2018
Current Procedural Coding Expert
CPT® codes with Medicare essentials enhanced for accuracy

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Genitourinary System

Urinary System

Arcuate artery
Arcuate vein
Interlobular artery
Interlobular vein
Minor calyces
Major calyces
Renal artery
Renal vein
Renal pelvis
Ureter
Medulla
Cortex

Inferior vena cava
Aorta
Right kidney
Left kidney
Anterior division of internal iliac artery
Superior and inferior vesical arteries
Uvula of bladder
Urethra
Ureter
Ovarian or testicular artery and vein
Fundus of bladder
Ureteral orifice
Urinary bladder
Trigone
Urogenital diaphragm
50010-50045 Kidney Procedures for Exploration or Drainage

50010 Renal exploration, not necessitating other specific procedures
   - Laparoscopic ablation of mass lesions of kidney (50042)
   - MRI
   - CTA
   - CPT 21.2 FUD 909
   - AMA: 2014, Jan, 11

50020 Drainage of perirenal or renal abscess, open
   - Image-guided percutaneous of perirenal or renal abscess (49043)
   - CPT 29.2 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, May, 9; 2014, Jan, 11; 2013, Nov, 9

50040 Nephrostomy, nephrotomy with drainage
   - CPT 20.6 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50045 Nephrotomy, with exploration
   - Renal endoscopy through nephrotomy (50570-50580)
   - CPT 27.6 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50060-50081 Treatment of Kidney Stones

50060 Nephrolithotomy; removal of calculus
   - CPT 32.8 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50065 secondary surgical operation for calculus
   - CPT 34.7 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50070 complicated by congenital kidney abnormality
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50075 removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
   - CPT 41.9 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50080 Percutaneous nephrolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
   - CPT 7 (6000, 76001)
   - CPT 25.0 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11; 2012, Jan, 15-42; 2011, Jan, 11

50081 over 2 cm
   - Nephrostomy without nephrolithotomy (50040, 50393, 52334)
   - (76000, 76001)
   - CPT 36.7 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11; 2012, Jan, 15-42; 2011, Jan, 11

50100 Repair of Anomalous Vessels of the Kidney

50125 with drainage, pyelotomy
   - CPT 29.6 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50135 with removal of calculus (pyelolithotomy, pyelolithotomy, including coagulum pyelolithotomy)
   - CPT 29.6 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50140 complicated (eg, secondary operation, congenital kidney abnormality)
   - CPT 32.7 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50200-50205 Biopsy of Kidney

50200 Renal biopsy; percutaneous, by trocar or needle
   - Fine needle aspiration (10022)
   - (76942, 77102, 77101, 77201)
   - (88172, 88173)
   - CPT 4.11 FUD 900
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50205 by surgical exposure of kidney
   - CPT 21.8 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50220-50240 Nephrectomy Procedures

50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;
   - CPT 30.1 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50225 complicated because of previous surgery on same kidney
   - CPT 34.6 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11

50230 radical, with regional lymphadenectomy and/or vena caval thrombectomy
   - CPT 36.8 FUD 909
   - AMA: 2016, Jan, 13; 2015, Jan, 16; 2014, Jan, 11
Evaluation and Management (E/M) Services Guidelines

In addition to the information presented in the Introduction, several other items unique to this section are defined or identified here.

Classification of Evaluation and Management (E/M) Services

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient’s status.

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, eg, office consultation. Third, the content of the service is defined, eg, comprehensive history and comprehensive examination. (See “Levels of E/M Services;” for details on the content of E/M services.) Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified. (A detailed discussion of time is provided separately.)

Definitions of Commonly Used Terms

Certain key words and phrases are used throughout the E/M section. The following definitions are intended to reduce the potential for differing interpretations and to increase the consistency of reporting by physicians in differing specialties. E/M services may also be reported by other qualified health care professionals who are authorized to perform such services within the scope of their practice.

New and Established Patient

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report E/M services with a specific CPT® code or codes. A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. See the decision tree at right.

When a physician/qualified health care professional is on call or covering for another physician/qualified health care professional, the patient’s encounter is classified as it would have been by the physician/qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

The decision tree in the next column is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

Chief Complaint

A chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient’s words.

Concurrent Care and Transfer of Care

Concurrent care is the provision of similar services (e.g., hospital visits) to the same patient by more than one physician or other qualified health care professional on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is managing some or all of a patient’s problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation; but they are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.

Decision Tree for New vs Established Patients

Recieved any professional service from the physician or another physician in group of same specialty within last three years

NO

YES

Recieved any professional service from the physician or another physician in group of same specialty within last three years

YES

NO

Exact same specialty

New patient

Exact same subspecialty

New patient

Established patient

New patient

Counseling

Counseling is a discussion with a patient and/or family concerning one or more of the following areas:

- Diagnostic results, impressions, and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management (treatment) options
- Instructions for management (treatment) and/or follow-up
- Importance of compliance with chosen management (treatment) options
- Risk factor reduction
- Patient and family education
(For psychotherapy, see 90832–90834, 90836–90840)

Family History

A review of medical events in the patient’s family that includes significant information about:

- The health status or cause of death of parents, siblings, and children
- Specific diseases related to problems identified in the Chief Complaint or History of the Present Illness, and/or System Review

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