

# CPT Changes for 2002

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Coders need to keep their resources current—including updating the Current Procedural Terminology (CPT) codes every year with the annual CPT book. This article provides a brief summary of the changes made to the CPT 2002 code set. The complete list of changes can be found in Appendix B of the 2002 CPT book.

The CPT 2002 book contains a total of 8,107 codes, compared to 7,928 codes in the CPT 2001 book. All of the major sections of the CPT book, including the appendices, experienced change. Of the 520 code changes made, 215 codes were added, 269 codes were revised, and 36 codes were deleted. In addition, a total of 425 changes were made to related guidelines, introductory notes, explanatory text, headings, and cross references.

A major change to CPT 2002 was the addition of a new, separate section for Category III CPT codes. These codes are located after the Medicine section in the CPT book. Category III codes are temporary codes for emerging technology, services, and procedures. They are assigned an alphanumeric identifier with the alphabetical character fifth in the string, preceded by four digits (for example, 0001T). Category III codes will allow data collection for these services and procedures versus the use of unlisted codes, which do not offer the opportunity for the collection of specific data. As stated in the guidelines of the Category III code section of the CPT,

If a Category III code is available, this code must be reported instead of a Category I unlisted code. This is an activity that is critically important in the evaluation of healthcare delivery and the formation of public and private policy. The use of the codes in this section will allow for physicians and other qualified healthcare professionals, insurers, health service researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization, and outcomes.

Codes in the Category III section may or may not eventually receive a Category I CPT code. In either case, a Category III CPT code will be archived five years after its inception unless it is demonstrated that a temporary code is still needed. Although this is the first time Category III codes appear in the CPT book, they have been listed on the AMA/CPT Internet site and available for use since January 2001. This followed recommendations from the CPT-5 project and the CPT Editorial Panel's approval of "early release" of the new CPT Category III codes prior to publication in the CPT book.

Category III codes will be released semiannually via the AMA/CPT Web site to expedite dissemination of the codes. The full list of Category III codes will then be listed in the next published edition of the CPT book for that CPT cycle. To view the semiannual release of Category III codes prior to their publication in the CPT book, go to [www.ama-assn.org/ama/pub/article/3885-4897.html](http://www.ama-assn.org/ama/pub/article/3885-4897.html).

Other changes made to the CPT 2002 code set are also the result of the recommendations of the CPT-5 project. Implementation of several recommendations occurs in CPT 2002, and they will continue to appear in CPT 2003 through the standard CPT process maintained by the CPT Editorial Panel.

One such recommendation aimed at improving consistency of language within the CPT codes. To implement this recommendation, the CPT-4 descriptors were analyzed using the National Library of Medicine's Metathesaurus to achieve base-line standardization of synonymous terms and concepts in the CPT long descriptor language. These editorial changes, related to synonymous terms, were made to further standardize and enhance CPT descriptors to reflect current clinical terminology, clinical practice, and clinical relevance. This analysis resulted in several code descriptor revisions in every section of the CPT book. For example, the term "bowel" was revised to "intestine" in several codes throughout the book.

Another set of changes attributed to the CPT-5 project recommendations was the revision of several code descriptors that included the phrase "any method," "any approach," or "any technique." To eliminate ambiguity, these phrases have been deleted in many code descriptors in the Surgery section as well as two codes in the Pulmonary subsection of Medicine. For

example, “any method” was removed from the code descriptor of code 32650, which was revised as: “32650 Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical).” Not every code containing these phrases has been revised for CPT 2002. It is anticipated that these changes will continue in CPT 2003.

As always, all of the CPT 2002 additions, deletions, and revisions are referenced by the various symbols in the CPT book. Refer to the Code Changes section in the Introduction of the CPT book for a list of these symbols.

## **Additions and Revisions**

### *Evaluation and Management*

Guidelines and two new codes for transport services were added to the Evaluation and Management (E/M) section. Codes 99289 and 99290 describe the physical attendance and direct face-to-face care by a physician during the interfacility transport of a critically ill or critically injured patient. In correlation with these new codes, the Critical Care guidelines were revised with instruction on the use of Critical Care codes with the new interfacility transport codes. Other revisions in the E/M section include revision to the code descriptors of the Care Plan Oversight codes and Preventive Medicine codes. The Preventive Medicine notes and codes were revised to clarify that the “comprehensive” nature associated with codes 99381 to 99397 reflects an age- and gender-appropriate history and exam and is not synonymous with the “comprehensive” examination required by E/M codes 99201 to 99350.

### *Anesthesia*

As started in the CPT 2000 book, revisions continue to be made to the Anesthesia codes to reflect current clinical practice. For CPT 2002, 19 new anesthesia codes, including two add-on codes, were added and three codes revised. Cross references have been added to assist with the add-on codes as well as the 14 codes that were deleted.

### *Surgery*

Another result of CPT-5 recommendations is the refinement of the Surgery guidelines to make them more specific. CPT 2002 includes revised definitions of the CPT Surgical Package, Materials Supplied by Physician, and Follow-up Care for Therapeutic Surgical Procedures. For example, the CPT Surgical Package definition was revised from simply stating that it includes “normal, uncomplicated follow-up care” to specifically identifying the inclusive services in the CPT surgical codes.

A number of code changes occurred throughout the CPT book as a result of the renumbering and relocation of the fine needle aspiration (88170, 88171), bone marrow aspiration (85095), and bone marrow biopsy (85102) codes. Physicians performing these aspiration and biopsy procedures had difficulty reporting them, as they were wrongly interpreted by many third-party payers as laboratory-based procedures or procedures performed only by pathologists because of their location in the Pathology and Laboratory section. Therefore, to provide clarity they have been relocated to the Surgery section of the CPT book. In conjunction with the relocation, all cross references and guidelines throughout the book that are related to these procedures have been revised with the new code numbers.

The Musculoskeletal section has been expanded, with 26 new codes established specific to current techniques and technology performed on the hand, wrist, forearm, and associated nerves. Editorial revisions were also made to 30 hand, wrist, and forearm code descriptors to update terminology. Also revised were the Spine subsection Introductory notes as a result of the change made to the use of modifier -62. The Introductory notes clarify that modifier -62 should be appended to the definitive procedure when two physicians perform distinct parts of a single procedure. As stated in many of these notes, modifier -62 may be appended to the procedure code(s), and as appropriate to associated additional add-on codes, as long as both surgeons continue to work together as primary surgeons.

The Cardiovascular section includes additions and revisions to the range of cardiac assist device codes and peripheral vascular procedure codes to more accurately describe current terminology and technology. The Digestive System section has been expanded with new codes for procedures performed for repair of congenital disorders. Several new laparoscopic procedures have been added, including three laparoscopic colectomy procedures. Changes were made in the hernia codes, with two codes added for inguinal hernia procedures performed on preterm infants. Correlating with the new hernia codes, explanatory notes have been added for the use of the new codes. A revision was made to existing hernia code 49495 to differentiate the performance of this procedure on preterm and full-term infants. Other Digestive System changes include five codes added for

ablation of liver tumors. These codes include open, laparoscopic, and percutaneous approaches. You will also find changes in the Urinary System, Male Genital System, and Female Genital System sections of CPT. All of these sections have been expanded with the addition of new codes and revisions of existing codes.

The Maternity Care and Delivery section includes a revision to code 59000 for amniocentesis and a new amniocentesis code as follows:

- 59000 Amniocentesis; diagnostic
- 59001 Therapeutic amniotic fluid reductions (includes ultrasound guidance)

### *Radiology*

Radiology revisions include changes to computerized axial tomographic, magnetic resonance, and ultrasound guidance technology codes. Radiation oncology codes were added. In addition, radiology cross references were added throughout the CPT book to assist in reporting imaging guidance with primary procedures.

### *Pathology*

The arthritis panel code 80072 has been deleted because of varying clinical use of the tests that were listed in that panel. A cross reference has been added, instructing that the individual lab codes be used to report any tests performed. In addition, diagnostic test procedures have been added to the Chemistry, Immunology, and Microbiology subsections.

### *Medicine*

The Medicine section has been expanded with the addition of several new subsections related to Motion Analysis, Health and Behavior Assessment/Intervention, Home Health Procedures/Services, and Home Infusion procedures. Fourteen codes specific to home health procedures and services were added. These codes are used by non-physician healthcare professionals to report services provided in a patient's residence, including assisted-living apartments, group homes, nontraditional private homes, custodial care facilities, or schools.

Nineteen codes were added for home infusion procedures. These codes include a home visit by a healthcare professional and all necessary solutions, equipment, and supplies (except drugs) required to deliver a therapy in a single 24-hour period.

Changes in the Medicine section also include revisions to the Immunization, Dialysis, Gastroenterology, Ophthalmology, Cardiovascular, Vascular, Cardiography, Allergy/Immunology, Neurology, Chemotherapy, Photodynamic Therapy, Physical Medicine and Rehabilitation, Active Wound Management, and Special Services subsections.

This article provides only a brief look at the changes for CPT 2002. To keep your CPT knowledge current, make sure to obtain a CPT 2002 book for a complete listing of all CPT codes and guidelines. In addition, the American Medical Association (AMA) publishes *CPT Changes 2002: An Insider's View*, which can provide further insight into the guideline and code changes that occurred in 2002.

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