

Plenty of CPT Changes for 2003: Latest on Additions, Revisions, and Deletions

Save to myBoK

by Karen O'Hara, BS, CCS-P

The 2003 Current Procedural Terminology (CPT) includes approximately 428 code changes, so as always, it is important to stay current. To assist you in using the new edition, the following provides a brief summary of the changes for 2003. The complete list of changes can be found in Appendix B of the 2003 CPT book.

The changes for 2003 include 189 code additions, 205 code revisions, and 34 code deletions. Overall, a total of 447 other changes have been made to guidelines, notes, explanatory text, and cross-references throughout the CPT book.

The total number of codes for the CPT 2003 code system is 8,262, compared to 8,107 that appeared in the CPT 2002 book. All the major sections of CPT, including all of the appendices, include changes.

Additions and Revisions

Evaluation and Management

The most extensive changes to the Evaluation and Management section are in critical care procedures with the revision of the Neonatal Intensive Care section. The section name has been changed to Neonatal and Pediatric Critical Care Services and now includes three new subsections for Pediatric Critical Care, Neonatal Critical Care, and Intensive (Non-Critical) Low Birth Weight Services. The Pediatric Critical Care subsection consists of two new codes describing critical care services for children 31 days up through 24 months of age.

The Neonatal Critical Care subsection includes revised codes 99295 and 99296 specific to neonates 30 days of age or less. Finally, the Intensive (Non-Critical) Low Birth Weight Services subsection includes revised code 99298 for subsequent intensive care of a very low birth weight infant with present body weight less than 1,500 grams, and new code 99299 for low birth weight infants with present body weight of 1,500-2,500 grams. The critical care guidelines have been revised to reflect the appropriate reporting of critical care services for these patients.

In addition, the Patient Transport Services guidelines and codes have been revised to specify that these services be reported only for physician services to critically ill or critically injured pediatric patients 24 months of age or less.

Anesthesia

In continuation of ongoing efforts to describe anesthesia services according to anatomy and the services to which they are provided as an adjunct, the anesthesia section includes substantial additions and revisions. The most significant changes include the revision of eight musculoskeletal arthroscopic procedure codes, which now delineate between diagnostic and surgical arthroscopic procedures. For example, codes 01732 and 01740 were revised as follows:

- 01732, Anesthesia for diagnostic arthroscopic procedures of the elbow joint
- 01740, Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified

Other major revisions include the restructuring of the Obstetric subsection with codes 01961-01964 no longer indented under code 01960, and the addition of two new codes to report the administration of anesthetic for nerve block procedures.

Surgery

Significant changes to the Surgery section include further refinement of the needle aspiration codes with the revision of the two parenthetical notes following fine needle aspiration codes 10021 and 10022. The first parenthetical note that references the radiologic imaging and supervision for codes 10021-10022 was revised to include code 76393 for magnetic resonance imaging for fine needle aspirations. The second parenthetical note under codes 10021-10022 has been revised to clarify the use of the anatomic-specific percutaneous needle biopsy codes for needle biopsy procedures versus the fine needle aspiration codes.

The Integumentary system includes revised instructions on how to accurately determine the size of excised benign and malignant lesions. Code selection 11400-11446 and 11600-11646 is determined by measuring the greatest clinical diameter of the lesion and the margin required for complete excision. This section also includes instructions to report each lesion excised separately.

The major revision to the musculoskeletal section includes changes to the Spine subsection guidelines. This guideline revision found in the Spine Osteotomy, Fracture/Dislocation, Arthrodesis, Posterior Technique, Spine Deformity, and Instrumentation subsections specifically instructs the user not to append modifier -62 to spinal instrumentation codes 22840-22848 and 22850-22852. This revision now makes it appropriate to append modifier -62 to codes 22849 and 22855.

The introductory notes of the Pacemaker or Pacing Cardioverter-Defibrillator subsection were expanded in correlation with the addition of three new codes for left ventricular pacing procedures. New codes 33224 and 33225 describe the insertion of a left ventricular electrode to achieve biventricular pacing. Code 33226 describes the repositioning of a previously implanted cardiac venous system (left ventricular) electrode. Additional changes to the Pacemaker or Pacing Cardioverter-Defibrillator subsection include the revision of codes 33216-33217 with the deletion of the word “repositioning” and the addition of new code 33215, which should now be reported for the repositioning of a previously implanted transvenous pacemaker or right atrial or right ventricular pacing electrode.

Other changes to the surgery section include 13 new codes to report bone marrow or stem cell services and procedures. These services describe the management of a bone marrow donor search, stem cell harvesting, and preparation of the marrow for transplant, including depletion of various marrow components and cellular concentration.

New additions to the Urinary System section include codes 50542 and 50543 describing laparoscopic renal procedures. Code 50542 describes the laparoscopic ablation of renal mass lesion(s) and code 50543 is intended for reporting a laparoscopic partial nephrectomy. New code 50562 describes the endoscopic resection of renal tumors. The Bladder subsection includes four new codes (51701, 51702, 51703, and 51798) describing procedures that were previously only reported with HCPCS G codes.

The Surgery section also includes new codes in the Female Genital subsection for colposcopy procedures. Codes 56820 and 56821 have been added to describe colposcopy of the vulva. In addition, three new indented codes have been added to the cervical colposcopy series describing biopsy, endocervical curettage, and loop electrode biopsy of the cervix. The vaginal hysterectomy codes have been revised to differentiate between procedures involving uterine weight of 250 grams or less and greater than 250 grams. Several codes were also added describing myomectomy procedures.

Radiology

Significant revisions to the Radiology section include changes to all of the descriptors for computed tomography imaging procedures with the deletion of the word “axial.” Additionally, the Diagnostic Ultrasound subsection has been revised with new headings under Pelvis for Obstetrical and Non-obstetrical procedures. New guidelines and five new codes were added under the Obstetrical heading along with the revision of four existing codes.

Pathology and Laboratory

The Pathology and Laboratory section includes several additions, revisions, and deletions to the hematology and microbiology subsections. In addition, the Cytopathology subsection includes the deletion of codes 88144 and 88145 and the addition of new codes 88174 and 88175 for automated screening of automated thin layer preparation.

Medicine

The Medicine section includes new subheadings for Neurology and Neuromuscular procedures. A new subsection, Evaluative and Therapeutic Services, was also added describing the evaluation of swallowing function and services for patients with cochlear implants and communication devices. Codes 92601 and 92603 describe post-operative analysis and fitting of previously placed external devices, connection to the cochlear implant, and programming the stimulator. Codes 92602 and 92604 describe subsequent sessions for measurements and adjustment of the external transmitter and reprogramming of the internal stimulator. An additional 13 codes have been added to this new subsection describing such services as therapeutic services for use of speech-generating devices (e.g., 92609) and a flexible fiberoptic endoscopic evaluation of swallowing (e.g., 92612).

Other revisions to the Medicine section include two codes added to the Cardiac Catheterization subsection and the relocation of the Home Infusion codes under the same subsection as the home visit codes to indicate the appropriate reporting time frame for these procedures.

Category III Codes

The CPT 2003 book includes 18 new codes in the Category III section, which is the set of temporary codes for emerging technology, services, and procedures. Eight of these codes describe procedures related to thoracic aortic aneurysm repair.

Modifiers

A new modifier was added for 2003 for services performed on neonates and infants as follows: -63 Procedure performed on infants less than 4 kg. Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician work commonly associated with these patients. This circumstance may be reported by adding the modifier -63 to the procedure number. Note: unless otherwise designated, this modifier might only be appended to procedures/services listed in the 20000-69999 code series. Modifier -63 should not be appended to any CPT codes listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections.

This article provides only a brief look at the changes for CPT 2003. To keep your CPT knowledge current, make sure to obtain a CPT 2003 book for a complete listing of all CPT codes and guidelines.

Karen O'Hara (Karen_Ohara@ama-assn.org) is a senior coding consultant, CPT Editorial and Information Services, at the American Medical Association.

Article citation:

O'Hara, Karen. "Plenty of CPT Changes for 2003: Latest on Additions, Revisions, and Deletions." *Journal of AHIMA* 74, no.1 (2003): 80-82.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.