

Keeping up to Date: 2005 CPT Surgery Changes

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by Susan Hull, MPH, RHIA, CCS, CCS-P

CPT changes for 2005 affect all portions of the manual, although there are very few changes in the pathology and laboratory section. This article will focus on the changes for the surgery section. The January and February 2005 issues of CodeWrite (available through the Coding Community of Practice at www.ahima.org) will contain an additional article on code changes for categories II and III.

Integumentary System

Codes were added in the integumentary subsection to report debridement for necrotizing soft tissue infection, based on the location of the infection. These are:

- 11004, Debridement of skin, subcutaneous tissue, muscle, and fascia for necrotizing soft tissue infection; external genitalia and perineum
- 11005, Abdominal wall, with or without fascia closure
- 11006, External genitalia, perineum, and abdominal wall, with or without fascia closure
- 11008, Removal of prosthetic material, abdominal wall, an add-on

The phrase “for necrotizing soft tissue infection” included in the code descriptions indicates that they should be used only with this diagnosis. Such diseases include necrotizing fasciitis in the deep subcutaneous tissue, Fournier’s gangrene in the perineum and scrotum, and flesh-eating disease at any site.

Several codes have been added for reporting the placement of radiotherapy afterloading catheters into the breast. These include:

- 19296, Placement of radiotherapy afterloading catheter into breast following partial mastectomy (on separate date)
- 19297, Placement of radiotherapy afterloading catheter into breast concurrent with partial mastectomy
- 19298, Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and buttons) into breast following or concurrent with partial mastectomy

Musculoskeletal System

Codes have been added to reflect continued evolution of reconstructive knee procedures, some of them former category III codes. One such addition is code 27412, Autologous chondrocyte implantation, knee. There are two surgical procedures involved here: one minor procedure to harvest the tiny fragment of normal material to be implanted (29870) and a second procedure some weeks later for the implantation (27412). The harvested tissue is grown in a laboratory setting and later reimplanted. The damaged area is surgically cleaned up, a bit of fibrous material (periosteum) taken from a superficial bone like the hip is sewn over the defect, then the cells from the laboratory are injected behind the fibrous material, where they start to grow into normal cartilaginous cells.

Code 27415, Osteochondral allograft, knee, open, has been added, as well as code 29867, to describe this procedure when performed arthroscopically. A piece of articular cartilage and attached subchondral bone from a cadaver donor are placed to provide viable chondrocytes and bone to maintain cartilage matrix, relieve pain, and reduce further damage to the articular surface of the joint.

Code 29866, Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty), includes harvesting of autograft, has been added to report a procedure in which small pieces of graft tissue are used, instead of one large piece.

Former category III code 0014T is now 29868, Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral, including both the primary arthroscopic procedure and the mini-arthrotomy for meniscal insertion.

Respiratory System

An addition for the respiratory system is code 31245, Laryngoscopy, direct, with submucosal removal of non-neoplastic lesions of vocal cords; reconstruction with local tissue flaps.

Code 31546, Reconstruction with grafts, includes obtaining autograft. The vocal cord lesions are excised and fat graft vocal fold reconstruction performed. The use of fat prevents regrowth of scar tissue and also has strong vibratory properties.

Code 31620, an add-on code with 31622–31638, has been added to report endobronchial ultrasound (EBUS) during a bronchoscopic diagnostic or therapeutic procedure. EBUS is useful for staging of advanced lung cancer.

Codes have been added for bronchoscopy with placement of endobronchial stents. These include:

- 31636, Bronchoscopy; surgical with placement of bronchial stent including tracheal/bronchial dilation, initial bronchus
- 31637, each additional major bronchus stented
- 31638, with revision of tracheal or bronchial stent inserted at previous session

Code 32019 (indicated to manage recurrent malignant pleural effusions) has been added to report insertion of indwelling tunneled pleural catheter with cuff.

Organ Transplant

Extensive changes have been made in all codes for preparation of organs for transplantation. These reflect the fact that the harvesting and preparation of the organ typically occur at different sites. The harvesting surgeon will usually excise the organ and place it in ice. The preparation of the organ, including excision of excess soft tissue, fashioning the vessel cuffs, and preparation of other areas of anastomosis (e.g., bronchi) will typically occur at the facility where the actual implant will occur. The implantation itself represents the third stage of the procedure. All organ-harvesting codes have been changed so that the initial acquisition only includes the infusion of cold solution and packaging.

One or more backbench codes have been added in each section. These include transplants of lung, heart, heart-lung, pancreas, kidney, and intestines.

Cardiovascular System

Code 34803, Endovascular repair of infrarenal abdominal aortic aneurysm (AAA) or dissection; using modular bifurcated prosthesis (two docking limbs), has been added (formerly category III code 0001T). Repair of AAA involving visceral vessels continues to be reported with category III codes 0078T and 0079T.

Two codes were added to report endoscopic treatment for incompetent veins by radiofrequency: 36475, Endovenous ablation therapy of incompetent vein, extremity, radiofrequency, including imaging, first vein, and 36476, Each additional vein treated in a single extremity each through a separate access site.

Incompetent veins can also be treated with a laser, and two codes have been added to report this procedure: 36478, Endovenous ablation therapy of incompetent vein, extremity, laser, including imaging, first vein, and 36477, Each additional vein treated in a single extremity each through a separate access site.

A new code, 36818, AV anastomosis, open; by upper arm cephalic vein transposition, has been added to report establishment of venous access for hemodialysis. Because the cephalic vein is far proximal in the upper arm, this procedure is typically saved for last resort situations.

Digestive System

Code 43257, also known as a Stretta procedure (formerly category III code 0057T), has been added for upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter or gastric cardia, for treatment of gastroesophageal reflux disease (GERD). Because this code carries a diagnostic qualifier, it should only be reported with a diagnosis of GERD.

A number of codes were added to describe complex gastric restrictive procedures (bariatric surgery) for 2005. These procedures go far beyond the vertical banded gastroplasty, which essentially limits the amount of food that the patient can eat at one time by reducing the size of the stomach. These procedures, in addition to reducing the size of the stomach, involve an intestinal bypass component that reduces the amount of food that can be absorbed by the small intestine. These new codes include:

- 43644, Laparoscopy, surgical, gastric restrictive procedure; gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
- 43645, Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43845, Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50–100 cm common channel) to limit absorption(pancreatic diversion with duodenal switch BPD/DS)

Code 45391 has been added to describe colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound (EUS) examination. EUS with colonoscopy is useful in staging of cancers of the colon and rectum, studying the muscles of the lower rectum and anal canal for evaluation of fecal incontinence, studying submucosal lesions in the intestinal wall covered by normal appearing mucosa, and studying the intestinal wall for the presence of endometriosis.

Code 45392, Colonoscopy with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy, has also been added

New code 46947, Hemorrhoidopexy (e.g., for prolapsing hemorrhoids), involves the use of a surgical stapling device to remove tissue just above the hemorrhoids in order to pull them back up inside the rectum and reduce symptoms.

Urinary System

The description for code 52234 has been changed to describe tumors from 0.5 cm up to 2 cm to eliminate confusion regarding coding of tumors 2 cm in size.

Female Genital System

Code 57267, Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site, has been added as an add-on code with 45560 and 57240–57265. Mesh is inserted to encourage fibroblastic ingrowth and to allow the repair to withstand pressures beyond those possible with soft-tissue repair alone.

Code 58356 has been added to describe endometrial cryoablation with ultrasonic guidance, including endometrial curettage when performed (formerly category III code 0009T). Ablation of the endometrium is used to treat menorrhagia in women who failed hormone therapy or dilation and curettage and uses various energy sources, including the Nd-YAG laser, resecting loop with electric current, electric rollerball, thermal ablation with radiofrequency probes, cryoprobes, liquid-filled balloons, multiple electrode balloons, and microwave energy.

Active Wound Management

Code 97601 has been deleted and replaced with two new codes, 97597 and 97598, which describe selective debridement without anesthesia up to 20 sq. cm and greater than 20 sq. cm, respectively. Code 97602 remains unchanged, and two additional codes have been added to describe negative pressure wound therapy up to 50 sq. cm (97605) and greater than 50 sq. cm (97606).

Susan Hull (susan.hull@ahima.org) is a coding practice manager at AHIMA.

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