Introduction to CPT

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CPT stands for current procedural terminology and is currently used by all types of insurances. It is a 5-digit numeric code that is updated every year. The Current Procedural Terminology codebook is published by the American Medical Association, with its first publication occurring in 1966.

HCPCS, or National Codes also known as Level II codes, it is the Healthcare Common Procedure Coding System. It is used by Medicare, Medicaid, and other types of insurances. It is updated every year and is a 5-digit Alpha-numeric code. It is used to report the provision of supplies, materials, injections, and certain services and procedures to Medicare that cannot be reported by CPT.

The CPT codebook is divided into six sections with each section further divided into subsections, and anatomic, procedural, condition, or descriptor subheadings.

Punctuation
(The semicolon)
Some code descriptions are not printed in their entirety, but refer back to a common portion of a procedure listed in a preceding entry. The American Medical Association uses semicolons and indentation to accomplish this. Any text that is to the left of the semicolon should be included in the description in any code indented below it.

For example: Using your CPT codebook go to code 47720 you will see –

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47720</td>
<td>Cholecystoenterostomy; direct</td>
</tr>
<tr>
<td>47721</td>
<td>with gastroenterostomy</td>
</tr>
<tr>
<td>47740</td>
<td>Roux-en-Y</td>
</tr>
<tr>
<td>47741</td>
<td>Roux-en-Y with gastroenterostomy</td>
</tr>
</tbody>
</table>

In this example, the descriptor for code 47720 that precedes the semicolon is also part of the descriptor for codes 47721, 47740 and 47741. Pay close attention to the location of the semicolon, and be sure to read the entire description both preceding the semicolon and after.

Symbols
(Triangles) ►◄
This indicates that the code description has changed. The back and forth triangles are used to designate new and revised text.

(Bullet) ●
This denotes that a new code has been added meaning the procedure descriptors are the same but more information has been added.

(Plus Sign) +

The plus sign indicates an add-on code. This code(s) should not be used alone – there is another code that should be used first.

**Instructional Notes**
The CPT codebook will provide a number of notes that will guide you to proper coding assignments.

Instructional notes can be found in different areas of the codebook and may not apply to all codes in the CPT codebook.

The first group of instructions is what I call sectional notes and can be found at the beginning of each section or chapter. As we will be spending a good deal of time in the surgery section, I will direct you to the surgery section instructional notes. These can be found in the CPT coding manual on the pages prior to the code 10021; there you will find several pages of instructional notes that apply to all codes in the surgery section.

The second set of instructions is what I refer to as group notes. These can appear either above or below a code or a group of codes. To see an example of this please reference in your CPT codebook the code 11400; the instructions immediately preceding that code gives you directive regarding the coding of excision of benign lesions. Similar instructions can be found prior to 11600; this would involve instructions for the excision of malignant lesions.

Another place you would want to review the group notes would be prior to code 12001, repair or closure. There you will find specific coding instructions regarding what constitutes simple, intermediate, or complex repair as well as other instructions regarding multiple wounds, debridement (simple or complex), nerve, or blood vessel involvement and exploration.

Specific definitions for a particular code only applies to that group of codes.
Global Surgical Package
There are services that are included in the surgical code(s) – this is referenced as the “Global surgical package.” Things included in this concept are:

- Preoperative days
- The surgical procedure
- Additional procedures relevant to the surgical procedure – incision and closure postoperative care

It is imperative that you read the complete code descriptions. Areas of concern for new coders include those descriptions where one code indicates and one code describes with and the other without.

Looking up a code in the index –
There are several ways to look up a code in the index:

- The type of procedure performed
- The anatomical site on which the procedure is performed
- The diagnosis or condition for which the procedure is being done
- Abbreviations, eponyms or synonyms

To begin with, you will want to check all options. There are times when referencing your options could give you different coding solutions.

As you gain experience, you will know where to go in the index

In the index you can be given a specific code to reference. For example, in the index find ‘foreign body removal – pharynx’ and you are directed to the code 42809.

Or you can be directed to a range of codes. In the index look under the term ‘fracture, acetabulum, closed treatment,’ there you see the entry of 27220-27222; this indicates a range of codes that may be used; you will need to read every code description to determine appropriate code assignment.

In some instances you can be referenced to both a single code and a code range. To see this, let’s go back to the index and look up ‘fracture, humerus, shaft’ – you are given the code range of 24500-24505, and an individual code separated by a comma of 24516.
A dash (–) represents a code range
A comma (,) represents another code
Check both!

Please remember that this is a completely different coding system from ICD-9-CM.
Together we will figure this out.

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