

CPT Update 2011

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By Gail I. Smith, MA, RHIA, CCS-P, and Melanie Endicott, MBA/HCM, RHIA, CCS, CCS-P

Each year CPT adds codes to reflect new procedures and surgical techniques. For example, new codes were added in the surgical section to identify procedures performed using balloon catheters.

In addition, CPT continues to make editorial changes and add coding guidelines within the text of the book to promote consistency and accuracy. This article highlights some of the key changes and additions that will affect coding decisions in 2011.

Evaluation and Management

Appendix B (Summary of Additions, Deletions and Revisions) lists a new evaluation and management code (99365) for 2011. However, according to the American Medical Association, this is an error and the code will not be added this year.

Subsequent Observation Codes

The biggest change to the E/M section this year is the addition of subsequent observation care codes that mirror the language found in the subsequent hospital care section. Selection of the appropriate code requires at least two of the three key components for history, physical examination, and medical decision making.

Surgery

Several codes were added and modified in the surgery section.

Integumentary System-Debridement

CPT provides clarification for coding surgical removal of devitalized tissue from wounds. Phrases such as "partial thickness" or "full thickness" were replaced with codes that specify the depth (e.g., epidermis, muscle) within the layers of skin and subcutaneous tissues.

Musculoskeletal System

New combination codes were added for arthrodesis and discectomy procedures performed below C2 of the cervical spine (22551–22552). Three codes were added for surgical hip arthroscopy with femoroplasty, acetabuloplasty, and labral repair (29914–29916).

Respiratory System

Dilation of sinus ostium (31295–31297) was added to the endoscopy family codes. With the use of a balloon catheter, the sinus ostium can be enlarged to improve sinus drainage and ventilation. The site of the dilation procedure (frontal, maxillary, or sphenoid) determines the correct code selection.

Cardiovascular System-Endovascular Revascularization

Peripheral artery disease occurs when plaque builds up in the arteries and reduces the blood flow to the patient's limbs. With the advent of catheter-based interventional therapies, endovascular physicians are now able to improve arterial perfusion in

lower extremities through the use of balloon angioplasty and stenting. A series of CPT codes (37220–37235) identify these procedures and are differentiated by site (e.g., iliac, femoral/popliteal, or tibial/peroneal vascular territory) and additional procedures performed during the revascularization procedure (stent placement, atherectomy).

Digestive System

A paraesophageal hernia occurs when part of the stomach pushes through the opening in the diaphragm. The new repair codes (43332–43337) in this section are differentiated by the surgical technique used (laparotomy, thoracotomy, and thoracoabdominal incision) and whether the procedure involved implantation of mesh.

The gastric intubation codes were deleted from the medicine chapter and relocated to the digestive system section (43753–43757).

Urinary System

The category III code (0193T) for transurethral radiofrequency microremodeling of the female bladder neck and proximal urethra for stress urinary incontinence has been given a new code (53860).

Nervous System

The single code for navigation guidance (61795) was deleted and replaced with three add-on codes (61781–61783) that identify the location of the stereotactic computer-assisted procedure.

The neurostimulator section was expanded to include several new codes. Posterior tibial nerve stimulation (64566) is used to treat such conditions as urinary frequency and urge incontinence. This minimally invasive procedure requires insertion of a needle electrode for a stimulation treatment.

Three codes (64568–64570) distinguish between implantation, revision, and removal of cranial nerve (neurostimulator) electrodes and pulse generator.

Radiology

Combination codes were created for CT of the abdomen and pelvis when performed together (74176–74178).

The transluminal atherectomy codes were deleted due to bundling of radiological supervision and interpretation into the endovascular revascularization codes in the surgery section.

Pathology and Laboratory

A new code (80104) was created to report a qualitative drug screen of multiple drug classes (other than chromatographic method).

Due to low usage, the gastric acid analysis codes (82926 and 82928) were deleted. These codes were replaced with one new, simplified code (82930).

The code for additional glucose tolerance tests beyond the first three specimens (82952) was editorially revised to add-on code status to be used in conjunction with the code for glucose tolerance test, three specimens (82951).

Medicine

The medicine section experienced a significant number of revisions, additions, and deletions.

Immunization Administration for Vaccines/Toxoids

The immunization administration codes (90465–90468) were replaced with two codes (90460–90461) that now account for both multiple component vaccines (combination vaccines) and one component vaccines.

Four new influenza virus vaccine codes (90664, 90666–90668) were added, as well as a Meningococcal conjugate vaccine code (90644). The FDA approval pending symbol ⚡ (the lightning bolt) has been removed from codes for Human Papilloma virus (90650), influenza virus (90662–90663), and Pneumococcal conjugate (90670).

Psychiatry

Two category III codes (0160T, 0161T) were deleted and converted to category I codes (90867, 90868) for therapeutic repetitive transcranial magnetic stimulation treatment.

Cardiovascular

The cardiovascular monitoring services guidelines and codes (93244–93272) were revised to provide more precise reporting of these services and to clarify reporting instructions.

Cardiac catheterization codes and guidelines underwent a major restructuring to include imaging supervision, interpretation, and report. Fourteen new codes (93451–93464) were created to replace the deleted codes (93501 and 93508–93529) for diagnostic cardiac catheterizations. Injection procedure codes (93539–93556) were deleted and replaced with codes (93451–93461, 93563–93568) to include imaging supervision, interpretation, and report.

Category II

The category II section features 31 new codes for quality improvement measures, four new clinical conditions, and six revised clinical conditions.

Category III

Category III codes now list the date they are planned to "sunset" or expire. Many revisions were made to this section to include 52 new codes and 14 deleted codes, of which nine were converted to category I codes. Two codes (0058T–0059T) were reinstated/recycled and are identified with the O symbol.

References

American Medical Association. *CPT 2011 Changes: An Insider's View*. Chicago, IL: AMA, 2010.

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Gail I. Smith (smithg9@ucmail.uc.edu) is assistant professor and program director, health information management, at the University of Cincinnati. Melanie Endicott (melanie.endicott@ahima.org) is a practice resource specialist at AHIMA.

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