



2018

Current Procedural Coding Expert

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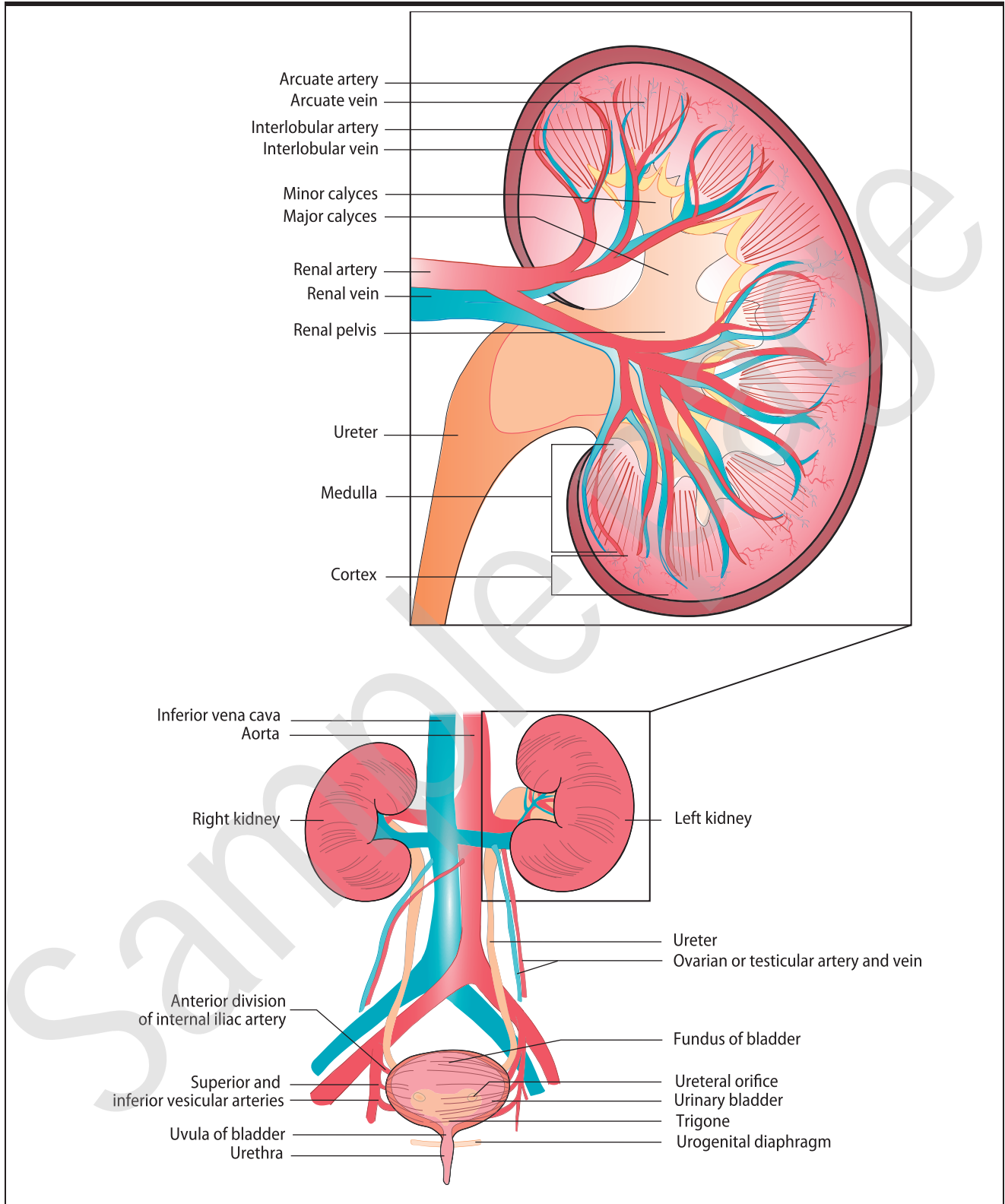
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Genitourinary System

Urinary System

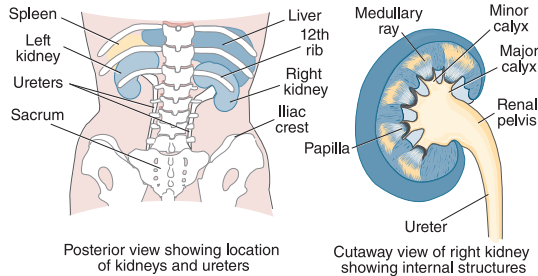


50010-50045 Kidney Procedures for Exploration or Drainage

EXCLUDES Donor nephrectomy performed laparoscopically (50547)
 Retroperitoneal
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50010 Renal exploration, not necessitating other specific procedures

EXCLUDES Laparoscopic ablation of mass lesions of kidney (50542)
 21.2 21.2 FUD 090 [C] 80 50 [M]
 AMA: 2014,Jan,11



50020 Drainage of perirenal or renal abscess, open

EXCLUDES Image-guided percutaneous of perirenal or renal abscess (49405)
 29.2 29.2 FUD 090 [T] [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,May,9; 2014,Jan,11; 2013,Nov,9

50040 Nephrostomy, nephrotomy with drainage

26.6 26.6 FUD 090 [C] 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50045 Nephrotomy, with exploration

EXCLUDES Renal endoscopy through nephrotomy (50570-50580)
 27.6 27.6 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50060-50081 Treatment of Kidney Stones

CMS: 100-03,230.1 NCD for Treatment of Kidney Stones

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50060 Nephrolithotomy; removal of calculus

32.8 32.8 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50065 secondary surgical operation for calculus

34.7 34.7 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50070 complicated by congenital kidney abnormality

34.0 34.0 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50075 removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)

41.9 41.9 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm

EXCLUDES Nephrostomy without nephrostolithotomy (50040, 50395, 52334)
 (76000, 76001)
 25.0 25.0 FUD 090 [J] 8 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Jan,15-42; 2011,Jan,11

50081 over 2 cm

EXCLUDES Nephrostomy without nephrostolithotomy (50040, 50395, 52334)
 (76000, 76001)
 36.7 36.7 FUD 090 [J] 8 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Jan,15-42; 2011,Jan,11

50100 Repair of Anomalous Vessels of the Kidney

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50100 Transection or repositioning of aberrant renal vessels (separate procedure)

30.5 30.5 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50120-50135 Procedures of Renal Pelvis

EXCLUDES Retroperitoneal:
 Abscess drainage (49060)
 Exploration (49010)
 Tumor/cyst excision (49203-49205)

50120 Pyelotomy; with exploration

INCLUDES Gol-Vernet pyelotomy
EXCLUDES Renal endoscopy through pyelotomy (50570-50580)
 27.2 27.2 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50125 with drainage, pyelostomy

29.6 29.6 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50130 with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)

29.6 29.6 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50135 complicated (eg, secondary operation, congenital kidney abnormality)

32.7 32.7 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50200-50205 Biopsy of Kidney

EXCLUDES Laparoscopic renal mass lesion ablation (50542)
 Retroperitoneal tumor/cyst excision (49203-49205)

▲ 50200 Renal biopsy; percutaneous, by trocar or needle

EXCLUDES Fine needle aspiration (10022)
 (76942, 77002, 77012, 77021)
 (88172-88173)
 4.11 17.4 FUD 000 [T] A2 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50205 by surgical exposure of kidney

21.8 21.8 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50220-50240 Nephrectomy Procedures

EXCLUDES Laparoscopic renal mass lesion ablation (50542)
 Retroperitoneal tumor/cyst excision (49203-49205)

50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

30.1 30.1 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50225 complicated because of previous surgery on same kidney

34.6 34.6 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

50230 radical, with regional lymphadenectomy and/or vena caval thrombectomy

EXCLUDES Vena caval resection with reconstruction (37799)
 36.8 36.8 FUD 090 [C] 80 50 [M]
 AMA: 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Evaluation and Management (E/M) Services Guidelines

In addition to the information presented in the Introduction, several other items unique to this section are defined or identified here.

Classification of Evaluation and Management (E/M) Services

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, eg, office consultation. Third, the content of the service is defined, eg, comprehensive history and comprehensive examination. (See "Levels of E/M Services," for details on the content of E/M services.) Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified. (A detailed discussion of time is provided separately.)

Definitions of Commonly Used Terms

Certain key words and phrases are used throughout the E/M section. The following definitions are intended to reduce the potential for differing interpretations and to increase the consistency of reporting by physicians in differing specialties. E/M services may also be reported by other qualified health care professionals who are authorized to perform such services within the scope of their practice.

New and Established Patient

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report E/M services with a specific CPT® code or codes. A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. See the decision tree at right.

When a physician/qualified health care professional is on call or covering for another physician/qualified health care professional, the patient's encounter is classified as it would have been by the physician/qualified health care professional who is not available. 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.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

The decision tree in the next column is provided to aid in determining whether to report the E/M service provided as a new or an established patient encounter.

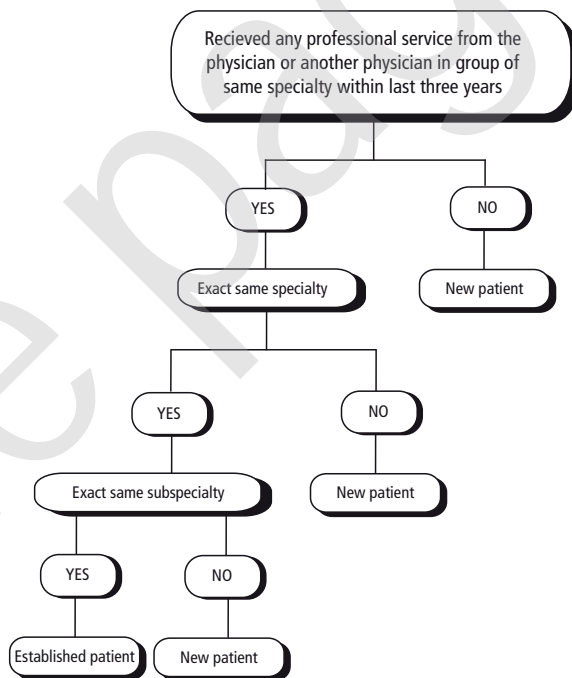
Chief Complaint

A chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient's words.

Concurrent Care and Transfer of Care

Concurrent care is the provision of similar services (e.g., hospital visits) to the same patient by more than one physician or other qualified health care professional on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is managing some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation, but they are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.

Decision Tree for New vs Established Patients



Counseling

Counseling is a discussion with a patient and/or family concerning one or more of the following areas:

- Diagnostic results, impressions, and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management (treatment) options
- Instructions for management (treatment) and/or follow-up
- Importance of compliance with chosen management (treatment) options
- Risk factor reduction
- Patient and family education
(For psychotherapy, see 90832–90834, 90836–90840)

Family History

A review of medical events in the patient's family that includes significant information about:

- The health status or cause of death of parents, siblings, and children
- Specific diseases related to problems identified in the Chief Complaint or History of the Present Illness, and/or System Review