



2012

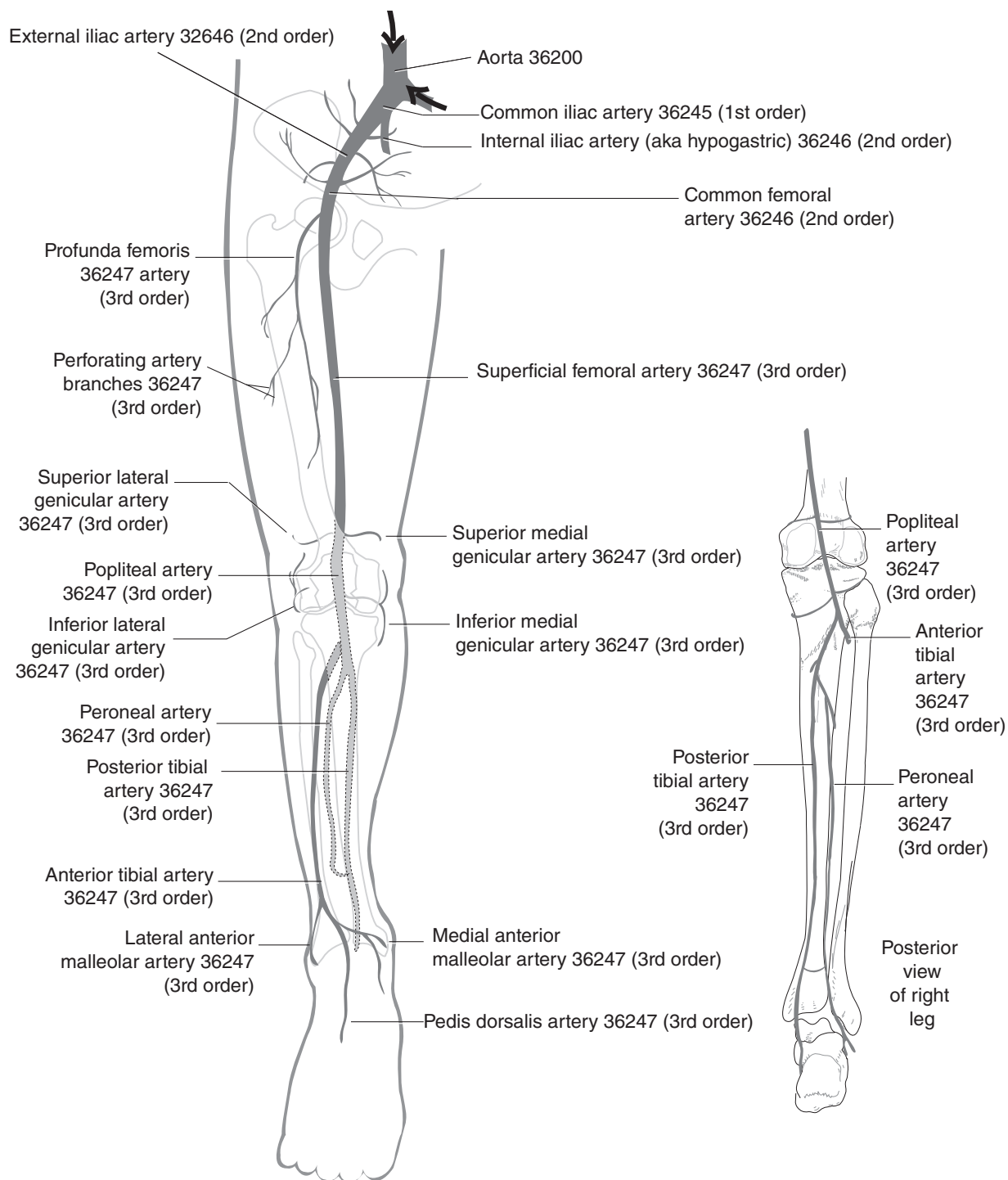
PROCEDURAL CODING EXPERT

CPT® Codes with Medicare Essentials Enhanced for Accuracy

Contents

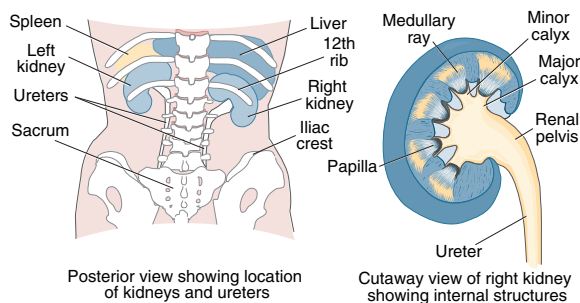
Introduction	i	0001F-7025F	422
Anatomical Illustrations	v	0016T-0222T	436
Interventional Radiology Illustrations	xxviii	Appendix A—Modifiers	449
Index.	Index-1	Appendix B—New, Changed, Deleted, and Modified Codes . .	457
00100-01999	1	Appendix C—Crosswalk of Deleted Codes	464
10021-19499	13	Appendix D—Resequenced Codes	465
20000-29999	36	Appendix E—Add-on Codes, Modifier 51, 63, and Moderate Sedation Codes	466
30000-39599	94	Appendix F—Place of Service and Type of Service	467
40490-49999	143	Appendix G—Pub 100 References	471
50010-59899	180	Appendix H—Glossary	600
60000-69990	215	Appendix I— Listing of Sensory, Motor, and Mixed Nerves . .	609
70010-79999	258	Appendix J—Vascular Families	611
80047-89398	298	Appendix K—Physician Quality Reporting Program (PQRI) . .	614
90281-99607	339	Appendix L—Medically Unlikely Edits (MUEs)	625
Evaluation & Management	405	Professional	625
		OPPS	639

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

EXCLUDES Laparoscopic ablation of mass lesions of kidney (50542)

22.01 22.01 Global Days 090

50020 Drainage of perirenal or renal abscess; open

31.29 31.29 Global Days 090

50021 Percutaneous

75989
5.08 27.98 Global Days 000

50040 Nephrostomy, nephrotomy with drainage

28.17 28.17 Global Days 090

50045 Nephrotomy, with exploration

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

34.74 34.74 Global Days 090

50065 Secondary surgical operation for calculus

36.60 36.60 Global Days 090

50070 Complicated by congenital kidney abnormality

36.23 36.23 Global Days 090

50075 Removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)

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

EXCLUDES Nephrostomy without nephrostolithotomy (50040, 50395, 52334)

26.56 26.56 Global Days 090

AMA: 2009, Jun, 10-11

50081 over 2 cm

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)

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

INCLUDES Gol-Vernet pyelotomy

EXCLUDES Renal endoscopy through pyelotomy (50570-50580)

28.82 28.82 Global Days 090

50125 with drainage, pyelostomy

30.64 30.64 Global Days 090

50130 with removal of calculus (pyelolithotomy, pelvolithotomy, including coagulum pyelolithotomy)

31.53 31.53 Global Days 090

50135 complicated (eg, secondary operation, congenital kidney abnormality)

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

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

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;

31.62 31.62 Global Days 090

Current Procedural Coding Expert

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

Evaluation and Management (E/M) Services Guidelines

- The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(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.