Current Procedural Coding Expert

CPT® codes with Medicare essentials enhanced for accuracy

Supports HIPAA Compliance

ICD-10

A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition.

www.optumcoding.com/ICD10
Contents

Introduction .................................................................................. i
Getting Started with Current Procedural Coding Expert ........ i
Guidelines .................................................................................. i
Tabular ........................................................................................ 1
Anatomical Illustrations ............................................................... vii
Icons ......................................................................................... ii
Index .......................................................................................... Index-1
Appendices ................................................................................ v

Appendix A — Modifiers .............................................................. 499
CPT Modifiers ............................................................................. 499
Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use . 501
Appendix B — New, Changed and Deleted Codes ....................... 507
New Codes .............................................................................. 507
Changed Codes ........................................................................ 510
Deleted Codes ......................................................................... 513
AMA Icon Changes ................................................................... 513
Appendix C — Crosswalk of Deleted Codes ............................... 515
Appendix D — Resequenced Codes ............................................. 517
Appendix E — Add-on Codes, Modifier 51 Exempt, Optum Modifier 51 Exempt, Modifier 63 Exempt, and Moderate Sedation Codes .......... 525
Add-on Codes ........................................................................... 525
AMA Modifier 51 Exempt Codes .............................................. 525
Modifier 63 Exempt Codes ...................................................... 525
Moderate Sedation Codes ....................................................... 525
Optum Modifier 51 Exempt Codes .......................................... 526
Appendix F — Pub 100 References ............................................. 527
Medicare IOM references ....................................................... 527
Appendix G — Physician Quality Reporting System (PQRS) .......... 615
Appendix H — Medically Unlikely Edits (MUEs) ......................... 615
Professional .............................................................................. 631
OPPS ................................................................. 653
Appendix I — Inpatient Only Procedures .................................... 675
Appendix J — Place of Service and Type of Service ................... 685
Appendix K — Multianalyte Assays with Algorithmic Analyses .... 689
Appendix L — Glossary ............................................................ 691
Appendix M — Listing of Sensory, Motor, and Mixed Nerves ....... 703
Motor Nerves Assigned to Codes 99900 and 95907-95913 ................ 703
Sensory and Mixed Nerves Assigned to Codes 99907-95913 ........ 704
Appendix N — Vascular Families .............................................. 705
Appendix O — Interventional Radiology Illustrations ................. 709
Normal Aortic Arch and Branch Anatomy — Transfemoral Approach ................................................................. 709
Superior and Inferior Mesenteric Arteries and Branches ............ 710
Portal System ................................................................................ 711
Renal Artery Anatomy — Femoral Approach ............................ 712
Upper Extremity Arterial Anatomy—Transfemoral or Contralateral Approach ........................................... 713
Lower Extremity Arterial Anatomy—Contralateral, Axillary or Brachial Approach .................................................. 714
Portal System .............................................................................. 714
Coronary Arteries Anterior View ............................................ 716
Left Heart Catheterization ..................................................... 716
Heart Conduction System ........................................................ 717
Respiratory System

32442 with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)

Code also excision of chest wall tumor (19260-19272)

32445 extrapleural

Code also empyemectomy with extrapleural pneumonectomy (32540)

32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)

Exempt Lung removal with bronchoplasy (32501)

32482 2 lobes (bilobectomy)

Exempt Lung removal with bronchoplasy (32501)

32484 single segment (segmentectomy)

Exempt Lung removal with bronchoplasy (32501)

32486 with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)

Exempt Code also decorication (32320)

32488 with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

Exempt Code also excision of chest wall tumor (19260-19272)

32491 with resection-plication of emphysematous lung(s) (bulla or non-bullos) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed
Code also excision of chest wall tumor (19260-19272)

32501 Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy

(List separately in addition to code for primary procedure)

Exempt Plastic closure of bronchus, not closure of a resected end of bronchus
A0 MA: 1995,Jan,16, 2014,Jan,11

32504 Excision of Lung Neoplasm

Exempt Lung resection performed in conjunction with chest wall resection
Do not report with (19260, 19271-19272, 32100, 32551, 32554-32555)

32503 Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
A0 MA: 2012,Oct,9-11, 2012,SEP,3-8

© 2013 Optum360, LLC (Blue Text) CPT © 2015 American Medical Association. All Rights Reserved. (Black Text) Medicare

32400-32405 Lung Biopsy

Exempt Open lung biopsy (32096-32097)
Open mediastinal biopsy (39000-39010) Thoracoscopic (WATS) biopsy of lung, pericardium, pleural or mediastinal space (32604-32609)

32400 Biopsy, pleura, percutaneous needle

Exempt Fine needle aspiration (10021-10022)
A0 MA: 2015,Jan,16, 2014,Jan,11

32405 Biopsy, lung or mediastinum, percutaneous needle

Exempt Fine needle aspiration (10022)

32440-32501 Lung Resection

32440 Removal of lung, pneumonectomy:

Code also excision of chest wall tumor (19260-19272)
99201-99215 Outpatient and Other Visits

CMS: 100-04,18,J0.2 Contractor Billing Requirements; 100-2,15,Z0.2 Medicare Telehealth Services; 100-4,11,A0.1.3 Independent Attending Physicians; 100-4,12,L0.1 Teaching Physicians; E/M Services; 100-4,12,L1.9 Medicare Telehealth Services; 100-4,12,L1.10 Contractors/Editing of Telehealth Claims; 100-4,12,T3. Primary Care Incentive Payment Program; 100-4,12,W1.1 Definition of Primary Care Practitioner and Services; 100-4,12,W2.3 Coordination with Other Payments; 100-4,12,W3.3 Claims Processing and Payment; 100-4,12,W3.6.10 Case Management Services; 200-4,12,W3.6.15 Prolonged Services With Direct Face-to-Face Patient Contact; 100-4,12,Z0.6.7 Payment for Office or Other Outpatient E&M Visits; 100-4,12,Z0.6.3 Global Surgery Review; 100-4,13,W1.1 Billing and Payment of Extremity amputation (ECF).

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Typically, 10 minutes are spent face-to-face with the patient and/or family.

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.