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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 (99202-99499) beginning on page 19. “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 | 30999 | Unlisted procedure, nose |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue | 31299 | Unlisted procedure, accessory sinuses |
| 19499 | Unlisted procedure, breast | 31599 | Unlisted procedure, larynx |
| 20999 | Unlisted procedure, musculoskeletal system, general | 31899 | Unlisted procedure, trachea, bronchi |
| 21089 | Unlisted maxillofacial prosthetic procedure | 32999 | Unlisted procedure, lungs and pleura |
| 21299 | Unlisted craniofacial and maxillofacial procedure | 33999 | Unlisted procedure, cardiac surgery |
| 21499 | Unlisted musculoskeletal procedure, head | 36299 | Unlisted procedure, vascular injection |
| 21899 | Unlisted procedure, neck or thorax | 37501 | Unlisted vascular endoscopy procedure |
| 22899 | Unlisted procedure, spine | 37799 | Unlisted procedure, vascular surgery |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system | 38129 | Unlisted laparoscopy procedure, spleen |
| 23929 | Unlisted procedure, shoulder | 38589 | Unlisted laparoscopy procedure, lymphatic system |
| 24999 | Unlisted procedure, humerus or elbow | 38999 | Unlisted procedure, hemic or lymphatic system |
| 25999 | Unlisted procedure, forearm or wrist | 39499 | Unlisted procedure, mediastinum |
| 26989 | Unlisted procedure, hands or fingers | 39599 | Unlisted procedure, diaphragm |
| 27299 | Unlisted procedure, pelvis or hip joint | 40799 | Unlisted procedure, lips |
| 27599 | Unlisted procedure, femur or knee | 40899 | Unlisted procedure, vestibule of mouth |
| 27899 | Unlisted procedure, leg or ankle | 41599 | Unlisted procedure, tongue, floor of mouth |
| 28899 | Unlisted procedure, foot or toes | 41899 | Unlisted procedure, dentoalveolar structures |
| 29799 | Unlisted procedure, casting or strapping | 42299 | Unlisted procedure, palate, uvula |
| 29999 | Unlisted procedure, arthroscopy | 42699 | Unlisted procedure, salivary glands or ducts |
| | | 42999 | Unlisted procedure, pharynx, adenoids, or tonsils |
| | | 43289 | Unlisted laparoscopy procedure, esophagus |
| | | 43499 | Unlisted procedure, esophagus |
| | | 43659 | Unlisted laparoscopy procedure, stomach |
| | | 43999 | Unlisted procedure, stomach |
| | | 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 |

Surgery Guidelines

Surgery Guidelines 10004-69990

- 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. ◀

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