

*Current Procedural Terminology* (CPT®) codes, descriptions, and other data are copyright 1966, 1970, 1973, 1977, 1981, 1983-2023 by the American Medical Association. All rights reserved.

CPT® is a registered trademark of the American Medical Association.

U.S. GOVERNMENT RIGHTS. CPT® codes are commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable, which were developed exclusively at private expense by the American Medical Association, 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611-5885. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015 (b) (2) (November 1995) and/or subject to the restrictions of DFARS 227.7202-1 (a) (June 1995) and DFARS 227.7202-3 (a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements

This file may not be sold, duplicated, or given away in whole or in part without the express written consent of the American Medical Association.

To purchase additional CPT® products, contact customer service at 800-621-8335.

To request a license for distribution of products with CPT® content, visit our website at <https://www.ama-assn.org/practice-management/cpt/ama-cpt-licensing-overview> or contact the American Medical Association Intellectual Property Services, 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611-5885, 312-464-5022.

# 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:

<b>90399</b>	Unlisted immune globulin
<b>90749</b>	Unlisted vaccine/toxoid
<b>90899</b>	Unlisted psychiatric service or procedure
<b>90999</b>	Unlisted dialysis procedure, inpatient or outpatient
<b>91299</b>	Unlisted diagnostic gastroenterology procedure
<b>92499</b>	Unlisted ophthalmological service or procedure
<b>92700</b>	Unlisted otorhinolaryngological service or procedure
<b>93799</b>	Unlisted cardiovascular service or procedure
<b>93998</b>	Unlisted noninvasive vascular diagnostic study
<b>94799</b>	Unlisted pulmonary service or procedure
<b>95199</b>	Unlisted allergy/clinical immunologic service or procedure
<b>95999</b>	Unlisted neurological or neuromuscular diagnostic procedure
<b>96379</b>	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
<b>96549</b>	Unlisted chemotherapy procedure
<b>96999</b>	Unlisted special dermatological service or procedure
<b>97039</b>	Unlisted modality (specify type and time if constant attendance)
<b>97139</b>	Unlisted therapeutic procedure (specify)
<b>97799</b>	Unlisted physical medicine/rehabilitation service or procedure
<b>99199</b>	Unlisted special service, procedure or report
<b>99600</b>	Unlisted home visit service or procedure

## 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.