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Medicine Guidelines

In addition to the definitions and commonly used terms presented in the **Introduction**, several other items unique to this section on **Medicine** are defined or identified here.

Add-on Codes

Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier 51, as these procedures are not reported as stand-alone codes. These additional or supplemental procedures are designated as "add-on" codes. Add-on codes in the CPT codebook can be readily identified by specific descriptor nomenclature which includes phrases such as "each additional" or "(List separately in addition to primary procedure)."

Separate Procedures

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 or patient encounter, 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 on the following page. The "Unlisted Procedures" and accompanying codes for **Medicine** are as follows:

90399 Unlisted immune globulin

90749 Unlisted vaccine/toxoid

90899 Unlisted psychiatric service or procedure

90999 Unlisted dialysis procedure, inpatient or outpatient

91299 Unlisted diagnostic gastroenterology procedure

92499 Unlisted ophthalmological service or procedure

92700 Unlisted otorhinolaryngological service or procedure

93799 Unlisted cardiovascular service or procedure

93998 Unlisted noninvasive vascular diagnostic study

94799 Unlisted pulmonary service or procedure

95199 Unlisted allergy/clinical immunologic service or procedure

95999 Unlisted neurological or neuromuscular diagnostic procedure

96379 Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion

96549 Unlisted chemotherapy procedure

96999 Unlisted special dermatological service or procedure

97039 Unlisted modality (specify type and time if constant attendance)

97139 Unlisted therapeutic procedure (specify)

97799 Unlisted physical medicine/rehabilitation service or procedure

99199 Unlisted special service, procedure or report

99600 Unlisted home visit service or procedure

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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 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 non-imaging 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.

Supplied Materials

Supplies and materials (eg, trays, drug supplies, and materials) over and above those usually included with the procedure(s) rendered are reported separately using code 99070 or a specific supply code.

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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