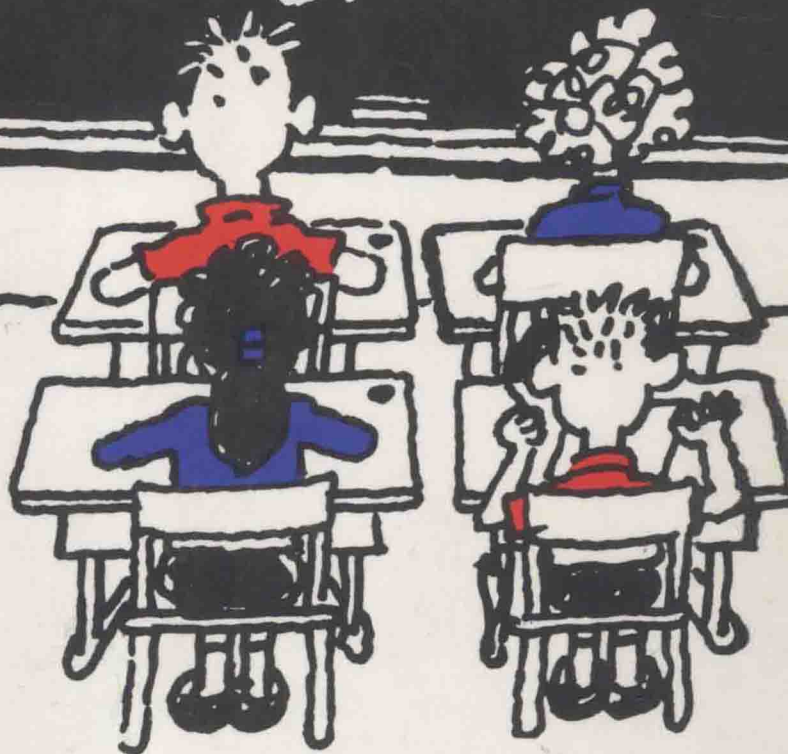


CP "TEACH"
EXPERT
CODING
MADE
EASY!



CP"Teach"

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To our new, beautiful daughter, Calla.

DEDICATION

CP"Teach" is dedicated to our new daughter, Calla. What a beautiful, gentle and loving girl you are! Your smile has stolen our hearts and we look forward to a life together with you.

In addition, I would like to dedicate the book to Harrison Ford, for his fearless portrayal of Dr. Jon "Indiana" Rawson in the action-packed picture "Cranky Coaches," the story of some desperate Houston Oiler coaches and the doctor who tamed them. I also thank Dr. Rawson him for his expert delivery of our wonderful daughter, Calla.



Thanks also go to Jerry Devine and all coders—experienced or rookie—who have ever struggled with coding.

As ever, I want to thank the many schools that have used our CP"Teach" materials and all of the students who have enjoyed learning to code. We hope you had fun!

Finally, of special importance, I want Ed and Kara Spatz to know how much their love has meant to me. This marks the completion of the second year of our lives as a true family, and I could not be happier! Ed, you are truly my mentor, lover, and friend!

PREFACE

CP"Teach" was written with one single objective: to teach coders how to properly code "according to the book" (the **CPT** manual).

It is our experience, in years of dealing with thousands of coders nationwide, that proper coding results in many benefits to the physician's office. Among them are: optimum reimbursement which increases revenues; the recovery of "lost" (previously un-billed) dollars; and increased staff efficiency because coding properly decreases time spent dealing with reimbursables and claim filing.

For best results, we recommend that you follow along each chapter with the current edition of the **CPT** manual at your fingertips. This will allow you to learn by doing. Look up the examples given in **CP"Teach"** in the **CPT** manual and digest them before moving on to the next example.

DISCLAIMER

Because each insurance company has its own processing and reimbursing policies, it is important that the thoughts and recommendations given in this book not be considered as applying to each individual carrier. It is critical that you check with each of your carriers to determine the applicability of the ideas outlined herein and determine each of their practices which could be unique to that carrier and which may not follow the guidelines set forth in **CP"Teach."**

CPT CODES

The CP"Teach" series includes some of the American Medical Association's **Physician's Current Procedural Terminology** descriptive terms, numeric identifying codes and modifiers for reporting medical services and procedures that were identified by the author, MedBooks, for inclusion in this book. **Physician's Current Procedural Terminology** is copyrighted (1966, 1970, 1973, 1977, 1981, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993) by the American Medical Association. Any use of the **CPT** outside CP"Teach" should refer to **CPT** as it contains the most current listings of the descriptive terms, numeric services and procedures.

Suggestions on code additions or deletions in **CPT** should be directed to the American Medical Association at the following address:

Department of Coding and Nomenclature
CPT Publication
American Medical Association
515 North State Street
Chicago, Illinois 60610

ACKNOWLEDGEMENTS

Bill Kantz

CP"Teach" has been illustrated by talented artist Bill Kantz. Mr. Kantz's approach to his life's work is "it's only worth doing if it's fun", and so we were excited that he opted to illustrate our book. Watercolor and pen & ink are among his favorite art mediums. Mr. Kantz has provided illustrations on a national scale for several major firms, including major oil & gas companies, Coca-Cola Foods, and Post and Kellogg's cereals.

Becky Walters

Ms. Walters has contributed countless hours proofreading CP"Teach". She attended the University of Texas with a major in Advertising and is using those skills wonderfully at MedBooks. She has a marvelous vision that helps her determine the best way for us to word and illustrate CP"Teach". Ms. Walters is a fantastic addition to our MedBooks family.

Mary DeBauche

Many of the style changes in the 1994 CP"Teach" are thanks to Ms. DeBauche's expertise. She has been a desktop publisher, writer and graphic designer for more than five years, sharing her skills with various advertising agencies and universities.

Anna Perez

As our newest member to the MedBooks staff, Ms. Perez handles all orders, packaging and receiving, invoicing and other office maintenance responsibilities. She is bright and sharp and a welcome addition.

Table of Contents

Chapter One: CPT Basics	1
Chapter Two: What Is HCPCS?	7
Chapter Three: HCPCS: Editorial Notations	23
Chapter Four: CPT: Format of the Book	35
Chapter Five: CPT: Editorial Notations	51
Chapter Six: Evaluation and Management	67
Chapter Seven: Surgery	145
Chapter Eight: Radiology	209
Chapter Nine: Pathology and Laboratory	219
Chapter Ten: Medicine	231
Chapter Eleven: Modifiers	259
Chapter Twelve: Third Party Carrier Coding Suggestions	291
Chapter Thirteen: How to Improve Reimbursements	309
Chapter Fourteen: Coding for Hospitals	311
Index	347

CHAPTER ONE

CPT BASICS

CPT, or Current Procedural Terminology, is a book used to code the procedures and services performed by physicians. This book contains a listing of all current and FDA (Food and Drug Administration) approved physicians' procedures and services. Individual *code numbers* have been assigned to identify all procedures and services.

An example of a **CPT** code and its corresponding service is:

99201 *Office and other outpatient visit for the evaluation and management of a new patient, which requires these three key components:*

- *a problem focused history;*
- *a problem focused exam; and*
- *straightforward medical decision making.*

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

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As you can see, the number 99201 identifies a certain service, in this case, for a new patient. The service identified in the code 99201 is the history and exam that includes focusing on one and only one problem of the patient. Examples of a singular problem in which a physician can make a straightforward decision and where she is not necessarily concerned with other problems the patient may have might include a history and exam for keratosis of the upper back or a patient who has an impacted wisdom tooth. No other procedure or service has this particular number. That is, the code 99201 will always mean, to the computer and to the coder, a problem focused history and exam with straightforward decision making for an office or outpatient visit for a new patient.

A different code is assigned to every service and every procedure that a physician performs. In this way, each procedure or service can be identified by a number instead of a lengthy written description.

The CPT book was born as a result of conversations between the American Medical Association and various other organizations, such as the Executive Committee of the National Association of Blue Shield Plans; the Committee on Fees of the California Medical Association; the College of American Pathologists; the American College of Radiology; the American Society of Internal Medicine; the Health



The CPT book was born as a result of conversations between the American Medical Association and various other organizations.

Insurance Council and the US Department of Health, Education, and Welfare. All of these groups were interested in simplifying the reporting of diagnostic and therapeutic procedures provided by physicians to patients. That is, they wanted a way in which they could understand what procedures the doctor had provided to the patient without having to read a lengthy report.

By having a code for each individual procedure provided by the doctor to the patient, insurance carriers across the country would be able to do several things, including:

1. more effectively communicate with each other,
2. compare reimbursable amounts for procedures,
3. speed the processing of claims.

Because the codes on the claims would be read, interpreted, and reimbursed by computer rather than by individual data processors (although the data processors would in many cases "input" the data) these carriers also would be able to reduce the manpower needed for claims processing.

Throughout the 1960s and 1970s the popularity of **CPT** as a coding tool was limited. It wasn't until the early 1980s that the **CPT** book really came into its own, when Congress decided to use **CPT** for the coding of all physicians' procedures and services provided to Medicare patients.

Although **CPT** described physicians' procedures and services, it did not include some other items which needed to be reported to Medicare, such as ambulance services and wheelchairs, or an extensive list of injections with labels for each individual injectable. Because of **CPT**'s limitations, the Health Care Financing Administration (HCFA), invented a common coding system. (HCFA ran the Medicare program under the federal government's Department of Health, Education, and Welfare, which is now called the Department of Health and Human Services.) This system would employ **CPT** for the coding of physicians' procedures and services, but second and third levels would be added to provide a method of coding items *not* found in **CPT**.

This common coding system was called **HCPCS** pronounced "HICPICS." It stands for the following:

H	C	P	C	S
HCFA*	Common	Procedural	Coding	System

*HCFA = Health Care Financing Administration

People often question why **CPT** is updated annually. Medicine is changing rapidly, new procedures are being made available, older ones are becoming less frequently used, and still other procedures need to be more accurately described. By updating the **CPT** manual each year, the AMA is able to make the appropriate changes they feel best represent today's medical practice. This flexibility is, in fact, beneficial to you.

Coders often wonder if they should spend the money each year to purchase a new volume of **CPT**. Because of the annual changes, the current year's volume of **CPT** is a *critical* addition to your office library. Without the current book your office runs the risk of missing one of the changes, which places your reimbursements at risk.

CHAPTER TWO

WHAT IS HCPCS?

HCPCS is an acronym (a word made from the first letters of the words it contains) that stands for HCFA Common Procedural Coding System.

H	C	P	C	S
HCFA	Common	Procedural	Coding	System

HCFA itself is an acronym that represents the Health Care Financing Admistration. Most people pronounce the acronym "HICFA" rather than saying each letter. This is the agency in Baltimore that administers the Medicare program for the federal government's Department of Health and Human Services.