CPT Coding & Updates for Surgeons

Current Procedural Terminology, CPT, is the coding basis for most medical and surgical services and procedures. Participants will learn how CPT is organized, how to properly determine a code from a brief description of the service and how to use the main sections of the book. Participants will learn key definitions of common services and situations. This program is designed for surgeons, office managers, front desk staff, clinical staff, new employees in any position. There will be a special section on new CPT codes for surgical specialties that have been introduced for 2004.

This Practice Management Teleconference is just $99 for ACS Fellows & their Practices:
♦ A 90-minute live teleconference including a formal presentation and time for Q&A
♦ The course is given twice, on Wednesday Dec. 17th @ 3 PM Eastern (convenient for your staff) and Saturday Dec. 20th @ 10 AM Eastern (the most convenient time for surgeons). Your $99 registration fee covers either one or both presentations and handout materials.
♦ The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses

Course Objectives - Completion of this Practice Management Course will provide:
1. An understanding of the proper use of the various sections of the CPT book
2. Participants will be able to identify and locate a procedure code from the index
3. An understanding of key terminology related to CPT definitions and descriptions
4. Participants with the knowledge to properly utilize modifiers to the procedure codes as well ...
5. Utilize appropriate discriminators in determining proper codes
6. Participants will properly code a procedure or service, including necessary modifiers, for submission to payers

CME Certification Statement - This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME). The American College of Surgeons is accredited by the ACCME to provide continuing medical education to physicians.

The American College of Surgeons designates a maximum of 1.5 Category 1 credits toward the AMA Physician's Recognition Award, for successful completion of this course. To earn the CME credits through the American College of Surgeons, the individual must dial into the teleconference, remain on the telephone line for the full 90-minute session, then complete the combination Evaluation / CME Form that will be included with the course materials. The Evaluation / CME form must be completed and FAXed back within seven days following the date of the teleconference.

Faculty - The faculty for the course is Mr. R. Thomas (Tom) Loughrey, MBA. Mr. Loughrey is CEO of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant’s Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to 877-813-9784; or mailed to Economedix - 160 William Pitt Way - Pittsburgh, PA 15238; For complete details and secure On-Line Registration simply go to: http://YourMedPractice.com/ACS Thank you for your interest in this Program!
American College of Surgeons
CPT Coding & Updates for Surgeons—Dates: 12/17/03 & 12/20/03
EVALUATION / CME FORM

NAME: _________________________________________________ Telephone #: ______________________
ACS Fellow #: ___________________ E-mail Address: ______________________________________

Please circle one number for each statement

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1. Program topics and content were consistent with printed objectives
2. Program topics and content was relevant to my educational needs
3. Presenters were informative and added knowledge to the session
4. Discussion time was adequate and enhanced understanding of subject
5. Acquired knowledge will be applied in my practice environment
6. Supplemental written materials helped clarify course content
7. I will seek additional information on this subject

8. The quality of the audio presentation was
9. Overall this Practice Management Course was

Very Good Good Fair Poor Very Poor

5 4 3 2 1

General Comments for this Course:

[Surgical Specialty] Years out of Residency Training [Primary Type of Practice]

[ ] Colon & Rectal Surgery [ ] Pediatric Surgery [ ] 1-5 [ ] Private Practice
[ ] General Surgery (includes Oncology and Trauma) [ ] Plastic Surgery [ ] 6-10 [ ] PPO/HMO
[ ] Neurological Surgery [ ] Thoracic Surgery [ ] 11-20 [ ] Group Practice
[ ] Obstetrics/Gynecological Surgery [ ] Urological Surgery [ ] 21-30 [ ] Academic Institution
[ ] Ophthalmic Surgery [ ] Vascular Surgery [ ] Over 30 [ ] Hospital
[ ] Orthopaedic Surgery [ ] Other - Please Specify Below: Military
[ ] Otorhinolaryngology [ ] Other - Please Specify Below:

Please FAX this Evaluation / CME Form Toll Free to: 877-813-9784 within 7 days following this Teleconference to receive CME recognition from the American College of Surgeons. Thank You!
CPT Coding for Surgeons and 2004 Update

Presented By Economedix
Your Partner in Building High Performance Practices™

About the Presenter

R. Thomas (Tom) Loughrey
• Chairman & CEO – Economedix, LLC
• Certified Coder – CCS-P American Health Information Management Association (AHIMA)
• Former Hospital Administrator & founder of a medical billing firm
• BS Degree – Penn State University
• MBA in Health & Hospital Administration from Univ. of Florida
• Professional Memberships – MGMA, HCFA & AHIMA
• Created and Presented hundreds of Seminars & Workshops on all aspects of Practice Management

Course Outline

Introduction to CPT Coding

• Organization of the CPT Materials
• Conventions, Guidelines & Modifiers
• E&M Codes
• Medical Examples
• Special Surgery 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

Introduction

• 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 “► ▼”
- 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
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

Conventions

• To save space some words are inferred from the meaning and are not listed in the index
Example:
  Pancreas
  Anesthesia (for procedures on the pancreas)
  The words in parentheses are inferred
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

- [21] Prolonged E&M Services
- [22] Unusual Procedural Service
- [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
- [32] Mandated service
- [47] Anesthesia by surgeon
- [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)
- [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
- 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

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
Four Categories of Consultations

1. Office
   - New and established patients
2. Initial Inpatient
3. Follow-up inpatient
4. Confirmatory (“second opinion”)

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

New revisions in instructions for 2004

- 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
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 90471-90472
  - Listed in addition to material
- Vaccines and Toxoids
  - 90476 through 90748
  - 90749 - unlisted

Injections

- Therapeutic Infusions - a prolonged IV injection
  - Requires physician presence
  - 90780 for first hour and 90781 for additional hours
  - Excludes chemotherapy
Injections

- Therapeutic, Prophylactic or Diagnostic
  - 90782 for subcutaneous or intramuscular
  - 90783 Intra-arterial
  - 90784 Intravenous
  - 90788 IM injection of antibiotic

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
Surgical Guidelines

Deleted for 2004

• Starred Surgical Procedures – "**" Minor procedures such as incision and drainage or tendon sheath injection

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 2004

• 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...◀”
CPT Changes for 2004

• Most changes to surgical section were to codes that had been "starred"
• These were codes that indicated minor surgical procedures and had zero post-operative days.
• Medicare did not recognize “starred” procedures – so this brings CPT into line with CMS
• This will make the use of modifier - 25 more important (significant, separately identifiable E&M service)

CPT Changes for 2004

• Wounds of the heart and great vessels:
• Revised language and instructions for 33310 (Cardiotomy) and 33315 (cardiotomy with bypass)
  - Rules regarding removal of thrombus and special reporting
• New code 34805 for endo repair of abdominal aortic aneurysm

CPT Changes for 2004

• New codes for procurement of upper extremity venous bypass grafts:
  - 35510 carotid-brachial
  - 35512 subclavian-brachial
  - 35522 axillary-brachial
  - 35525 brachial-brachial
CPT Changes for 2004

• New code (35697) for Reimplantation, visceral artery to infrarenal aortic prosthesis
  - New instruction to not report this code with 33877 (repair of aortic aneurysm with graft)

CPT Changes for 2004

• Significant changes dealing with Central Venous Access Procedures (page 149 of CPT)
• New instructions on what qualifies as a central venous access catheter or device:
  - Must terminate in the subclavian, brachiocephalic or iliac veins, the superior or inferior vena cava or the right atrium
  - May be centrally or peripherally inserted
  - May be accessed via exposed catheter, subcutaneous port or subcutaneous pump

CPT Changes for 2004

• Five Categories of Central Venous Access Procedures
  1. Insertion – placement through new venous access
  2. Repair – fixing device without replacement
  3. Partial replacement – only the catheter component of a pump/port device
  4. Complete replacement of entire device via same venous access site
  5. Removal of entire device
There is no coding difference based on access achieved percutaneously or by cutdown or by catheter size
Imaging for placement is 76937 and/or 75998
CPT Changes for 2004

- 27 new codes for Central Venous Access Procedures
  36555 through 36597
- Effectively deletes old codes 36488 through 36493
- Also deletes 36350 through 36357
- New code 36838 for DRIL (distal revascularization and interval ligation) related to hemodialysis access
- New codes for stab phlebectomy of varicose veins

CPT Changes for 2004

- Surgery Integumentary
  - Biopsy Guidelines
    - Reconfirms that incidental collection of tissue for pathology is not a separate procedure when done with other surgical procedures (excision, destruction)
    - If 11100 or 11101 are coded for a claim it indicates the purpose of the procedure was to obtain tissue for a pathologic examination and was performed independently
    - These are not components of other procedures when performed on different lesions or different sites on the same date (use modifier -59)
  - Breast surgery – for catheter lavage of ducts for cytology use Category III codes 0046T,0047T - For microwave thermotherapy use 0061T

CPT Changes for 2004

- Surgery Musculoskeletal
  - New guideline instruction to use 0054T-0056T for computer assisted orthopedic procedures
  - New code (20982) for ablation of bone tumors
  - New code (21685) for hyoid myotomy and suspension
  - New codes (22532-22534) for lateral extracavitary approach on vertebral bodies
CPT Changes for 2004

• Surgery Respiratory
  - A number of changes in terminology and instruction dealing with endoscopy (31622 through 31629)
  - Two new add-on codes for Bronchoscopy (31632 and 31633) instructions related to biopsies for each lobe of lung

• Surgery Digestive
  - Two new codes for upper GI endoscopy 43237 and 43238
  - A new instruction to not report NG tube placement (43752) with Critical Care codes
  - Three new codes (47140, 47141 and 47142) for donor hepatectomies from living donors

• Surgery Urinary and Genital
  - New code (53500) for urethral repair – Urethrolysis, transvaginal
  - New code 57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
CPT Changes for 2004

- Surgery Maternity Care and Delivery
  - New code (59070) for transabdominal amnioinfusion
  - New codes for:
    - Fetal umbilical cord occlusion (59072)
    - Fetal fluid drainage (59074)
    - Fetal shunt placement (59076)
    - Unlisted fetal invasive procedure (59897)

- Surgery Nervous System
  - New codes for craniotomy
    - 61537 for lobectomy, temporal lobe
    - 61540 for lobectomy other than temporal
    - 61566 elevation of bone flap, amygdalohippocampectomy
    - 61567 elevation of bone flap, multiple subpial transections
  - New instructions and new codes for neurostimulators
    - 61863-61868 twist drill, burr hole craniotomy with stereotactic implantation

- Surgery Nervous System
  - New codes for spine
    - Vertebral corpectomy
      - 63101 thoracic single segment
      - 63102 lumbar single segment
      - 63103 add-on for additional segments thoracic or lumbar
  - Other nerves
    - Injection of anesthetic agent lumbar plexus (64449)
    - Injection anesthetic agent superior hypogastric plexus (64517)
    - Destruction of superior hypogastric plexus (64681)
CPT Changes for 2004

• Surgery Eye and Ocular Adnexa
  - New codes for ocular surface reconstruction
    • 65780 amniotic membrane transplantation
    • 65781 limbal stem cell allograft
    • 65782 limbal conjunctival autograft
  - New code (68371) for harvesting conjunctival allograft from living donor

• Medicine
  - 99024 Post-operative follow-up visit. Revised language indicating an E&M service was performed during post-op period related to the procedure
  - 99025 – deleted. Was for an office visit for a new patient in conjunction with a starred surgical procedure.
  - 99080 Special reports. New instruction to not use it with Workers’ Compensation services 99455 and 99456

• Category III Codes – Temporary for emerging technology
  - 0048T Implantation of Ventricular Assist Device
  - 0049T Prolonged extracorporeal percutaneous ventricular assist device > 24 hours
  - 0050T Removal of Ventricular Assist Device
  - 0051T Implantation of artificial heart
  - 0052T Repair or replacement of thoracic unit of artificial heart
  - 0053T Repair or replacement of components other than thoracic unit
  - 0054T – 0056T Computer assisted musculoskeletal navigation
  - 0060T electrical impedance scan of breast, bilateral
  - 0061T Destruction/reduction of malignant breast tumor, microwave phased array thermotherapy
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

Thank you for participating in this seminar presentation from Economedix!

Please direct questions to ...
tloughrey@economedix.com
To earn CME credits for this course please complete the Evaluation / CME Form and FAX it back to Economedix within 7 days of the teleconference.