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Today's Presentation

CPT Coding
Principles of CPT Coding and
CPT Code Changes for 2011

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Course Faculty

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Today's Course
CPT Coding & 2011 Updates

• Organization of the CPT Materials
• Conventions, Guidelines & Modifiers
• E&M Codes
• Medical Examples
• Special Surgery Section
• 2011 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 “Ø”. 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

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

Modifiers – Appendix A

- 26 Professional component
- 27 Multiple O/P hospital E&M encounters on same date (not same physician)
- 32 Mandated service
- 47 Anesthesia by surgeon
- 50 Bilateral procedure
- 51 Multiple procedure
- 52 Reduced services
- 53 Discontinued procedure
Modifiers – Appendix A

- 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)
- 62 Two surgeons
- 63 Procedures on infant<4kg
- 66 Surgical Team

Modifiers – Appendix A

- 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 2011)
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 Services**

- 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

**Injections**

- Therapeutic, Prophylactic or Diagnostic
  - 90782 for subcutaneous or intramuscular
  - 90783 Intra-arterial
  - 90784 Intravenous
  - 90788 IM injection of antibiotic
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 -51 modifier for second procedure
CPT Changes for 2011

- 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…"
  - "◯" is used to indicate conscious sedation

CPT Changes for 2011

Evaluation and Management – 3 New Codes
- Code added and resequenced
  - Subsequent Observation Care, Low Severity – 99224
  - Subsequent Observation Care, Mod. Severity – 99225
  - Subsequent Observation Care, High Severity – 99226

Integumentary System – 3 New & 2 Deleted
- Code added and resequenced – (Add-on Codes)
  - Debridement, each additional 20 sq cm
  - Subcutaneous Tissue – 11045
  - Muscle/Fascia – 11046
  - Bone – 11047
- Deleted
  - Debridement; skin; partial & full thickness – 11040 & 11041

Musculoskeletal System – 5 New Codes
- Neck & Spine Fusion, Additional – 22551
- Code added and resequenced
  - Hip Arthroscopy with
    - Femoroplasty – 22914
    - Labral Repair – 22915
    - Acetabuloplasty – 22916

Respiratory System – 4 New Codes
- Nasal Sinus Endoscopy with Dilatation of:
  - Maxillary Sinus – 31295
  - Frontal Sinus – 31296
  - Sphenoid Sinus – 31297
- Bronchoscopy with Balloon Occlusion - 31634
CPT Changes for 2011

Cardiovascular System – 20 New & 23 Deleted

New Codes
- Application of Pulmonary Artery Bands - 33620
- Transthoracic Insertion of Catheter or Stent - 33621
- Reconstruction Complex Cardiac Anomaly - 33652
- Revascularization with Stent
  Iliac, Femoral/Popliteal Artery, Tibial/Peroneal Artery - 37220 - 37235
- Intraoperative Identification of Sentinel Lymph Nodes - 39800

Deleted Codes
- Transluminal balloon angioplasty - 35454 – 35474
- Transluminal peripheral atherectomy – 35480 - 35495
- Repair, diaphragmatic hernia – 39520 - 39531

Digestive System – 18 New & 4 Deleted

New
- Laparoscopy, Esophageal Lengthening (Add-On) - 43283
- Esophagogastroduodenoplasty - 43327 – 43328
- Hiatal Hernia Repair - 43332 – 43338
- Gastric Intubation & Aspiration, Necessitating Physician Skill - 43753
- Gastric/Duodenal Intubation & Aspiration - 43754 - 43754
- Laparoscopy Placement of Interstitial Device - 49327
- Placement of Interstitial Device (Add-On) - 49412
- Insertion of Tunneled Intraperitoneal Catheter – 49418

Deleted
- Esophagogastroduodenoplasty – 43324 & 43326
- Biopsy of Stomach - 43600

Urinary System – 1 New Code
- Transurethral Radiofrequency Treatment for Stress Incontinence - 53860

Female Genitourinary System – 1 New Code
- Insertion of Vaginal Brachytherapy Device – 57156

Nervous System – 8 New & 2 Deleted
- Stereotactic Computer Assisted Cranial Procedures – 61781 - 61783
- Posterior Tibial Neurostimulator - 64566
- Cranial Nerve Neurostimulator Electrodes - 64568 – 64570
- Chemodenervation of Parotid & Submandibular Glands - 64611
### CPT Changes for 2011

#### Eye and Ocular Adnexa – 4 New Codes
- Placement of Amniotic Membrane on Ocular Surface – 65778 – 65779
- Transluminal Dilation of Eye Canal - 66174 – 66175

#### Radiology – 5 New Codes
- CT Angioplasty Abdomen/Pelvis
  - Without Contrast – 74176
  - With Contrast – 74177
  - Without Contrast 1+ Body Regions – 74178
- Ultrasound Extremity Non-Vascular
  - Complete - 76881
  - Limited – 76882
- Pathology & Laboratory--15 New & 13 Deleted

### CPT Changes for 2011

#### Medicine – 40 New & 41 Deleted

**New Codes**
- Immunization Administration thru 18 years
  - First Vaccine/Toxoid – 90460
  - Each Additional – 90461
- H1N1 Immunization Administration, including counseling – 90470 (added last year)
- Meningococcal Vaccine, 2-15 months - 90644
- Influenza Virus Vaccine
  - Intranasal – 90664
  - Intramuscular, Preservative Free – 90666
  - Intramuscular, Split Virus, Adjuvanted – 90667
  - Intramuscular, Split Virus – 90668

**Deleted Codes**
- Immunization Administration – 90465 – 90468
- Esophageal/Gastric Intubation/Motility – 91000-91105
- Telephonic Transmission of Post-Symptom EKG strips – 93012 & 93014
- Holter Monitors– 93230 – 93233 & 93235 - 93237

**Therapeutic repetitive transcranial magnetic stimulation treatment; planning** – 90867
- Delivery and management, per session - 90868
- Esophageal Motility (Add-On Code) – 91013
- Sleep Study 95800 - 95801

(continued)
CPT Changes for 2011

Medicine – 40 New & 41 Deleted (continued)
New & Deleted Heart Catheterization Codes
• New
  – 93451 - 93464
  – 93563 - 93568
• Deleted
  – 93501
  – 93508 - 93511
  – 93514
  – 93524
  – 93526 - 93529
  – 93539 - 93545
  – 93555 - 93556

Category II Codes (F Codes Performance measures) – 31 New Codes
– Major Depressive Disorder
– Parkinson’s Disease
– Epilepsy
– Body Mass Index
– Cervical Cancer Screening
– Blood Typing
– Clinical Tumor Staging
– Anesthesia
– Tobacco Use & Cessation Counseling

Category III Codes (T Codes Emerging Technology)
52 New Codes & 13 Deleted Codes
– Cryopreservation Ovary Tissue / Oocyte – 0058T & 0059T
– Audiometry and Speech Audiometry – 0208T – 0212T
– Injection Paravertebral Facet Joint – 0213T – 0218T
– Placement Posterior Intrafacet Implants – 0219T – 0222T
– Transluminal Peripheral Atherectomy – 0234T – 0239T
– Esophageal Motility – 0240T – 0242T
– Measurement of Wheeze Rate for Bronchodilator
• 0243T & 0244T
– Open Treatment of Rib Fractures – 0245T – 0248T
– Ligation Hemorrhoid with Ultrasound – 0249T
CPT Changes for 2011

Category III Codes (T Codes Emerging Technology)

52 New Codes & 13 Deleted Codes
- Bronchial Valve Procedures – 0250T – 0252T
- Endovascular Repair – 0254T – 0256T
- Aortic Heart Valve Replacement with and without Cardiac Bypass – 0258T & 0259T
- Hypothermia, Neonate, 28 days or less – 0260T & 0261T

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

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