# *Introduction to CPT®, Surgery Guidelines, HCPCS, and Modifiers*

AAPC

## Objectives

- Discuss the format, guidelines and conventions of the CPT® codebook
- Understand National Correct Coding Initiative (NCCI)
- Discuss the format, guidelines and conventions of the HCPCS codebook
- Explore Modifiers available for use in the Hospital Outpatient Setting and ASC

## The Current Procedural Terminology (CPT®)

- Copyrighted and maintained by American Medical Association (AMA)
- Used with other codes sets to report healthcare services performed in the United States
- Established as an indexing/coding system to standardize terminology among physicians and other providers



## Introduction to CPT®

- Instructions for use of the CPT ® code book
  - Unlisted procedure
  - CPT ® use by any qualified health care professional
  - Parenthetical notes
  - Accuracy and quality of coding
    - Related guidelines
    - Parenthetical instructions
    - Other coding resources

## Introduction to CPT®

- The CPT® code set includes three categories of medical nomenclature with descriptors.
  - Category I
  - Category II
  - Category III



## Category I CPT® Codes

- Five-digit numerical code, eg 12345
- Over 7,000 service codes, plus titles and modifiers
- Reviewed and updated annually
- Mandatory to report for services and reimbursement

# Category I CPT® Codes

The CPT® coding manual divides Category I CPT® codes into six main section titles:

- Evaluation and Management (99201–99499)
- Anesthesiology (00100-01999)
- Surgery (10021-69990)
- Radiology (70010-79999)
- Pathology and Laboratory (80047-89398)
- Medicine (90281-99607)



# Category I CPT® Codes

- Section titles have subsections divided by anatomic location, procedure, condition, or descriptor subheadings.
- The subheadings, structured by CPT® conventions, may list alternate coding suggestions in parenthetical instructions.
- Example:
  - Section: Surgery (10021-69990)
  - Subsection: Integumentary System
  - Subheading: Skin, Subcutaneous and Accessory Structures
  - Category: Debridement
    - » (For dermabrasions, see 15780 – 15783)
    - » (For nail debridement, see 11720-11721)
    - » (For burn(s), see 16000-16035)
    - » (For pressure ulcers, see 15920-15999)

Alternate coding suggestions →

# Category I CPT® Codes

Specific guidelines presented at the beginning of each section identify correct coding protocols.

Example:

Section, **Surgery**

Subsection: **Cardiovascular System** (33010-37799)

Guideline:

Selective vascular catheterizations should be coded to include introduction and all lesser order selective catheterizations used in the approach (e.g., the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries).



# Category II CPT® Codes

- Alphanumeric format, with the letter "F" in the last position, eg, 0001F
- Optional "performance measurement" tracking codes
- Physician Quality Reporting System (PQRS)
- Example:
  - 4013F Statin therapy prescribed or currently being taken (CAD)

# Category III CPT® Codes

- Temporary codes
- Alphanumeric structure, with a "T" in the last position, eg, 1234T
- Can be reported alone, without an additional Category I code
- Example
  - 0262T Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach



# Category III CPT® Codes

- Updated twice a year
  - January 1
  - July 1
- Implemented six months after
- Updates are published on AMA's website: http://www.ama-assn.org/go/CPT

## Category III CPT® Codes

If a Category III code is available,
this code must be reported
instead of a Category I unlisted code



## The CPT® Coding Manual

- CPT® Sections
- Section Guidelines
- Section Table of Contents
- Notes
- Category II codes (0001F – 7025F)
- Category III codes (0019T – 0318T)
- Appendices A-O
- Alphabetic Index

## CPT® Guidelines

- Referenced in the introduction of each section and subsection of the CPT® manual
- Applicable to the section being referenced
- Define the information necessary for choosing the correct code



## CPT® Conventions and Iconography

Used throughout the CPT® manual and include:

- Indentations
- Code symbols - iconology
- Parenthetical instructions

# CPT® Conventions and Iconography

Example:

11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface.

Indentation

Iconography (Symbol) → + 11001 each additional 10% of the body surface (List separately in addition to code for primary procedure)

Parenthetical Instruction

(Use 11001 in conjunction with 11000)



# CPT® Conventions and Iconography

; The semicolon and the conventional use of indentions

The use of the semicolon divides the description of a code into two parts:

- The "stand-alone" code or the "common portion of the procedure" code descriptor.
- The indented descriptor is dependent on the preceding "stand-alone" code

# CPT® Conventions and Iconography

Example:

| | |
|---|---|
| 11055 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion |
| 11056 | 2 to 4 lesions |
| 11057 | more than 4 lesions |

Interpreted:

| | |
|---|---|
| 11055 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion |
| 11056 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions |
| 11057 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions |



# CPT® Conventions and Iconography

\+ The "add-on" code symbol - Add-on codes are never reported alone

Example:

| | |
|---|---|
| +13153 | each additional 5 cm or less (List separately in addition to code for primary procedure) |

(Use 13153 in conjunction with 13152)

# CPT® Conventions and Iconography

- The red circle - new procedure code

Example:

- 23474 Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

▲ The (blue) triangle - code revision

Example:

▲ 32551 Tube thoracostomy, includes w~~ater seal~~ ~~c~~onnection to drainage system (eg, for absc~~ess, hemothorax, empyema~~ water seal~~)~~, when performed, open (separate procedure)



# CPT® Conventions and Iconography

►◄ The facing triangles - indicate new and revised text other than the procedure descriptors

Example:

62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill )

►(requiring skill of a physician or other qualified health care professional)◄

## CPT® Conventions and Iconography

⃠ The circle with a line through it - exempt from the use of modifier 51

Example:

- ⃠ 31500 Intubation, endotracheal, emergency procedure



## CPT® Conventions and Iconography

⊙ The bulls eye - includes moderate sedation

Example:

- ⊙ 43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

# CPT® Conventions and Iconography

The lightening bolt symbol - codes for vaccines that are pending FDA approval.

Example:

90653 Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use

AMA CPT® "Category I Vaccine Codes" website:

www.ama-assn.org



# CPT® Conventions and Iconography

# The number symbol – Resequenced, out of numerical order

Example:

95800 Code is out of numerical sequence. See 95803-95811.

# 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

# CPT® Code Basics

- Review medical documentation thoroughly and gather additional reports
- Reference the alphabetical index for a CPT® numerical code and/or code range.
  - Condition
  - Procedure or service
  - Anatomic site
  - Synonyms, eponyms and abbreviations
- Review the numerical code and/or code range for specific descriptions
- Follow CPT® Guidelines, Conventions and Iconology



# CPT® Code Basics

- Index:
  - Ear Wax
    see Cerumen
  - Cerumen
    Removal……..69210
  - Removal
    Cerumen
    Auditory Canal, External…….69210
- Auditory System
  69210 Removal impacted cerumen (separate procedure), one or both ears

## Separate Procedure

Example:

69210 Removal impacted cerumen (separate procedure), one or both ears

69222 Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning).



## National Correct Coding Initiative (CCI)

- Implemented by CMS
- Promotes correct coding methodologies
- Controls the improper assignment of codes that results in inappropriate reimbursement

Medicare publishes CCI:
http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html

| Column1/Column 2 Edits | | | | | |
|---|---|---|---|---|---|
| Column 1 | Column 2 | * = In existence prior to 1996 | Effective Date | Deletion Date *=no data | Modifier 0=not allowed 1=allowed 9=not applicable |
| 11042 | 0213T | | 20100701 | * | 0 |
| 11042 | 0216T | | 20100701 | * | 0 |
| 11042 | 0228T | | 20101001 | * | 0 |
| 11042 | 0230T | | 20101001 | * | 0 |
| 11042 | 10060 | | 19960101 | * | 1 |
| 11042 | 11000 | | 19960101 | * | 1 |
| 11042 | 11001 | | 19960101 | 19960101 | 9 |
| 11042 | 11040 | * | 19960101 | * | 1 |
| 11042 | 11041 | * | 19960101 | * | 1 |
| 11042 | 11100 | | 19970101 | * | 1 |



# OCE Edits

| Edit | Generated when… |
|---|---|
| 19. Mutually exclusive procedure that is not allowed by NCCI even if appropriate modifier is present | The procedure is one of a pair of mutually exclusive procedures in the NCCI table coded on the same day, where the use of a modifier is not appropriate. Only the code in column 2 of a mutually exclusive pair is rejected; the column 1 code of the pair is not marked as an edit. |

# Sequencing CPT® Codes

- Based on revenue codes
  - Ascending numeric sequence



# *CPT® Assistant*

- Articles answering everyday coding questions
- CCI bundling information
- Current code use and interpretation
- Case studies demonstrating practical application of codes
- Anatomical illustration charts and graphs for quick reference
- Information for appealing insurance denials
- Information to validate code usage when audited

# CPT® Appendices

Appendix A - Modifiers categorized as:

- Modifiers applicable to CPT® codes
- Anesthesia Physical Status Modifiers
- CPT® Level I Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use
- Level II (HCPCS/National) Modifiers



# CPT® Appendices

- Appendix B - changes and additions to the CPT® codes from the previous year
- Appendix C - clinical E/M examples for different specialties
- Appendix D – Add-on Codes

# CPT® Appendices

- Appendix E – Exempt from the use of modifier 51 (multiple procedures). Modifier 51 is not reported by the facility.
- Appendix F – Exempt from the use of Modifier 63 (procedures performed on infants less than 4kg). Modifier 63 is not reported by the facility.
- Appendix G – Include Moderate (Conscious) Sedation. Moderate sedation codes (99143-99150) have a status indicator of N; therefore are packaged services for outpatient hospitals.



# CPT® Appendices

- Appendix H – Alphabetic Index of Performance Measures by Clinical Condition or Topic
  - Available only on the AMA website
  - www.ama-assn.org.
  - Not reported on the UB-04
- Appendix I – Genetic Testing Code Modifiers
  - Removed with deletion of molecular pathology stacking codes.

# CPT® Appendices

- Appendix J - Electrodiagnostic Medicine Listing of Sensory, Motor, and Mixed Nerves
  - Assigns each sensory, motor, and mixed nerve with its appropriate nerve conduction study code
  - Table containing maximum number of studies
- Appendix K - Product Pending FDA Approval
  - Identified throughout the CPT® book with a lightening bolt symbol
  - For updated vaccine approvals by the FDA, visit the AMA CPT® Category I Vaccine Code information on their website: www.ama-assn.org/ama/pub/category/10902.html



# CPT® Appendices

- Appendix L - Vascular Families
  - Based on the assumption that a vascular catheterization has a starting point of the aorta
  - Illustrates vascular "families" that emerge from the aorta using brackets to identify the order of vessels.
- Appendix M - Crosswalk to Deleted CPT® Codes
  - Crosswalks noting the deleted CPT® codes and descriptors from the previous year to the current year.
  - Essential when updating charge masters, charge capture documents, etc.

## CPT® Appendices

- Appendix N - Summary of Re-sequenced CPT® Codes This listing is a summary of CPT® codes not appearing in numeric sequence. This allows for existing codes to be relocated to an appropriate location.
- Appendix O - Multianalyte Assays with Algorithmic Analyses This is a listing of administrative codes for Multianalyte Assays with Algorithmic Analyses (MAAA) procedures. These are typically unique to a single clinical laboratory or manufacturer.



## CPT® Global Surgical Package

- Includes a standard package of preoperative, intraoperative, and postoperative services
- Payer policies may vary
- May be furnished in any service location
  - For example, a hospital, an ambulatory surgical center (ASC), or physician office
- Global surgical package for facilities is for same date of service only

# Global Package Modifiers

- 25 Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service



# Global Package Modifiers

- 58 Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
- 78 Unplanned return to the operating/ procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
- 79 Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period

# Global Package Modifiers

- 58 Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period (same date)

- Example:
  - 19101-59 Biopsy of breast; open, incisional
  - 19303-58 *Mastectomy, simple, complete*
  - 19340-58 *Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction*



# Global Package Modifiers

- 78 Unplanned return to the operating/ procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period (same date)

- Example:
  - 42826 Tonsillectomy, primary or secondary; age 12 or over
  - 42960-78 Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple

# Global Package Modifiers

- 79 Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period (same date)

- Example:
  - 23802 Arthrodesis, glenohumeral joint, with autogenous graft (includes obtaining graft)
  - 41006-79 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid



# 3-Day Rule

- All outpatient diagnostic services provided to the patient within 3-days prior to admission
- Considered included in the Part A payment
- Not billed separately as outpatient services

# Surgical Modifiers

- 27 – Multiple Outpatient Hospital E/M Encounters on the Same Date (discussed in E/M chapter)
- 50 - Bilateral Procedure
- 52 - Reduced Services
- 59 – Distinct Procedural Service
- 73 – Discontinued Out-Patient Hospital/Ambulatory Surgery (ASC) Procedure Prior to the Administration of Anesthesia
- 74 – Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
- 76 – Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
- 77 – Repeat Procedure by Another Physician or Other Qualified Health Care Professional



# Modifier 50 - Bilateral Procedure

Check with payers on how to submit:

- One line item with modifier 50
  Example: 20610-50
- Two line items with modifier 50 on the second code
  Example: 20610
  20610-50
- Two lines using RT/LT (Not used for OPPS)
  Example: 20610-RT
  20610-LT

# Modifier 50 - Bilateral Procedure

- Pay close attention to code descriptions.
- Some codes specify 'unilateral' and include a parenthetical statement.
  Example: 50592 – Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
- Some codes say 1 or both.
  Example: 69210 – Removal impacted cerumen (separate procedure), 1 or both ears



# Modifier 52 - Reduced Services

- Procedure partially reduced at provider discretion
- Service not completed in its entirety
- Example:
  43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device

  (For individual component placement, report 43770 with modifier 52)

## Modifier 59 – Distinct Procedural Service

- Procedures not normally reported together
- Different Session or Patient Encounter
- Different Procedure or Surgery
- Different Site or Organ System
- Separate Incision/Excision
- Separate Lesion



## Modifier 59 – Distinct Procedural Service

Example:

A patient had a colonoscopy and a lesion is removed proximal to the splenic flexure. During the same colonoscopy a biopsy is taken of a different lesion. Both codes are reportable using modifier 59 on the second procedure.

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

- Cancellation:
  - Prior to administration of anesthesia
  - Subsequent to surgical preparation
- Payment – 50%  OPPS payment
- Diagnosis code V64.1 – V64.3



## Modifier 74 – Discontinued Out-Patient Hospital/ASC Procedure Prior to the Administration of Anesthesia

- Cancellation subsequent to:
  - Administration of anesthesia
  - Patient in procedure room
  - Procedure started
- No payment reduction

## Modifier 76 - Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

Example:

A patient who goes to the Emergency Room with a trauma to the chest. A two-view chest x-ray is taken that shows a pneumothorax. After a chest tube is placed a repeat two-view chest x-ray is taken to verify the placement of the chest tube. You would report 71020 and 71020-76.



## Modifier 77 - Repeat Procedure or Service by Another Physician or Other Qualified Health Care Professional

- Same date of service

# HCPCS Level II

- Level I HCPCS is CPT®
  - Maintained by AMA
  - Identify services and procedures
- Level II HCPCS
  - Maintained by CMS
  - Identify products, supplies, and services not included in CPT®



# HCPCS Level II

- A Codes ~ Transportation Services, Med/Surg Supplies, Admin
- B Codes ~ Enteral and Parenteral Therapy
- C Codes ~ Pass-Through Items
- D Codes ~ Dental Procedures
- E Codes ~ Durable Medical Equipment
- G Codes ~ Procedures/Professional Services
- H Codes ~ Alcohol and Drug Abuse Treatment Services
- J Codes ~ Drugs Admin Other Than Oral Method/Chemotherapy Drugs
- K Codes ~ DME Supplies
- L Codes ~ Orthotic/Prosthetic Procedures
- M Codes ~ Medical Services
- P Codes ~ Lab/Path
- Q Codes ~ Temporary Codes
- R Codes ~ Diagnostic Radiology
- S Codes ~ Temporary National Codes (Non-Medicare)
- T Codes ~ Nat'l Codes for State Medicaid Agencies
- V Codes ~ Vision/Hearing Services

# HCPCS Level II

- Types of Level II Codes
  - Permanent National Codes maintained by the CMS HCPCS Workgroup
    - Responsible for additions, deletions, revisions
    - Updated annually
  - Temporary National Codes maintained by the CMS HCPCS Workgroup
    - Responsible for additions, deletions, revisions
    - Updated quarterly



# HCPCS Level II

Types of Temporary Codes

- G codes
  - Professional health care procedures/services with no CPT® codes
  - Example:
    - G0412 – G0415 – unilateral or bilateral
    - 27215 – 27218 – unilateral only, use modifier 50 for bilateral
- H codes
  - Used by State Medicaid Agencies for mental health services such as alcohol and drug treatment services

# HCPCS Level II

- C-Codes
  - Report drugs, biologicals, and devices used by OPPS
  - Only reported for the facility



# HCPCS Level II

- Coding Conventions
  - Bullet indicates new code
  - Triangle indicates code description has been revised
  - X with line through code and code description means code has been deleted
  - Color Coded Symbols

# HCPCS Level II

- Format:
  - Alphabetic Index
  - Tabular Index
    - Divided into different alpha-numeric sections
  - Table of Contents
    - List of alpha sections with code ranges and page numbers



# HCPCS Level II

Appendices:

- Level II modifiers
  - May be used with some CPT® codes, i.e., LT/RT
- Table of Drugs
  - Names of Drugs, dosage, delivery method, J code
- Medicare References
- Jurisdiction List
- Deleted Code Crosswalk

# HCPCS Level II Modifiers

- Two alpha characters:
  Example: RT – right
  LT - left

- One alpha and one numeric character:
  Example: F1 – Left hand, second digit
  F2 – Left hand, third digit
  F3 – Left hand, fourth digit
  F4 – Left hand, fifth digit

Left Hand



# HCPCS Level II Table of Drugs

- Alphabetized by drug name
- Dose/Unit
- Route of administration
- Code(s)

# HCPCS Level II

- Finding a Code
  - Depo Provera 150mg IM for contraception
- Two ways to find it
  - Table of Drugs
  - Alphabetic Index
- J1055 - Depo Provera 150 mg IM



# Discarded Drugs/Medicine

- MCM, Pub 100-4, Chapter 17, Subsection 100.2.9
- Modifier JW - Drug amount discarded/not administered to any patient
- Example:
  - J0595 x 50
  - J0595-JW x 50
- JW is not to be used:
  - Discarded amounts from a multi-dose vial (MDV)
  - Remaining amount is used on another patient instead of discarded.

# HCPCS Level II

- Finding a Code
  - Orthopedic Shoes
- Two ways to find it
  - Table of Contents
  - Alphabetic Index
- L3204 - High-top orthopedic shoe with pronator for an infant



# HCPCS

- Fewer codes than CPT® and ICD-9-CM
- Smaller textbook

Care still needs to be taken when making a code selection

## Clinical Trials and Medicare Coverage

- Health-related research studies performed on humans
- Q1 – Routine clinical service provided in a clinical research study that is in an approved clinical research study
- V70.7 Examination of participant in clinical trial
- D4 – Form Locator Fields 39-41 along with 8-digit clinical trial number



*The End*