



2017 CPC® Certification Review

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CPT®

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[2]

The Business of Medicine



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I Payers

Self-Pay vs Insurance

- Self-pay
- Insurance
 - Private (commercial) insurance
 - BCBS
 - Aetna
 - Cigna
 - Government insurance
 - Medicare
 - Medicaid
 - TriCare

[4]

I Medicare

Medicare Parts

- Part A – Inpatient hospital care
- Part B – Outpatient medical care
- Part C – Medicare Advantage
- Part D – Prescription drug coverage

[5]

I RBRVS

- Non-Facility Pricing Amount
 $[(\text{Work RVU} * \text{Work GPCI}) + (\text{Transitioned Non-Facility PE RVU} * \text{PE GPCI}) + (\text{MP RVU} * \text{MP GPCI})] * \text{Conversion Factor (CF)}$
- Facility Pricing Amount
 $[(\text{Work RVU} * \text{Work GPCI}) + (\text{Transitioned Facility PE RVU} * \text{PE GPCI}) + (\text{MP RVU} * \text{MP GPCI})] * \text{CF}$

[6]

I Medical Necessity

Services or supplies that:

- are proper and needed for the diagnosis or treatment of your medical condition,
- are provided for the diagnosis, direct care, and treatment of your medical condition,
- meet the standards of good medical practice in the local area, and
- aren't mainly for the convenience of you or your doctor.

www.cms.gov/apps/glossary

[7]

I National Coverage Determinations

- National Coverage Determinations (NCD) help to spell out CMS policies on when Medicare will pay for items or services
 - Each Medicare Administrative Carrier (MAC) is then responsible for interpreting national policies into regional policies
 - LCD's only have jurisdiction within their regional area

[8]

I Advance Beneficiary Notice

- Providers are responsible for obtaining an ABN prior to providing the service or item to a beneficiary.
 - The form must be filled out in its entirety as well as the cost to the patient and the reason why Medicare may deny the service
 - Only the approved Form CMS-R-131 is valid and the forms may not be altered

[9]

I HIPAA

- National standards for electronic health care transactions and code sets;
- National unique identifiers for providers, health plans, and employers;
- Privacy and Security of health data.

[10]

I HITECH

- The Health Information Technology for Economic and Clinical Health Act
 - Promote the adoption and meaningful use of health information technology
 - Strengthened HIPAA
 - Patient audit trail

[11]

I OIG Compliance Plan

1. Conduct internal monitoring and auditing.
2. Implement compliance and practice standards.
3. Designate a compliance officer or contact.
4. Conduct appropriate training and education.
5. Respond appropriately to detected offenses and develop corrective action.
6. Develop open lines of communication with employees.
7. Enforce disciplinary standards through well-publicized guidelines.

<http://oig.hhs.gov/fraud/PhysicianEducation/05compliance.asp>

[12]

ICD-10-CM Coding



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| ICD-10-CM Layout

- Coding Conventions
- Official ICD-10-CM Guidelines for Coding and Reporting
- Index to Diseases and Injuries (Alphabetic Index)
- Table of Neoplasms
- Table of Drugs and Chemicals
- Index to External Cause of Injuries
- Tabular List



Index to Diseases and Injuries: History

History

family (of) (*see also* History, personal (of))
 alcohol abuse Z81.1
 allergy NEC Z84.89
 anemia Z83.2
 arthritis Z82.61
 asthma Z82.5
 blindness Z82.1
 cardiac death (sudden) Z82.41
 carrier of genetic disease Z84.81
 chromosomal anomaly Z82.79

Index to Diseases and Injuries: History

Personal (of) (*see also* History, family (of))

abuse
 childhood Z62.819
 physical Z62.810
 psychological Z62.811
 sexual Z62.810
 adult Z91.419
 physical and sexual Z91.410
 psychological Z91.411
 alcohol dependence F10.21

Table of Neoplasms

Neoplasm Index	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
Neoplasm, neoplastic	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
organ	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
viscera	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
wall (see also Neoplasm, abdomen, wall, skin)	C44.509	C79.2-	D04.5	D23.5	D48.5	D49.2
connective tissue	C49.4	C79.8-	-	D21.4	D48.1	D49.2
skin	C44.509					

Table of Drugs and Chemicals

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
1-propanol	T51.3X1	T51.3X2	T51.3X3	T51.3X4	---	---
2-propanol	T51.2X1	T51.2X2	T51.2X3	T51.2X4	---	---
2, 4-D (dichlorophenoxyacetic acid)	T60.3X1	T60.3X2	T60.3X3	T60.3X4	---	---
2, 4-toluene dithiocyanate	T65.0X1	T65.0X2	T65.0X3	T65.0X4	---	---
2, 4, 5-T (trichlorophenoxyacetic acid)	T60.1X1	T60.1X2	T60.1X3	T60.1X4	---	---
14-hydroxydihydro-morphinone.	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
A						
ABOB	T37.5X1	T37.5X2	T37.5X3	T37.5X4	T37.5X5	T37.5X6
Abrine	T62.2X1	T62.2X2	T62.2X3	T62.2X4	---	---
Abrus (seed)	T62.2X1	T62.2X2	T62.2X3	T62.2X4	---	---
Absinthe	T51.0X1	T51.0X2	T51.0X3	T51.0X4	---	---
beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4	---	---
Acaricide	T60.8X1	T60.8X2	T60.8X3	T60.8X4	---	---

ICD-10-CM Layout

External Cause of Injuries Index

- External cause codes describe how an injury occurred
- Read the notes at the beginning of ICD-10-CM Chapter 20 *External Causes of Morbidity*
- NEVER primary

Fall, falling (accidental) W19-
 building W20.1-
 burning (uncontrolled fire) X00.3-
 down
 embankment W17.81-
 escalator W10.0-
 hill W17.81-
 ladder W11-
 ramp W10.2-
 stairs, steps W10.9-

ICD-10-CM Layout

Tabular List of Diseases and Injuries

1. Certain Infectious and Parasitic Diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Disease of Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)
4. Endocrine, Nutritional and Metabolic Diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)
6. Diseases of Nervous System and Sense Organs (G00-G99)
7. Diseases of the Eye and Adnexa (H00-H59)
8. Diseases of the Ear and Mastoid Process (H60-H95)
9. Diseases of the Circulatory System (I00-I99)
10. Diseases of the Respiratory System (J00-J99)
11. Diseases of the Digestive System (K00-K99)
12. Diseases of the Skin and Subcutaneous Tissue (L00-L99)
13. Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
14. Diseases of the Genitourinary System (N00-N99)
15. Pregnancy, Childbirth, and the Puerperium (O00-O99)
16. Certain conditions Originating in the Perinatal Period (P00-P99)
17. Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)
18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)
19. Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)
20. External Causes of Morbidity (V00-Y99)
21. Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

Coding Conventions and Guidelines

Overview

- Conventions for the ICD-10-CM
- Official ICD-10-CM Guidelines for Coding and Reporting

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Coding Conventions

Abbreviation NOS

- Not otherwise specified
- Lacks information to use a more specific code

Index to Diseases and Injuries:

Sinusitis (accessory) (chronic)
(hyperplastic) (nasal) (nonpurulent)
(purulent) J32.9

Tabular List:

J32.9 Chronic sinusitis, unspecified
Sinusitis (chronic) NOS

Coding Conventions

Parentheses

- Enclose supplementary words
- Nonessential modifiers

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9
 with
 lung abscess J85.1
 due to specified organism – see Pneumonia, in (due to)
 influenza – see influenza, with, pneumonia
 adenoviral J12.0
 adynamic J18.2
 alba A50.04
 allergic (eosinophilic) J82
 alveolar – see Pneumonia, lobar
 anaerobes J15.8
 anthrax A22.1

Coding Conventions

With

- Means “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List.
- Presumed causal relationship between the main term and the terms listed under the entry “with.”

Diabetes, diabetic (mellitus) (sugar) E11.9
 with
 amyotrophy E11.44
 arthropathy NEC E11.618
 autonomic (poly)neuropathy E11.43
 cataract E11.36
 Charcot's joints E11.610
 Chronic kidney disease E11.22

ICD-10-CM Official Guidelines for Coding and Reporting

Referencing the Guidelines

- Guidelines found at beginning of the ICD-10-CM codebook

Section I. Conventions, General Coding Guidelines and Chapter Specific Guidelines

A. Conventions for the ICD-10-CM

1. The Alphabetic Index and Tabular List
2. Format and Structure
3. Use of codes for reporting purposes
4. Placeholder character
5. 7th Characters
6. Abbreviations
 - a. Alphabetic Index abbreviations
 - b. Tabular List abbreviations
7. Punctuation
8. Use of "and"
9. Other and Unspecified codes

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ICD-10-CM Official Guidelines for Coding and Reporting

Referencing the Guidelines

- A documented reference appears as Section I.C.4.a.2.
- This indicates the guideline is found in:
 - Section I. Conventions, General Coding Guidelines and Chapter Specific Guidelines
 - Section I.C. Chapter-Specific Coding Guidelines
 - Section I.C.4. Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
 - Section I.C.4.a. Diabetes mellitus
 - Section I.C.4.a.2. Type of diabetes not documented

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ICD-10-CM Official Guidelines for Coding and Reporting

Guideline Reference: I.C.4.a.2.

Section I. Conventions, General Coding Guidelines and Chapter Specific Guidelines

C. Chapter Specific Coding Guidelines

4. Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08-E13 as needed to identify all of the associated conditions that the patient has.

1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

3) Diabetes mellitus and the use of insulin

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Locating the ICD-10-CM Code

Code Structure

- Chapter – based on body system or condition.
 - Example: Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
- Section - A group of three-character categories
 - Example: Diabetes mellitus (E08-E13)
- Categories - Three-character code numbers
 - Example: E11 Type 2 diabetes mellitus

Locating the ICD-10-CM Code

Code Structure

- Subcategories can be 4, 5, or 6 characters
 - 4th character further defines the site, etiology, and manifestation or state of the disease or condition.
 - Example: E11.6 Type 2 diabetes mellitus with diabetic arthropathy
 - 5th or 6th character represent the most accurate level of specificity.
 - Example: E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy

Locating the ICD-10-CM Code

Code Structure

- Seventh character extenders
 - Example:
 - T16 Foreign body in ear
 - The appropriate 7th character is to be added to each code from category T16
 - A = initial encounter
 - D = subsequent encounter
 - S = sequela

T16.1XXA Foreign body in right ear, initial encounter

| Locating the ICD-10-CM Code

Step-by-step instructions

1. Find the documented diagnosis
2. Determine the main term
3. Look up the main term in the Index to Diseases and Injuries (Alphabetic Index)
4. Find the code in the Tabular List
5. Review all conventions and notes associated with the code

| Locating the ICD-10-CM Code

Main Term

- What is the disease?
- What is the illness?
- What is the symptom?

Acute Bronchitis

Main Term: Bronchitis

Locating the ICD-10-CM Code

Main Term

- Ruptured ovarian cyst
- Abdominal pain
- Chronic sinusitis
- Febrile convulsions

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Locating the ICD-10-CM Code

Look up the main term in the
Index to Diseases and Injuries
(Alphabetic Index)

Bronchiolitis – *continued*
respiratory, interstitial lung disease J84.115
Bronchitis (diffuse) (fibrinous) (hypostatic)
(infective) (membranous) J40
with
influenza, flu, or grippe - see Influenza, with,
respiratory manifestations NEC
obstruction (airway) (lung) J44.9
tracheitis (15 years of age and above) J40
acute or subacute J20.9
chronic J42
under 15 years of age J20.9
acute or subacute (with bronchospasm or
obstruction) J20.9
with
bronchiectasis J47.0
chronic obstructive pulmonary disease J44.0

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Locating the ICD-10-CM Code

Look for the subterm “acute”

Bronchiolitis – continued

respiratory, interstitial lung disease J84.115

Bronchitis (diffuse) (fibrinous) (hypostatic)

(infective) (membranous) J40

with

influenza, flu, or grippe - see Influenza, with,
respiratory manifestations NEC

obstruction (airway) (lung) J44.9

tracheitis (15 years of age and above) J40

acute or subacute J20.9

chronic J42

under 15 years of age J20.9

acute or subacute (with bronchospasm or
obstruction) J20.9

with

bronchiectasis J47.0

chronic obstructive pulmonary disease J44.0

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Locating the ICD-10-CM

Find the code in the Tabular List

√4th J20 Acute Bronchitis

INCLUDES acute and subacute bronchitis (with
bronchospasm

acute and subacute bronchitis (with) tracheitis

acute and subacute bronchitis (with)

tracheobronchitis, acute

acute and subacute fibrinous bronchitis

acute and subacute membranous bronchitis

acute and subacute purulent bronchitis

acute and subacute septic bronchitis

EXCLUDES2 acute bronchitis with bronchiectasis (J47.0)

acute bronchitis with chronic obstructive asthma

(J44.0)

acute bronchitis with chronic obstructive

pulmonary disease (J44.0)

allergic bronchitis NOS (J45.909-)

bronchitis due to chemicals, fumes and vapors

(J68.0)

chronic bronchitis NOS (J42)

chronic mucopurulent bronchitis (J41.1)

chronic obstructive bronchitis (J44.-)

chronic obstructive tracheobronchitis (J44.-)

chronic simple bronchitis (J41.0)

chronic tracheobronchitis (J42)

EXCLUDES1 bronchitis NOS (J40)

tracheobronchitis NOS (J40)

J20.9 Acute bronchitis, unspecified

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Locating the ICD-10-CM Code

Read all notes
associated with the code

√4th J20 Acute Bronchitis

INCLUDES acute and subacute bronchitis (with) bronchospasm
acute and subacute bronchitis (with) tracheitis
acute and subacute bronchitis (with) tracheobronchitis, acute
acute and subacute fibrinous bronchitis
acute and subacute membranous bronchitis
acute and subacute purulent bronchitis
acute and subacute septic bronchitis

EXCLUDES2 acute bronchitis with bronchiectasis (J47.0)
acute bronchitis with chronic obstructive asthma (J44.0)
acute bronchitis with chronic obstructive pulmonary disease (J44.0)
allergic bronchitis NOS (J45.909-)
bronchitis due to chemicals, fumes and vapors (J68.0)
chronic bronchitis NOS (J42)
chronic mucopurulent bronchitis (J41.1)
chronic obstructive bronchitis (J44.-)
chronic obstructive tracheobronchitis (J44.-)
chronic simple bronchitis (J41.0)
chronic tracheobronchitis (J42)

EXCLUDES1 bronchitis NOS (J40)
tracheobronchitis NOS (J40)

J20.9 Acute bronchitis, unspecified

CPT[®], Surgery Guidelines, HCPCS Level II, and Modifiers



I Introduction to CPT®

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

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I Introduction to CPT®

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

[40]

I 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

[41]

I CPT® Conventions and Iconography

Used throughout the CPT® manual and include:

- Indentations
- Code symbols - iconology
- Parenthetical instructions

[42]

I 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

[43]

I CPT® Conventions and Iconography

+ The “add-on” code symbol - Add-on codes are never reported alone

Example:

+11201 each additional ten lesions, or part thereof

(Use 11201 in conjunction with 11200)

[44]

I CPT® Conventions and Iconography

- The red bullet - new procedure code

Example:

- 43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation devise (i.e. magnetic band)including cruroplasty when performed

- ▲ The (blue) triangle - code revision

Example:

- ▲ 31587 Laryngoplasty, cricoid split, without graft placement

Appendix B:

31587 Laryngoplasty, cricoid split, without graft placement

[45]

I CPT® Conventions and Iconography

- ◀▶ Opposing triangles - indicate new and revised text other than the procedure descriptors

+ 33141 Transmyocardial revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)

▶(Use 33141 in conjunction with 33390, 33391, 33404-33496, 33510-33536, 33542 ◀

[46]

I CPT® Conventions and Iconography

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

Example: ⊘ 20974 Electrical stimulation to aid bone healing; noninvasive (nonoperative)

[47]

I CPT® Conventions and Iconography

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

Example: 90668 Influenza virus vaccine (IV), pandemic formulation, split virus, for intramuscular use

AMA CPT® "Category I Vaccine Codes" website: www.ama-assn.org

The number symbol – Re-sequenced and are out of numerical order

Example: 46947 Code is out of numerical sequence. See 46700-46947.

46947 Hemorrhoidopexy (for prolapsing internal hemorrhoids) by stapling

[48]

I Category I CPT® Codes

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

- Evaluation and Management
- Anesthesiology
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine

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I 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

Alternate coding
suggestions

- (For dermabrasions, see 15780 – 15783)
- (For nail debridement, see 11720-11721)
- (For burn(s), see 16000-16036)
- (For pressure ulcers, see 15920-15999)

[50]

I The CPT® Coding Manual

- CPT® Sections
- Section Guidelines
- Section Table of Contents
- Notes
- Category II codes
- Category III codes
- Appendices A-O
- Alphabetic Index

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I 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

[52]

I 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/NationalCorrectCodInitE/d/index.html>

[53]

I Sequencing

- Based on RBRVS
 - Physician Work
 - Practice Expense
 - Professional Liability/Malpractice Insurance
- Highest RBRVS listed first

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

[54]

I **CPT® Assistant**

- Articles answering everyday coding questions
- CCI bundling information
- E/M billing guidance
- 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

[55]

I **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)

[56]

I Category III CPT® codes

- Temporary codes
- Alphanumeric structure, with a “T” in the last position, eg, 0042T
- Can be reported alone, without an additional Category I code

[57]

I CPT® Appendices

Appendix A - Modifiers categorized:

- 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

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I 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

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I CPT® Appendices

- Appendix E – Exempt from the use of modifier 51 (multiple procedures)
- Appendix F – Exempt from the use of Modifier 63 (procedures performed on infants less than 4kg)
- Appendix G – Removed from the CPT codebook (2017).

[60]

I CPT® Appendices

- Appendix H – Alphabetic Index of Performance Measures by Clinical Condition or Topic
 - Available only on the AMA website
 - www.ama-assn.org.
- Appendix I – Genetic Testing Code Modifiers
 - Removed from the CPT codebook (2013)
- Appendix J - Electrodiagnostic Medicine Listing of Sensory, Motor, and Mixed Nerves

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I CPT® Appendices

- Appendix K - Product Pending FDA Approval
- Appendix L - Vascular Families
 - Based on the assumption that a vascular catheterization has a starting point of the aorta
- Appendix M - Crosswalk to Deleted CPT® Codes
- Appendix N - Summary of Re-sequenced CPT® Codes
- Appendix O – Multianalyte Assays

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I CPT® Appendices

- Appendix P – CPT Codes that May Be Used for Synchronous Telemedicine Services
 - These codes are used with real-time telemedicine services when appended with modifier 95.

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I 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

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I CPT® Global Surgical Package

Included in the surgery package and not separately billable:

Inclusive

- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
- Subsequent to the decision for surgery, one related E/M encounter on the date immediately prior to or on the date of procedure (including history and physical)
- Immediate postoperative care, including dictating operative notes, talking with the family and other physicians
- Evaluating the patient in the post-anesthesia recovery area
- Writing orders
- Typical postoperative follow-up care

[65]

I CMS Global Surgical Package

- Major Surgery: Has a preoperative period of 1 day with 90 days for the postoperative period.
- Minor Surgery: The preoperative period is the day of the procedure with a postoperative period of either 0 or 10 days depending on the procedure.

[66]

I 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

[67]

I 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

[68]

I 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

(each publisher may have different appendices)

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I Modifiers

- 22 – Increased Procedural Service
 - Service provided is greater than that usually required for the listed procedure
- 24 - Unrelated E/M by the same physician during a postoperative period

[70]

I Global Package Modifiers

- 25 - Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
- 57 - Decision for surgery

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I Global Package Modifiers

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

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I Surgical Modifiers

- 50 - Bilateral Procedure
- 51 - Multiple Procedures
- 52 - Reduced Services
- 53 - Discontinued Procedure

[73]

I 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

[74]

I Modifier 59 – Distinct Procedural Service

- CMS provides a subset of modifier 59:
 - XE - Separate Encounter, a service that is distinct because it occurred during a separate encounter;
 - XS - Separate Structure, a service that is distinct because it was performed on a separate organ/structure;
 - XP - Separate Practitioner, a service that is distinct because it was performed by a different practitioner; and
 - XU - Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service.

[75]

I Modifiers

- Modifier 63 - Procedures Performed on Infants Less than 4kg Increased work intensity
- Modifier 76 - Repeat Procedure or Service by Same Physician
- Modifier 77 - Repeat Procedure or Service by Another Physician

[76⁷⁶]

I Multiple Surgeon Modifiers

- 62 – Two Surgeons
 - Work together as primary surgeons
 - Perform distinct parts of a procedure
 - Dictate op report of their distinct part
 - Each will submit the same code and append modifier 62
- 66 – Surgical Team
 - Highly complex procedures
 - Require differently specialties
 - Modifier 66 appended to procedures coded by the surgical team

[77]

I Assistant Surgeon Modifiers

- 80 – Assistant Surgeon
 - Assistant surgeon present for entire or substantial portion of the operation
 - Reports the same surgical procedure with modifier 80 appended
- 81 – Minimum Assistant Surgeon
 - Circumstances present that require the services of an asst surgeon for a short time. Minimal assistance.
 - Reports the same surgical procedure with modifier 81 appended
- 82 – Assistant Surgeon (when qualified resident surgeon not available)
 - Used in a teaching hospital that employs residents
 - No residents available and another surgeon is used

[78]

I Ancillary Modifiers

- Global – a procedure containing both a technical and a professional component
- Modifier 26 – Professional Component
- Modifier TC – Technical Component

[79]

I Laboratory Modifiers

- 90 – Reference (Outside) Laboratory
 - Used to bill for lab services purchased from an outside lab
- 91 – Repeat Clinical Diagnostic Lab Test
 - Not used to confirm results
 - Not used to repeat a test due to equipment malfunction
- 92 – Alternative Lab Platform Testing
 - Single use
 - HIV testing
- 95 – Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunication System

[80]

I Anesthesia Modifiers

- 23 - Unusual Anesthesia
- 47 – Anesthesia by Surgeon
- Physical Status Modifiers

[81]

Integumentary System



82

| Anatomy of the Skin

- Epidermis
 - Top layer
 - Made up of 4-5 layers; function is protection
- Dermis
 - Mid layer
 - Blood vessels, connective tissue, nerves, etc.
- Subcutaneous Tissue
 - Connective tissue and adipose tissue

[83]

| ICD-10-CM: Integumentary

- Chapter 2 – Neoplasms
- Chapter 12 – Diseases of the Skin and Subcutaneous Tissue
- Chapter 19 – Injury and Poisoning

[84]

I ICD-10-CM: Integumentary

Chapter 12: Diseases of the Skin and Subcutaneous Tissue

- Skin infections (bacterial and fungal)
- Inflammatory conditions of the skin
- Other disorders of the skin
 - Corns and calluses
 - Keloid scars
 - Keratosis
 - etc.

[85]

I Inflammatory Conditions of the Skin

- Erythema multiforme:
 - Code for erythema multiforme
 - Code associated manifestation
 - Code percent of skin exfoliation (L49.0-L49.9)
 - An additional E code if drug induced

[86]

I Pressure Ulcers

- Decubitus ulcers/bed sores
- Coding
 - Identify the location of the ulcer
 - Identify the stage of the ulcer
 - Ulcers present on admission but healed at the time of discharge, assign the code for the site and stage of the pressure ulcer at the time of admission
 - Ulcers evolving to a higher stage, two separate codes should be assigned: one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest stage reported during the stay

[87]

I Injury and Poisoning

- Wounds
 - Open wounds
 - Lacerations
 - Punctures
 - Open bites
 - With or without foreign body
- Corrosions (chemicals)
- Burns (fire, heat source, hot appliance)

[88]

I Burns

- Location
- Severity (degree) of burn
- Total Body Surface Area (TBSA)

[89]

I Disorders of the Breast

- Category N60-N65 - Disorders of the breast
- Category N60 - Mammary dysplasia
- Category N65– Deformity and disproportion of reconstructed breast
 - N65.0 Deformity of reconstructed breast
 - N65.1 Disproportion of reconstructed breast

[90]

| Skin, Subcutaneous, and Accessory Structures

- Incision and Drainage
 - Simple
 - Complicated*

* Complicated = placement of a drain, presence of infection, hemorrhaging that requires ligation, extensive time

[91]

| Debridement

- Debridement
 - Method for removing dead tissue, dirt, or debris from infected skin, burn or wound
 - Based on percent of body surface area
- Debridement of necrotizing soft tissue
 - Based on area of body being debrided
- Active Wound Care
 - 97597-97606

[92]

| Biopsy

- 11100 single lesion
- 11101 each separate/additional lesion
- Three lesions
 - 11100 and 11101 x 2
- Obtaining of tissue during another procedure is not considered a separate biopsy

[93]

| Skin, Subcutaneous, and Accessory Structures

- Removal of Skin Tags
 - 11200 up to and including 15 lesions
 - 11201 add-on code for each additional 10 lesions
- Shaving of Epidermal Lesions 11300-11313
 - Include local anesthesia & chemical/electrocauterization of wound
 - Select codes on size and anatomic location

[94]

Skin, Subcutaneous, and Accessory Structures

- Excision of Lesions
 - Measurement
 - Lesion diameter plus narrowest margins
- Code Selection
 - Benign or Malignant
 - Size in centimeters
 - Anatomical location

[95]

Nails

- Fingernails and/or toenails
- Trimming or Debridement

[96]

I Integumentary System

- Pilonidal Cyst
 - Coded according to complexity of excision
- Introduction
 - Intralesional Injections
 - Tattooing
 - Tissue Expansion
 - Contraceptive Capsule insertion/removal
 - Hormone implantation
 - Drug Delivery Implants

[97]

I Repair

- Three factors
 - Length of wound in centimeters
 - Complexity of repair
 - Site of wound
- Wound closure includes sutures, staples tissue adhesive
- Wound repair using only adhesive strips report with E/M

[98]

I Repair

- Adjacent Tissue Transfer or Rearrangement
 - Z-plasty
 - W-plasty
 - V-Y plasty
 - Rotation Flaps
 - Advancement Flaps

[99]

I Repair

- Skin Replacement Surgery & Skin Substitutes
 - 15002-15005 based on size of repair and site
 - 15040-15261 reported for autografts and tissue cultured autografts
 - 15271-15278 reported for skin substitute grafts
 - 15050 is pinch graft measured in centimeters
 - All other skin graft codes are determined by the size of the defect in square centimeters
 - Square centimeters calculation
length in cm x width in cm

[100]

I Repair

- Other Procedures
 - Dermabrasion
 - Chemical Peels
 - Cervicoplasty
 - Blepharoplasty
 - Rhytidectomy
 - Abdominoplasty
 - Lipo-suction

[101]

I Destruction

- Ablation by any method other than excision
 - Electrosurgery
 - Cryosurgery
 - Laser treatment
 - Chemical treatment
- Benign/premalignant based on number of lesions
- Malignant lesion according to location and size in centimeters

[102]

I Destruction

- Mohs Micrographic Surgery
 - Removal of complex or ill-defined skin cancer
 - Physician acts as surgeon and pathologist
 - Removes tumor tissues and performs histopathologic exam
 - Repair of site may be reported separately

[103]

I Breast

- Incision
- Excision
- Introduction
 - Pre-operative needle localization wire
- Repair
- Reconstruction
- Biopsy
 - Percutaneous
 - Incisional

[104]

I Breast

- Mastectomy
 - Muscles and lymph nodes involved will determine code selection
- Repair Reconstruction
 - Reconstruction after mastectomy
- Mastopexy (breast lift)
- Reduction mammoplasty (breast reduction)

[105]

Musculoskeletal System



106

I Anatomy

- Skeleton
 - Axial
 - Appendicular
- Muscles
 - Assist with heat production
 - Posture
- Ligaments – attach bones to other bones
- Tendons – attach muscles to bones
- Cartilage – Acts as a cushion between bones in a joint

[107]

I ICD-10-CM Coding

Laterality

- 1— Right
- 2— Left
- 3—Bilateral
- 9—Unspecified

When the laterality is not documented, unspecified is used

If a bilateral option is not available, 2 codes will be reported

When a bilateral condition exists, and there is a bilateral code, the bilateral code is reported even if only one side is being treated for that encounter.

[108]

Diseases of the Musculoskeletal System and Connective Tissue

- Chapter 13
- Arthropathy – pathology or abnormality of a joint
- Dorsopathies – disorders affecting the spinal column
- Rheumatism – non-specific term for any painful disorder of the joints, muscles, or connective tissue
- Enthesopathies – disorders of ligaments
- Bursitis – inflammation of the bursa

[109]

Injury and Poisoning

- Chapter 19
- Sprains and Strains
- Fractures
 - Comminuted
 - Impacted
 - Simple
 - Greenstick
 - Pathologic
 - Compression
 - Torus or Incomplete

[110]

I CPT® : Musculoskeletal System

- Formatted by anatomic site:
 - General
 - Head, Neck (soft tissues) and Thorax
 - Back and Flank
 - Spine (vertebral column)
 - Abdomen
 - Shoulder, Humerus and Elbow
 - Forearm and Wrist
 - Hand and Fingers
 - Pelvis and Hip Joint
 - Femur and Ankle Joint
 - Foot and Toes
 - Application of Casts and Strapping
 - Endoscopy/ Arthroscopy

[111]

I Musculoskeletal System

- “General” subheading
 - Many different anatomic sites
- Other subheadings
 - Divided by anatomic site, procedure type, condition and description
 - Incision, excision, introduction or Removal, Repair, Revision and/or Reconstruction, Fracture and/or dislocation, Arthrodesis, Amputation

[112]

I Guidelines - Types of Fracture Treatment

- Closed - the fracture site not surgically exposed.
- Open – used when fractured bone is surgically exposed
- Percutaneous skeletal fixation

[113]

I General

- Not specific to anatomic site
- Incision of soft tissue abscess
 - Associated with deep tissue
- Wound Exploration
 - Traumatic wounds
 - Include surgical exploration/enlargement, debridement, removal of foreign bodies, ligation/coagulation minor blood vessels

[114]

I General

- Excision & Biopsy
 - Muscle or Bone
 - Depth of wound or tissue excised
- Introduction or Removal
 - Injections
 - Foreign body removal

[115]

I Anatomical Subheadings

- Based on anatomic site
- Divided based on procedure
 - Incision
 - Excision
 - Fracture
- Read notes carefully

[116]

I Spine

- Anatomy
 - Cervical C1-C7
 - C1 Atlas
 - C2 Axis
 - Thoracic T1-T12
 - Lumbar L1-L5
- Spinal Instrumentation
 - Segmental
 - Non-segmental

[117]

I Endoscopy/Arthroscopy

- Divided by body area
 - Elbow
 - Shoulder
 - Knee
- Surgical endoscopy/arthroscopy includes a diagnostic endoscopy/arthroscopy
- Multiple surgical procedures performed through scope may be reported
- “Separate procedure” – included in more extensive procedure

[118]

I HCPCS Level II

- Orthotic and Prosthetic
- Basic Orthopedic Supplies
 - Crutches
 - Canes
 - Walkers
 - Traction Devices
 - Wheelchairs
 - Other orthopedic supplies

[119]

Respiratory, Hemic, Lymphatic, Mediastinum and Diaphragm



120

I Respiratory System

- Nose
- Larynx
- Pharynx
- Trachea
- Bronchi
- Bronchioles
- Lungs
- Alveoli
 - Located at the ends of the bronchioles
 - Function is gas exchange (CO² and O²)
- Pleura

[121]

I Mediastinum and Diaphragm

- Mediastinum-thoracic cavity between the lungs that contains the heart, aorta, esophagus, trachea, thymus gland
- Diaphragm-muscle that divides the thoracic cavity from the abdominal cavity

[122]

I Hemic and Lymphatic Systems

- Network of channels
- Structures dedicated to circulation and production of lymphocytes
- Three interrelated functions
 - Removal for interstitial fluid from tissues
 - Absorbs and transports fatty acids to circulatory system
 - Transport antigen presenting cells to lymph nodes

[123]

I Hemic and Lymphatic Systems

- Spleen
 - Located left side of stomach
 - Reservoir for blood cells
 - Produces lymphocytes involved in fighting infection

[124]

I ICD-10-CM: Respiratory

- Acute Upper Respiratory Infections (J00-J06)
- Influenza and Pneumonia (J09-J18)
- Other acute lower respiratory Infections (J20-J22)
- Other diseases of Upper Respiratory tract (J30-J39)
- Chronic Lower Respiratory diseases (J40-J47)
 - Bronchitis (J40-J42)
 - Emphysema (J43)
 - COPD (J44)
 - Asthma (J45)

[125]

I ICD-10-CM

- Mediastinum and Diaphragm
 - Diaphragm Herniation
 - Diaphragmatic Paralysis
 - Thymic hyperplasia
- Hemic and Lymphatic Systems
 - Lymphoma
 - Lymphadenitis
 - Hypersplenism
 - Splenic Rupture
 - Leukemia

[126]

I Rules/Guidelines

- Respiratory procedures
 - Progress downward from the head to the thorax
- Parenthetical statements
 - Directions on how to use specific codes
 - Apply to codes above parenthetical note; not below
- Most codes are unilateral
- Use modifier 50 if bilateral procedure performed
 - Unless code descriptor states bilateral

[127]

I Nose

- Rhinotomy
- Excision
 - Biopsy code
 - Removal of lesions, cysts, and/or polyps
 - Turbinates
- Rhinectomy

[128]

I Nose

- Introduction
 - Therapeutic turbinate injection
 - Prosthesis for deviated nasal septum
 - Plug placed by physician
- Removal of foreign body
 - Office setting
 - Facility setting
 - General anesthesia

[129]

I Nose

- Repair
 - Rhinoplasty
 - Septoplasty, Atresia, Fistulas, Dermatoplasty
- Destruction
 - Turbinate mucosa
- Other procedures
 - Control of epistaxis (nose bleed)
 - Fracturing of turbinates

[130]

I Accessory Sinuses

- Four pairs of sinuses
- Procedures
 - Obliterative
 - Non-oblitative
- Endoscopies
 - Diagnostic/Surgical
 - All surgical endoscopies **always** include a diagnostic endoscopy

[131]

I The Larynx

- Laryngotomy
- Laryngectomy
- Pharyngolaryngectomy
- Arytenoidectomy
- Incision
 - Emergency endotracheal intubation
 - Change of tracheotomy tube

[132]

I The Larynx

- Endoscopy
 - Use of operating microscope or telescope
 - Parenthetical statement instructs not to code the operating microscope
 - Direct visualization
 - View anatomical structures via bronchoscope inserted into laryngoscope
 - Indirect visualization
 - Structures viewed in a laryngoscopic mirrored reflection

[133]

I Trachea and Bronchi

- Endoscopy
 - Many bronchoscopy codes
 - Use common portion of main or parent code (up to the semicolon) as the first part of each indented code descriptor under the parent code
 - Bronchoscopy codes
 - Bronchial lung biopsies
 - Foreign body removals
 - Stent or catheter placements
 - Flexible or rigid scopes
 - Many parenthetical statements

[134]

I Trachea and Bronchi

- Excision and Repair
 - Carinal reconstruction
 - Needed after removal of cancer at this site
 - Tracheal tumor excision
 - Thoracic and intrathoracic
 - Stenosis and anastamosis excision
 - Injury suturing
 - Tracheostomy scar revision

[135]

I Lungs and Pleura

- Incision codes
 - Thoracostomy
 - Thoracotomy
 - Pneumonostomy
 - Pleural scarification
 - Decortication

[136]

I Lungs and Pleura

- Excision
 - Biopsies
 - Read parenthetical statement directions
 - Pleurectomy
- Removal
 - Pneumocentesis
 - Thoracentesis
 - Total pneumonectomy
 - Lobectomy
 - Resections

[137]

I Lungs and Pleura

- Introduction and Removal
 - Thoracostomy (chest tube)
- Endoscopy
 - Diagnostic vs. surgical
 - VATS

[138]

I Lungs and Pleura

- Lung Transplantation
 - Three steps
 - Harvesting
 - Backbench
 - Insertion
 - Live donors
 - Rare
 - Only one lobe donated
 - Cadaver donors
 - Most commonly used

[139]

I Lungs and Pleura

- Surgical collapse therapy/thoracoplasty
 - Resection
 - Thoracoplasty
- Other procedures
 - Lung lavage
 - Tumor ablation
 - Unlisted - 32999

[140]

I Pulmonary

- Ventilator Management
- Other Procedures
 - Spirometry
 - Pulmonary capacity studies
 - Respiratory flow studies
 - Pulmonary stress testing
 - Inhalation treatment
 - Oxygen uptake
 - Pulse oximetry

[141]

I Mediastinum & Diaphragm

- Mediastinum
 - Mediastinotomy – based on approach
 - Excision (cyst, tumor)
 - Endoscopy
- Diaphragm
 - Hernia repair
 - Resections

[142]

I Hemic and Lymphatic Systems

- Spleen
 - Splenectomy
 - Code selection based on type
 - Splenorrhaphy
 - Reported when a ruptured spleen is repaired
- General
 - Bone Marrow or Stem Cell Services

[143]

I Hemic and Lymphatic Systems

- Lymph Nodes & Lymphatic Channels
 - Drainage of lymph node abscess
 - Biopsy or Excision
 - Code selection based on method and location
 - Lymphadenectomy
 - Limited – removes only lymph nodes
 - Radical – removal of lymph nodes, glands and surrounding tissue
 - Injection Procedures
 - Lymphangiography

[144]

Cardiovascular System



145

| Heart

- 4 Chambers
 - Two atria
 - Two ventricles
- Three layers
 - Myocardium
 - Epicardium
 - Pericardium
- Valves
 - Atrioventricular valves
 - Tricuspid
 - Bicuspid
 - Semilunar valves
 - Pulmonary
 - Aortic

[146]

| Oxygenation Process

RA > tricuspid valve > RV
RV > pulmonary valve > pulmonary artery
LUNGS (gas exchange)
LA > mitral valve > LV
LV > aortic valve > BODY via arteries
BODY > via veins > RA

[147]

| Electrical Conduction in the Heart

- Conduction begins in sinoatrial node of right atrium
 - Nature's pacemaker
 - Firing causes contraction of muscle
- Moves to atrioventricular node
 - Then to Bundle of His along septum
 - Then to Purkinje fibers along the surface of ventricles

[148]

I Coronary Arteries & Blood Vessels

- Arteries
 - Carry oxygenated blood
 - Take blood away from heart to the body
- Veins
 - Carry deoxygenated blood
 - Bring blood back to the heart from the capillary beds
- Capillaries
 - Connect arteries and veins

[149]

I Circulations

- Pulmonary Circulation
 - Pushes deoxygenated blood into the lungs
 - Carbon dioxide removed and oxygen added
 - Blood flows to the left atrium
- Systemic Circulation
 - Blood flows from left atrium into the left ventricle
 - Pumped to the body to deliver oxygen and remove carbon dioxide

[150]

I ICD-10-CM Coding

Chapter 01 – Infectious and parasitic diseases

Chapter 02 – Neoplasms

Chapter 09 – Diseases of the Circulatory System

Chapter 17 – Congenital Anomalies

Chapter 18 – Signs, Symptoms and Ill-Defined Conditions

[151]

I ICD-10-CM: Hypertension

- Hypertensive Disease
 - I10 Essential (primary) Hypertension
Includes high blood pressure, arterial, benign, essential, malignant, primary, systemic
 - I11 Hypertension with heart disease (presumed relationship exists between hypertension and heart disease)
 - I12 Hypertensive chronic kidney disease (presumed relationship exists between hypertension and chronic kidney disease)
 - I13 Hypertensive heart and chronic kidney disease
 - I15 Secondary Hypertension
 - I16 Hypertensive Crisis

[152]

I ICD-10-CM: Arteriosclerosis

- CAD of native coronary artery (I25.10)
 - The patient is not a heart transplant
 - The patient has CAD with no history of CABG
 - The patient had a prior PTCA of native coronary artery and the patient is admitted with re-occlusion of this lesion

[153]

I ICD-10-CM Coding

- Endocarditis
- Heart Failure
- Pericarditis
- Peripheral Arterial Disease (PAD)
- Valve Disorders
- Myocardial Infarction (MI)
 - Acute MI
 - Chronic MI and Old MI

[154]

I CPT® Coding

- Surgical Section
- Radiology Section
 - Heart
 - Vascular
 - Diagnostic Ultrasound (various CPT® s)
 - Radiologic Guidance
 - Nuclear Medicine
- Medicine Section
 - Cardiovascular
 - Noninvasive Vascular Diagnostic Studies

[155]

I Pacemakers/Defibrillators

- Pacemaker System
- Pacing cardioverter-defibrillator system
- Codes
 - Insertion or replacement
 - Implanted pacemakers
 - Biventricular (2 ventricles)

[156]

I Cardiac Valve Procedures

- Aortic Valve
- Mitral Valve
- Tricuspid Valve
- Pulmonary Valve

[157]

I CABG & Transluminal Angioplasty

- Coronary Artery Bypass Graft
 - Venous
 - Arterial-Venous
 - Reoperation
 - Arterial
 - Arterial Graft
- Transluminal Angioplasty

[158]

I Bypass Grafts

- Non-coronary vessels
 - Vein
 - In-situ vein
 - Vein is left in native location
 - Other than vein
- Code by type/location

[159]

I Central Venous Access Devices (CVAD)

- Placed for frequent access to bloodstream
- Tip of catheter must terminate in the:
 - Subclavian
 - Brachiocephalic
 - Iliac
 - Inferior or superior vena cava
- Code by
 - Procedure (insertion, repair, replacement, removal, etc.)
 - Tunneled or not
 - With pump or port
 - Patient age
- See CVAP table in CPT®

[160]

I Interventional Procedures

- Vascular Injection Procedures
 - Selective catheterizations should be coded to the highest level accessed within a vascular family
 - The highest level accessed includes all of the lesser order selective catheterizations used in the approach
 - Additional second and/or third order arterial catheterization within a vascular family of arteries or veins supplied by a single first order should be coded

[161]

I CPT®: Cardiovascular

- Hemodialysis (36800-36815)
- Portal Decompression (37140-37183)
 - Treat hypertension/occlusion of portal vein
 - TIPS (37182, 37183) diverts blood from the portal vein to the hepatic vein
- Transcatheter Procedures
 - Removal of clot
 - Arterial (37184-37186)
 - Venous (37187-37188)
 - Other (37191-37216)
 - Foreign body retrieval, stent placement, etc.

[162]

I Endovascular Revascularization

- Treat occlusive disease in lower extremities
- Three territories
 - Iliac
 - Femoral/Popliteal
 - Tibial/Peroneal
- Codes arranged in a hierarchy for each territory
 - stent placement with atherectomy (highest)
 - stent placement
 - atherectomy
 - angioplasty (lowest)

[163]

I Bundled into Endovascular Revascularization

- vascular access
- catheter placement
- traversing the lesion
- imaging related to the intervention (previously billed as the supervision and interpretation code for the specific intervention)
- use of an embolic protection device (EPD)
- imaging for closure device placement
- closure of the access site

[164]

I Interventional Radiology

- Consider
 - The number of catheter access sites
 - The number of catheter end points
 - The number of vessels visualized
- Vascular Family Order
 - Review Appendix L

[165]

I Radiology Vascular Procedures

- Diagnostic angiography
 - Sometimes separately reportable
 - Diagnostic angiography performed at a separate setting from an interventional procedure is separately reportable
 - Diagnostic angiography performed at the time of an interventional procedure is NOT separately reportable if it is specifically included in the interventional code descriptor

[166]

I Radiology

- Heart
 - Cardiac MRI & CT
- Cardiovascular System
 - Cardiac SPECT
 - Blood pool imaging
 - PET

[167]

I Medicine Section

- Therapeutic services and procedures
- Cardiography
- Cardiovascular monitoring services
- Implantable wearable cardiac device evaluations
- Echocardiography
- Cardiac Catheterizations
- Intracardiac Electrophysiological Procedures/Studies
- Peripheral Arterial Disease Rehabilitation
- Noninvasive physiologic studies and procedures
- Other procedures

[168]

Digestive System



169

I Digestive System

- Lips/Mouth
 - Teeth
 - Gums
 - Tongue
- Pharynx
 - Conduit for respiration and digestion
- Esophagus
 - Conduct food from the pharynx to the stomach
 - Peristaltic action moves the food

[170]

I Digestive System

- Stomach
 - Cardia
 - Fundus
 - Pylorus (antrum)
 - Body
- Small Intestine (small bowel)
 - Duodenum
 - Jejunum
 - Ileum
- Large Intestine (large bowel)
 - Cecum (appendix attached)
 - Colon
 - Ascending colon
 - Transverse colon
 - Descending colon
 - Sigmoid colon
 - Rectum
 - Anus

[171]

I Digestive System

- Pancreas
 - Endocrine and exocrine organ
 - Secretes insulin into the bloodstream
- Liver (Hepatic)
 - Largest organ and largest gland
- Gallbladder/Biliary System

[172]

I ICD-10-CM: Digestive

Chapter 1 – Infectious and Parasitic Diseases

Chapter 2 – Neoplasms

Chapter 11 – Disease of the Digestive System

Chapter 17– Congenital Anomalies

Chapter 18 – Signs, Symptoms, and Ill-Defined Conditions

[173]

I Diseases of the Digestive System

- Esophageal and Swallowing Disorders
 - Barrett's Esophagus
 - Esophagitis
 - Esophageal varices
 - Mallory-Weiss Tear
 - Hiatal Hernia
 - Swallowing Disorders/Dysphagia
- Gastritis and Peptic Ulcer Disease
- Gastrointestinal Bleeding
- Gastroenteritis

[174]

I Diseases of the Digestive System

- Inflammatory Bowel Disease (IBD)
- Irritable Bowel Syndrome (IBS)
- Foreign Bodies
- Diverticular Disease
 - Diverticulosis
 - Diverticulitis

[175]

I Diseases of the Digestive System

- Anorectal Disorders
 - Rectal prolapse
 - Abscess
 - Hemorrhoids
 - Anal fissure
 - Anal fistula
- Pancreatitis
- Benign and Malignant Neoplasms of the Gastrointestinal Tract
- Congenital Disorders

[176]

I Digestive System

- Organized by anatomic site and procedure
- Endoscopy
 - Visualization of a hollow viscus or canal by means of an endoscope or scope
 - Laparoscope is an endoscope

[177]

I Digestive System

- Lips
 - Vermilionectomy
 - Cheiloplasty
- Mouth
 - Vestibuloplasty
 - Glossectomy
 - Palatoplasty

[178]

I Digestive System

- Pharynx, Adenoids and Tonsils
 - Tonsillectomy
 - Adenoidectomy
 - Biopsy
 - Pharyngoplasty
 - Pharyngostomy
- Esophagus

[179]

I Digestive System

- Endoscopy
 - Select and report an appropriate code for each anatomic site examined
 - Esophagoscopy
 - Upper GI Endoscopy (EGD)
 - Endoscopic retrograde cholangiopancreatography (ERCP)

[180]

I Digestive System

- Stomach
 - Gastrectomy
 - Bariatric and Gastric Bypass
 - Endoscopic procedures

[181]

I Digestive System

- Intestines (except rectum)
 - Incision
 - Enterolysis
 - Exploratory procedures
 - Endoscopic
 - Small intestines
 - Beyond the second portion of the duodenum and stomal endoscopy
 - Colonoscopies
 - Enterostomy

[182]

I Digestive System

- Rectum
 - Incision – drainage of abscesses
 - Excision
 - Proctectomy – partial or complete
 - Endoscopy
 - Proctosigmoidoscopy
 - Sigmoidoscopy
 - Colonoscopy
- Anus
 - Hemorrhoids

[183]

I Digestive System

- Liver
- Biliary Tract
- Pancreas

[184]

I Digestive System

- Abdomen, Peritoneum, and Omentum
 - Exploratory laparotomy
 - Drainage of abscess – open or percutaneous
 - Laparoscopy
 - Hernia codes
 - Type of hernia
 - Strangulated or incarcerated
 - Initial or subsequent repair

[185]

I HCPCS: Digestive System

- Colorectal cancer screening
 - G0104-G0106
 - G0120-G0122

[186]

Urinary System and Male Genital System



187

I Anatomy: Urinary System

- Two kidneys (filters)
- Renal pelvis/one per kidney (funnels urine into ureters)
- Two ureters (to bladder)
- One bladder (storage)
- One urethra (exit)

Nephro = kidney

Renal = related to kidney

Pyelo = renal pelvis

[188]

I Anatomy: Male Reproductive System

- Testicles (sperm production, contained in scrotum)
- Duct system (transport sperm)
 - Epididymis
 - Vas deferens
- Accessory glands (contribute to ejaculate)
 - Seminal vesicles
 - Prostate gland
- Penis
 - shaft
 - glans
 - prepuce

[189]

I ICD-10-CM: Urinary

Look primarily to N00-N99

- Listed anatomically
 - Kidney
 - Ureters
 - Bladder
 - Urethra

[190]

I ICD-10-CM: Urinary

- Inflammation N00-N08
 - Nephritis
 - Glomerulonephritis
- Renal failure (acute)(N17)
- CKD (N18)
 - ESRD
 - With hypertension (I12)

[191]

I ICD-10-CM: Urinary

- Renovascular disease (N25)
 - Report underlying condition first
 - Central diabetes insipidus (E23.2)
 - Nephrogenic diabetes insipidus (N25.1)
- Small Kidney (N27.-)
- Pyelonephritis (N12)
- Hydronephrosis (N13)
- Calculi (N20)

[192]

I ICD-10-CM: Urinary

- VUR (N13)
 - Backflow or urine into ureter
- Cystitis (N30)
 - Bladder inflammation
- Voiding disorders (N31, N32)
 - Urinary incontinence (N39, R32)
- UTI (N39.0)
 - Report organism, when known

[193]

I ICD-10-CM: Male Genital System

Look primarily to N40-N53

- Listed anatomically
 - Prostate
 - Testes
 - Penis

Also...

- Congenital Anomalies
- Neoplasms
- Signs/Symptoms

[194]

I ICD-10-CM: Male Genital System

- BPH
- Hyperplasia
- Prostatitis
- PSA
- Dysplasia
 - PIN III
 - PIN I or II

[195]

I ICD-10-CM: Male Genital System

- Spermatic cord, Testis, Tunica Vaginalis, Epididymis
 - Hydrocele
 - Orchitis
- Penis
 - Phimosi
 - Balanitis
 - Routine circumcision
 - Male infertility
 - Peyronie's disease

[196]

I ICD-10-CM: Male Genital System

- Congenital Anomalies
 - Cryptorchidism
 - Hypospadias
 - Epispadias
- Neoplasms (by location)
- Injury
- Signs and Symptoms

[197]

I CPT®: Urinary

- Arranged by location/procedure type
 - Incision, excision, repair, etc.
- Bilateral vs. Unilateral
- Operating Microscope (69990) may be separate
- Surgical endoscopy always includes diagnostic endoscope

[198]

I CPT®: Kidney

- Incision (“otomy”)
 - Nephrotomy = incision of kidney
 - Pyelotomy = incision of renal pelvis
 - Nephrolithotomy
 - Percutaneous removal of calculi
 - Nephrostomy tract
- Excision (“ectomy”)
 - e.g., nephrectomy
 - Radical
 - Ablation

[199]

I CPT®: Kidney

- Repair
 - Ureteral repair
 - Creation of ureteral conduit
- Introduction (aspiration, injection, instillation)
 - Ureteral stents
 - Catheter changes
 - Bladder irrigation and/or instillation

[200]

I CPT®: Urinary

- Laparoscopy
 - Code by procedure
- Endoscopy
 - Performed through natural or created opening
- Other Procedures of Kidney
 - Renal Transplantation
 - Lithotripsy
 - Percutaneous ablation of renal tumors
 - Cryotherapy for renal tumors
- Urodynamics

[201]

I CPT®: Male Genital System

Penis

- Incision
- Destruction
- Excision
 - Excision of plaque
 - Penectomy
 - Circumcision
- Introduction
- Repair
 - Hypospadias/epispadias
 - Prosthesis
- Manipulation

Female Genital System



203

| Anatomy

External genitalia

- Mons pubis
- Labia (majora and minora)
- Hymen
- Bartholin's glands
- Clitoris
- Urethra

Internal Genitalia

- Vagina
- Uterus
- Cervix
- Fallopian tubes ("tubes" or oviducts)
- Ovaries

[204]

| ICD-10-CM: Female Genital System

Chapter 14: Disease of the Genitourinary System

Chapter 15: Complications of Pregnancy, Childbirth, and the Puerperium

Chapter 2: Neoplasms

Chapter 21: Z Codes

[205]

| ICD-10-CM: Female Genital System

- Female Genitourinary System
- Complications of Pregnancy, Childbirth, and the Puerperium
 - Have sequencing priority
 - Report any condition that affects pregnancy (labor, delivery, postpartum)
 - If pregnancy is incidental to condition treated, report Z33.1 as secondary code
 - Must document that condition treated does not affect pregnancy
 - Only for mother, not newborn

[206]

I ICD-10-CM: Female Genital System

- Routine outpatient prenatal visits w/o complication
 - First pregnancy
 - Subsequent pregnancy
 - First-listed diagnosis
 - Not to be used with other Chapter 15 Codes

High-risk Pregnancy

- Code from category O09
- First-listed diagnosis
- May be reported with other Ch. 15 codes

[207]

I CPT®: Female Genital System

Surgery

- Arranged by anatomy “outside to inside”
 - Terms used to describe *external* female genitalia
 - Perineum
 - Vulva
 - Pudenda
 - Introitus
- Consider terminology to determine procedure
 - -ectomy = removal
 - etc.

[208]

I CPT®: Female Genital System

- Vulva
- Vagina
 - 57022 - Only CPT® code related to obstetrical complications NOT in labor/delivery section
- Cervix Uteri
 - Os = opening of cervix

[209]

I CPT®: Female Genital System

- Uterus
 - Endometrial sampling
 - D&C
 - Hysterectomy
 - Total
 - Removal of fundus + cervix (e.g., 58150)
 - TAH = removed through abdomen
 - TVH = removed through vagina
 - Partial
- Oviduct/Ovary

[210]

I Maternity Care/Delivery

Antepartum care

- Initial visit during pregnancy
- Ongoing visits during pregnancy
 - Average of 13 visits (global OB package)
- OB package includes...
 - Antenatal care
 - Delivery
 - Episiotomy and repair
 - Postpartum care

[211]

I Maternity Care/Delivery

Postpartum care includes...

- Hospital visits
- 6-week checkup in the office
- Services related to cesarean delivery
 - e.g., two week incision check

Unrelated encounters are reported separately

[212]

I Maternity Care/Delivery

- “Partial” maternity/delivery care
 - Patient moves
 - Change of coverage, etc.
- Cesarean Delivery
- Twin delivery
- Ultrasound
 - NOT included in OB global package
 - Some payers *may* include one U.S. in global package (standard of care)
 - More than one U.S. may be performed

[213]

I Abortion

- Spontaneous
 - Miscarriage
 - Complete
 - Missed
 - D&C may be required
- Induced
 - Therapeutic (medical termination of pregnancy)
 - Failed induced abortion
 - Hysterotomy

[214]

Endocrine and Nervous System



215

I Anatomy: Endocrine

- Comprised of ductless glands that secrete hormones into the circulatory system
 - Thyroid
 - Parathyroid
 - Thymus
 - Adrenal glands
 - Medulla
 - Cortex

[216]

I Anatomy: Endocrine

- Pancreas
 - Endocrine and digestive functions
- Carotid body
 - Contains glandular tissue
- Pituitary gland
 - Anterior and posterior lobes
- Pineal gland
- Structures classified elsewhere
 - eg, kidneys, testes, ovaries

[217]

I Anatomy: Nervous System

- Comprised of two components
 - CNS
 - Brain
 - Spinal Cord
 - PNS
 - Nerves running throughout the body

[218]

| Anatomy: Nervous System

Nerve Plexi

- Cervical
 - Head, neck, shoulders
- Brachial
 - Chest, shoulders, arms, hands
- Lumbar
 - Back, abdomen, groin, thighs, knees, calves
- Sacral
 - Pelvis, buttocks, genitals, thighs, calves, feet
- Solar (Coccygeal)
 - Internal organs

[219]

| Anatomy: Nervous System

- Spinal cord functions:
 - Motor information to muscles
 - Sensory information to brain
 - Reflex coordination
- Segment (bone) vs. interspace (space between)
- Segments (Body, Lamina, Process [Spinous, Transverse], Foramen)
- Facet joints
 - One per side, where segments meet

[220]

I Anatomy: Nervous System

The Brain

- Frontal lobe
 - Cerebrum
- Two temporal lobes
- Parietal lobes
 - Primary sensory cortex
- Occipital lobe
- Cerebellum
- Brainstem
- Ventricles

[221]

I ICD-10-CM: Endocrine

Categories E00-E89, by location

- Thyroid
- Parathyroid
- etc.

Neoplasms (Chapter 2)

- Report neoplasm first
- Additional diagnosis as a result of neoplasm are secondary

[222]

I ICD-10-CM: Endocrine

- Addison's disease (E27.1)
- Primary hyperparathyroidism (E21.0)
- Diabetes
 - Secondary diabetes (E08)
 - Always has an underlying cause
 - Drug/Chemical induced (E09)
 - Type 1 (E10)
 - Type 2 (E11)
 - Systems affected
 - Complications/manifestations

[223]

I ICD-10-CM: Nervous System

- Inflammation
 - Meningitis (lining of brain/spinal cord)
 - Encephalitis (brain)
 - Myelitis (spinal cord)
 - Encephalomyelitis (brain and spinal cord)
- Sleep disorders
- Hereditary/degenerative disease of CNS
 - Report underlying disease when instructed

[224]

I ICD-10-CM: Nervous System

- Pain (NEC) (G89)
 - Pain control is reason for visit
 - Do not report as primary if you know the underlying cause, and visit is to manage that diagnosis
 - Acute vs. Chronic
- Disorders of CNS
 - Migraine (G43)
 - Status migrainosus
 - Aura
 - Intractable

[225]

I ICD-10-CM: Nervous System

- Disorders of PNS
 - Trigeminal nerve disorder
 - Neuritis
 - CTS
- Neoplasms
 - Search in Vol. 2
 - Use neoplasm table, by location and type

[226]

I CPT[®]: Endocrine

- Thyroid
- Parathyroid, Thymus, Adrenals, Pancreas
- Unlisted
- Endocrinology

[227]

I CPT[®]: Nervous System

- Skull, Meninges, and Brain
 - Twist drill
 - Burr holes
 - Craniectomy/craniotomy
- Skull base surgery
 - Approach
 - Definitive procedure
 - Repair/reconstruction
- Endovascular therapy
 - Balloons or stents to treat arterial disease

[228]

I CPT®: Nervous System

- AV malformation
 - Simple vs. complex
- Intracranial aneurysm
 - Simple vs. complex
- Other techniques
- Anastomosis to bypass aneurysm
- Stereotaxis/Radiosurgery
 - Lesion treatment

[229]

I CPT®: Nervous System

- Cranial neurostimulators
 - Pulse generator
 - Electrodes
 - eg, for Parkinson's, epilepsy
- Repair of skull
 - Skull fracture
 - Encephalocele
- Neuroendoscopy
- CSF Shunt
 - Drain accumulation of CSF
 - May require revision

[230]

I CPT®: Nervous System

- Spine and Spinal Cord
 - Injection, Drainage, Aspiration
 - Pay careful attention to notes and parenthetical instructions
 - Spinal tap (diagnostic /therapeutic)
 - Neurolytic injections
 - “Pain pumps”
 - Intrathecal catheter
 - Laminectomy vs. Laminotomy
 - Complete vs. partial excision of lamina
 - Code by spinal region
 - Include decompression

[231]

I CPT®: Nervous System

- Decompression
 - Must consider approach
 - Discectomy
 - Osteophyctomy (removal of bony outgrowth)
 - Corpectomy (vertebral body resection)
- Intra/extradural excision of intraspinal lesion
- Stereotaxis/radiosurgery
- Spinal Neurostimulators
 - Electrodes
 - Pulse generator

[232]

I CPT®: Nervous System

- Extracranial nerves, PNS, Autonomic
 - 12 pair cranial nerves
 - 31 pair spinal nerves
 - Autonomic ganglia/plexi
- PNS
 - Somatic nerves
 - Autonomic nerves
 - Sympathetic and parasympathetic

[233]

I CPT®: Nervous System

- Facet Joint injections
 - Nerve block
 - Unilateral
 - Focus on “joint” between vertebrae
 - Nerve “destruction”
 - Somatic or sympathetic nerve
 - Number of levels
 - If infused, duration

[234]

I CPT®: Nervous System

- Injection of sympathetic nerves
- Peripheral Neurostimulators
 - surface or percutaneous
- Destruction by neurolytic agent
- Neuroplasty
 - Freeing of nerves from scar tissue
- Transection/avulsion (divide/tear away)

[235]

I CPT®: Nervous System

- Excision
 - By nerve
- Neurorrhaphy
 - Suturing of nerve
 - Without or with graft
 - By nerve
- Operating microscope
 - Beware bundling issues

[236]

I CPT[®]: Nervous System

Neurology/Neuromuscular

- Sleep studies
- EEG
- Muscle/ROM testing
- EMG
- Chemo guidance
- EP/Reflex testing
- Neurostimulator analysis/programming

[237]

Eye and Ocular Adnexa, Auditory Systems



238

I Anatomy: Eye and Ocular Adnexa

- Eyeball
 - Sclera
 - Cornea
 - Pupil and Iris
 - Choroid – vascular layer
 - Retina – pigmented nerve layer
- Optic nerve and Optic disc

[239]

I Anatomy: Ear and Auditory System

- Middle ear
 - Tympanic membrane
 - Ossicles – malleus, incus, stapes
 - Eustachian tube
- Inner ear
 - Labyrinth
 - Membranous labyrinth – hair cells
 - Vibrations into nerve impulse
 - Cochlea, Vestibule, Semicircular canal
 - Balance – utricle, saccule
 - Oval window, round window

[240]

I ICD-10-CM: Sense Organs

- Chapter 7 Diseases of the Eye and Adnexa
- Chapter 8 Diseases of the Ear and Mastoid Process
- Chapter 2: Neoplasms

[241]

I Eye and Ocular Adnexa

- Infection and Inflammation
- Neoplastic disease
- Injury
- Glaucoma
- Cataracts
- Retinopathy
- Retinal detachment
- Strabismus

[242]

I Ear and Mastoid Process

- Diseases of the Ear and Mastoid Process
- Infectious and inflammation
- Neoplastic disease
- Injury
- Vertigo
- Hearing loss
- Congenital disorders

[243]

I CPT®: Eye and Ocular Adnexa

- Eyeball
 - evisceration
 - exenteration
 - enucleation
- Secondary Implant(s) Procedures

[244]

I CPT®: Eye and Ocular Adnexa

- Intraocular Lens Procedures (IOL)
 - Cataract removal with IOL
 - Intracapsular
 - Extracapsular
 - IOL exchange

[245]

I CPT®: Eye and Ocular Adnexa

- Ocular Adnexa
 - Strabismus
 - horizontal
 - vertical
 - transposition

[246]

I CPT®: Eye and Ocular Adnexa

- Operating Microscope
 - Most procedures on the eye are performed with a microscope and are included in the procedure code.
 - Do not report 69990 with 65091-68850

[247]

I CPT®: Auditory System

Auditory System

- Removal foreign body from external auditory canal
 - both ears

[248]

I CPT®: Auditory System

Middle Ear

- Tympanostomy
- Mastoidectomy; complete
 - modified radical
 - radical
- Tympanoplasty

[249]

I CPT®: Auditory System

Inner Ear

- Labyrinthectomy
- Temporal Bone, Middle Fossa Approach
- Microsurgery

[250]

I CPT[®]: Auditory System Medicine Section

- Special Otorhinolaryngologic Services
- Otolaryngologic examination under general anesthesia
- Vestibular Function Tests
- Audiologic Function Tests with Medical Diagnostic Evaluation

[251]

Anesthesia



252

I Definition

Anesthesia is a state in which
the patient feels no pain

[253]

I Organization of Codes

Organized by anatomical location

- Head
- Neck
- Thorax
- Intrathoracic
- Spine and Spinal Cord
- Upper Abdomen
- Lower Abdomen
- Perineum
- Pelvis
- Upper Leg
- Knee and Popliteal Area
- Lower Leg
- Shoulder and Axilla
- Upper Arm and Elbow
- Forearm, Wrist, and Hand
- Radiological Procedures
- Burn Excisions or Debridement
- Obstetric
- Other Procedures

[254]

I Finding the CPT® Code

- Start in the Index
- Look up Anesthesia
 - Anatomical location
 - Type of surgery
 - Surgical approach

I Types of Anesthesia

- Local
 - Included in CPT® code
 - No separate anesthesia code
- MAC - Monitored Anesthesia Care
 - Decreased awareness
- Regional
 - Blocks
 - Spinals
 - Epidurals
- General
 - Unconscious

I Anesthesia Terminology

- One-Lung Ventilation (OLV)
- Pump Oxygenator
- Intraperitoneal – within the peritoneum
- Extraperitoneal/Retroperitoneal - space in the abdominal cavity behind the peritoneum

[257]

I Anesthesia Guidelines

- Services included with the anesthesia code:
 - Preoperative visits
 - Postoperative visits
 - Anesthesia during the procedure
 - Administration of fluids/blood
 - Usual monitoring
 - Unusual forms include CVP, Arterial line insertion, and Swanz-Ganz and are coded separately

[258]

I Physical Status Modifiers

- Assigned by the provider
- Coder would need to look for a diagnosis to report it
- Documented in anesthesia record

P1 - normal healthy

P2 - mild systemic disease

P3 - severe systemic disease (1 unit)

P4 - constant threat to patients life (2 units)

P5 - not expected to survive w/o surgery (3 units)

P6 - declared brain-dead patient

[259]

I Qualifying Circumstances

- + 99100 – under 1 or over 70
- + 99116 - complicated by hypothermia
- + 99135 - complicated by controlled hypotension
- + 99140 - complicated by emergency

[260]

I Modifiers

HCPCS Level II

- AA - Performed by anesthesiologist
- AD - Medically supervised by physician
- QK - Medically directing 2-4 concurrent procedures (*cases happening at the same time*)
- QS - MAC (deep sedation)
- QX - CRNA service medically directed
- QY - medically directing CRNA single case
- QZ - CRNA w/o medical direction

[261]

I CPT® Modifiers

53 – Discontinued Procedures

- Used if surgeon discontinues the procedure

59 - Distinct procedural services

- Example: General anesthesia during surgery, then an epidural is placed for post op pain management.

[262]

I Additional Procedures

- CVP – central venous catheter
 - Monitoring
 - Quick administration
- Arterial Line Insertion
 - Based on technique used
- Swan-Ganz
 - Included if done through the CVP
 - Separate vessels code for both

[263]

Radiology



264

Radiologic Projections

- Oblique – slanting, neither frontal or lateral
- Lateral – side view, X-ray beam travels through the side of the body
- Anteroposterior – X-ray beam enters the body through the front and exits through the back
- Posteroanterior – X-ray beam enters the body through the back and exits through the front
- Cone – focused or spot view

[265]

Additional Terms

- Proximal – closer to the point of attachment to the body
- Distal – away from the point of attachment to the body
- Flexion – bending
- Extension – straightening

[266]

I Diagnosis Coding

- Code the definitive diagnosis
- Code signs and symptoms if no definitive diagnosis is available
- Diagnostic tests
 - Code sign or symptom that prompted the test
 - Do not code questionable, rule out, or probably diagnoses.
- Routine radiology
 - Z01.89 Radiological examination, NEC

[267]

I CPT® Subsections

- Diagnostic Radiology (Diagnostic Imaging)
- Diagnostic Ultrasound
- Radiologic Guidance
- Breast, Mammography
- Bone/Joint Studies
- Radiation Oncology
- Nuclear Medicine

[268]

Guidelines

- Supervision and Interpretation (S & I)
 - Interventional radiologic procedures
 - Report two codes:
 - Surgical code; or code from the medicine section
 - Radiologic supervision and interpretation
- Administration of Contrast Material
 - Contrast material administered intravascularly, intra-articularly or intrathecally
 - Oral and/or rectal contrast does not qualify

[269]

Modifiers

- Technical Component (TC)
 - Equipment
 - Overhead
 - Supplies
 - Room
 - Gowns
- Professional Component (26)
 - Reading and interpretation

[270]

Diagnostic Radiology (Diagnostic Imaging)

- Anatomical organization
- Radiologic procedures include:
 - Standard X-rays
 - MRIs
 - CTs

[271]

Diagnostic Radiology (Diagnostic Imaging)

- Code Selection:
 - Anatomical location
 - Type of procedure
 - Number of views
 - Type of view (AP, PA, etc)
 - Laterality (unilateral, bilateral)
 - Contrast material

[272]

Heart – Subsection Guidelines

- Heart
 - Stress
 - Cause the heart to work harder
 - Cardiac MRI
 - Physiologic evaluation of the cardiac function
 - Velocity flow mapping
 - Cardiac CT
 - Coronary calcium
 - Congenital heart disease

[273]

Vascular Procedures – Subsection Guidelines

- Aorta and arteries
 - Aortography – imaging of aorta and branches
 - Angiography – imaging of arteries
- Veins and lymphatics
 - Lymphangiography – visualization of lymphatics
 - Splenoportography – injection of contrast into the spleen to visualize the port vessel of the portal circulation
 - Venography – imaging of veins

[274]

Vascular Procedures

- Transcatheter procedures
 - Supervision and interpretation codes
 - Code with codes from:
 - Cardiovascular section
 - Medicine section

[275]

Other Procedures

76000 Fluoroscopy (separate procedure), up to one hour physician or other healthcare professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001 Fluoroscopy, physician or other healthcare professional time more than 1 hour, assisting a nonradiologic physician (eg, nephrolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

Note: Do not report 76000 or 76001 in conjunction with 33957, 33958, 33959, 33962, 33963, 33964

[276]

Diagnostic Ultrasound

- High frequency sound waves to look at organs and other structures inside the body
- Used to view:
 - Heart
 - Blood vessels
 - Kidneys
 - Other organs
 - Fetus (during pregnancy)

[277]

Diagnostic Ultrasound

- Required:
 - Permanently recorded images with measurements
 - Final written report for the patient's medical record
 - Exception – biometric measure

[278]

Diagnostic Ultrasound

- Anatomic regions
 - Complete – each element listed in parenthesis within the code description
 - Limited – reported if less than complete is performed.
 - Not reported together
- Definitions
 - A-mode
 - M-mode
 - B-scan
 - Real-time scan

[279]

Pelvis Ultrasound

- Obstetrical
 - Pregnant uterus
 - Review definitions in guidelines
 - Fetal
 - Look for what specifically is being looked at (eg, umbilical artery in 76820)
- Nonobstetrical

[280]

Ultrasonic Guidance

Includes guidance for:

- Pericardiocentesis
- Endomyocardial biopsy
- Vascular access
- Parenchymal tissue ablation
- Intrauterine fetal transfusion or cordocentesis
- Needle placement
- Chorionic villus sampling
- Amniocentesis
- Aspiration of ova
- Placement of radiation therapy fields

[281]

Radiologic Guidance

- Fluoroscopic
- Computed Tomography (CT)
- Magnetic Resonance (MRI)
- Other

[282]

Breast, Mammography

- Computer aided detection (CAD)
- Mammary ductogram or galactogram
- Mammography
 - Screening
 - Diagnostic

[283]

Bone/Joint Studies

- Bone age studies
- Bone length studies
- Osseous survey
- Joint survey
- Bone mineral density studies
- Bone marrow blood supply

[284]

Radiation Oncology

- Consultation: Clinical Management
- Clinical Treatment Planning
- Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
- Stereotactic Radiation Treatment Delivery
- Other Procedures
- Radiation Treatment Delivery
- Neutron Beam Treatment Delivery
- Radiation Treatment Management
- Proton Beam Treatment Delivery
- Hyperthermia
- Clinical Intracavitary Hyperthermia
- Clinical Brachytherapy

[285]

Nuclear Medicine

- Diagnostic - Use of small amounts of radioactive material to examine organ function
 - Thyroid function (endocrine)
 - Renal (Gastrointestinal System)
 - Bone (Musculoskeletal System)
 - Heart (Cardiovascular system)
 - Brain (Nervous System)
- Therapeutic – uses radioactive material to treat cancer and other medical conditions affecting the thyroid gland

[286]

Pathology and Laboratory



287

I Regulatory Terms

Clinical Laboratory Improvement Amendment (CLIA)

- CMS issues a waiver
- Approximately 80 tests
- Little risk of error
- For more info., see http://www.cms.hhs.gov/CLIA/10_Categorization_of_Tests.asp

Advance Beneficiary Notice (ABN)

- Non covered laboratory tests
- Patient is responsible for payment
- For more info., Web search “CMS-R-131”

[288]

I Modifiers

- 90 Reference or Outside Laboratory
 - Billed by physician but performed by an outside laboratory
- 91 Repeat clinical diagnostic lab test
 - Same test same day
 - Not used if due to error
 - Not used if there is a better code for a series of tests
- 92 Alternative laboratory platform testing
 - Portable test kit
 - Single use disposable chamber
- 99 Multiple modifiers

[289]

I Organ or Disease-Oriented Panels

- Group of test commonly ordered together
- All test in the panel must be performed
- Additional tests can be coded also
- Some panels are included in other panels and should not be coded separately
- Be on the look out for “or” “and”

[290]

I Definitions

- Qualitative
 - What is present
- Quantitative
 - How much is present
- Chromatography
 - Laboratory technique used to separate mixtures
 - Mobile phase
 - Stationary phase

[291]

I Evocative Suppression Testing

- Baseline and subsequent measurement
- Supplies and drug billed separately
- Physician attendance
 - Use Prolonged care codes
- Prolonged infusion codes from Medicine section

[292]

I Consultations

- Requested by attending physician
- Rendered by pathologist
- Written report provided
- Patient not present
 - Lab test
 - Specimen
 - Slide

[293]

I Chemistry

- Quantitative unless specified otherwise
- Same analyte in multiple specimens
- Same analyte in multiple specimens
- Molecular diagnostics
 - Coded by procedure not analyte

[294]

I Laboratory Tests

- Hematology and Coagulation
- Immunology
- Microbiology
- Anatomic Pathology

[295]

I Cytopathology

- Study of cells for disease
- Obtained by several methods
 - Washing or brushing
 - Smears
 - Fine needle aspiration

[296]

I Cytogenetic Studies

- Study of cells for inherited disorders
- Must use modifiers from Appendix I “Genetic Testing Code Modifiers,” also

[297]

I Surgical Pathology

- Specimen – tissue sample
 - Has to be separately identifiable
- Divided into levels of progressive complexity
 - Level I – gross
 - Level II-IV gross and microscopic
- Additional codes for special stains

[298]

I Pathology Consultation

Four types of consultations:

1. Report on prepared slides
2. Report on tissue requiring prep of slides
3. Review records and specimen
4. Consultation during surgery
 - Frozen sections
 - Cytology examination

[299]

Evaluation and Management



300

I ICD-10-CM Coding

- Primary diagnosis – reason for the visit
- Signs and Symptoms
 - Code only if no definitive diagnosis is stated
 - Routinely associated with a disease process should not be coded separately

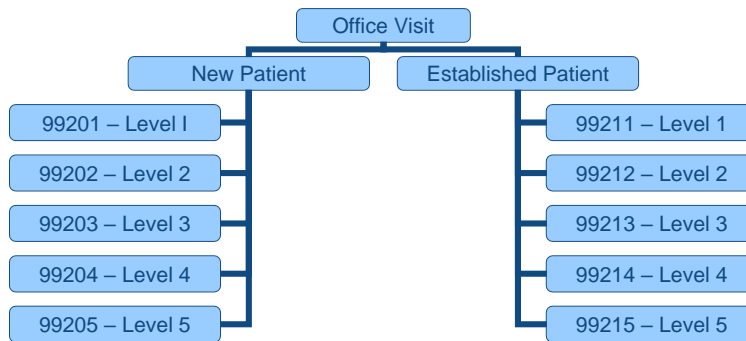
[301]

I CPT® Coding

1. Select the category or subcategory of service and review the guidelines;
2. Review the level of E/M service descriptors and examples;
3. Determine the level of history;
4. Determine the level of exam;
5. Determine the level of medical decision making; and
6. Select the appropriate level of E/M service.

[302]

Categories and Subcategories



[303]

New vs. Established Patients

- New – has not received any face-to-face professional services from the physician/qualified health care professional, or another physician/qualified health care of the exact same specialty/subspecialty within the group practice, within the last three years
- Established – has received face-to-face services in the last three years

[304]

I Office or Other Outpatient Services

- Provided in the physician's office or other outpatient clinic or ambulatory facility
- New patient
- Established patient

[305]

I Observation

- Hospital Observation Services
 - Patient's designated or admitted to observation status in the hospital
 - No CPT® guideline on length of observation stay
- Observation Care Discharge Services
 - If discharge is on date other than date admitted to observation
- Subsequent Observation Care
 - Patient is seen on a date other than the date of admit or discharge to observation

[306]

I Hospital Inpatient Services

- Codes used for inpatient facility and partial hospitalization
- Use codes 99234-99236 for admit/discharge on same date
- Subsequent hospital care codes used for subsequent visits while admitted
 - Includes reviewing medical record, test results, etc

[307]

I Hospital Discharge Services

- Codes are based on time
- Includes time spent with the final exam, paper work, writing prescriptions, talking with patient's family, etc.
- Parenthetical notes
 - How to code for concurrent care on the discharge date
 - Discharge of a Newborn see code 99238

[308]

I Consultations

- Consultations
 - Service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or appropriate source
- Divided by location
- Three R's to meet consultation criteria

[309]

I Consultations

Medicare:

- Office Consultations
 - Report with new and established patient codes
- Inpatient Consultations
 - Report with initial hospital care codes for the first encounter regardless if performed by the admitting physician.
 - Use Modifier AI for the Principal Physician of Record

[310]

I Emergency Department

- Does not distinguish between new/established
- Facility must be hospital-based and available 24 hours a day
- Physician direction of EMS emergency care, advanced life support

[311]

I Critical Care Services

- Critically ill or injured
 - Acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient condition.
 - Services included in critical care described in critical care guidelines.

[312]

I Critical Care Services

- Services provided in a critical care unit to a patient who is not considered critically ill are report with other E/M codes.
- Guidelines contain instructions for coding
 - Pediatric Critical Care
 - Neonatal Critical Care
- Critical Care and other E/M services may be coded on same date by the same provider.

[313]

I Critical Care Services

- Guidelines list services inclusive to critical care
 - May not be reported separately
 - Refer back to list to avoid unbundling services
 - Beneficial to highlight each of the CPT® codes listed in the guidelines

[314]

I Nursing Facility Services

- Nursing Facility Services
 - Nursing facility
 - Psychiatric residential treatment center
 - Divided into Initial and Subsequent
- Nursing Facility Discharge
 - Similar to hospital discharge – instructions for care, prescriptions, etc.
- Annual Assessment
 - Annual assessment required by law

[315]

I Domiciliary, Rest Home, or Custodial Care Services

- Also includes Assisted Living
- Physician see patient in one of these types of facilities
 - No medical component
- Either new patient or established patient

[316]

Domiciliary, Rest Home, or Home Care Plan Oversight Services

- Physician provides oversight of the patient's care plan
- Review the case management plan
- Write new orders
- Make a new care plan

[317]

Home Services & Prolonged Services

- Home Services
 - Seen in home by physician
 - Separated by new and established patient
- Prolonged Services
 - Direct patient contact or without direct patient contact
 - Settings are office/outpatient and inpatient
 - Most are add-on codes
 - Exception is Standby Code

[318]

I Standby Services

- Used to report time when a provider is on standby at the request of another provider
- Only report for more than 30 minutes duration
- Reported with additional units for each additional 30 minutes
- Do not report if the period of standby results in the performance of a procedure

[319]

I Case Management & Medical Team Conference

- Case Management Services
 - Anticoagulant Management
 - Receive INR testing
 - Alter dosage
- Medical Team Conference
 - Requires three healthcare professionals
 - Divided by direct contact or without direct contact

[320]

I Care Plan Oversight Services

- Home Health Agency
- Hospice
- Nursing Facility
 - Billed on a monthly basis
 - For the amount of time physician spends overseeing care of patient

[321]

I Preventive Medicine Services

- Annual Physical Exam
- Divided by new and established patient and by patient's age
- If abnormality is encountered and is significant to require additional work
 - Appropriate code from 99201-99215 reported with modifier 25 appended to the office/outpatient code

[322]

Counseling Risk Factor Reduction and Behavior Change Intervention

- For patient without symptoms or established illness
- No distinction between new and established patient
- Preventive Medicine, Individual Counseling
- Behavior Change Intervention
- Preventive Medicine, Group Counseling

[323]

Non-Face-to-Face Physician Services

- Telephone Services
 - Must be provided by a physician
 - Based on amount of time
 - Patient must be established
- On-Line Medical Evaluation
 - Reported only once for the same episode of care during a 7-day period
 - Must be provided by a physician

[324]

I Special E & M Services

- Basic Life and/or Disability Evaluation Services
- Work Related or Medical Disability Evaluation Services
- Specific guidelines under each code

[325]

I Newborn Care Services

- Newborn Care Services
 - Newborn care age 28 days or less
 - Separated by location and by initial or subsequent visits
- Delivery or Birthing Room Attendance and Resuscitation Services
 - Attendance at delivery at request of delivering physician

[326]

Inpatient Neonatal Intensive Care Pediatric & Neonatal Critical Care

- Pediatric Critical Care Patient Transport
- Inpatient Neonatal and Pediatric Critical Care
- Initial and Continuing Intensive Care Services

[327]

Inpatient Neonatal and Pediatric Care Services

Defined by age of patient:

- Neonates 28 days of age or less
- Infant or young child 29 days through 24 months of age
- Young child two through five years of age

[328]

Initial and Continuing Intensive Care Services

- Used to report services to a child who is not critically ill – but requires intensive observation and frequent interventions
- 99477 used for Initial Hospital Care
- 99478-99480 used for Subsequent Intensive Care
 - Code selection based on the present body weight of the child

[329]

Chronic and Complex Chronic Care Coordination

- 2 or more chronic illnesses requiring coordination of care among multiple disciplines
- Reported by the provider overseeing the care plan and coordination
- Reported only once per month
- Code selection
- Time spent overseeing
- Whether a face-to-face encounter occurs

[330]

I Advance Care Planning

- Advance Care Planning codes report face-to-face discussion of advance directives
- Based on time
 - Health Care Proxy
 - Durable Power of Attorney for Healthcare
 - Living Will
 - Medical orders for Life-Sustaining Treatment

[331]

I E/M Leveling

1. Select the category or subcategory of service and review the guidelines;
2. Review the level of E/M service descriptors and examples;
3. Determine the level of history;
4. Determine the level of exam;
5. Determine the level of medical decision making; and
6. Select the appropriate level of E/M service.

[332]

I E/M Leveling

- 1995 vs. 1997 Guidelines
 - Main difference – exam component
- Seven components to consider
 - Relates to the level of work performed by the physician
 - History
 - Exam
 - Medical Decision Making
 - Counseling
 - Coordination of Care
 - Nature of Presenting Problem
 - Time

[333]

I E/M Leveling

Key Components

- Generally the influential factors in determining level of service
- History
- Exam
- Medical Decision Making
 - Influential in the level of service unless counseling dominates the encounter
 - Categories/subcategories describe the number of key components required

[334]

I History

- History of Present Illness (HPI)
- Chronological description of the patient's illness
 - Location
 - Quality
 - Severity
 - Timing
 - Context
 - Modifying factors
 - Associated sign and symptoms

[335]

I History

Review of Systems (Inventory of Body Systems)

- Constitutional
- Eyes
- Ears, nose, mouth, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Endocrine
- Hematologic/
lymphatic
- Allergic/
Immunologic

[336]

I History

- A single element cannot count towards the HPI and the ROS for the same patient encounter
- Example
 - Knee pain counted as location for HPI
 - Knee pain cannot count as musculoskeletal for ROS

[337]

I History

- Past, Family and/or Social History (PFSH)
 - Past History
 - Review of patient's past illnesses, operations, etc
 - Family History
 - Review of patient's parents/siblings
 - Social History
 - Review of social factors, marital status, alcohol/drug habits

[338]

I History

History of Present Illness (HPI)	Review of Systems (ROS)	Past, Family, and/or Social History (PFSH)	Level of History
Brief (1-3 elements)	No ROS	No PFSH	Problem Focused
Brief (1-3 elements)	Problem Pertinent (1 system)	No PFSH	Expanded Problem Focused
Extended (4 or more)	Extended (2-9 systems)	Pertinent (1 history)	Detailed
Extended (4 or more)	Complete (10 or more)	Complete (2-3 history areas)	Comprehensive

[339]

I Exam

- Examination – may be body areas or organ systems
- Body Areas
 - Head, including face
 - Neck
 - Chest, including breasts
 - Abdomen
 - Genitalia, groin, buttocks
 - Back, including spine
 - Each extremity

[340]

I Exam

- Organ Systems
 - Eyes
 - Ears, nose, mouth and throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Skin
 - Neurologic
 - Psychiatric
 - Hematologic/lymphatic/immunologic

[341]

I Exam

Problem Focused – a limited examination of the affected body area or organ system.	1 body area or organ system
Expanded Problem Focused – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s).	2 – 7 body areas or organ systems – limited exam
Detailed – an extended examination of the affected body area(s) and other symptomatic or related organ system(s)	2 – 7 body areas or organ systems – detailed exam
Comprehensive – a general multi-system examination or complete examination of a single organ system	8 or more organ systems OR complete single organ system

[342]

I Medical Decision Making

- Thought process of the physician throughout the visit
- Three elements to consider
 - Number of management options
 - Minimal, limited, multiple, extensive
 - Amount and/or complexity of data to be review
 - Minimal or none, limited, moderate, extensive
 - Risk of complications, morbidity, and/or mortality
 - Minimal, low, moderate, high

[343]

I Medical Decision Making

# of dx or mgmt options	Amt and/or complexity of data	Risk of Complications	Type of Decision Making
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

[344]

I E/M Leveling

Contributing Components

- Counseling: risk factor reduction, patient/family education
- Coordination of Care: arrange follow up treatment not typically provided by the provider, eg., physical therapy
- Nature of Presenting Problem: Taken into consideration in the medical decision making portion of the encounter
- Time: If counseling/coordination of care dominates more than 50 percent of encounter, time may be considered as the controlling factor

[345]

I Determine the Level of E/M

Established patient office visit table				
HISTORY	Problem focused	Expanded problem focused	Detailed	Comprehensive
EXAM	Problem focused	Expanded problem focused	Detailed	Comprehensive
MDM	Straightforward	Low	Moderate	High
LEVEL OF VISIT	99212	99213	99214	99215

[346]

I Determine the Level of E/M

Category: Office or Other Outpatient Services

Subcategory: Established Patient

Descriptors: "...which requires at least 2 of these three components."

[347]

I E/M Leveling

- Many factors to consider when determining a level of Evaluation and Management Service.
- Be sure to Review the Guidelines and code descriptions.

[348]

I Modifiers

- **Modifier 24** Unrelated evaluation and management service by the same physician during a postoperative period.
- **Modifier 25** Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.
- **Modifier 32** Mandated Services
- **Modifier 57** Decision for surgery

[349]

Medicine



350

I Medicine

- Immunizations
- Vaccines, Toxoids
- Psychiatry
- Biofeedback
- Dialysis
- Gastroenterology
- Ophthalmology
- Otorhinolaryngology
- Cardiovascular
- Pulmonary
- Endocrinology
- Neurology
- Genetics
- Nutritional Therapy
- Acupuncture
- Moderate Sedation

[351]

I Medicine

- Non-invasive Diagnostic Vascular Studies
- Allergy & Clinical Immunology
- Special Dermatological Procedures
- Physical Medicine & Rehabilitation
- Qualifying Circumstances for Anesthesia
- Home Health Procedures/Services

[352]

I Medicine and ICD-10-CM

- Alphabetic Index to Diseases
- Tabular List
- Official Guidelines for Coding and Reporting

 [353]

I Medicine Guidelines

- Multiple Procedures
- Add-on Codes
- Separate Procedures
- Unlisted Service or Procedure
- Special Report
- Materials Supplied by Physician

 [354]

I Immune Globulins

- Immune globulins
- Botulinum antitoxin
- Cytomegalovirus (CMV) immune globulin
- Diphtheria antitoxin
- Hepatitis B immune globulin
- Rabies immune globulin
- Tetanus immune globulin

[355]

I Vaccines and Toxoids

- Vaccines
- Vaccination
- Immunization
- Toxins
- Toxoids

[356]

I Psychiatry

- Consultation
- Follow-up by consultant
 - office visits
 - rest home, domicile
 - home
- Transfer of care – new or established pt.
- Diagnostic psychiatric evaluations

[357]

I Dialysis

- Hemodialysis
- Miscellaneous Dialysis Procedures
- End-Stage Renal Disease Services (ESRD)
- Other Dialysis Procedures
- Age-specific, reported once per month
 - outpatient; home services

[358]

I Noninvasive Vascular Diagnostic Studies

- Cerebrovascular Arterial Studies
- Extremity Arterial Studies (Including Digits)
- Extremity Venous Studies (Including Digits)
- Visceral and Penile Vascular Studies
- Extremity Arterial-Venous Studies
- Duplex and Doppler

[359]

I Allergy and Immunology

- Allergy
 - Allergy Testing
 - Allergen Immunotherapy
- Pulmonary Studies

[360]

Medical Genetics and Genetic Counseling Services

- Chromosome
- Gene
- Genetics
- Genetic counseling

[361]

Hydration

- Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly complex Drug or Highly Complex Biologic Agent Administration.
- Time based codes

[362]

Non-Chemotherapy Complex Drugs and Substances

- Infusions – therapeutic, prophylactic or diagnostic
- Specific to time, technique, substances added and additional set-up
- Multiple drugs

[363]

Chemotherapy

Services included with chemotherapy:

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes and supplies
- Preparation of chemotherapy agent(s)

[364]

I Chemotherapy

- Paracentesis
- Thoracentesis
- Peritoneocentesis
- Intrathecal
- Ventricular or Intraventricular

[365]

I Physical Medicine and Rehabilitation

Treatment plan

- Problem list
- Goals
- Physician review progress each 30 days
 - Progress made – recorded
 - Modify or discontinue therapy

[366]

| Physical Medicine and Rehabilitation

- Modalities
 - Supervised
 - Constant Attendance
 - Diathermy, Vasopneumatic Devices
- Therapeutic Procedures

[367]

| Wound Care Management Orthotic Management and Prosthetic Management

Active wound care

- Not to be reported with 11042-11047

Orthotic management and Prosthetic Management

- Orthotics
- Prosthetics

[368]

I Medicine Section

- Acupuncture - Face-to-face time
- Osteopathic Manipulative Treatment (O.D.)
- Chiropractic Manipulative Treatment (CMT)

[369]

I Education & Training for Patient Self-Management

Education and training

- Self Management
- How many in the group?

Telephone services – patient, parent, or guardian

- 24 hours
- 7 days

[370]

I On-line Medical Evaluation

- On-line encounter or other electronic communication mode of the medical kind
- Includes all services provided

[371]

I Special Services, Procedures and Reports

Miscellaneous services

- 99024 – “tracking”
- Mandatory on-call hospital personnel
- Patient encounters outside the normal posted business hours or special circumstances at the request of the patient.

[372]

I Home Health Procedures/Services

Define home setting:

- Patient's residence
- Assisted living apartments
- Group homes
- Nontraditional private homes
- Custodial care facilities or schools

[373]

I Medication Therapy Management Services

Performed by a pharmacist

Documentation required:

- Patient history
- Current medications
- Recommendations

[374]

I Category II Codes

- Used for performance measurement
- Facilitate data collection
- Use of these codes is optional
- Used to evaluate quality of care
- Alphanumeric: example: four digits and letter “F” – *2001F is Weight recorded*

[375]

I Category III Codes

- Data collection regarding new technology
- It is preferable to use these codes rather than an unlisted code.
- Alpha numeric listings, four digits and the letter “T”
Example – *0085T Breath test for heart transplant rejection*

[376]

I CPT® Appendices

Appendix A – modifiers and description

Appendix B – summary of additions and deletions

Appendix C – clinical examples

Appendix D, E F and G are summary lists

Appendix H – empty – refer to website

[377]

I CPT® Appendices

Appendix I – Deleted in 2013

Appendix J – Electrodiagnostic Medicine Listing of Sensory,
Motor, and Mixed Nerves

Appendix K – products pending FDA approval

[378]

I CPT® Appendices

Appendix L – Vascular families

Appendix M – crosswalk to deleted CPT® codes

Appendix N – Summary of Re-sequenced CPT Codes

Appendix O –Multianalyte Assays

Appendix P – Synchronous Telemedicine Services

Index – back of CPT® Book

[379]

Tips for Taking an AAPC Certification Exam



380

I ICD-10-CM

- Highlight:
 - Code first notes
 - Use additional notes
 - Excludes1, Excludes2
- Make notes to reference important guidelines

[381]

I CPT®

Highlight key words in subsection guidelines:

- New vs. established
- Definitions such as simple, intermediate, complex repair
- Musculoskeletal section – open, closed, fixation, percutaneous, manipulation, etc.
- Parenthetical instructions

[382]

I Exam Registration

- www.aapc.com
- You will receive a confirmation email including:
 - Exam date and location of exam
 - Proctor's name and telephone number
 - Start time
- Arrive at the exam on time

[383]

I Day of the Exam

- Arrive 10-15 minutes early
- Bring:
 - Code manuals
 - Photo ID
 - #2 pencils and eraser
 - NO scrap paper (not allowed)
- Eat a healthy breakfast
- Bring light snacks and water (avoid loud and crunchy snacks)
- Bring a light jacket or sweater

[384]

I During the Test

- Listen carefully while proctor reads instructions
- Stay relaxed and confident
- Scan the entire test
 - Answer the easiest first
- Read all choices before answering
- Pace yourself
- Answer every question

[385]

I Exam Completion

- Exam results released within 5-7 business days after AAPC receives the exam package from the proctor
- My AAPC area on the AAPC website
- Official documents mailed to you
- Exam results may NOT be released over the telephone

[386]

The End



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