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Surgery Guidelines

Guidelines to direct general reporting of services are presented in the **Introduction**. Some of the commonalities are repeated here for the convenience of those referring to this section on **Surgery**. Other definitions and items unique to Surgery are also listed.

Services

Services rendered in the office, home, or hospital, consultations, and other medical services are listed in the **Evaluation and Management Services** section (98000-98016, 99202-99499) beginning on page 15. "Special Services, Procedures and Reports" (99000-99082) are listed in the **Medicine** section.

CPT Surgical Package Definition

By their very nature, the services to any patient are variable. The CPT codes that represent a readily identifiable surgical procedure thereby include, on a procedure-by-procedure basis, a variety of services. In defining the specific services "included" in a given CPT surgical code, the following services related to the surgery when furnished by the physician or other qualified health care professional who performs the surgery are included in addition to the operation per se:

- Evaluation and Management (E/M) service(s) subsequent to the decision for surgery on the day before and/or day of surgery (including history and physical)
- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia
- Immediate postoperative care, including dictating operative notes, talking with the family and other physicians or other qualified health care professionals
- Writing orders
- Evaluating the patient in the postanesthesia recovery area
- Typical postoperative follow-up care

Follow-Up Care for Diagnostic Procedures

Follow-up care for diagnostic procedures (eg, endoscopy, arthroscopy, injection procedures for radiography) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be listed separately.

Follow-Up Care for Therapeutic Surgical Procedures

Follow-up care for therapeutic surgical procedures includes only that care which is usually a part of the surgical service. Complications, exacerbations, recurrence, or the presence of other diseases or injuries requiring additional services should be separately reported.

Supplied Materials

Supplies and materials (eg, sterile trays/drugs), over and above those usually included with the procedure(s) rendered are reported separately. List drugs, trays, supplies, and materials provided. Identify as 99070 or specific supply code.

Reporting More Than One Procedure/Service

When more than one procedure/service is performed on the same date, same session or during a post-operative period (subject to the "surgical package" concept), several CPT modifiers may apply (see Appendix A for definition).

Separate Procedure

Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

Unlisted Service or Procedure

A service or procedure may be provided that is not listed in this edition of the CPT codebook. When reporting such a service, the appropriate “Unlisted Procedure” code may be used to indicate the service, identifying it by “Special Report” as discussed in the section below. The “Unlisted Procedures” and accompanying codes for **Surgery** are as follows:

15999	Unlisted procedure, excision pressure ulcer	31899	Unlisted procedure, trachea, bronchi
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	32999	Unlisted procedure, lungs and pleura
19499	Unlisted procedure, breast	33999	Unlisted procedure, cardiac surgery
20999	Unlisted procedure, musculoskeletal system, general	36299	Unlisted procedure, vascular injection
21089	Unlisted maxillofacial prosthetic procedure	37501	Unlisted vascular endoscopy procedure
21299	Unlisted craniofacial and maxillofacial procedure	37799	Unlisted procedure, vascular surgery
21499	Unlisted musculoskeletal procedure, head	38129	Unlisted laparoscopy procedure, spleen
21899	Unlisted procedure, neck or thorax	38589	Unlisted laparoscopy procedure, lymphatic system
22899	Unlisted procedure, spine	38999	Unlisted procedure, hemic or lymphatic system
22999	Unlisted procedure, abdomen, musculoskeletal system	39499	Unlisted procedure, mediastinum
23929	Unlisted procedure, shoulder	39599	Unlisted procedure, diaphragm
24999	Unlisted procedure, humerus or elbow	40799	Unlisted procedure, lips
25999	Unlisted procedure, forearm or wrist	40899	Unlisted procedure, vestibule of mouth
26989	Unlisted procedure, hands or fingers	41599	Unlisted procedure, tongue, floor of mouth
27299	Unlisted procedure, pelvis or hip joint	41899	Unlisted procedure, dentoalveolar structures
27599	Unlisted procedure, femur or knee	42299	Unlisted procedure, palate, uvula
27899	Unlisted procedure, leg or ankle	42699	Unlisted procedure, salivary glands or ducts
28899	Unlisted procedure, foot or toes	42999	Unlisted procedure, pharynx, adenoids, or tonsils
29799	Unlisted procedure, casting or strapping	43289	Unlisted laparoscopy procedure, esophagus
29999	Unlisted procedure, arthroscopy	43499	Unlisted procedure, esophagus
30999	Unlisted procedure, nose	43659	Unlisted laparoscopy procedure, stomach
31299	Unlisted procedure, accessory sinuses	43999	Unlisted procedure, stomach
31599	Unlisted procedure, larynx	44238	Unlisted laparoscopy procedure, intestine (except rectum)
		44799	Unlisted procedure, small intestine
		44899	Unlisted procedure, Meckel’s diverticulum and the mesentery
		44979	Unlisted laparoscopy procedure, appendix
		45399	Unlisted procedure, colon
		45499	Unlisted laparoscopy procedure, rectum
		45999	Unlisted procedure, rectum
		46999	Unlisted procedure, anus
		47379	Unlisted laparoscopic procedure, liver
		47399	Unlisted procedure, liver
		47579	Unlisted laparoscopy procedure, biliary tract
		47999	Unlisted procedure, biliary tract
		48999	Unlisted procedure, pancreas
		49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
		49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
		49999	Unlisted procedure, abdomen, peritoneum and omentum
		50549	Unlisted laparoscopy procedure, renal

50949	Unlisted laparoscopy procedure, ureter
51999	Unlisted laparoscopy procedure, bladder
53899	Unlisted procedure, urinary system
54699	Unlisted laparoscopy procedure, testis
55559	Unlisted laparoscopy procedure, spermatic cord
55899	Unlisted procedure, male genital system
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted procedure, female genital system (nonobstetrical)
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
59898	Unlisted laparoscopy procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
64999	Unlisted procedure, nervous system
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67399	Unlisted procedure, extraocular muscle
67599	Unlisted procedure, orbit
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68899	Unlisted procedure, lacrimal system
69399	Unlisted procedure, external ear
69799	Unlisted procedure, middle ear
69949	Unlisted procedure, inner ear
69979	Unlisted procedure, temporal bone, middle fossa approach

Special Report

A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service.

Imaging Guidance

When imaging guidance or imaging supervision and interpretation is included in a surgical procedure, guidelines for image documentation and report, included in the guidelines for Radiology (Including Nuclear Medicine and Diagnostic Ultrasound), will apply. Imaging guidance should not be reported for use of a nonimaging-guided tracking or localizing system (eg, radar signals, electromagnetic signals). Imaging guidance should only be reported when an imaging modality (eg, radiography, fluoroscopy, ultrasonography, magnetic resonance imaging, computed tomography, or nuclear medicine) is used and is appropriately documented.

Surgical Destruction

Surgical destruction is a part of a surgical procedure and different methods of destruction are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Exceptions under special circumstances are provided for by separate code numbers.

Foreign Body/Implant Definition

An object intentionally placed by a physician or other qualified health care professional for any purpose (eg, diagnostic or therapeutic) is considered an implant. An object that is unintentionally placed (eg, trauma or ingestion) is considered a foreign body. If an implant (or part thereof) has moved from its original position or is structurally broken and no longer serves its intended purpose or presents a hazard to the patient, it qualifies as a foreign body for coding purposes, unless CPT coding instructions direct otherwise or a specific CPT code exists to describe the removal of that broken/moved implant.

► Graft Procurement ◀

► Codes that include obtaining or harvesting a graft include the work of procuring the graft from the patient during the same operative session. ◀