

Procedure Codes Requiring Attachments

In order to facilitate more timely claims payment and reduce re-work on the back end, the Current Procedural Terminology (CPT®) codes identified below are codes that always require the submission of supporting documentation along with the original claim. If the service is provided in the office, copies of office notes should be included. For all other places of service, a copy of the operative report is required. Please note, this list represents only those codes that ALWAYS require supporting documentation in order to process the claim.

Integumentary System

15831-15839 15999 17999 19499

Musculoskeletal System

20999 21089 21299 21499 21899 22899

22999 23929 24999 25999 26989 27299

27599 27899 28899 29799 29999

Respiratory System

30999 31299 31599 31899 32999

Cardiovascular System

33999 36299 36470 36471 37501

Hemic and Lymphatic Systems

37799 38129 38589

Mediastinum and Diaphragm

38999 39499 39599

Digestive System

40799 40899 41599 41899 42145 42299

42699 42999 43289 43499 43659 43999

44238 44239 44799 44899 44979 45999

46999 47379 47399 47579 47999 48999

49329 49659 49999

Urinary System

50549 50949 53899

Male Genital System

54699 55559 55899

Female Genital System

58578 58579 58679 58999

Maternity Care and Delivery

59898 59899

Endocrine System

60659 60699

Nervous System

64999

Eye and Ocular Adnexa

65771 66999 67299 67399 67599 67999

68399 68899

Auditory System

69399 69799 69949 69979

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