58, 59, 73,74, 76,77, 78, 79, 91

P1 A normal healthy patient

P2 A patient with mild systemic disease

P3 A patient with severe systemic disease

P4 A patient with severe systemic disease that is a constant threat to life

P5 A moribund patient who is not expected to survive without the operation

P6 A declared brain-dead patient whose organs are being removed for donor purposes

LEVEL II MODIFIERS

E1 Upper left, eyelid

E2 Lower left, eyelid

E3 Upper right, eyelid

E4 Lower right, eyelid

F1 Left hand, second digit

F2 Left hand, third digit

F3 Left hand, fourth digit

F4 Left hand, fifth digit

F5 Right hand, thumb

F6 Right hand, second digit

F7 Right hand, third digit

F8 Right hand, fourth digit

F9 Right hand, fifth digit

FA Left hand, thumb

- **LC Left circumflex coronary artery**
- **LD Left anterior descending coronary artery**
- **LT Left side**
- **RC Right coronary artery**
- **RT Right side**

T1 Left foot, second digit

T2 Left foot, third digit

T3 Left foot, fourth digit

T4 Left foot, fifth digit

T5 Right foot, great toe

T6 Right foot, second digit

T7 Right foot, third digit

T8 Right foot, fourth digit

T9 Right foot, fifth digit

TA Left foot, great

