

Changes Abundant for CPT 2004

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by Susan Hull, RHIA, CCS

Changes for CPT 2004 affect all chapters, and it's important to stay up to speed. This article presents a summary of CPT changes for 2004. Because a number of the procedures may be unfamiliar to some coding professionals, AHIMA has provided online links to descriptive articles on these subjects. These links can also be found under "Community Resources" in the Coding Community of Practice at www.ahima.org.

This article provides only a brief look at the 2004 CPT changes. For a complete listing of CPT codes and guidelines, refer to the CPT 2004 book.

Anesthesia

Guidelines for reporting anesthesia services for multiple procedures have been clarified. They now state that if anesthesia is provided for multiple procedures, the anesthesia code representing the most complex procedure is reported and the total time of anesthesia for all procedures is reported with that single code.

As surgical technology advances, so do the corresponding anesthesia codes. A code has been added in 2004 to report anesthesia for mediastinoscopy and diagnostic thoracoscopy utilizing one-lung ventilation (00529). The existing code (00528) has been modified to report mediastinoscopy and diagnostic thoracoscopy not utilizing one-lung ventilation. A new code has been added for anesthesia for open repair of fracture disruption of the pelvis or column fracture involving the acetabulum (01173). And finally, a new code has been developed for anesthesia for external cephalic version procedure in the obstetric anesthesia section (01958).

Surgery

Perhaps the most significant change is the elimination of the starred procedure designation, which affects approximately 200 codes within the surgery section, mostly relatively minor procedures. In conjunction with this, evaluation and management code 99025, reported when a starred procedure was the reason for a new patient visit, has been deleted.

Integumentary System

Guidelines for assignment of adjacent tissue transfer codes have been clarified. The note preceding code 14000 now states that the term "defect" covers both the primary (that resulting from the excision) and the secondary (that resulting from the flap raising) defect, and that these dimensions should be added together to determine the size of the defect.

Musculoskeletal System

A new code has been added to report radiofrequency ablation of bone tumors, including CT guidance (20982). This procedure is performed by interventional radiologists and has been found to be effective for treatment of both benign and malignant metastatic bone tumors.¹

A new code (21685) has been added to report hyoid myotomy and suspension. This procedure is indicated for the treatment of major obstruction at the epiglottis and lower tongue base.

Coding for procedures performed on the vertebral column continues to expand as new techniques become more widely used. Three new codes were added this year to report lateral extracavitary approaches for spinal fusion.² These codes include any minimal discectomy performed to gain access into and prepare the interspace.

Code 22532 describes a thoracic fusion by this method; 22533, a lumbar fusion; and 22534 (an add-on code), each additional vertebral segment fused. These codes do not include discectomy performed for spinal cord decompression, which is reported with codes in the nervous system subsection (see below). The technique is described in an article in *Neurosurgical Focus*.²

Respiratory System

Several revisions were made to the bronchoscopy codes, and two new codes were introduced. The existing bronchoscopy code 31622 and the indented codes under it (31623–31624) have been modified to include the phrase “with or without fluoroscopic guidance.” Code 31625, which previously described bronchoscopy with biopsy, now specifically refers to bronchial or endobronchial biopsy. Code 31628, which previously described bronchoscopy with transbronchial lung biopsy, now refers to transbronchial lung biopsy of one lobe. Code 31629 has been modified to include only transbronchial needle aspiration biopsy of the trachea, main stem, or lobar bronchus.

A new code, 31632, has been added to report additional transbronchial lung biopsies, and 31633 has been added to report additional transbronchial needle aspiration biopsies. Parenthetical notes in this section explain which of the codes can be reported multiple times and which can be reported only once.

Cardiovascular System

This subsection contains the most significant number of changes for CPT 2004. The entire central venous access code set has been replaced. These codes will be covered in detail in the April 2004 *Journal of AHIMA*.

Briefly, five categories of new codes have been developed for non-tunneled and tunneled central venous access devices: insertion, repair, partial replacement, complete replacement, and removal. The previous codes (36488–36491 and 36530–36537) have all been deleted and replaced with 27 codes in the range 36555–36597. There are codes for centrally inserted catheters, centrally inserted catheters with ports, centrally inserted catheters with pumps, and peripherally inserted central catheters with and without ports.

Several additional codes have been added to report arterial bypass using saphenous veins, including carotid-brachial bypass (35510), subclavian-brachial (35512), axillary-brachial (35522), and brachial-brachial (35525).

Digestive System

New codes were added for esophageal endoscopy in 2004. Code 43237 describes upper GI endoscopy with endoscopic ultrasound examination limited to the esophagus. Code 43238 describes transendoscopic US-guided intra- or transmural fine needle aspiration/biopsy of the esophagus. An article from the *American Journal of Gastroenterology* describes this and other esophageal ultrasound guided procedures.³

Maternity Care and Delivery

New antepartum services codes have been added for amnioinfusion (59070), fetal umbilical cord occlusion (59072), fetal fluid drainage (59074), and fetal shunt placement (59076). All codes include ultrasound guidance.

Nervous System

Craniotomy with bone flap elevation codes have been added for lobectomy other than temporal lobe (61537), selective amygdalohippocampectomy (61566), and multiple subpial transections (61567). Nerve injection codes were expanded with the addition of a code for injection of anesthetic agent into the lumbar plexus and continuous infusion, including catheter placement (64449). A code was added to report neurolytic agent destruction of the superior hypogastric plexus (64681).

New codes that correspond to the extracavitary approach to spinal fusion described in the musculoskeletal section above have been added in the nervous system section. Codes 63101 through 63103 describe lateral extracavitary approach for vertebral corpectomy with decompression of the spinal cord. Code 63101 describes the technique for thoracic spinal decompression; 63102, for lumbar spine; and 63103 (an add-on code), for each additional thoracic or lumbar segment.

Eye and Ocular Adnexa

New codes have been added to report reconstructive procedures on the ocular surface. Depending on the type of graft used, the following codes may apply:

- 65780—Ocular surface reconstruction; amniotic membrane transplantation
- 65781—Limbal stem cell allograft (e.g., cadaveric or living donor)
- 65782—Limbal conjunctival autograft (includes obtaining graft)
- 68371—Harvesting conjunctival allograft, living donor

Additional information regarding amniotic membrane reconstruction may be obtained in *Focus of the Royal College of Ophthalmologists*.⁴ An article on limbal conjunctival reconstruction, including pathophysiology requiring this type of treatment, can be found in *Optometry Today*.⁵

Radiology

Three new codes have been added to report MRI during open cranial procedures: without contrast (70557), with contrast (70558), and double study without and with contrast (70559).

The descriptions of two very commonly performed procedures have been slightly altered. The phrase “with or without stereo” has been removed from the descriptions of codes 70250 (fewer than four views) and 70260 (four or more views), which describe plain X-rays of the skull.

Two new codes have been added for computer-aided detection and further physician evaluation in diagnostic mammography (76082) and screening mammography (76083). These are both add-on codes, reported in addition to the basic mammography code. An eMedicine article describes these procedures in depth.⁶

Two codes have been added in nuclear medicine, one to describe whole-body radiopharmaceutical imaging that requires two or more days (78804) and one for radiopharmaceutical therapy, infusion of radiolabeled monoclonal antibodies (79403). A report on current clinical trials for this therapy can be found at [ClinicalTrials.gov](https://clinicaltrials.gov).⁷

Laboratory and Pathology

Codes have been added for reporting total protein assays of the urine (84156) and other source (84157). The existing code (84155) has been modified to specifically refer to serum.

Medicine

Several description changes have occurred in the codes for vaccines (90476–90749). Facilities that provide these services should review the new descriptions carefully to make sure they are reporting appropriate codes.

A code has been added for capsule endoscopy of the GI tract (91110). This code is to be used to report the procedure in which a patient swallows a tiny video camera within a capsule, which transmits images as it traverses the GI system. This procedure is indicated for diagnosis of GI bleeding in areas not accessible by the conventional endoscope, such as angiodysplasia within the small intestine.

All codes relating to home infusion procedures (99551–99569) have been deleted and replaced with two codes: 99601, home infusion/specialty drug administration per visit (up to two hours); and 99602, each additional hour (an add-on code).

Category III Codes

Seventeen codes have been added to the category III codes, six of which relate to heart assist devices (0048T–0053T). Other new codes describe the following:

- Whole body photography for history of dysplastic nevi (0045T)
- Catheter lavage of mammary ducts for cytology (0046T and 0047T)

- Add-on codes for use with computerized image guidance in orthopedic surgery (0054T-0056T)
- Upper GI endoscopy with thermotherapy for GERD (0057T)
- Two codes for cryopreservation of reproductive tissue (0058T and 0059T)
- A code for electrical impedance scanning of the breast (0060T)
- A code for microwave thermotherapy for malignant breast tumors (0061T)

Notes

1. See, e.g., "Radiofrequency Ablation Best Treatment for Benign Bone Tumor." Doctor's Guide. Available online at www.pslgroup.com/dg/23b152.htm.
2. For more on this surgical technique, see Polly, David W., et al. "Thoracic Hemivertebra Excision in Adults Via a Posterior-Only Approach." *Neurosurgical Focus* 14, no. 2 (February 2003). Available online at www.neurosurgery.org/focus/feb03/14-2-9.pdf.
3. For information on this and other esophageal ultrasound-guided procedures, see Brugge, William R. "Endoscopic Ultrasound Staging of Esophageal Cancer: Assuming Responsibility." *American Journal of Gastroenterology* 94, no. 7 (July 1999). Available online at www-east.elsevier.com/ajg/issues/9407/ajg1198edi.htm.
4. "Amniotic Membrane Transplantation in Ophthalmology." *Focus of the Royal College of Ophthalmologists* 16 (Winter 2000). Available online at www.rcophth.ac.uk/publications/focus16.html.
5. Quantock, Andrew J., et al. "Limbal Stem Cell Deficiencies and Ocular Surface Reconstruction." *Optometry Today* (July 12, 2002). Available online at www.optometry.co.uk/articles/20020712/quantock20020712.pdf.
6. Ullissey, Michael J., and Jimmy Roehrig. "Mammography-Computer Aided Detection." *eMedicine* (October 11, 2001). Available online at www.emedicine.com/radio/topic879.htm.
7. "Radiolabeled Monoclonal Antibody Therapy and High-Dose Chemotherapy Followed by Autologous Peripheral Stem Cell Transplantation in Treating Patients with Relapsed or Refractory Non-Hodgkin's Lymphoma." ClinicalTrials.gov. Available online at www.clinicaltrials.gov/ct/show/NCT00058292?order=47.

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