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Today's Presentation

CPT Coding
Principles of CPT Coding and CPT Code Changes for 2012

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Course Faculty

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Today’s Course

CPT Coding & 2012 Updates

- Organization of the CPT Materials
- Conventions, Guidelines & Modifiers
- E&M Codes
- Medical Examples
- Special Surgery Section
- 2012 Update Section
- Summary

Organization of CPT™

- Introduction
- Sections & Guidelines
  - Evaluation & Management Services
  - Anesthesia
  - Surgery
  - Radiology
  - Pathology & Laboratory
  - Medicine
- Modifiers
- Additions and Deletions
- Clinical Examples
- Index
  - Instructions
  - Modifying Terms
  - Code ranges
  - Conventions

CPT Sections

- Section Numbers
  - E&M  99201 to 99499
  - Anesthesia 00100 to 01999, 99100 to 99140
  - Surgery 10040 to 69990
  - Radiology 70010 to 79999
  - Pathology & Laboratory 80049 to 89399
  - Medicine 90281 to 99199
Instructions

- Select the name of the procedure that most accurately identifies the service performed
- List additional services or procedures if performed
- Add any modifying or extenuating circumstances to the listed service or procedure
- Adequately document the service in the patient medical record
- Any procedure or service may be used by any qualified physician

Format of the Terminology

- The code number followed by a descriptor
  25100 Arthrotomy, wrist joint; for biopsy

- Shorthand convention (follows semi-colon)
  25105 For synovectomy

Unlisted Procedure or Services and Special Reports

- Not every service performed by a physician is listed in CPT. Therefore, a specific code within each section is to be used to identify the service
  15999 Unlisted procedure, excision pressure ulcer

- All unlisted services and unusual services should be accompanied by a special report
Code Symbols

Each year the book is updated and codes are added and deleted. Text may be revised as well.
New procedures are identified with a “●”
New descriptions of codes are identified with a “▲”
New and revised text other than descriptions are identified with “► ◄”

Code Symbols

Add-On codes are identified with a “+”
Codes exempt from multiple procedure modifiers (-51) are identified with a “◊”.
They are not designated as “add-on” codes
These modifier -51 exempt codes have substantial revisions for 2008
● codes include conscious sedation
✓ Pending FDA approval
# Re-sequenced numbering of code

Using the Index

• Organized by main terms followed by up to three modifying terms
• There are four classes of main terms:
  – Procedure or service
  – Organ or anatomic site
  – Condition
  – Synonyms, eponyms and abbreviations
Classes of Main Terms

- Procedure or service
  - Angioplasty, catheterization or fetal testing
- Organ or anatomic site
  - Artery, Cerebrospinal fluid or knee joint
- Condition
  - Lesion, HIV or fracture
- Synonyms, eponyms and abbreviations
  - Anticoagulant & clotting inhibitors, Baker’s cyst, EEG

The index is not a substitute for the code listings in the main sections. Always refer to the main text to ensure the accuracy of the code selection and review relevant notes and descriptions.

Guidelines

- Each section of the main text is preceded with “Guidelines” to using the section
Guidelines

- Guidelines contain information on:
  1. Classifications
  2. Definitions
  3. Unlisted services
  4. Special reports
  5. Use of clinical examples
  6. Typical modifiers
  7. Other important information

Modifiers – Appendix A

- 22 Increased Procedural Services
- 23 Unusual Anesthesia
- 24 Unrelated E&M service during post-op period
- 25 Significant, separately identifiable E&M service by same physician on same day as other service or procedure
- 26 Professional component
- 27 Multiple O/P hospital E&M encounters on same date (not same physician)
- 32 Mandated service
- 33 Preventive service (new in 2012 book)
- 47 Anesthesia by surgeon

Modifiers – Appendix A

- 50 Bilateral procedure
- 51 Multiple procedure
- 52 Reduced services
- 53 Discontinued procedure
- 54 Surgical Care only
- 55 Postoperative management only
- 56 Preoperative management only
- 57 Decision for surgery
- 58 Staged procedure
- 59 Distinct procedural service (CCI Edits)
Modifiers – Appendix A

- 62 Two surgeons
- 63 Procedures on infant<4kg
- 66 Surgical Team
- 76 Repeat procedure by same physician
- 77 Repeat procedure by another physician
- 78 Return to operating room for related procedure during post-op period
- 79 Unrelated procedure or service by the same physician during the post-op period
- 80 Assistant at surgery
- 81 Minimum assistant at surgery
- 82 Assistant at surgery (no qualified resident available)

Modifiers – Appendix A

- 90 Reference Lab
- 91 Repeat Clinical Diagnostic lab test
- 92 Lab Test alternative platform (eff. 1/1/08)
- 99 Multiple procedures

Evaluation & Management Codes

- Definitions
  - New and established patients
  - Chief complaint
  - Concurrent care
  - Counseling
Levels of E&M Services

- Determined by key components:
  - History
    - HPI, Past, family and Social History, ROS
  - Examination
    - Based on presenting problem and clinical judgment
  - Medical Decision Making
    - Based on the number of diagnoses, amount or complexity of data and risk associated with the presenting condition

Office or Other Outpatient Services 99201 - 99220

- New Patients 99201 – 99205
- Established Patients 99211 – 99215
- Hospital Observation Services 99217-
  99220 and (99224-99226 new in 2012)

Hospital Inpatient Services 99221 - 99239

- Initial Hospital Care 99221 – 99223
- Subsequent Hospital Care 99231 – 99233
- Observation or Inpatient Care (same day admit and discharge) 99234 – 99236
- Hospital Discharge Services 99238 - 99239
Consultations

- Advice or opinion requested by another physician
- May initiate diagnostic and therapeutic services
- Request must be documented in medical record
- Opinion or advice must be documented in medical record
- Must be communicated to referring physician in a written report

Two Categories of Consultations

1. Office / Outpatient
   - New and established patients
2. Inpatient

Medicare no longer pays for Consults
Use O/P and I/P visit codes
Admitting Physician uses –AI modifier

Consultations

Medicare Will No Longer Pay for Consults
99241 - 99255
- Must bill for a visit – out-patient or in-patient
- Must now pay attention to new patient vs. established patient

Impact: Example in Southern CA
99204 - $158.39
99214 - $104.31
99244 - $205.64
Emergency Department Services

- New and established patients
  99281 – 99285
- Physician directed emergency care
  99288
- Provided from an organized hospital based department designed for unscheduled patients presenting for immediate attention
- Must be available 24 hours a day

Critical Care Services

- Critical care is usually provided in a hospital critical care unit – but not always!
- Separate codes for adults (99291 and 99292), peds (99293 and 99294) and neonates (99295 and 99296)
- 99291 is for 30 to 74 minutes and 99292 is for each additional 30 minutes
  Note: Revisions were made in 2005

- Critical care includes interpretation of cardiac output measures, chest x-rays, blood gases and stored data
- Also includes gastric intubation, temporary transcutaneous pacing, ventilator management and vascular access procedures
- Other services should be listed separately
- If less than 30 minutes of time is spent on critical care all services should be listed separately
- Time spent in critical care is bedside and unit time only. Physician must be immediately available to patient
Immunizations & Vaccines

- Immunization Administration
  - For Vaccines and Toxoids 90460-90474
  - Listed in addition to material
- Vaccines and Toxoids
  - 90476 through 90748
  - 90749 - unlisted

Immunization Administration

- Therapeutic, Prophylactic or Diagnostic
  - 90460 – 90474 (administration codes)
    - Use in addition to the vaccine and toxoid codes 90476-90749
    - 90460 and 90461 are used only when accompanied by physician counseling.
    - 90471 – 90474 are used for immunization administration without physician face-to-face counseling

Surgery
Surgical Guidelines

- Surgical Procedures include:
  - The operation itself
  - Local infiltration
  - Metacarpal/Digital Block or topical anesthesia
  - Normal, uncomplicated follow-up care

Surgical Guidelines

- Follow-Up care
  - Diagnostic procedures: recovery only
  - Therapeutic procedures: only that care that is usual to the surgery (time based)
    - Complications should be reported by use of the appropriate procedure.
    - For example: treatment of a post-operative wound infection

Surgical Guidelines

- Add-On Codes
  - Indicated by a “+”
  - List can be found in Appendix E
  - Usually describe additional work based on additional surgical sites
  - Example: multiple lesions
Surgical Guidelines

- Special Reports – pertinent information includes:
  - Complexity of symptoms
  - Final diagnosis
  - Pertinent physical findings
  - Diagnostic and therapeutic services
  - Concurrent care
  - Follow-up plan

Using The Surgical Sections

- Procedures are listed by physiologic systems
- Physiologic systems parallel surgical specializations
  - Example: Musculoskeletal system and orthopedics or Cardiovascular system and cardio-thoracic surgery
- Procedure listings are found in the Index

Using The Surgical Subsections

- Many sections have special notes and instructions
- Extremely important to review for each specialty
- A complete listing of all subsections is found in the Surgery Guidelines
Using The Surgical Subsections

Examples
- Repairs or closure – does not include adhesive strips
  - Defined as Simple, Intermediate and Complex
  - Wound size and shape should be recorded
  - Multiple wounds size is added together from the same anatomic area
  - The most complicated wounds are listed as primary and less complicated as secondary
  - Debridement is separate only under gross contamination
  - Involvement of nerves, blood vessels and tendons is included unless they are themselves complex

Using The Surgical Subsections

Examples
- Hernia Repairs
  - Categorized by type: inguinal, femoral, incisional, etc
  - Further categorized as initial or recurrent
  - Additionally may be accounted for as reducible versus strangulated
  - Use of mesh or other prostheses is not separately reported except for incisional hernia repair
  - The excision or repair of strangulated organs is separately reported in addition to the repair
  - All codes for bilateral repairs have been deleted. Use ~S1 modifier for second procedure

CPT Changes for 2012
- Appendix B lists the code changes for the current year
- Pay attention to:
  - New procedures are identified with a "●"
  - New descriptions of codes are identified with a "▲"
  - New and revised text other than descriptions are identified with "…text…"
  - “Ω” is used to indicate conscious sedation
CPT Changes for 2012

Evaluation and Management – 3 New Codes
• Typical Time added to description
  • 99218 Initial Observation Care – 30 minutes
  • 99219 Initial Observation Care – 50 minutes
  • 99220 Initial Observation Care – 70 minutes

Prolonged Services
• 99354 – 99359
  • Removes the word “physician” from the description and adds “observation” to inpatient setting.
  • 99358 removes “face-to-face”

Integumentary System
• Delete two codes – 11975 and 11977 dealing with insertion of drug delivery implants
• Language change to use “skin” instead of “epidermal”
• Delete codes 15170-15176 dealing with acellular dermal replacements
• Add 15271-15278 dealing with application of skin substitute grafts based on location and graft size
• This deletes 15300 – 15431 – pay attention to deletion notes for replacement codes
  • 15777 added for biologic implant (add on)

Musculoskeletal System
• Add 20527 for Injection, enzyme, palmar fascial cord (DePuytrens contracture) also related new code 26341 for manipulation of the cord
• Spine arthrodesis – Add 22633 Arthrodesis combined posterior or postolateral technique
• 22644 as add-on for additional interspace and segment
• Extremity casts 29582-29584 (thigh and leg, upper arm and forearm and upper arm, forearm, hand and fingers)
CPT Changes for 2012

Respiratory System
• Delete 32000 – 32020 (Lung and Pleura incisions)
• Add 32096 -32098 – Thoracotomies with biopsies
• Add 32505 Thoracotomy with wedge resection, initial plus add-on 32506 and 32507
• 32607 – 32609 Thoracotomy with biopsies
• 32665 Thoracotomy with wedge resection plus add-ons 32667 and 32668
• Add 32669 – 32674 for thoracotomy with lung/lobe/segment removals including add-on codes

Nervous System
• Reservoir Pump Implantation
• Add 62369 for electronic analysis and programming with refill
• Add 62370 for electronic analysis and programming with refill requiring physician’s skill
• Delete 64577 (neurostimulator autonomic nerve)
• Delete 64622 – 64627 Destruction by neurolytic agent
• Add 64633 - 64635 Destruction by neurolytic agent and related add-on code 64636

Medicine Section
• Add 90654 Influenza vaccine, split virus, preservative free, intradermal use
• 90760 – 90779 have been deleted. Refer to notes for replacement codes. These were deleted prior to 2011 but continue to be noted in CPT 2012
• Add 90869 (Biofeedback) subsequent motor threshold redetermination
CPT Changes for 2012

**Medicine Section - Ophthalmology**
- Add 92071 Fitting of contact lens for ocular surface disease
- Add 92072 Fitting of contact lens for keratoconus, initial fitting

**Medicine Section – Otorhynolaryngology**
- Add 92558 Evoked otoacoustic emissions, screening, automated

CPT Changes for 2012

**Medicine Section - Pulmonary**
- Add 94728 Airway resistance by impulse oscillometry
- Add 94729 (add-on) Diffusing capacity
- Add 94780 Car seat/bed testing for airway integrity, neonate, continuous nursing observation and pulse oximetry, 60 minutes
- Add-on 94781 additional 30 minutes

CPT Changes for 2012

**Medicine Section - Neurology**
- Add 95938 Short latency somatosensory evoked potential study, upper and lower limbs
- Add 95939 Central motor evoked potential study in upper and lower limbs

**Modifiers**
- Add -33 Preventive services. Primary purpose of the service is for an A or B listed preventive service from US Preventive Services Task Force. Do not use with services specifically identified as preventive: 99381-99429
The Goal of Accurate Coding

- Report the codes accurately the very first time
- Have adequate documentation of the need for the service
- Have adequate documentation of exactly what was done
- Have adequate documentation of extenuating circumstances and related services
- Stay Updated to latest changes

Thank you for participating in this seminar presentation from Economedix!

Please direct questions to...
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