2007 CPT Coding Update

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A number of changes to the current CPT codes took effect on January 1, 2007. These changes affect categories I, II, and III codes, with a total of 258 additions, 308 deletions, and 79 revisions. A summary of all additions, deletions, and revisions can be found in appendix B of the 2007 CPT code book.

Evaluation and Management

Revisions have been made to the verbiage used to describe codes 99251–99255 regarding inpatient consultations. "Initial" has been deleted from each of these codes; all other verbiage used to describe these codes remains.

Revisions to the guidelines for critical care services as well as inpatient neonatal and pediatric critical care services were also made. Revisions include clarification as to which services are considered a part of the critical care services provided by the physician (items such as chest x-rays and pulse oximetry).

In addition, two new codes, 99363 and 99364, were added under a new heading of Anticoagulant Management. They are meant to describe the management of warafin (Coumadin) therapy including ordering, reviewing, interpreting, and testing; patient communication; and dosage adjustments. These codes are assigned for outpatient services only.

Anesthesia

New codes have been added (00625 and 00626) under the spine and spinal cord subsection to identify anesthesia for procedures on the thoracic spine. The codes distinguish between one-lung and two-lung ventilation for the anesthesiologist.

Surgery

There were 149 additions, 61 deletions, and 29 revisions in the surgery section. Many of these changes include the deletion and renumbering of codes to assign them to a more meaningful location within the CPT book. An example of such a change is in the mastectomy codes. Codes 19140–19240 have been deleted and replaced with codes 19300–19307.

Integumentary System

Refinements and revisions have been added in 2007 to the extensive changes made in 2006 to the skin replacement surgery and skin substitutes section. Codes 15000 and 15001 were deleted, and 15002–15005 were added to differentiate between anatomical sites. The phrase "without surgical fixation of the skin substitute/graft" was removed to allow surgeons to select the most appropriate type of fixation. Further, the following definition should be applied to codes that reference "100 sq cm or 1% of body area of infants and children" when calculating the involvement of body size: The measurement of 100 sq cm is applicable to adults and children age 10 and older; percentages of body surface area apply to infants and children younger than the age of 10.

Musculoskeletal System

Codes 22526 and 22527 were created for percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance. Previous codes 0062T and 0063T were revised to report percutaneous intradiscal annuloplasty using any other method. This surgery is performed by inserting a needle or catheter, which is heated to cause a thermal change in the annular tissue to treat back pain.

Category III codes (0091T, 0094T, and 0097T) were converted to category I codes with the creation of codes 22857, 22862, and 22865 for reporting lumbar disc replacement surgery. When placing an artificial disc, anchoring plates are used to the vertebral end plates above and below the indradiscal space, and then the artificial disc is placed between the plates. Notes have been added to guide the correct assignment of these codes.

Cardiovascular System

Codes 33200 and 33201 were deleted and replaced with codes 33202 and 33203 to reflect current practice. The new codes are 33202, Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach), and 33203, Endoscopic approach (e.g., thoracoscopy, pericardioscopy). The notes instruct that when epicardial lead placement is performed by the same physician at the same session as insertion of the generator, code 33202 or 33203 is reported in conjunction with 33212 and 33213 as appropriate.

Digestive System

New codes were added for laparoscopic or open implantation/replacement or revision/removal of gastric neurostimulator electrodes into the antrum of the stomach. These procedures treat gastroparesis by electrical stimulation of the stomach. Code 64590 is assigned as a separate code for the insertion or replacement of the generator.

Female Genital System

Five new codes were added for laparoscopic hysterectomy procedures:

- 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
- 58542 with removal of tube(s) and/or ovary(s)
- 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
- 58544 with removal of tube(s) and/or ovary(s)
- 58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

There are multiple notes in this section to assist with the correct assignment of these new codes, and it is important that coding professionals review them carefully.

Radiology

Extensive changes to the radiology section were made in 2007. These changes include substantial deletions and renumbering of many codes along with the addition of subhead titles for magnetic resonance, ultrasound, and fluoroscopic guidance. Codes 70554 and 70555 were added to identify functional MRI (studies that allow regional mapping of human cognitive functions such as motor skills, vision, language, and memory).

Several codes in the diagnostic radiology, other procedure section (76000–76499) have been deleted and replaced with specific codes under the new heading of Radiologic Guidance. Subheads identify the specific type of guidance:

- Fluoroscopic (77001–77003)
- Computed Tomography (77011–77014)
- Magnetic Resonance (77021–77022)
- Other (77031–77032)
- Breast/Mammography (77051–77059)
- Bone/Joint (77071–77084)

Codes 77371–77373 were added under the subhead of Stereotactic Radiation Treatment Delivery (SRS). SRS is the general term for stereotactic-based radiation treatment of cranial lesions that require extreme precision of the patient and beam positioning. SRS is achieved through some method of immobilization such as a head frame.

Pathology and Laboratory

The pathology and laboratory section had new codes added, as well as some terminology revisions. Eleven new codes provide updates to the chemistry, immunology, and microbiology subsections. Four codes have revised terminology in microbiology, cytopathology, and other pathology procedures. There were no codes deleted from this section.

Medicine

The medicine section had notable changes in vaccine and toxoid codes and additions of subsections for pulmonary procedures, medical genetics counseling, and functional brain mapping.

The revisions to the vaccine and toxoid codes include codes 90655–90658, 90669, 90700, 90702, 90714–90715, 90718, and 90732.erbiage changes consist of the deletion of the phrase “for” or “for use in individuals” to “when administered to.” All other content remains the same. These codes are also exempt from the use of modifier 51, multiple procedures.

Changes in the descriptors were made under subheading Hydration, Therapeutic, Prophylactic and Diagnostic Injections and Infusions for codes 90761 and 90766. These codes were changed to report each additional hour (rather than the “up to 8 hours” listed in 2006). Use these codes in addition to code for the primary procedure.

Code 92025 was added to the ophthalmology section to identify computerized corneal topography, unilateral or bilateral, with interpretation and report. This code is intended for use when topography is not performed in conjunction with a keratoplasty. Do not assign code 92025 if keratoplasty is performed. In those situations the computerized corneal topography is felt to be integral to the keratoplasty procedure and is not separately reported.

Code 92640 was added to report diagnostic analysis with programming of auditory brainstem implant, per hour. This new code reflects new technology reserved for patients who are left with a hearing loss due to a neuroma and who would likely not benefit from a traditional hearing aid or cochlear implant. The code is intended to reflect the extensive regimen for the initial stimulation, speech-processing map, and subsequent follow-up programming. The total regimen includes any services provided during the first year and programming services in each succeeding year.

Codes 94002–94005 were established to clarify codes for ventilator. Code 94002 was established to report the initial day of ventilator assist and management in a hospital inpatient or observation setting. Code 94003 was established to report each subsequent day of ventilator assist and management of the hospital inpatient or observation patient. Code 94004 was established to report nursing facility ventilator assist and management on a per day episode. According to the guidelines, coding professionals cannot use 94002–94004 with evaluation and management codes 99201–99499. Code 94005 was established to report oversight of home ventilator management care plans for domiciliary or rest home within a calendar month in which 30 minutes or more of care is provided. Do not report 94005 in conjunction with 99339–99340 or 99374–99378 codes.

Category II Codes

Fifty-eight new codes and a new modifier have been added, with new disease categories for chronic obstructive pulmonary disease, community-acquired pneumonia, diabetes, and an additional category for preventive care.

Appendix H cross-references the measure associated with each category II code and its source. The most current listing of category II codes can be found at www.ama-assn.org/go/cpt.

Codes 0012F, 1015F–1039F, 2010F–2028F, 3006F–3080F, 4025F–4050F, and 6005F have been added. Codes 1001F, 2003F, 3000F, and 3002F have been deleted.

Category III Codes

A total of 30 codes have been added to the category III section in 2007. These new codes include the addition of new codes to report cardiac computed tomography studies, pancreatic islet cell transplantation, laparoscopic, and open implantation and replacement/revision or removal of gastric stimulation electrodes.

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