

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT®) code set. For unabbreviated code descriptors and complete guidelines, please refer to the CPT 2023 codebook or data file.

SURGERY

General

- 50011 Fine-needle aspiration w/ imaging guidance
- 50012 Fine-needle aspiration with imaging guidance
(For percutaneous needle biopsy rather than fine-needle aspiration, see 19001-19004 for breast, 20294 for muscle, 52400 for prostate, 52401 for lung or mediastinum, 42400 for salivary gland, 47500 for liver, 49301 for pancreas, 49302 for abdominal or retroperitoneal mass, 50000 for kidney, 54000 for testis, 54001 for epididymis, 60300 for thyroid, 62367 for nuclear pulposus, intervertebral disc, or paravertebral tissue, 62368 for spinal cord)

Integumentary System

Skin, Subcutaneous, and Accessory Structures

- 50013 Plug off site for device placed for test w/ligator
- 50014 Plug off site for device placed add test w/ligator

Urinary System

Kidney

- 50000 Perc nephrostolithotomy/pyelolithotomy <1/2 cm
- 50001 Perc nephrostolithotomy/pyelolithotomy > 1/2 cm
- 50002 Renal biopsy per cystoscopy/needle
- 50030 Nephrectomy w/ open approach open dist resect only
- 50040 Nephrectomy partial
(For laparoscopic partial nephrectomy, see 50040)
- 50050 Open ablative renal mass cryosurgery ablated
- 50060 Renal atrophy implant graft w/ lap nephrectomy
- 50062 Renal & splenic artery dwelling ureteral stent pty
(For removal and replacement of an internally dwelling ureteral stent via a transurethral approach, see 50065)

- 50064 Renal indwelling ureteral stent pty
(Do not report 50062, 50064 in conjunction with 50095)
(For removal of an internally dwelling ureteral stent via a transurethral approach, see 50066)

- 50067 Renal & splenic renal accessible segmental cath
(For removal without replacement of an externally accessible ureteral stent not requiring fluoroscopic guidance, see Evaluation and Management services code)

- 50089 Renal stone, tube retraction from guidance
(Removal of nephrostomy tube not requiring fluoroscopic guidance is considered inherent to E/M services. Report the appropriate level of E/M service provided)

- 50090 Arteriovenous renal cyst/pelvis needle pty
- 50430 Nja py antegrade nephrostomy & antegrade new access
- 50431 Nja py antegrade nephrostomy & antegrade existing access
- 50432 Percutaneous cath pty new access nja
- 50433 Percutaneous cath pty new access nja
- 50434 Percutaneous cath pty new access nja
- 50435 Exchange nephrostomy catheter pty w/ long gd nja
- 50442 Lapo ably renal mass incision w/ long gd nja
- 50490 Lithotripsy through shock wave

- 50092 Ably 1/2 renal tumor pty w/ radiofrequency
(For imaging guidance and monitoring, see 50440, 50441, 50442)

- 50093 Ablation renal tumor unilateral pty/cryotherapy

Ureter

- 50004 Endoluminal ureteral & renal pelvis endoscopic
50005 Ureterolithotomy lower ureter distal ureter

(For endoscopic extraction or manipulation of ureteral calculus, see 50000, 50001, 50401, 50402, 50800, 52320-52330, 52342, 52351, 52352)

- 50600 Intra-ureterography/ureteropyelography cath
- 50601 Open ureteral intubation/accessible distal distal
- 50602 Open ureteral intubation/accessible distal distal
- 50603 Percutaneous cath pty new access nja
- 50604 Percutaneous cath pty new access nja
- 50605 Percutaneous cath pty new access nja
- 50606 Percutaneous cath pty new access nja
- 50607 Percutaneous cath pty new access nja
- 50608 Percutaneous cath pty new access nja
- 50609 Percutaneous cath pty new access nja

Bladder

- 50000 Percutaneous, image-guided fluid collection drainage by catheter of pericapsular or pericapsular space abscess, see 50000

- 51700 Bladder irrigation (single drainage & test)
(Codes 51700-51702 are reported only when performed independently. Do not report 51700-51702 when catheter insertion is an inclusive component of another procedure.)

- 51701 Single catheter bladder catheter
- 51702 Single catheter bladder catheter simple
- 51703 Single catheter bladder catheter complicated
- 51704 Change cystostomy tube simple
- 51705 Single catheter bladder catheter
- 51706 Single catheter bladder catheter
- 51707 Single catheter bladder catheter
- 51708 Single catheter bladder catheter

The following section (51720-51740) lists procedures that may be used separately or in many and varied combinations.
All procedures in this section imply that these services are performed by, or are under the direct supervision of, a physician or other qualified health care professional and that all instruments, equipment, fluids, gowns, gloves, catheters, technician's fees, medications, gloves, trays, tubing, and other similar supplies be provided by that individual. When the individual only transports the results and/or operates the equipment, a professional component, modifier 26, should be used to identify these services.

- 51720 Simple cystoscopy
- 51721 Complex cystoscopy
- 51722 Complex cystoscopy with ureteral catheter
- 51723 Complex cystoscopy with ureteral catheter
- 51724 Complex cystoscopy with ureteral catheter
- 51725 Simple urethrotomy
- 51726 Complex urethrotomy
- 51727 BIC catheter antegrade nephrostomy nja
- 51728 BIC catheter antegrade nephrostomy nja
- 51729 Stimulus evoked response
- 51730 Percutaneous cath pty new access nja
- 51731 Percutaneous cath pty new access nja
- 51732 Percutaneous cath pty new access nja
- 51733 Percutaneous cath pty new access nja
- 51734 Percutaneous cath pty new access nja
- 51735 Percutaneous cath pty new access nja
- 51736 Percutaneous cath pty new access nja
- 51737 Percutaneous cath pty new access nja
- 51738 Percutaneous cath pty new access nja

Endoscopic descriptions are listed so that the main procedure can be identified without having to list all the minor related functions performed at the same time. For example, ureteral catheterization and/or dilation, ureterotomy, and cystoscopy prior to a transurethral resection of prostate, ureteral catheterization followed by extraction of ureteral calculus, internal ureterotomy and bladder neck fulguration when performing a cystoscopy for the female urethral syndrome. When the secondary procedure requires significant additional time and effort, it may be identified by the addition of modifier 22.

For example, ureterotomy performed for a documented pre-existing stricture or bladder neck obstruction.

- 52000 Cystoscopy
(Do not report 52000 in conjunction with 52001, 52002, 52003, 52004, 52005, 52006, 52007, 52008, 52009, 52010, 52011, 52012, 52013, 52014, 52015, 52016, 52017, 52018, 52019, 52020, 52021, 52022, 52023, 52024, 52025, 52026, 52027, 52028, 52029, 52030, 52031, 52032, 52033, 52034, 52035, 52036, 52037, 52038, 52039, 52040, 52041, 52042, 52043, 52044, 52045, 52046, 52047, 52048, 52049, 52050, 52051, 52052, 52053, 52054, 52055, 52056, 52057, 52058, 52059, 52060, 52061, 52062, 52063, 52064, 52065, 52066, 52067, 52068, 52069, 52070, 52071, 52072, 52073, 52074, 52075, 52076, 52077, 52078, 52079, 52080, 52081, 52082, 52083, 52084, 52085, 52086, 52087, 52088, 52089, 52090, 52091, 52092, 52093, 52094, 52095, 52096, 52097, 52098, 52099, 52100, 52101, 52102, 52103, 52104, 52105, 52106, 52107, 52108, 52109, 52110, 52111, 52112, 52113, 52114, 52115, 52116, 52117, 52118, 52119, 52120, 52121, 52122, 52123, 52124, 52125, 52126, 52127, 52128, 52129, 52130, 52131, 52132, 52133, 52134, 52135, 52136, 52137, 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American Medical Association Coding Guidelines

R Barnett



American Medical Association Coding Guidelines:

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaei, 2021-09-07 The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the utmost importance The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes Key Features All chapters written by practicing otolaryngologists health care providers practice managers legal experts and coding experts Discussion of the foundations of coding billing and practice management as well as advanced and complex topics Otolaryngology subspecialty focused discussion of office based and surgical coding Tips on how to code correctly in controversial areas including the use of unlisted codes A robust index for easy reference The Comprehensive Review Guide for Health Information Carla Tyson-Howard, Shirlyn C.

Thomas, 2009-10-07 Perfect for preparing for the RHIA and RHIT exams the Comprehensive Review Guide for Health Information serves as a personal tutor for HIM students to review the major learning competencies that will be tested on the exams the workbook section divided by knowledge clusters contains short answer fill in the blank and matching questions to assess the students understanding of the competency after using the comprehensive review book section and listening to audio recordings At the end of every knowledge cluster a multiple choice test simulates the questions on the national RHIA and RHIT **Principles of Coding and Reimbursement for Surgeons** Mark Savarise, Christopher Senkowski, 2016-12-30

This text provides the in depth understanding of the mechanisms that guide coding and reimbursement The text is meant to be useful to surgeons in practice both in general surgery and in surgical subspecialties practice management teams of surgical practices and to resident physicians in surgery Part 1 of the text addresses the CPT coding process the relative valuation system RVU the ICD 9 and ICD 10 systems of classification Medicare Part B payment rules for physicians the DRG system and Medicare Part A payment for hospitals alternative payment models and the myriad of quality measures of importance to surgeons Part 2 of the text addresses specific coding in areas where surgeons historically have had the most difficulty This is not meant to substitute for the available texts software or courses on coding but to provide the historical background and rationale for the specific coding rules Principles of Coding and Reimbursement for Surgeons will be of great value to general surgeons and surgical subspecialists in private practice academic institutions and employed positions It will provide direction to management teams from practice and institutional levels It is also of use to surgical trainees and to researchers in health policy issues *Independent Medical Coding* Donna Avila-Weil,Rhonda Regan,2007 Medical Coder - The Comprehensive Guide DEAN STRATTON, Medical Coder The Comprehensive Guide Mastering the Art of Healthcare Coding and Billing Step confidently into the field of medical coding with this all in one guidebook Designed for both beginners and professionals this book equips you with the essential skills to thrive in a rapidly evolving healthcare industry What You ll Learn The fundamentals of medical terminology and coding principles Step by step instruction in ICD 10 and CPT coding systems How medical coding connects to healthcare billing and compliance Tips for accuracy efficiency and avoiding common mistakes Guidance on certification requirements and career advancement Real world coding examples and scenarios Why Choose This Guide Covers both beginner foundations and advanced practices Focused exclusively on text based learning no filler images Provides practical insights for real healthcare settings Helps you prepare for a successful coding career Perfect For Students training for coding certification Healthcare professionals expanding skills Anyone pursuing a medical coding career This comprehensive textbook ensures you re ready to excel as a medical coder mastering both the technical and professional aspects of the field **Guide to Health Informatics** Enrico Coiera,2015-03-06 This essential text provides a readable yet sophisticated overview of the basic concepts of information technologies as they apply in healthcare Spanning areas as diverse as the electronic medical record searching protocols and communications as well as the Internet Enrico Coiera has succeeded in making this vast and complex area accessible and understandable to the non specialist while providing everything that students of medical informatics need to know to accompany their course

Coding for Chest Medicine 2009 ,2009 Physicians Fee & Coding Guide ,2011 **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1971 First multi year cumulation covers six years 1965 70

Insurance Handbook for the Medical Office Marilyn Fordney,2015-11-26 Stay up on the latest in insurance billing and coding with Marilyn Fordney s Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30 years this

market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

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American Medical Association Coding Guidelines Introduction

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