



**2012**

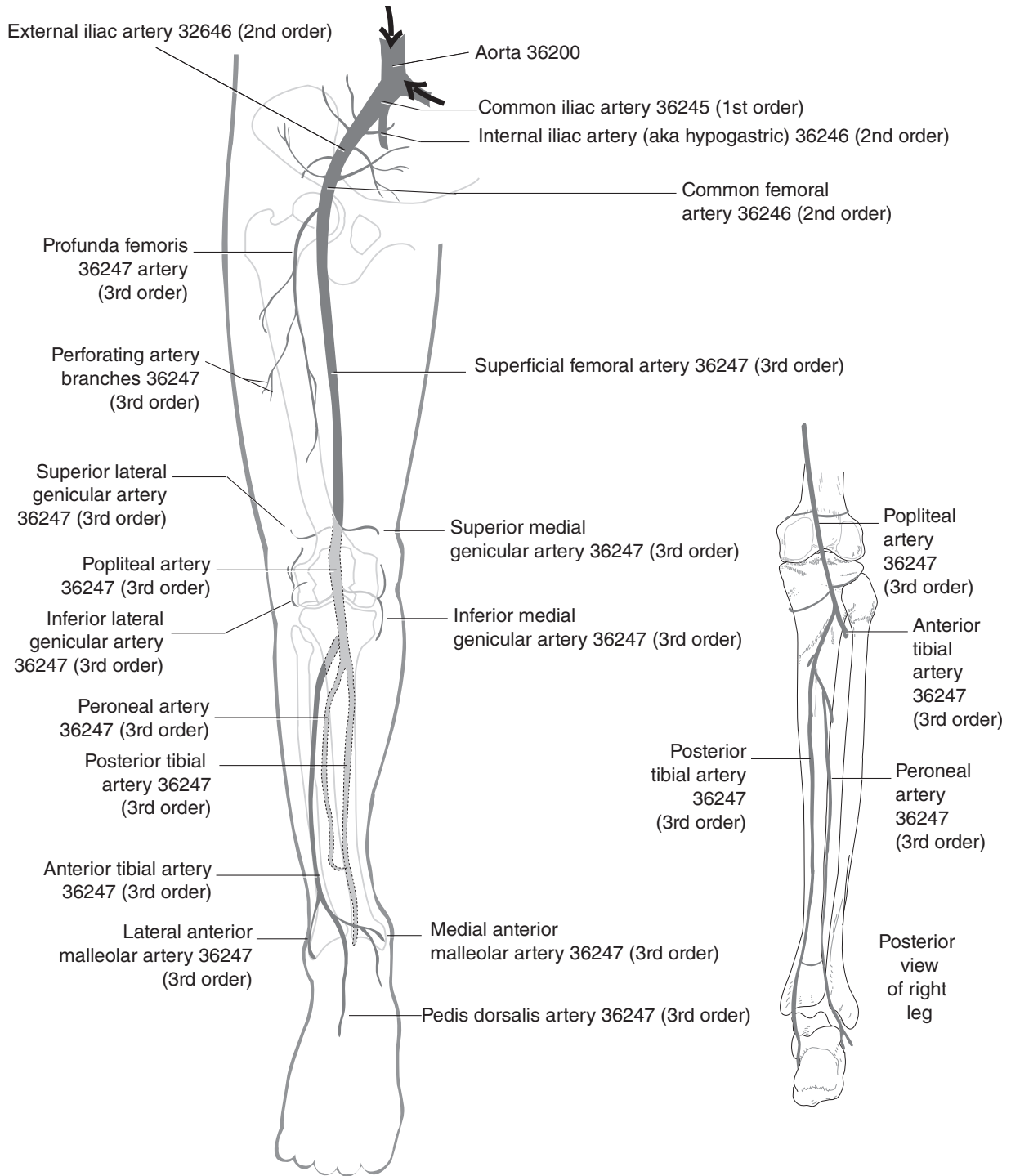
# **PROCEDURAL CODING EXPERT**

**CPT® Codes with Medicare Essentials Enhanced for Accuracy**

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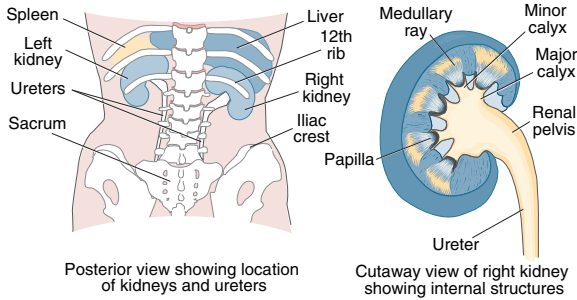
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# Lower Extremity Arterial Anatomy—Contralateral, Axillary or Brachial Approach



### 50010-50045 Kidney Procedures for Exploration or Drainage

**EXCLUDES** Retroperitoneal  
Abscess drainage (49060)  
Exploration (49010)  
Tumor/cyst excision (49203-49205)



The kidneys remove waste products of protein metabolism and other excess materials and fluids from the blood. Variations in kidney anatomy are fairly common, though abnormalities can complicate procedures. "Pyelo" refers to the renal pelvis, an important access site to the inner kidney. Each kidney is imbedded in a mass of peritoneal fat that helps to enclose and position it

- 50010 Renal exploration, not necessitating other specific procedures** [C] [80] [P]  
**EXCLUDES** Laparoscopic ablation of mass lesions of kidney (50542)  
22.01 22.01 Global Days 090
- 50020 Drainage of perirenal or renal abscess; open** [T] [P] [P]  
31.29 31.29 Global Days 090
- 50021 percutaneous** [T] [P]  
75989  
5.08 27.98 Global Days 000
- 50040 Nephrostomy, nephrotomy with drainage** [C] [P]  
28.17 28.17 Global Days 090
- 50045 Nephrotomy, with exploration** [C] [80] [P]  
**EXCLUDES** Renal endoscopy through nephrotomy (50570-50580)  
28.27 28.27 Global Days 090

### 50060-50081 Treatment of Kidney Stones

**CMS** 100-3,230.1 Treatment of Kidney Stones  
**EXCLUDES** Retroperitoneal:  
Abscess drainage (49060)  
Exploration (49010)  
Tumor/cyst excision (49203-49205)

- 50060 Nephrolithotomy; removal of calculus** [C] [80] [P]  
34.74 34.74 Global Days 090
- 50065 secondary surgical operation for calculus** [C] [80] [P]  
36.60 36.60 Global Days 090
- 50070 complicated by congenital kidney abnormality** [C] [80] [P]  
36.23 36.23 Global Days 090
- 50075 removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)** [C] [80] [P]  
44.51 44.51 Global Days 090

**50080 Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm** [62] [T] [80] [P]  
**EXCLUDES** Nephrostomy without nephrostolithotomy (50040, 50395, 52334)  
26.56 26.56 Global Days 090  
AMA: 2009, Jun, 10-11

**50081 over 2 cm** [62] [T] [80] [P]  
**EXCLUDES** Nephrostomy without nephrostolithotomy (50040, 50395, 52334)  
76000, 76001  
39.00 39.00 Global Days 090  
AMA: 2009, Jun, 10-11

### 50100 Repair of Anomalous Vessels of the Kidney

**EXCLUDES** Retroperitoneal:  
Abscess drainage (49060)  
Exploration (49010)  
Tumor/cyst excision (49203-49205)  
**50100 Transection or repositioning of aberrant renal vessels (separate procedure)** [C] [80] [P]  
29.52 29.52 Global Days 090

### 50120-50135 Procedures of Renal Pelvis

**EXCLUDES** Retroperitoneal:  
Abscess drainage (49060)  
Exploration (49010)  
Tumor/cyst excision (49203-49205)  
**50120 Pyelotomy; with exploration** [C] [80] [80] [P]  
**INCLUDES** Gol-Vernet pyelotomy  
**EXCLUDES** Renal endoscopy through pyelotomy (50570-50580)  
28.82 28.82 Global Days 090  
**50125 with drainage, pyelostomy** [C] [80] [80] [P]  
30.64 30.64 Global Days 090  
**50130 with removal of calculus (pyelolithotomy, pelvolithotomy, including coagulum pyelolithotomy)** [C] [80] [80] [P]  
31.53 31.53 Global Days 090  
**50135 complicated (eg, secondary operation, congenital kidney abnormality)** [C] [80] [80] [P]  
34.13 34.13 Global Days 090

### 50200-50205 Biopsy of Kidney

**CMS** 100-3,190.4 Electron Microscope  
**EXCLUDES** Laparoscopic renal mass lesion ablation (50542)  
Retroperitoneal tumor/cyst excision (49203-49205)  
**50200 Renal biopsy; percutaneous, by trocar or needle** [A2] [T] [80] [P]  
**EXCLUDES** Evaluation of fine needle aspirate (88172, 88173)  
Fine needle aspiration (10022)  
76942, 77002, 77012, 77021  
4.36 17.10 Global Days 000  
**50205 by surgical exposure of kidney** [C] [80] [80] [P]  
21.91 21.91 Global Days 090

### 50220-50240 Nephrectomy Procedures

**EXCLUDES** Retroperitoneal tumor/cyst excision (49203-49205)  
**50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;** [C] [80] [80] [P] [P]  
31.62 31.62 Global Days 090

For the purposes of these CPT definitions, the following body areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

For the purposes of these CPT definitions, the following organ systems are recognized:

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

**Determine the Complexity of Medical Decision Making**

Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed

- The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problems(s), the diagnostic procedure(s), and/or the possible management options

Four types of medical decision making are recognized: straightforward, low complexity, moderate complexity, and high complexity. To qualify for a given type of decision making, two of the three elements in Table 1 must be met or exceeded.

Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless their presence significantly increases the complexity of the medical decision making.

**Select the Appropriate Level of E/M Services Based on the Following**

1. For the following categories/subcategories, all of the key components, ie, history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: office, new patient; hospital observation services; initial hospital care; office consultations; initial inpatient consultations; emergency department services; initial nursing facility care; domiciliary care, new patient; and home, new patient.
2. For the following categories/subcategories, two of the three key components (ie, history, examination, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; subsequent hospital care; subsequent nursing facility care; domiciliary care, established patient; and home, established patient.
3. When counseling and/or coordination of care dominates (takes up more than 50 percent of) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time shall be considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties responsible for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

**TABLE 1**

**Complexity of Medical Decision Making**

| <i>Number of Diagnoses or Management Options</i> | <i>Amount and/or Complexity of Data to be Reviewed</i> | <i>Risk of Complications and/or Morbidity or Mortality</i> | <i>Type of Decision Making</i> |
|--|--|--|--------------------------------|
| minimal  | minimal or none  | minimal  | straightforward                |
| limited  | limited  | low  | low complexity                 |
| multiple   | moderate   | moderate   | moderate complexity            |
| extensive  | extensive  | high   | high complexity                |

**CONSULTATION CODES AND MEDICARE REIMBURSEMENT**

The Centers for Medicare and Medicaid Services (CMS) have proceeded with their proposal from July to no longer pay for the consultation CPT codes. CMS has redistributed the value of the consultation codes across the other E/M

codes for Medicare services. CMS retained values for codes 99241–99255 in the Medicare Physician Fee Schedule for those private payers who utilize this data for reimbursement. Note that private payers may choose to follow CMS or CPT guidelines, and the use of consultation codes should be verified with individual payers.