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Regarding HCPCS Level II

HCPCS Level II codes and guidelines discussed in this book are current as of press time.

Clinical Examples Used in this Book

AAPC believes it is important in training and testing to reflect as accurate a coding setting as possible to students and examinees. All examples and case studies used in our study guides, exams, and workbooks are actual, redacted office visit and procedure notes donated by AAPC members. To preserve the real world quality of these notes for educational purposes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes, but essentially they are as one would find them in a coding setting.

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Chapter 4

Introduction to CPT®, Surgery Guidelines, HCPCS Level II, and Modifiers

Introduction to CPT®

The Current Procedural Terminology (CPT®) code book is a compilation of guidelines, codes, and descriptions used to report healthcare services. The CPT® code set, or the Healthcare Common Procedure Coding System (HCPCS) Level I, is copyrighted and maintained by the American Medical Association (AMA). In 1983, the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services [CMS]) adopted CPT®, and its own HCPCS Level II, mandating these code sets be used for billing Medicare. In August 2000, the Transactions and Code Sets Final Rule (45 CFR 160.103) named CPT®, HCPCS Level II, and their respective modifiers as standard code sets for national use.

The CPT® code set includes three categories of medical nomenclature and descriptors:

- Category I CPT® codes utilize a five-digit numerical code (eg, 12345). The codes are reviewed and updated annually by an AMA panel. It is mandatory to use Category I CPT® codes for reporting and reimbursement. For Medicare, a HCPCS Level II code may be used instead of HCPCS Level I CPT® code if available.
- Category II CPT® codes are optional "performance measurement" tracking codes. They are used for the Physician Quality Reporting System (PQRS), an incentive-based program developed by CMS to record evidence-based measures, discussed later in this chapter. The format for Category II codes is alphanumeric, with the letter F in the last position (eg, 0001F).
- Category II codes may be reported in addition to evaluation and management (E/M) services or clinical services CPT® Category I codes.

EXAMPLE

A physician examines a patient currently taking Statin therapy for coronary artery disease during an E/M visit. Report 4013F *Statin therapy, prescribed or currently being taken (CAD)* and the appropriate office visit code (99201–99215).

- Category III CPT® codes are temporary codes assigned by the AMA for emerging technology, services, and procedures. Category III codes are alphanumeric, with the letter T in the last position, eg, 0075T. Unlike the Category II CPT® codes, Category III codes can be reported alone without an additional Category I code.

The AMA updates the CPT® code book annually.

The Organization of the CPT® Code book

The CPT® code book is organized by:

- CPT® sections-Category I has six sections that include services and surgical procedures separated into subsections.
- Section Guidelines
- Section Table of Contents
- Notes
- Category II Codes (0001F–9007F)
- Category III Codes (0042T–0407T)
- Appendices A–P
- Alphabetized Index

The CPT® subsections also include:

- Indicator icons
- Boldfaced type
- Italicized type
- Cross-referenced terms
- Anatomy illustrations
- Procedural reviews that aid with medical terminology and anatomy
- Introduction Guidelines

CPT® guidelines introduce each section/subsection of the CPT® code book. Guidelines apply only for the section/subsection in which they appear.

TESTING TECHNIQUE

Review every guideline in your code book. Underline or highlight specific coding information within the guidelines.

CPT® Conventions and Iconography

An established set of conventions and symbols is used throughout the CPT® code book, as follows:

; Semicolon and Indented Procedure-A CPT® procedure or service code that contains a semicolon is divided

into two parts; the description before and after the semicolon.

a) The words before the semi-colon are considered the common procedure in the code descriptor.

b) The indented descriptor is dependent on the preceding common procedure code descriptor.

c) It is not necessary to report the main code (eg, 00160) when reporting the indented codes (eg, 00162 or 00164).

EXAMPLE

00160 Anesthesia for procedures on nose and accessory sinuses; *not otherwise specified*

00162 *radical surgery*

00164 *biopsy, soft tissue*

The full descriptor for 00162 and 00164 includes the text before the semicolon in 00160. For instance, the full descriptor for 00162 is *Anesthesia for procedures on nose and accessory sinuses; radical surgery.*

\+ Add-on Codes (see CPT® Appendix D)-Some procedures, identified with a "+" symbol, are commonly carried out in addition to a primary procedure. Add-on codes must be used with their specified primary procedure (see parenthetical notes listed below the code descriptor).

EXAMPLE

11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

\+ 11201 each additional ten lesions, or part thereof. (List separately in addition to code for primary procedure) (Use 11201 in conjunction with 11200)

In this example, 11201 Is reported with 11200 when more than 15 lesions are removed.

● A bullet placed before the code number indicates new procedures and services added to the CPT® code book.

EXAMPLE

00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

▲ A triangle indicates that a code descriptor has been revised.

EXAMPLE

CPT® Numerical Section:
▲ 38220 Diagnostic bone marrow; aspiration(s)

Appendix B:
▲ 38220 ~~Bone~~Diagnostic bone marrow; aspiration ~~only~~(s)

▶◀ Opposing horizontal triangles (bowties) indicate new or revised guidelines or instructions.

EXAMPLE

44300 Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)

▶ Do not report 44300 in conjunction with 44701 for cannulation of the colon for intraoperative colonic lavage) ◀

(For percutaneous placement of duodenostomy, jejunostomy, gastro-jejunostomy or cecostomy [or other colonic] tube including fluoroscopic imaging guidance, see 49441-49442)

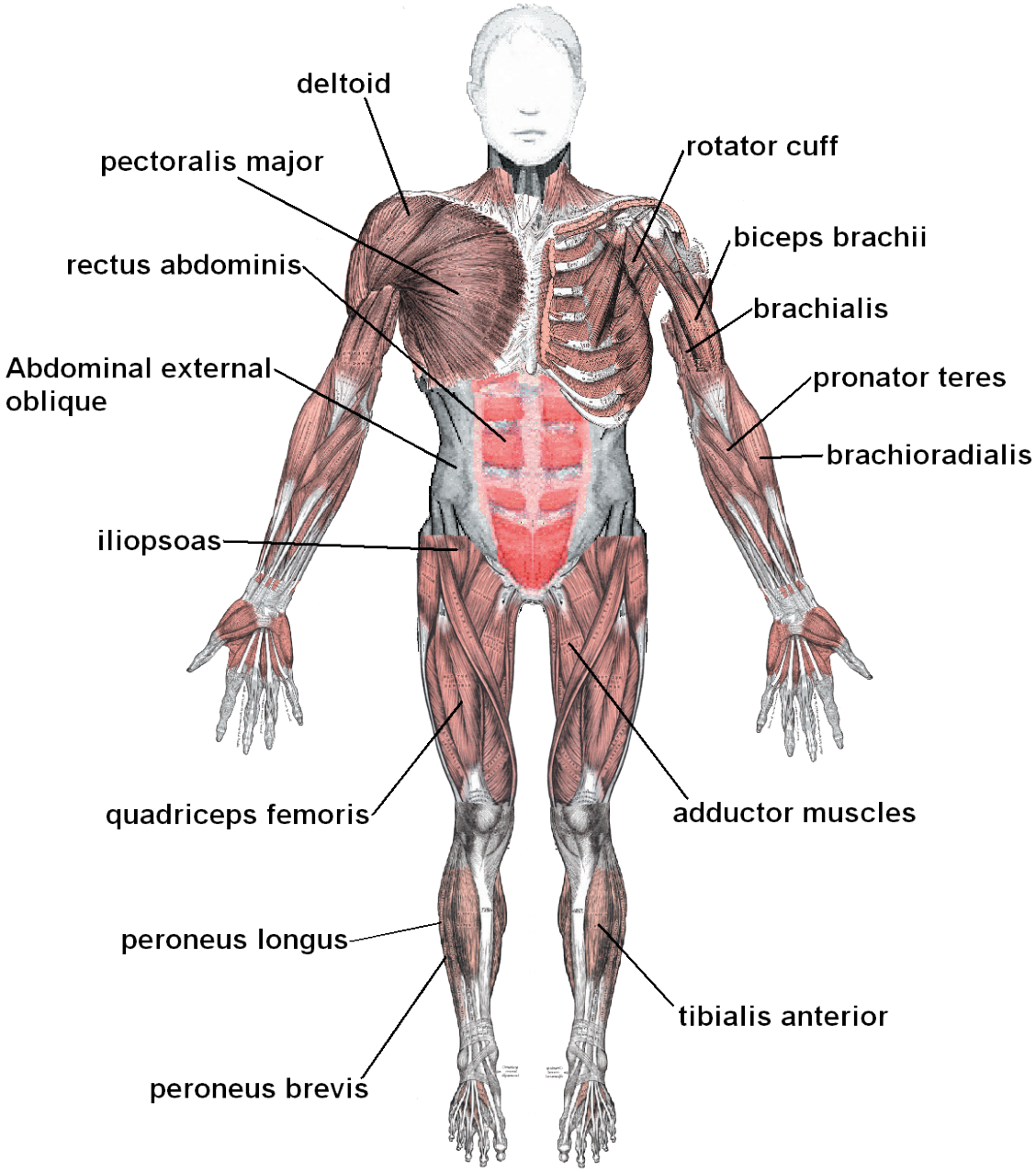
⃠ The "forbidden" symbol identifies codes that are modifier 51 exempt (CPT® Appendix E).

EXAMPLE

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

⚡ A lightning bolt identifies vaccines pending Food and Drug Administration (FDA) approval. If a vaccine is approved by the FDA a revision notation is provided on the AMA CPT® "Category I Vaccine Codes" website: www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-i-vaccine-codes.page (see Appendix K for Products Pending FDA Approval).

Muscles—Anterior



Source: Häggström, Mikael. "Medical gallery of Mikael Häggström 2014". Wikiversity Journal of Medicine 1 (2).