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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 13. "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
- 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.

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32999

33999

36299

37501

37799

38129

38589

38999

39499

39599

40799

40899

41599

41899

42299

42699

Unlisted procedure, lungs and pleura

Unlisted procedure, cardiac surgery

Unlisted procedure, vascular injection

Unlisted vascular endoscopy procedure

Unlisted laparoscopy procedure, spleen

Unlisted laparoscopy procedure, lymphatic system

Unlisted procedure, hemic or lymphatic system

Unlisted procedure, vascular surgery

Unlisted procedure, mediastinum

Unlisted procedure, vestibule of mouth

Unlisted procedure, palate, uvula

Unlisted procedure, tongue, floor of mouth

Unlisted procedure, dentoalveolar structures

Unlisted procedure, salivary glands or ducts

Unlisted procedure, diaphragm

Unlisted procedure, lips

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

| y are as follows:                                   | 42999   | Unlisted procedure, pharynx, adenoids, or tonsils  |
|---|---|--|
| Unlisted procedure, excision pressure ulcer         | 43289   | Unlisted laparoscopy procedure, esophagus  |
| Unlisted procedure, skin, mucous membrane and       | 43499   | Unlisted procedure, esophagus  |
|   | 43659   | Unlisted laparoscopy procedure, stomach  |
|   | 43999   | Unlisted procedure, stomach  |
|   | 44238   | Unlisted laparoscopy procedure, intestine (except rectum)  |
| Unlisted maxillofacial prosthetic procedure         | 44799   | Unlisted procedure, small intestine  |
| Unlisted craniofacial and maxillofacial procedure   | 44899   | Unlisted procedure, Meckel's diverticulum and the  |
| Unlisted musculoskeletal procedure, head            |   | mesentery  |
| Unlisted procedure, neck or thorax                  | 44979   | Unlisted laparoscopy procedure, appendix   |
| Unlisted procedure, spine                           | 45399   | Unlisted procedure, colon  |
| Unlisted procedure, abdomen, musculoskeletal system | 45499   | Unlisted laparoscopy procedure, rectum   |
| Unlisted procedure, shoulder                        | 45999   | Unlisted procedure, rectum   |
| Unlisted procedure, humerus or elbow                | 46999   | Unlisted procedure, anus   |
| Unlisted procedure, forearm or wrist                | 47379   | Unlisted laparoscopic procedure, liver   |
| Unlisted procedure, hands or fingers                | 47399   | Unlisted procedure, liver  |
| Unlisted procedure, pelvis or hip joint             | 47579   | Unlisted laparoscopy procedure, biliary tract  |
| Unlisted procedure, femur or knee                   | 47999   | Unlisted procedure, biliary tract  |
| Unlisted procedure, leg or ankle                    | 48999   | Unlisted procedure, pancreas   |
| Unlisted procedure, foot or toes                    | 49329   | Unlisted laparoscopy procedure, abdomen, peritoneum  |
| Unlisted procedure, casting or strapping            |   | and omentum  |
| Unlisted procedure, arthroscopy                     | 49659   | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy  |
| Unlisted procedure, nose                            | 49999   | Unlisted procedure, abdomen, peritoneum and omentum  |
| Unlisted procedure, accessory sinuses               | 50549   | Unlisted laparoscopy procedure, renal  |
| Unlisted procedure, larynx                          | 50949   | Unlisted laparoscopy procedure, ureter   |
|   | Unlisted procedure, skin, mucous membrane and subcutaneous tissue  Unlisted procedure, breast  Unlisted procedure, musculoskeletal system, general  Unlisted maxillofacial prosthetic procedure  Unlisted craniofacial and maxillofacial procedure  Unlisted musculoskeletal procedure, head  Unlisted procedure, neck or thorax  Unlisted procedure, spine  Unlisted procedure, shoulder  Unlisted procedure, shoulder  Unlisted procedure, humerus or elbow  Unlisted procedure, forearm or wrist  Unlisted procedure, palvis or hip joint  Unlisted procedure, femur or knee  Unlisted procedure, foot or toes  Unlisted procedure, casting or strapping  Unlisted procedure, arthroscopy  Unlisted procedure, nose  Unlisted procedure, accessory sinuses | Unlisted procedure, excision pressure ulcer  Unlisted procedure, skin, mucous membrane and subcutaneous tissue  Unlisted procedure, breast  Unlisted procedure, musculoskeletal system, general  Unlisted maxillofacial prosthetic procedure  Unlisted craniofacial and maxillofacial procedure  Unlisted musculoskeletal procedure, head  Unlisted procedure, neck or thorax  Unlisted procedure, spine  Unlisted procedure, abdomen, musculoskeletal system  Unlisted procedure, shoulder  Unlisted procedure, humerus or elbow  Unlisted procedure, forearm or wrist  Unlisted procedure, pelvis or hip joint  Unlisted procedure, pelvis or hip joint  Unlisted procedure, foot or toes  Unlisted procedure, foot or toes  Unlisted procedure, foot or toes  Unlisted procedure, arthroscopy  Unlisted procedure, arthroscopy  Unlisted procedure, nose  Unlisted procedure, accessory sinuses  Unlisted procedure larynx  Unlisted procedure larynx |

Unlisted procedure, trachea, bronchi

31899

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| 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**

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.