CPT Changes for 2000

by Celeste G. Kirschner, MHSA, and Ann M. Zeisset, RHIT

The American Medical Association's CPT 2000 Coding Symposium was held recently in Chicago to discuss the more than 300 revisions in the 2000 Current Procedural Terminology (CPT). Here is a brief summary of the changes.

A complete listing of the code and guideline changes can be found in the November 1999 issue of the *CPT Assistant*. Published by the American Medical Association, this monthly newsletter is considered an official source for information on CPT. A complete listing of additions, deletions, and revisions may also be found in Appendix B of *CPT 2000*.

The surgery guidelines pertaining to starred (*) procedures have changed. The second bullet has been changed to include initial and established patient visits involving a significant identifiable service. The appropriate visit code is listed with the modifier -25 attached in addition to the starred procedure. The third bullet has been deleted from the guidelines.

The Laparoscopy/Hysteroscopy subsection has been eliminated. The codes have been reassigned to the applicable body sites, with an unlisted procedure code given in each area. New laparoscopic codes have also been added to the urinary system. They include laparoscopic procedures for ablation of renal cysts, pyeloplasty, nephrectomy, donor nephrectomy, and laparoscopically assisted nephroureterectomy. Codes were added for laparoscopic procedures on the bladder for urethral suspension and sling operations for stress incontinence. In the male system, a laparoscopic orchiopexy for intra-abdominal testis was added.

One additional modifier was added to Appendix A. Modifier -91 is to be used when it may be necessary to repeat the same laboratory test on the same day to obtain subsequent test results, under certain circumstances. The appropriate use of this modifier is defined in the additions. There was also a brief description change for modifier -32, mandated services.

In an effort to provide coders with more direction and information to assist in the correct code selection, many additions have been made by adding or revising text. These additions will be marked with ➢➣ in the CPT book. An example of additional text is under code 11901: ➢ (11900, 11901 are not to be used for preoperative local anesthetic injection) ➣. Another example is listed under code 27429: ➢ (For primary repair of ligament(s) performed in addition to reconstruction, report 27405, 27407 or 27409 in addition to code 27427, 27428 or 27429) ➣.

Operating Microscope has been added as a subsection in the Table of Contents.

Revisions and Additions

Evaluation and Management

When selecting time as an indicator for code assignment, additions have been added to define counseling and/or coordination of care with parties that have assumed responsibility for the care of the patient.

Several additions and deletions were made to the guidelines on consultations. The main addition is that the consultation may be a written or verbal request and must be documented in the medical record.

Critical Care and Neonatal Intensive Care services have been extensively revised. Many additions have been made to define the critical patient and the type of care given. Critical care services provided to infants older than one month are reported with critical care codes, and critical care services provided to neonates 30 days of age or less are reported with neonatal critical care codes. The requirement that the physician provides constant attendance during critical care has been eliminated, but guidelines state that the physician must devote his or her full attention to the patient and cannot provide services to other patients during this time period. Extensive guidelines have been added to describe what is included in counting time for critical

care. The time has also been redefined as 30-74 minutes for code 99291, and code 99292 is used for each additional 30 minutes beyond the first 74 minutes. Many additions have been made to the appropriate use of the Neonatal Intensive Care codes as well.

Integumentary System

Code 11980 has been added to report subcutaneous hormone pellet implantation. The repair (closure) guidelines have been revised to include the coding of tissue adhesives in this heading. Wound closure using only adhesive strips would still be coded using the appropriate E/M code. More precise guidelines have been added to the repair instructions for reporting multiple repairs. Instructions state to add together the lengths of those in the same classification and from all anatomic sites that are grouped together into the same code descriptor. Examples state: add together the lengths of intermediate repairs to the trunk and extremities, do not add lengths of repairs from different groupings of anatomic site such as the face and extremities. Do not add together lengths of different classifications such as intermediate and complex repairs. A new code has been added in each complex repair procedure to report repairs larger than 7.5 cm. This code is an add-on code for each additional 5 cm or less.

Musculoskeletal System

The Musculoskeletal System has some revisions, but not nearly as many as in 1999 CPT. The following new codes were added:

20979 *Low intensity ultrasound stimulation to aid bone healing, noninvasive*

22318 *Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting*

22319 *with grafting*

27096 *Injection procedure for sacroiliac joint arthrography and/or anesthetic/steroid*

There have been several additions to the instructions and to individual codes to clarify and define the procedures. Vertebral interspace and vertebral segments have been clearly defined.

Respiratory System

The placement of the semicolon (;) has been changed in code 31505 (laryngoscopy, indirect) so that codes 31510, 31511, 31512, and 31513 are no longer separate procedures. For endoscopies of the trachea and bronchi, terminology has been added to be consistent with other endoscopies in CPT. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Code 31622 has been designated a separate procedure. Code 32997 has been added for total lung lavage.

Cardiovascular System

Many new codes were added to this system. One new heading was added for Transmyocardial Revascularization. New codes for 2000 are:

Heart and Pericardium

33140 *Transmyocardial laser revascularization, by thoracotomy (separate procedure)*

33282 *Implantation of patient-activated cardiac event recorder*

33284 *Removal of an implantable, patient-activated cardiac event recorder*

33410 *Replacement, aortic valve, with cardiopulmonary bypass with stentless tissue valve*

33968 *Removal of intra-aortic balloon assist device, percutaneous*

Arteries and Veins

35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881 with segmental vein interposition

36521 Therapeutic apheresis with extracorporeal affinity column adsorption and plasma reinfusion
36550 Declotting by thrombolytic agent of implanted vascular access device or catheter
36819 Arteriovenous anastomosis, open; by basilic vein transposition

Mediastinum and Diaphragm

39560 Resection, diaphragm; with simple repair (e.g., primary suture)

39561 with complex repair (e.g., prosthetic material, local muscle flap)

The heading Pacemaker or Defibrillator has been expanded to include Pacing Cardioverter. There are extensive revisions and additions under this heading to define and describe these procedures. Codes 33216-33220, 33223, and 33240-33249 have been revised.

Under the heading Combined Arterial-Venous Grafting for Coronary Bypass, CPT has defined that the procurement of the artery for grafting is also included in the description of the work for these codes. In Arterial Grafting for Coronary Artery Bypass, the procurement of the artery for grafting is also included in the codes and should not be coded separately.

Digestive System

Due to the incorporation of laparoscopic procedures into each individual system, the major changes in the digestive system are the additions of these new codes. Also added are the codes for the unlisted procedures in each area, and the addition of terms to the open procedures cautioning the coder to select appropriate codes if the procedure is done through the laparoscope. Code 43761 has terminology added to record repositioning of the gastric feeding tube by any method. There is also a revision in the descriptions for codes 43830 and 43832.

Urinary System

Minor changes were made to the terminology of the codes for donor nephrectomy. The codes now read:

50300 Donor nephrectomy, with preparation and maintenance of allograft, from cadaver donor, unilateral or bilateral
50320 Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)

As previously discussed, changes were also made to the laparoscopic codes in this system.

Nervous System

There are numerous changes in the nervous system section. A careful review of these codes is indicated. Revisions were made to stereotactic procedures in codes 61751 and 61795.

Under the heading Neurostimulators (Intracranial), code 61885 has been revised to classify connection to a single electrode array, when coding incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling. Code 61886 was added to classify connection to two or more electrode arrays.

Code 61862 was added for twist drill, burr hole, craniotomy, or craniectomy for stereotactic implantation of one neurostimulator array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray).

Extensive additions, revisions and deletions to the injection, drainage, or aspiration procedures in the spine and spinal cord require careful review.

The introduction/injection of anesthetic agent codes in the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System section also requires coder review. Codes have been added and deleted to more fully describe these procedures. Additional information has been given to describe the correct coding of neurostimulators in the peripheral nerves.

In coding destruction by neurolytic agent of the lumbar or sacral nerves, code 64622 and 64623 have been revised. New codes 64626 and 64627 have been added for coding cervical or thoracic sites.

Medicine

Several new codes were added to the Medicine Section.

Immune Globulins

90378 *Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use*

Cardiovascular

92961 *Cardioversion, elective, electrical conversion of arrhythmia, internal (separate procedure)*

93727 *Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)*

93741 *Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, without reprogramming*

93742 *single chamber, with reprogramming*

93743 *dual chamber, without reprogramming*

93744 *dual chamber, with reprogramming*

Photodynamic Therapy

96570 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)*

96571 *each additional 15 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)*

Special Services, Procedures, and Reports

99170 *Anogenital examination with colposcopic magnification in childhood for suspected trauma*

99173 Screening test of visual acuity, quantitative, bilateral

Once again, there are many additions and/or revisions to the instructions and to the codes in this section. Several revisions and deletions are seen in Immunization Administration for Vaccines/Toxoids. Carefully review the changes made to the intracardiac electrophysiological procedures (codes 93640-93642). Multiple instructions have been added to coding neurostimulators, and codes 95970-95973 have been revised in this heading.

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There were no coding changes made to ICD-9-CM for 2000.

Celeste G. Kirschner *is Director, CPT Editorial and Information Services, American Medical Association, in Chicago.*
Ann M. Zeisset *is a coding practice manager with AHIMA.*

Article citation:
Kirschner, Celeste G., and Ann M. Zeisset. "CPT Changes for 2000." *Journal of AHIMA* 71, no.1 (2000): 70-72.