

2008 CPT Coding Update

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The new CPT codes took effect January 1, 2008. Changes include 244 additions, 314 revisions, and 50 deletions. A comprehensive list of changes can be found in appendix B of the CPT book. Highlights of the changes by section are outlined here.

Evaluation and Management

A revised subsection title and three new codes are available for medical team conferences. These codes require a minimum of three qualified healthcare professionals from different specialties, all who provide direct care to the patient. Codes 99366, 99367, and 99368 are distinguished by whether a conference is face-to-face contact and physician or nonphysician participation.

In the preventive medicine services subsection, the revised subheading “Counseling Risk Factor Reduction and Behavior Change Intervention” has been expanded to include four new codes, 99406–99409. The new codes cover smoking and alcohol or substance abuse counseling and intervention.

An additional subsection and two subheadings were added for non-face-to-face physician services, telephone services, and online evaluation. Codes 99441–99443 are time-based codes for telephone services that are initiated by an established patient and delivered more than seven days from the last E/M service. If the telephone service results in a decision to see the patient within 24 hours, the code is not reported.

Similar guidelines are found for the online medical evaluation code 99444. This physician service involves use of the Internet and must be provided within more than seven days of the last E/M service. Included are all of the communications for the online patient encounter: related telephone calls, laboratory orders, and other services.

Code 99477 was added for initial hospital care of the neonate who requires intensive intervention but is not critically ill.

Anesthesia

New codes 01935 and 01936 were added in the anesthesia section. These codes are used for anesthesia services of percutaneous image-guided procedures on the spine and spinal cord for either diagnostic or therapeutic procedures.

Surgery

Seventy-three codes were added to the surgery section, 22 codes were deleted, and 127 revised. One reason for the large number of revisions is change in the criteria for multiple procedures modifier 51. Codes that no longer meet these criteria had the X symbol removed and the X symbol inserted, indicating a revised code.

Musculoskeletal System

In the musculoskeletal subsection, 68 codes were revised to clarify that external fixation should be reported separately. Code 20555 was added for the placement of needles or catheters into the muscle and/or soft tissue for subsequent interstitial radioelement application.

Three category III codes were replaced with add-on codes 20985, 20986, and 20987 for computer-assisted surgical navigation.

Code 21073 was added for manipulation of the temporomandibular joint requiring anesthesia. Codes 22206–22208 were added for three-column spinal osteotomy procedures for reporting the removal of the vertebral segment as part of a correction of a

complex deformity.

Other miscellaneous changes include addition of codes for:

- Tenotomy of the elbow, 24357–24359
- Treatment of proximal end femoral fractures, 27267–27269
- Provision of osteochondral autograft of the knee, 27416, and talus, 28446
- Repair of malunion/nonunion of fibula, 27726
- Treatment of posterior malleolus fracture, 27767–27769
- Treatment for arthroscopic surgical biceps tenodesis, 29828

Four codes were added for arthroscopic procedures of the subtalar joint. Codes 29904–29907 were assigned for removal of loose body, synovectomy, debridement, or arthrodesis of this joint.

Respiratory System

Only minor changes were made to the respiratory system codes. Codes 32421–32422 were added for thoracentesis, with codes 32550 and 32551 for introduction procedures of the lung and 32560 for chemical pleurodesis.

Cardiovascular System

Three new add-on codes are available for maze procedures, 33257–33259. Code 33864 was added for root reconstruction of the ascending aorta valve. In this new technique, the ascending aorta is remodeled while preserving the native aortic valve.

Other miscellaneous additions include add-on code 34806 for the implantation of a wireless physiologic sensor during endovascular aneurysm repair and code 35523 for brachial-ulnar or brachial-radial vein bypass graft. Three new codes are available under the relocated subheading “Other Central Venous Access Procedures.” Codes 36591 and 36592 are for collection of blood specimens, and code 36593 is for declotting of a vascular access device using a thrombolytic agent.

Digestive System

In the digestive system, code 41019 was added for placement of needles or catheters into the head or neck region for subsequent interstitial radioelement application. Three new codes, 49203–49205, were also added for open excision or destruction of peritoneal tumors. These codes will allow for the reporting of malignancies such as ovarian carcinoma when the primary organs have been removed in earlier surgeries.

New subheadings were also added in this section. Under initial placement, insertion codes 49440–49442 were added. Code 49446 was added for gastrostomy tube conversion, and codes 49450–49452 were added for tube replacement. Code 49460 was added for mechanical removal of obstructive material, and code 49465 is for contrast injections for radiological evaluation of these tubes.

Urinary System and Male Genital System

In the urinary system, two codes were added for transurethral removal or replacement of an internally dwelling ureteral stent. Code 50385 includes removal and replacement, while 50386 only includes the removal.

Code 50593 was added for percutaneous cryotherapy to ablate renal tumors. Note that this is unilateral, and modifier 50 should be used for bilateral procedures. Three relocated codes for aspiration of bladder, 51100–51102, are found under the new removal subheading.

Code 52649 was added for laser enucleation of the prostate. Code 55920 was added for placement of needles or catheters into pelvic organs other than the prostate for subsequent interstitial radioelement application.

Female Genital System

Code 57285 was added for a vaginal approach to a repair of a paravaginal defect; 57423 was added for the laparoscopic approach.

Codes 58570–58573 were added for laparoscopic total hysterectomy. These codes are distinguished by the weight of the uterus and whether there was a removal of the tubes and ovaries.

Endocrine System

The only new code in this subsection is 60300, which is actually a renumbered code for aspiration of a thyroid cyst.

Eye and Ocular Adnexa

Three new mechanical vitrectomy codes were added to replace 67038, which was deleted. These codes are 67041–67043. Code 67113 was added for repair of a complex retinal detachment, and 67229 was added for treatment of extensive retinopathy on a preterm infant. Code 68816 was added for probing of the nasolacrimal duct with transluminal balloon catheter dilation.

Radiology Section

There are eight new codes in the radiology section, all in the area of cardiac magnetic imaging. New guidelines are available for the use of these codes, and the previous codes have been deleted.

The first four codes, 75557–75560, are for services without contrast material. The last four codes, 75561–75564, are for services without contrast material followed by contrast materials and further studies.

Pathology and Laboratory Section

There are 11 new codes in this section, with one deletion and 11 revisions. The changes include new codes for basic metabolic panel with ionized calcium and new codes in the chemistry, immunology, microbiology, surgical pathology, and reproductive medicine subsections.

Medicine Section

In the medicine section several codes in the immunization subsections are revised due to the change in the 51 modifier criteria.

New and revised codes and guidelines are found for infusion services. This includes the addition of codes 90769–90771 for subcutaneous infusion and pump set-up services. Add-on code 90776 is new for infusion of the same substance for facility reporting.

Code 93982 was added for monitoring of patients with an implantable wireless pressure sensor. The initial placement of the device is coded as 34806. These codes are not used together, as the initial monitoring is included in the implantation code.

Three new codes, 95980–95982, are available for electronic analysis and programming services for gastric neurostimulator devices.

Code 96125 was added for standardized cognitive performance testing. This testing might be performed on a patient who has suffered a brain injury to determine any compromised functioning.

Codes 98966–98969 were added for telephone and online medical evaluations provided by nonphysician providers. These codes mirror the additions in the E/M section for physician services.

New code 99174 is a converted category III code for ocular photoscreening. Three new codes, 99605–99607, and a subsection were added for medication therapy management services provided by a pharmacist.

Category II Codes

The 2008 edition includes more than 100 new performance measure codes, with 14 new categories. Appendix H cross-references the measure associated with each code.

Category III Codes

Several of these temporary codes have been converted to category I codes and deleted. Eleven codes have been revised and 13 added. These include codes for computer-aided detection, monitoring of intraocular pressure, and 64-lead EKGs.

References

American Medical Association. *CPT 2008 Changes: An Insider's View*. Chicago, IL: AMA, 2007.

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