

CPT Receives Update for 2014

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On January 1, 2014, the American Medical Association's Current Procedural Terminology (CPT) was updated with additions, revisions, and deletions. In total, 175 new codes were added, 107 codes were revised, and 47 codes were deleted. In addition, editorial changes and coding guideline additions continue within the text of the CPT book to promote consistency and accuracy. This article will highlight some of the key CPT changes and additions that will impact coding decisions in 2014.

Evaluation and Management Updates

Appendix B (Summary of Additions, Deletions and Revisions) lists six new Evaluation and Management codes for 2014. Four of these codes were added under the Non-Face-to-Face subsection, and two were added to the Inpatient Neonatal and Pediatric Critical Care subcategory.

Interprofessional Telephone/Internet Consultations

A new heading, Interprofessional Telephone/Internet Consultations, was added to the Non-Face-to-Face Services subsection for consultations done via the telephone or Internet. The four new codes under this new heading are delineated by the time spent for discussion and review:

- 99446, 5-10 minutes
- 99447, 11-20 minutes
- 99448, 21-30 minutes
- 99449, 31 minutes or more

Hypothermia

Two new codes were added to the Inpatient Neonatal and Pediatric Critical Care subcategory to describe total body systemic hypothermia (99481) and selective head hypothermia (99482) in critically ill neonates. These codes are both add-on codes that can be used in conjunction with critical care codes 99291, 99292, 99468, or 99469.

Surgery Updates

New codes were added in the Integumentary System, Musculoskeletal System, Cardiovascular System, Digestive System, Urinary System, Nervous System, and Eye and Ocular Adnexa subsections.

Integumentary System

New codes were added for soft tissue drainage (10030), breast biopsies (19081-19086), and placement of breast localization devices (19281-19288). The placement of breast localization devices are differentiated by the type of guidance, such as mammographic, stereotactic, ultrasound, or magnetic resonance, and whether it was the first lesion or an additional lesion.

Musculoskeletal System

A new code was added for deep removal of a foreign body from the shoulder (23333). Codes were added for removal of prosthesis from the humeral or glenoid component (23334) and removal of both the humeral and glenoid components of prosthesis (23335).

Cardiovascular System

A new code was added to describe transcatheter aortic valve replacement with a prosthetic valve via transapical exposure (33366).

For endovascular repair, a new group of codes was added under the new heading of “Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta” to provide codes for repair of the visceral aorta with one (34841), two (34842), three (34843), or four or more (34844) endoprotheses. The other set of codes under this new heading describe repair of both the visceral aorta and the infrarenal abdominal aorta with the codes also differentiated by the number of endoprotheses used (34845-34848).

Code 37217 was added for transcatheter placement of an intravascular stent in the intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty.

For endovascular revascularization, codes 37236-37239 were added to report endovascular revascularization for vessels other than lower extremity, cervical carotid, intracranial, intracoronary, extracranial vertebral, or intrathoracic carotid. Codes 37236 and 37237 describe transcatheter placement of intravascular stent(s) in an artery, whereas codes 37238 and 37239 are for the same procedure in a vein. These codes include all balloon angioplasty(s) performed within the vessel and any radiological supervision and interpretation. It is important to note that if a stent is placed for the purpose of providing a latticework for embolization coils, the embolization code is reported rather than the stent code.

A series of new codes were also added to describe vascular embolization and occlusion procedures, excluding those procedures performed on the central nervous system and the head and neck. The new procedures described include the ablation/sclerotherapy procedures for venous insufficiency or telangiectasia of the extremities and skin. These codes, 37241-37244, are differentiated based on the focus of treatment:

- Venous, other than hemorrhage (37241)
- Arterial, other than hemorrhage or tumor (37242)
- For tumors, organ ischemia, or infarction (37243)
- For arterial or venous hemorrhage or lymphatic extravasation (37244)

Digestive System

The digestive system subsection experienced the greatest number of coding changes in 2014. The esophagoscopy codes were expanded to differentiate between rigid versus flexible scopes (43191-43232). Also within this series of codes, new codes were added to indicate flexible transoral esophagoscopy with endoscopic mucosal resection (43211), placement of endoscopic stent (43212), retrograde dilation of esophagus by balloon or dilator (43213), dilation of esophagus with balloon (43214), and ablation of tumor(s), polyp(s), or other lesion(s) (43229).

The esophagogastroduodenoscopy (EGD) series of codes (43235-43259) underwent some terminology changes to better describe the procedure being performed, along with the addition of new codes for EGD with dilation of esophagus with balloon (43233), transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (43253), endoscopic mucosal resection (43254), placement of endoscopic stent (43266), and ablation of tumor(s), polyp(s), or other lesion(s) (43270).

The endoscopic retrograde cholangiopancreatography (ERCP) series of codes (43260-43278) also saw some terminology changes to the code descriptions. New codes were added for ERCP with placement of stent (43274), removal of foreign body or stent (43275), removal and exchange of stent (43276), balloon dilation (43277), and ablation (43278).

Lastly, new codes were added to describe image-guided fluid collection drainage by catheter, visceral, percutaneous (49405), peritoneal or retroperitoneal, percutaneous (49406), and peritoneal or retroperitoneal, transvaginal or transrectal (49407).

Urinary System

One new code was added for cystourethroscopy, with ureteroscopy and/or pyeloscopy with lithotripsy including insertion of indwelling ureteral stent (52356).

Nervous System

New codes were added to the “Destruction by Neurolytic Agent, Chemodenervation” series of codes to describe chemodenervation of the neck muscle (64616) and larynx (64617). Chemodenervation of the trunk and extremities was expanded from the previous one code to six specific codes that describe the site and the number of muscles involved (64642-64647).

Eye and Ocular Adnexa

One new code was added for insertion of anterior segment aqueous drainage device, without extraocular reservoir done via external approach (66183).

Radiology

One add-on code was added in the Radiation Oncology subsection to describe respiratory motion management simulation (77293). This code is to be used in conjunction with codes 77295 or 77301.

Pathology and Laboratory

Several new codes were added to the Therapeutic Drug Assays subsection for caffeine (80155), clozapine (80159), everolimus (80169), gabapentin (80171), lamotrigine (80175), levetracetam (80177), mycophenolate (80180), oxcarbazepine (80183), tigabine (80199), and zonisamide (80203).

Two new codes were added to the Multianalyte Assays with Algorithmic Analyses subsection for oncology microarray gene expression profiling (81504) and fetal aneuploidy DNA sequence analysis (81507).

Medicine

New codes were added for specific types of influenza virus vaccines (90673, 90685 to 90688).

Four new codes were added to describe evaluation of speech fluency (92521), evaluation of speech sound production (92522, 92523), and behavioral and qualitative analysis of voice and resonance (92524).

Codes for percutaneous transcatheter closure of patent ductus arteriosus (93582) and percutaneous transcatheter spetal reduction therapy (93583) were added to the Cardiovascular subsection.

One code was added for mechanical chest wall oscillation to facilitate lung function (94669) in the Pulmonary subsection.

Code 97610 was added in the Medical Nutrition Therapy subsection to describe low frequency, non-contact, non-thermal ultrasound for wound care management.

Category II

The Category II section features five new codes for patient management, six new codes for patient history, 13 new codes for diagnostic/screening processes or results, and 16 new codes for therapeutic, preventive, or other interventions. A new subsection was added, with seven codes, titled “Nonmeasure Code Listing.”

Category III

Many code revisions have been made to this section to include 21 new codes and 12 deleted codes, of which eight have been converted to Category I codes.

Reference

American Medical Association. *Current Procedural Terminology (CPT) 2014*. Chicago, IL: AMA, 2013.

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