

CY 2018 CPT Updates

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The holidays have come and gone. Now, we must focus our professional attention on what did not “go” with the ringing in of the new year: those 2018 Current Procedural Terminology (CPT) code updates. As is customary for every January 1st, the American Medical Association (AMA) has provided healthcare professionals with new, revised, and deleted CPT codes. This article will only touch on some of the 170 new codes, 60 revised codes, and the 82 deleted codes. These updates leave us with 10,155 CPT codes. A full listing of the changes is found in Appendix B of the 2018 CPT code book.

In the evaluation and management section, there were five code additions, four revisions, and two deletions. For the hospital observation service codes, the site was added to the descriptor to show that it was an outpatient hospital. The anticoagulation management subsection (99363 and 99364) were deleted. Five care management codes were added, which included care planning for patients with cognitive impairment, psychiatric collaborative care, and care management for behavioral health conditions.

For the anesthesia section, there were five additions and five deletions. The additions are all related to endoscopic gastrointestinal procedures. The deletions included two codes that were gastrointestinal in nature but will be covered in the newly added codes while the other three were for procedures that had “extremely low utilization.”

The surgery section had the most code changes with 42 additions, 24 revisions, and 19 deletions. Not all of the code changes are listed in this article. Of note is that the urinary and eye/ocular adnexa systems did not have any changes for 2018.

The integumentary surgical section had three code additions. The additions were two codes for skin flap procedures (15730, 15733) and the preparation of tumor cavity as an add-on procedure code (19294) to the principal procedure mastectomy code.

The musculoskeletal surgical section had one new code: 20939, Bone marrow aspiration for bone grafting, spine surgery only. This code is an add-on code which must be listed separately in addition to the code for the primary procedure. The respiratory system added six new codes. Five of those codes (31241, 31253, 31257, 31259, 31298) surrounded the nasal/sinus endoscopy surgeries while the fifth new code (32994) was for cryoablation of a pulmonary tumor.

There were many code changes found in the cardiovascular section. There were 11 deletions and 24 new codes with many code revisions. Most of the changes are in the endovascular repair of abdominal aorta and/or iliac artery section with 16 new codes (34701-34716) and nine code deletions (34800, 34802-34806, 34825, 34826, 34900). Additionally, there are several guidelines and parenthetical notes added here as well as some changes to existing guidelines. Codes have been added to report artificial heart system procedures (33927, 33928, 33929). These three codes were created to replace the Category III codes that related to these procedures while in the temporary code section for emerging technologies. More additions, revisions, and deletions are found in the subsection for Vascular Injection Procedures. Several parenthetical notes were revised. Four new codes (36465, 36466, 36482, 36483) were added, six revised (36140, 36468, 36470, 36471, 36516, 36908), and two deleted (36120, 36515).

Another area of the cardiovascular section that had changes is the bone marrow biopsy codes. Code 38220 was revised to read Diagnostic bone marrow; aspiration(s) while 38221 is now Diagnostic bone marrow; biopsy(ies). If the patient is having a diagnostic bone marrow biopsy and aspiration, there is a new code that encompasses both procedures, 38222. The last code addition for this section is 38573 to report Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed.

The digestive system in the surgery section includes three new codes (43286, 43287, 43288) related to esophagectomy scope procedures. There were several parenthetical notes added to the digestive system section and revisions of existing notes.

The male genital system had a code deletion and a new code added. Code 55450, Ligation of the vas deferens was deleted and a note added to code this procedure to 55250, Vasectomy. A new code (55874) was added for transperineal placement of biodegradable material, periprosthetic, single or multiple injection(s), including image guidance, when performed.

In the female genital system, there are three revised codes: 57240, 57260, and 57265. The revision adds “including cystourethroscopy, when performed” to the code descriptions. A new code 58575 was added for laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed.

There were guideline changes and parenthetical note changes to several of the subsections in the nervous system section. The AMA has added definitions to “provide clarity” in one subsection. There is one revised code (64550) and one deleted code (64565) in the nervous system section. There are two new codes for capturing nerve repair: code 64912, Nerve repair; with nerve allograft, each nerve, first strand (cable) and 64913, Nerve repair; with nerve allograft, each additional strand as an add-on code to be used in addition to the 64912 for the first strand.

The last system in the surgery section is the auditory system. There were not any new codes added here but two codes were deleted (69820 and 69840).

While there are many more sections in the CPT book, the remaining are usually charge master-driven and not coded by a coding professional. There were several changes throughout as noted in the table above. These can all be reviewed individually in Appendix B of the 2018 CPT code book.

Overview of CPT Code Changes

CPT Section	New Codes	Revised Codes	Deleted Codes
Radiology	7	3	18
Pathology/Laboratory	40	17	12
Medicine	13	10	4
Category III	41	2	22
PLA (Proprietary Laboratory Analyses)	17	0	0

References

American Medical Association. *CPT 2018*. Chicago, IL: 2017.

American Medical Association. *CPT 2018 Changes: An Insider's View*. Chicago, IL: 2017.

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