

502.24 Appendix N. Appendix N is a list of CPT codes that do not appear in their respective numerical sequence in the listing in the CPT book. The resequenced codes will be located near but not in proper numerical sequence. This appendix is included to avoid deleting and having to renumber a series of codes to fit in a new one.

502.25 Appendix O. Appendix O is a list of CPT codes for Multianalyte Assays with Algorithmic Analysis procedures that because of their nature are unique to a single clinical laboratory or manufacturer.

502.26 Appendix P. Appendix P is a list of CPT codes which may be used for synchronous telemedicine services. These codes are identified with a ★ symbol to the left of the CPT code.

502.27 Index. The Index is an alphabetical listing of the main terms, synonyms, and abbreviations in the CPT book. Modifying terms that more specifically identify a main term also may be listed. (For example, the main term *influenza virus* is followed by the modifying terms *antibody* and by *detection*.) The Index also lists the applicable CPT code or range of codes for each term. Even though the Index lists terms and their associated CPT codes, the Index should *not* be used for coding purposes. The user always should refer to the more detailed code descriptions contained in the primary sections of the CPT book.

How to Use the CPT Book

502.28 The following general steps should be performed when using the CPT book for coding medical services and procedures:

- a. Identify the specific service or procedure that was performed.
- b. Use the Index to find the main term and any modifying terms associated with the service or procedure.
- c. Identify the CPT code (or range of codes) listed in the Index for the specified term.
- d. Locate the identified CPT code (or range of codes) in the applicable section of the CPT book.
- e. Read the description for the identified CPT code and verify that it accurately describes the service or procedure performed. (The CPT code descriptions in the primary sections of the CPT book always should be read since they more completely describe the service or procedure and may include notes applicable to the use of a particular code or group of codes. In addition, the guidelines for the applicable section always should be read for any special coding instructions.)
- f. Determine whether any modifier is necessary to more accurately describe the service or procedure.

502.29 Symbols Used to Indicate Code Changes. As indicated at paragraph 502.12, Appendix B of the CPT book summarizes the CPT codes added, deleted, or revised since the previous edition of the CPT book. In addition to the information in Appendix B, symbols are used in the primary sections of the CPT book to indicate code and other changes. The following symbols are used in CPT:

- A solid dot (●) preceding a code number identifies a new CPT code.
- A solid triangle (▲) preceding a code number indicates a revised description for the specified code number. New text appears underlined and deleted text appears with a strikethrough.
- The symbols (▶◀) on either side of text indicate new (▶) or revised text other than the procedure descriptions. These ▶◀ symbols are used in the notes, introductory paragraphs, and cross-references within the main text of the CPT book, but not in Appendix B.
- The addition symbol (+) indicates an add-on code.
- The symbol (⓪) is used to indicate the codes listed in Appendix E—exempt from the “-51” modifier payment discounts.

- The flash sign (⚡) is used only for vaccines that are pending FDA approval. (Until they are approved, it is doubtful any insurance company will pay for them.)
- The symbol (#) indicates a code that is out of numerical sequence.
- The star symbol (★) indicates a telemedicine code.
- The circle and arrow symbol (↻) is a reference to *CPT Assistant, Clinical Examples in Radiology, and CPT Changes*.

How to Read CPT Code Descriptions

502.30 Terminology Format. CPT codes are five-digit numeric designations of specific medical services and procedures. Each five-digit code is followed by a narrative description of the service or procedure. Each description is designed to stand alone in describing a particular service or procedure. However, the descriptions for some of the procedures are not stated in their entirety, but share part of the description for a preceding code or series of codes. Each primary description begins with a capital letter after the first CPT code in the series. Any common or shared portion of the description starts at the capital letter and extends to the semicolon (;) in the primary description. The unique or unshared portion of the description starts at the semicolon and continues to the last word of the description. For subsequent CPT codes in the series, the unique portion is indented and begins with a lower case letter. Codes that have a shared portion listed in a *preceding* code can be read by beginning with the shared portion of the description (starting with the capital letter and continuing to the semicolon) and dropping to the indented unshared portion to complete the code description. For example, CPT codes 20200 and 20205 are described as follows in the CPT book:

20200	Biopsy, muscle; superficial
20205	deep

Code 20205 should be read as “Biopsy, muscle; deep.”

503 EVALUATION AND MANAGEMENT (CODES 99201–99499)

503.1 The Evaluation and Management (E/M) section of the CPT book contains CPT codes 99201–99499, which relate to the services a provider performs when gathering and evaluating information about the patient and establishing a treatment plan tailored to the patient’s individual needs. Exhibit 5-7 lists the categories and subcategories in the E/M section of the CPT book.¹³

¹³ The CPT code information used in Exhibit 5-7 and examples and other discussions throughout this *Guide* is from the 2018 edition of the CPT book.