cpt® | 2020
PROFESSIONAL EDITION

The only official CPT® codebook with rules and guidelines from the AMA's CPT Editorial Panel.

Sample page

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Introduction

Current Procedural Terminology (CPT®), Fourth Edition, is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals, or entities. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of procedures and services. In the CPT code set, the term "procedure" is used to describe services, including diagnostic tests.

Inclusion of a descriptor and its associated five-digit code number in the CPT Category I code set is based on whether the procedure or service is consistent with contemporary medical practice and is performed by many practitioners in clinical practice in multiple locations. Inclusion in the CPT code set of a procedure or service, or proprietary name, does not represent endorsement by the American Medical Association (AMA) of any particular diagnostic or therapeutic procedure or service or proprietary test or manufacturer. Inclusion or exclusion of a procedure or service, or proprietary name, does not imply any health insurance coverage or reimbursement policy.

The CPT code set is published annually in late summer or early fall as both electronic data files and books. The release of CPT data files on the Internet typically precedes the book by several weeks. In any case, January 1, is the effective date for use of the updated CPT code set. The interval between the release of the update and the effective date is considered an implementation period and is intended to allow physicians and other providers, payers, and vendors to incorporate CPT changes into their systems. Changes to the CPT code set are meant to be applied prospectively from the effective date. The exceptions to this schedule of release and effective dates are CPT Category III codes, vaccine product codes, and CPT Category II codes. CPT Category III codes and vaccine product codes are released twice a year on January 1 or July 1, with effective dates six months after release depending on specific payer implementation period and coverage policy. CPT Category II codes are released three times a year with an effective date of three months after release.

The main body of the Category I section is listed in six sections. Each section is divided into subsections with anatomic, procedural, condition, or descriptor subheadings. The procedures and services with their identifying codes are presented in numeric order with one exception—the entire **Evaluation and Management** section (99201-99499) appears at the beginning of the listed procedures. These items are used by most physicians in reporting a significant portion of their services.

Section Numbers and Their Sequences

Evaluation and Management 99201-99499

Anesthesiology 00100-01999, 99100-99140

Surgery 10021-69990

Radiology (Including Nuclear Medicine and Diagnostic Ultrasound) 70010-79999

Pathology and Laboratory 80047-89398, 0001U-0138U

Medicine (except Anesthesiology) 90281-99199, 99500-99607

The first and last code numbers and the subsection name of the items appear at the top margin of most pages (eg, "10140-11006 Surgery/Integumentary System"). The continuous pagination of the CPT codebook is found on the lower margin of each page along with explanation of any code symbols that are found on that page.

Instructions for Use of the CPT Codebook

Select the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the service provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code. In surgery, it may be an operation; in medicine, a diagnostic or therapeutic procedure; in radiology, a radiograph. Other additional procedures performed or pertinent special services are also listed. When necessary, any modifying or extenuating circumstances are added. Any service or procedure should be adequately documented in the medical record.

It is equally important to recognize that as techniques in medicine and surgery have evolved, new types of services, including minimally invasive surgery, as well as endovascular, percutaneous, and endoscopic interventions have challenged the traditional distinction of Surgery vs Medicine. Thus, the listing of a service or procedure in a specific section of this book should not be interpreted as strictly classifying the service or procedure as "surgery" or "not surgery" for insurance or other purposes. The placement of a given service in a specific section of the book may reflect historical or other considerations (eg, placement of the percutaneous peripheral vascular endovascular interventions in the Surgery/Cardiovascular System section, while the percutaneous coronary interventions appear in the Medicine/Cardiovascular section).

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. A "physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Other policies may also affect who may report specific services.

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To report combined arterial-venous grafts it is necessary to report two codes: (1) the appropriate combined arterial-venous graft code (33517-33523); and (2) the appropriate arterial graft code (33533-33536).

Procurement of the saphenous vein graft is included in the description of the work for 33517-33523 and should not be reported as a separate service or co-surgery. Procurement of the artery for grafting is included in the description of the work for 33533-33536 and should not be reported as a separate service or co-surgery, except when an upper extremity artery (eg, radial artery) is procured. To report harvesting of an upper extremity artery, use 35600 in addition to the bypass procedure. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs arterial and/or venous graft procurement, add modifier 80 to 33517-33523, 33533-33536, as appropriate. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-33993.

+ 33517 Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)

CPT Changes: An Insider's View 2000, 2008

CPT Assistant Fall 91:5, Winter 92:13, Nov 99:18, Apr 01:7, Feb 05:14

(Use 33517 in conjunction with 33533-33536)

+ 33518 2 venous grafts (List separately in addition to code for primary procedure)

CPT Changes: An Insider's View 2008

CPT Assistant Fall 91:5, Winter 92:13, Apr 01:7, Feb 05:14, Jan 07:7, Mar 07:1

(Use 33518 in conjunction with 33533-33536)

+ 33519 3 venous grafts (List separately in addition to code for primary procedure)

CPT Changes: An Insider's View 2008

CPT Assistant Fall 91:5, Winter 92:13, Apr 01:7, Feb 05:14, Jan 07:7, Mar 07:1

(Use 33519 in conjunction with 33533-33536)

+ 33521 4 venous grafts (List separately in addition to code for primary procedure)

CPT Changes: An Insider's View 2008

CPT Assistant Fall 91:5, Winter 92:13, Apr 01:7, Feb 05:14, Jan 07:7, Mar 07:1

(Use 33521 in conjunction with 33533-33536)

+ 33522 5 venous grafts (List separately in addition to code for primary procedure)

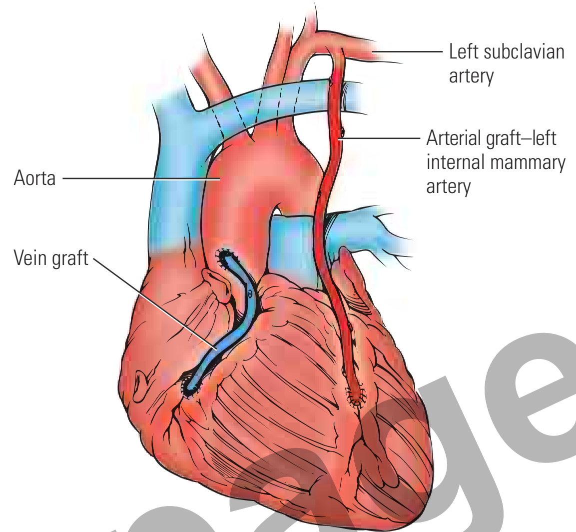
CPT Changes: An Insider's View 2008

CPT Assistant Fall 91:5, Winter 92:13, Apr 01:7, Feb 05:14, Jan 07:7, Mar 07:1

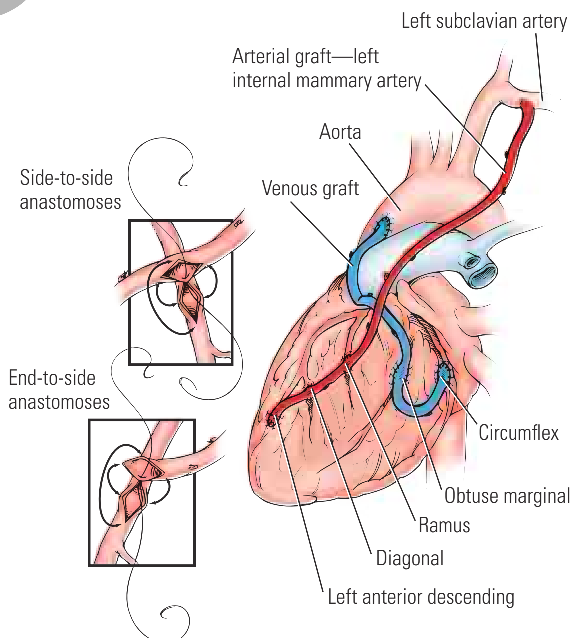
(Use 33522 in conjunction with 33533-33536)

Coronary Artery Bypass Combined Arterial-Venous Grafting
33517-33530

Both venous and arterial grafts are used in these bypass procedures. The appropriate arterial graft codes (33533-33536) must also be reported in conjunction with codes 33517-33530.



Coronary Artery Bypass-Sequential Combined Arterial-Venous Grafting
33517-33530



Note: To determine the number of bypass grafts in a coronary artery bypass (CABG), count the number of distal anastomoses (contact point[s]) where the bypass graft artery or vein is sutured to the diseased coronary artery(s).

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The Central Venous Access Procedures Table

	Non-tunneled	Tunneled Without Port or Pump (w/out port or pump)	Central Tunneled	Tunneled With Port (w/port)	Tunneled With Pump (w/pump)	Peripheral	<5 years	≥5 years	Any Age
Insertion									
Catheter (without imaging guidance)	36555						36555		
	36556							36556	
		36557	36557				36557		
		36558	36558					36558	
	36568 (w/o port or pump)					36568 (w/o port or pump)	36568 (w/o port or pump)		
	36569 (w/o port or pump)					36569 (w/o port or pump)		36569 (w/o port or pump)	
Catheter (with bundled imaging guidance)						36572 (w/o port or pump)	36572 (w/o port or pump)		
						36573 (w/o port or pump)		36573 (w/o port or pump)	
Device			36560	36560			36560		
			36561	36561				36561	
			36563		36563				36563
		36565	36565						36565
			36566	36566					
	36570 (w/port)			36570 (w/port)		36570 (w/port)	36570 (w/port)		
	36571 (w/port)			36571 (w/port)		36571 (w/port)		36571 (w/port)	
Repair									
Catheter	36575 (w/o port or pump)	36575 (w/o port or pump)	36575 (w/o port or pump)			36575 (w/o port or pump)			36575
Device	36576 (w/port or pump)					36576 (w/port or pump)			36576
Partial Replacement - Central Venous Access Device (Catheter only)									
			36578	36578	36578	36578			36578
Complete Replacement - Central Venous Access Device (Through Same Venous Access Site)									
Catheter (without imaging guidance)	36580 (w/o port or pump)								36580
		36581	36581						36581
Catheter (with bundled imaging guidance)	36584 (w/o port or pump)					36584 (w/o port or pump)			36584 (w/o port or pump)
Device			36582	36582					36582
			36583		36583				36583
				36585 (w/port)		36585 (w/port)			36585
Removal									
Catheter		36589							36589
Device			36590	36590	36590	36590			36590
Removal of Obstructive Material from Device									
	36595 (pericatheter)	36595 (pericatheter)	36595 (pericatheter)	36595 (pericatheter)	36595 (pericatheter)	36595 (pericatheter)			36595 (pericatheter)
	36596 (intraluminal)	36596 (intraluminal)	36596 (intraluminal)	36596 (intraluminal)	36596 (intraluminal)	36596 (intraluminal)			36596 (intraluminal)
Repositioning of Catheter									
	36597	36597	36597	36597	36597	36597	36597	36597	36597

Sample page

50437 Code is out of numerical sequence. See 50390-50405

50500 Nephrorrhaphy, suture of kidney wound or injury

50520 Closure of nephrocutaneous or pyelocutaneous fistula

50525 Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach

50526 thoracic approach

50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)

Laparoscopy

Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy (peritoneoscopy) (separate procedure), use 49320.

50541 Laparoscopy, surgical; ablation of renal cysts
- *CPT Changes: An Insider's View* 2000
- *CPT Assistant* Nov 99:25, May 00:4, Oct 01:8, Nov 02:3, Jan 03:20

50542 ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
- *CPT Changes: An Insider's View* 2003, 2011
- *CPT Assistant* Nov 02:3, Jan 03:21, Aug 04:12

(For open procedure, use 50250)

(For percutaneous ablation of renal tumors, see 50592, 50593)

50543 partial nephrectomy
- *CPT Changes: An Insider's View* 2003
- *CPT Assistant* Nov 02:3, Jan 03:21

(For open procedure, use 50240)

50544 pyeloplasty
- *CPT Changes: An Insider's View* 2000
- *CPT Assistant* Nov 99:25, May 00:4, Oct 01:8

50545 radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
- *CPT Changes: An Insider's View* 2001
- *CPT Assistant* Oct 01:8

(For open procedure, use 50230)

50546 nephrectomy, including partial ureterectomy
- *CPT Changes: An Insider's View* 2000, 2001
- *CPT Assistant* Nov 99:25, May 00:4, Oct 01:8

50547 donor nephrectomy (including cold preservation), from living donor
- *CPT Changes: An Insider's View* 2000, 2005
- *CPT Assistant* Nov 99:25, May 00:4, Oct 01:8

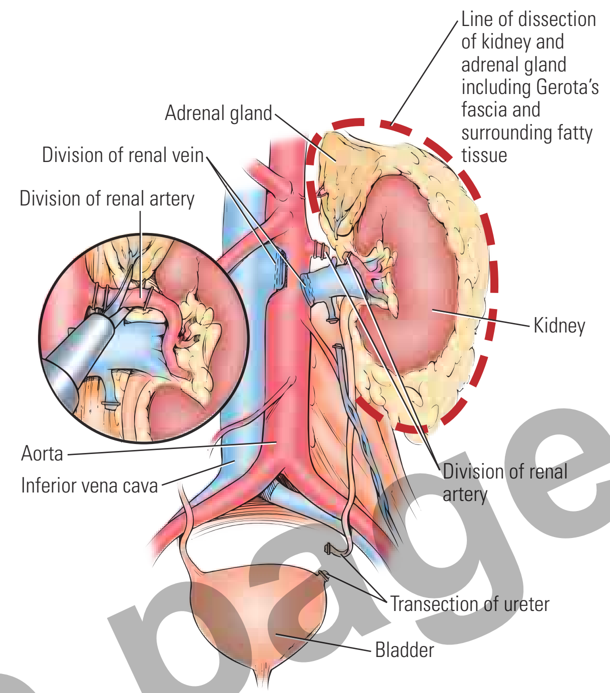
(For open procedure, use 50320)

(For backbench renal allograft standard preparation prior to transplantation, use 50325)

(For backbench renal allograft reconstruction prior to transplantation, see 50327-50329)

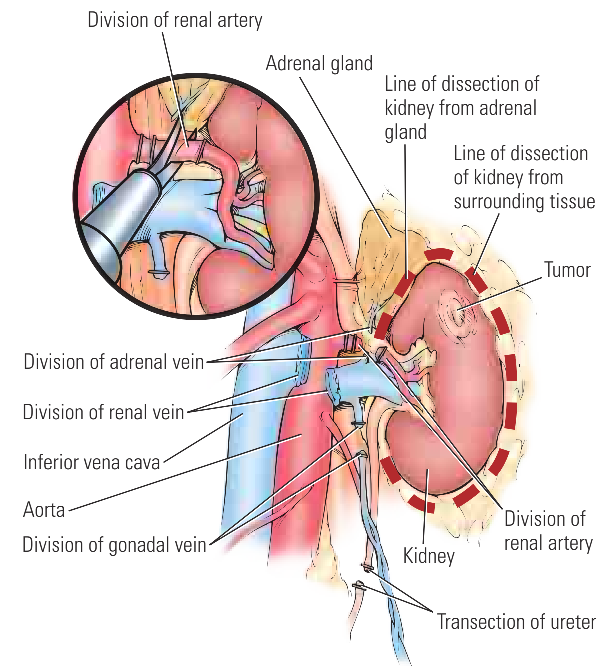
Laparoscopic Radical Nephrectomy
50545

Radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)



Laparoscopic Nephrectomy
50546

A kidney is dissected and removed under laparoscopic guidance.



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Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor
No proprietary name and clinical laboratory or manufacturer. Maternal serum screening procedures are well-established procedures and are performed by many laboratories throughout the country. The concept of prenatal screens has existed and evolved for over 10 years and is not exclusive to any one facility.	81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
	81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score
	81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
	81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)
	81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score
Breast Cancer Index, Biotheranostics, Inc	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
▶EndoPredict®, Myriad Genetic Laboratories, Inc◀	#●81522	▶Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score◀
Oncotype DX®, Genomic Health	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
Prosigna® Breast Cancer Assay, NanoString Technologies, Inc	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
MammaPrint®, Agendia, Inc	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Oncotype DX® Colon Cancer Assay, Genomic Health	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score

(*Continued on page 880*)

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