

2010 CPT Coding Update

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Changes to CPT codes for 2010 include 219 additions, 141 revisions, and 63 deletions. This article highlights some of the more notable changes; a comprehensive list can be found in appendix B of the 2010 CPT coding book. The changes took effect January 1.

Resequencing

The most notable change, and a new concept to CPT, is resequencing. Resequencing allows related concepts to be placed in a numerical sequence regardless of the availability of numbers for sequential numerical placement. It supports the integrity of the data inherent in codes and descriptors by eliminating the disruption of the code history caused by renumbering. The resequencing will extend the current five-digit numbering scheme while improving the growth and flexibility of CPT content and the use of CPT codes in electronic products.

Navigational alerts are used throughout the CPT coding book to assist users in locating resequenced or out-of-sequence codes. These include a “#” symbol (preceding any other symbols applied to the code) to indicate a resequenced code. The # symbol also references the location where the code would have been found numerically (with the code number as a place holder), directing the user to the subsection where the resequenced code with the # symbol is located. Cross references, parenthetical notes, and introductory notes with code ranges affected by resequenced codes are more explicit.

Resequencing example:

▲ 21555, Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm

#● 121552, 3 cm or greater

▲ 21556, Excision, tumor, soft tissue of neck or anterior thorax, deep, subfascial, (e.g., intramuscular); less than 5 cm

#● 121554, 3 cm or greater

▲ 21557, Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or anterior thorax; less than 5 cm

There are 27 resequenced codes for 2010 and a new appendix in CPT, appendix N, that summarizes them. Appendix M will be retained for a permanent crosswalk of all previously deleted and renumbered codes for continuity of information. It was not necessary to modify the index of the CPT book due to resequencing.

The resequencing initiative offers multiple benefits for CPT, including an extended lifespan with room for increased growth and flexibility as well as a contemporary numbering convention that will improve the use of CPT codes in electronic formats.

E/M Codes

There are no new codes in the evaluation and management section in 2010, but there are extensive revisions to the guidelines for the consultations, office or other outpatient consultations, and inpatient consultations sections. In addition, editorial revisions were made to the nursing facility services codes and additional revisions were made to the guidelines for prolonged services without direct (face-to-face) patient contact.

CPT 2010 has provided a new definition for a physician-initiated consultation. It states, “A consultation is a type of evaluation and management service provided by a physician at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient’s entire care or for the care of a specific condition or problem.”

Consultations initiated by a patient or family member are reported with the appropriate office visit, home service, or domiciliary/rest home care codes as appropriate, rather than the consultation codes.

Requests for consult by a physician or other appropriate source, the consultant’s opinion, and any services ordered or performed should be documented in the patient’s medical record. A written report must be provided back to the requesting physician or other appropriate source.

For inpatient consultations, only one consultation should be reported by a consultant per admission with any subsequent services during the same admission reported using subsequent hospital care codes or subsequent nursing facility care codes. This includes services to complete the consultation, monitor progress, revise recommendations, or address a new problem.

Surgery

Musculoskeletal System

The musculoskeletal system represents the single largest group of changes in CPT 2010, with 41 new and 54 revised codes for more specific reporting of soft tissue tumor removals. In addition, introductory guidelines related to excision of subcutaneous soft tissue tumors, excision of fascial or subfascial soft tissue tumors, radical resection of soft tissue tumors, and radical resection of bone tumors were added.

Codes 21011, 21012, 21013, 21014, and 21016 were added to describe the excision of soft tissue tumors of the head. The classification of these codes is based on location and size of the tumor. Codes 21931, 21932, 21933, and 21936 were also added to describe tumors of the back and flank and are similarly classified. Codes 22901–22905 identify excision of soft tissue tumors of the abdomen.

Respiratory System

Two new codes have been added under bronchoscopy (31622). Code 31626 was added to describe bronchoscopy with placement of fiducial markers, performed in conjunction with navigational bronchoscopic procedures. Code 31627 was established to describe bronchoscopy with computer-assisted, image-guided navigation, also referred to as navigational bronchoscopy.

Cardiovascular System

Codes 33981–33983 were added in the ventricular assist device/cardiac assist section to describe the work involved in replacing a ventricular assist device. These codes include the removal of the existing pump as well as replacement. New guidelines have also been added to instruct coding professionals on how to report codes associated with this procedure.

Digestive System

Although no new codes were added to this section, nearly all of the codes under the excision subsection in the anus section have been editorially revised and some resequenced for proper placement. New guidelines were also added to clarify use of these codes.

Nervous System

Codes 63661 and 63662 were added to identify removal of spinal neurostimulator electrode array(s) or plate/paddle(s), respectively. Codes 63663 and 63664 were also added to identify the revision and replacement of array(s) or plate/paddle(s),

respectively. These codes will allow differentiation of the work involved in revision and replacement compared to removal of these devices.

A new subheading was added for paravertebral spinal nerves and branches, with six new codes for reporting paravertebral facet joint injections with image guidance specified in the code descriptors to be inclusive components. This was done to end confusion regarding facet joint and facet joint nerve injections. Six new codes (64490–64495) identify the spinal level of the injection and include add-on codes for additional levels.

Radiology

The most significant additions to the radiology section are a series of codes for CT colonography (74261–74263), which include the deletion of category III codes 0066T and 0067T. New codes 78451–78454 and updated guidelines for myocardial perfusion imaging procedures were also added to this section.

Pathology and Laboratory

Additional guidelines were added to panel codes 80047–80076 to provide direction for reporting tests with overlapping codes. The guidelines direct coding professionals to report the panel that incorporates the greater number of tests to fulfill the code definition and report the remaining tests using individual test codes.

Additionally, the immunoassay codes (83516–83520) have been revised to distinguish the qualitative and semiquantitative tests from the radioimmunoassay and quantitative tests.

Medicine

A new code was added and another code revised related to the need for national vaccination for H1N1. These changes were made after the publication of the codebook and therefore are not included in the CPT 2010 codebook. The codes are:

- 90470, H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
- ▲ 90663, Influenza virus vaccine, pandemic formulation, H1N1

Category II Codes

Although the use of category II codes is optional, the category II section is the fastest growing section of the book. This section contains 98 new codes for quality improvement measures, nine new clinical conditions, and 46 revised clinical conditions.

The alphabetic index of these clinical conditions also was removed from appendix H. It was transferred to the AMA Web site at www.ama-assn.org/go/cpt.

Category III Codes

Eleven category III codes were added and 22 codes deleted. Of the 22 deleted, seven codes were converted to category I codes, and the remaining 15 have been archived without meeting the criteria for conversion to category I codes.

References

American Medical Association (AMA). *CPT 2010 Changes: An Insider's View*. Chicago, IL: AMA, 2009.

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