2006 CPT Coding Update

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A number of changes to CPT codes take effect January 1, 2006. These changes affect category I, II, and III codes, with a total of 277 additions, 110 deletions, and 71 code revisions.

Evaluation and Management

Within the evaluation and management (E/M) section, the codes for follow-up inpatient consultations have been deleted. If additional consultative services are provided, the subsequent inpatient visit codes should be reported. Confirmatory consultation codes have also been deleted.

The codes for E/M services provided to patients in nursing facilities (99301–99303 and 99311–99313) and domiciliary, rest home, and custodial care (99321–99323 and 99331–99333) have been deleted, and the code range expanded from three levels to five levels. New guidelines for documentation in support of these levels have been provided. New codes have been added for care plan oversight for patients in domiciliary or rest-home care or on home-care plans. These codes, like the previous care-plan oversight codes, are based upon total time.

Surgery

Integumentary System

Extensive changes have been made to the skin-grafting codes within the integumentary system. The entire code section has been modified or replaced under a new heading, "Skin Replacement Surgery and Skin Substitutes." Codes 15342–15351 have been deleted, and 37 new codes added. In addition, five codes have been revised, including code 15000. Reflecting continued advances in the development of dermal substitutes, codes have been added for acellular dermal replacement (AlloDerm), tissue-cultured epidermal autograft (Epicel), dermal autograft (Integra), acellular dermal allograft, tissue-cultured allogeneic skin substitute, xenograft, and acellular xenograft implant (typically pigskin). These changes will be discussed in more detail in a later article.

Musculoskeletal System

New codes have been added for percutaneous vertebral augmentation (kyphoplasty) of the thoracic (22523) and lumbar (22524) spine. An add-on code of 22525 is reported for each additional level treated. Kyphoplasty is a minimally invasive technique for treating fractures of the spine due to osteoporosis, usually occurring in postmenopausal women. A special balloon device is inserted into the compacted vertebral body to restore the vertebra to a more normal shape and height. After this, polymethylmethacrylate is injected into the space created by the balloon to maintain the correction.

Respiratory System

All codes that included the term "use of operating microscope" have been revised to include "use of operating microscope or telescope." This affects codes 31526, 31531, 31536, 31541, 31561, and 31571.

Two new codes have also been added for apical lung tumor resection with rib and chest wall resection, with and without chest wall reconstruction.

Cardiovascular System

Several category III codes for endovascular repair of the descending thoracic aorta, both with and without involvement of the left subclavian artery origin (0033T–0040T), have been converted to category I reported with codes 33880–33891, with code descriptions unchanged.

A new heading has been added for arterial and venous mechanical thrombectomy, with five new codes: three for arterial (37184–37186) and two for venous (37187–37188) interventions. Code 37184 describes a primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial, or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel, while add-on code 37185 is reported for each additional arterial vessel treated within the same vascular family. Code 37186, also an add-on code, describes a secondary arterial thrombectomy performed in conjunction with another procedure. Code 37187 describes the initial venous treatment, and code 37188, an add-on code, repeat treatment on subsequent days during a course of thrombolytic therapy.

Codes 37720 and 37730 for ligation and stripping of long or short saphenous vein have been deleted and replaced with a code for ligation and stripping of the short saphenous vein (37718) and one for treatment of the long saphenous vein (37722).

Gastrointestinal System

Codes have been added for laparoscopic placement, revision, and removal of an adjustable gastric band (43770–43774). These codes appear under a new heading, "Bariatric Surgery/Laparoscopy." Existing code 43848, Revision of gastric restrictive procedure for morbid obesity (separate procedure), has been revised to specify an open procedure. Three new open procedure codes have been added (43886–43888) that describe the open removal or revision of the subcutaneous port component.

A number of codes have been added to the intestinal laparoscopy section. Code 44180 describes laparoscopic enterolysis, a separate procedure. Codes 44186–44188 report laparoscopic jejunostomy (e.g., for decompression or feeding) (44186), ileostomy or jejunostomy, nontube (44187), and colostomy or skin level cecostomy (44188). Code 44213 is an add-on code that describes laparoscopic mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy. Code 44227 has been added to describe laparoscopic closure of enterostomy, large or small intestine, with resection and anastomosis.

Laparoscopic surgery on the rectum is also described with several new codes in a new section, including laparoscopic complete proctectomy, combined abdominoperineal, with colostomy (45395) and laparoscopic proctectomy, combined abdominoperineal with pull-through procedure and colonic reservoir, and with diverting enterostomy, when performed (45397).

Genitourinary System

One new heading and three new subheadings have been added to describe renal pelvic catheter procedures. Code 50382 reports removal and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation, and 50384 removal without replacement. Code 50387 reports removal and replacement of externally accessible transnephric ureteral stent requiring fluoroscopic guidance, including radiological supervision and interpretation, and code 50389 reports removal of nephrostomy tube, requiring fluoroscopic guidance. Note the radiological supervision and interpretation is included in all procedures and should not be reported separately.

Nervous System

New codes have been added to report percutaneous balloon angioplasty of intracranial arteries (61630) and transcatheter placement of intracranial intravascular stents (61635) including balloon angioplasty, if performed during the same procedure.

Codes have also been added for percutaneous balloon dilation of intracranial vasospasm, initial vessel (61640) and each additional vessel within the same vascular family (61641), an add-on code. A second add-on code (61642) reports additional vessels in different vascular families treated during the same procedure.

Laboratory and Pathology

Four new codes have been added in the molecular diagnostics section:

- 83900, Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
- 83907, Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
- 83908, Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence
- 83909, Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis)

Medicine

Within the vaccines and toxoids section, a new symbol has been added to designate that FDA approval is pending: ~. Ordinarily, the CPT advisory board would not assign a category I code without FDA approval.

The infusion and injection section has been revised, and codes 90780–90799 have been deleted. A new heading has been added, "Hydration, Therapeutic, Prophylactic and Diagnostic Injections and Infusions (TPDII)," with two new subheadings, "Hydration" and "Therapeutic, Prophylactic and Diagnostic Injections and Infusions."

Within the hydration subsection, two codes have been added: 90760, Intravenous infusion, hydration; initial, up to one hour, and 90761 Intravenous infusion, hydration; each additional hour, up to eight hours, an add-on code. These codes differ from existing codes only in that the requirement for physician performance or supervision has been deleted.

Within the TPDII subsection, nine codes have been added (90765–90779) that describe infusions up to one hour (90765), each additional hour up to eight (90766), additional sequential infusion up to one hour (90767), concurrent infusion (90768), subcutaneous or intramuscular injection (90772), intra-arterial injection (90773), intravenous push (90774), each additional sequential push (90775), and unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion (90779).

New chemotherapy codes have been added to describe subcutaneous or IM administration of nonhormonal (96401) and hormonal (96402) antineoplastic agents. Codes for IV push administration of chemotherapy agents have been expanded with the addition of three codes (96409–96411, depending upon the number of substances infused), and the IV infusion codes have been expanded with the addition of four new codes (96413–96417, depending upon the number of substances infused and whether or not a pump was used).

Codes 96101–96103 have been added to report psychological testing by a psychologist or physician (96101), another qualified health professional when administered by a technician (96102), and when administered by a computer (96103). Code 96117 has been replaced by four codes, depending upon what type of neuropsychological testing is done.

Codes 99141 and 99142 have been deleted and their section renamed "Moderate (Conscious) Sedation." Six new codes have been added, with code selection determined by who administers the sedation, the age of the patient, and the duration of the sedation.

Category II Codes

Six new codes have been added for patient history, including assessment of level of activity, symptoms of volume overload, asthma symptoms, osteoarthritis symptoms, and gastrointestinal and renal risk factors, including use of nonsteroidal anti-inflammatories. Four new codes have been added for physical examination, including recording of weight, signs of volume overload, auscultation of the heart, and examination of the involved joint(s).

There are two new codes for diagnostic and screening processes and results (blood pressure recording), and seven for therapeutic, preventive, or other interventions (prescription of warfarin, written discharge instructions for heart failure patients, prescription of long-term medications for asthma, prescription of anti-inflammatories, and physical and occupational therapy for osteoarthritis patients).

Category III Codes

Codes have been added to report total disc arthroplasty (so-called artificial disc) (0090T–092T), removal of total disc arthroplasty (0093T–0095T), and revision of total disc arthroplasty (0096T–0098T).

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