

2011 CPT Changes Highlights

December 2010



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GROUP POLLING QUESTIONS

Please answer via your mouse/keyboard



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“Highlights”

- ‘the most prominent, important, conspicuous or memorable’
- This presentation does not cover all the changes in CPT 2011 and should not be a substitute for careful review of the CPT manual for sections and codes you may use most often.



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2011 CPT Manual

- All page numbers referenced are for the Professional edition of the manual
- See attached file for 'corrections document' in the 2011 book



CORRECTIONS DOCUMENT—CPT® 2011



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Evaluation and Management

Time (intraservice time additional language)

“When prolonged time occurs in either the office or the inpatient areas, the appropriate add-on code should be reported.”

pg. 7



Evaluation and Management

Time (non-face-to-face)

“However, the pre- and post-non-face-to-face work associated with an encounter was included in calculating the total work of typical services in physician surveys.”

pg. 7



Evaluation and Management

Time (selecting level)

“When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter... then time **shall** be considered the key or controlling factor to qualify for a particular level of E/M services.” (emphasis added, used to read ‘may’).



Evaluation and Management

Subsequent Observation Care (99224-99226)

- Three new codes
- Require 2 of 3 key components or time
- Require review of medical records, diagnostic studies, changes in patient status since last physician assessment

pg. 13



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Evaluation and Management

Subsequent Observation Care (99224-99226)

Created in response to increase in the number of observation services extending beyond initial day of service prompted by requirements to only provide in-patient services to those meeting payor or hospital specific criteria.

2011 CPT Changes: An Insider's View



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Evaluation and Management

Critical Care

List of services included in critical care codes are considered inclusive for professional services, but “facilities may report the above services separately.”

pg. 22



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Evaluation and Management

Pediatric Critical Care Patient Transport

Lists of services included in the pediatric critical care patient transport codes. (Similar to other critical care subcategories).

pg. 38



Integumentary Section

Debridement

- New guidelines to define wound debridement and surface area related to depth of debridement.
- Single wound = report depth using deepest level of tissue removed
- Multiple wounds = sum the surface areas of wounds of same depth
- Modifier -59 may be necessary



Integumentary Section

Debridement

- Some codes deleted
- New cross references to other codes (i.e., 97597/97598 and 16020-16030)
- New add-on codes for “each additional 20 square cm or part thereof”
- Refinement of debridement language in the “repair (closure)” section (i.e., when debridement is separately reportable)



Integumentary Section

Skin replacement surgery/skin substitutes

Surgical Preparation guidelines revised:

- Clarify codes 15002-15005 as related to preparing a clean wound surface for placement of graft, flap, etc.
- In some cases closure may be possible with adjacent tissue transfer (14000-14061) or complex repair (13100-13153)



Integumentary Section

Skin replacement surgery/skin substitutes

Surgical Preparation guidelines revised:

- In all cases appreciable nonviable tissue is removed to treat certain wounds
- Clean wound bed may be created by incisional release
- Clarify intention of wound healing by primary intention or negative pressure



Integumentary Section

Skin replacement surgery/skin substitutes

Surgical Preparation guidelines revised:

- Though patient's condition may require closure by other means, the intent is to include these to heal wound
- Don't report 15002-15005 for nonviable tissue removal in a chronic wound when left to heal by secondary intention



Integumentary Section

Skin replacement surgery/skin substitutes

Surgical Preparation guidelines revised:

- Direct to other codes such as 97597-97598, 11042-11047 and 11004-11008.
- Additional guidance on how to report codes 15002-15005.



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Integumentary Section

Skin replacement surgery/skin substitutes

Application of Skin Replacements and Substitutes:

- New subheading
- Instruction on using codes 15100-15431.



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Musculoskeletal Section

- New codes for anterior interbody arthrodesis (22551, 22552)
- New codes for hip arthroscopy (29914, 29915, 29916)



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Respiratory Section

- New codes for endoscopic dilation of sinus ostia (31295, 31296, 31297)
- New code for bronchoscopy with balloon occlusion and assessment for air leak (31634)



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Cardiovascular Section

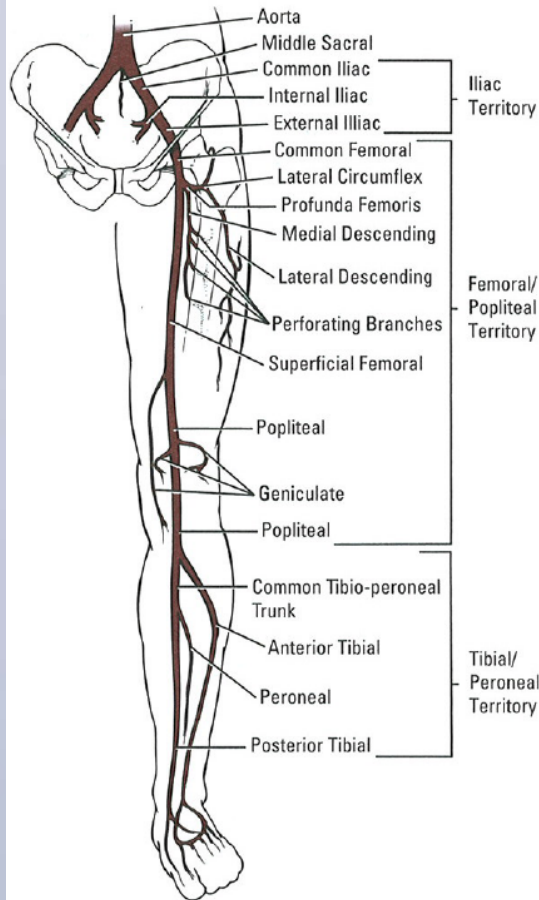
- New codes for single ventricle and other cardiac anomalies (33620, 33621, 33622)
- Many codes deleted and new codes created for lower extremity endovascular revascularization procedures (37220-37235)
- New guidelines (see pg. 208-209)



Cardiovascular Section

Iliac and Lower Extremity Arterial Anatomy Territory

37220-37235



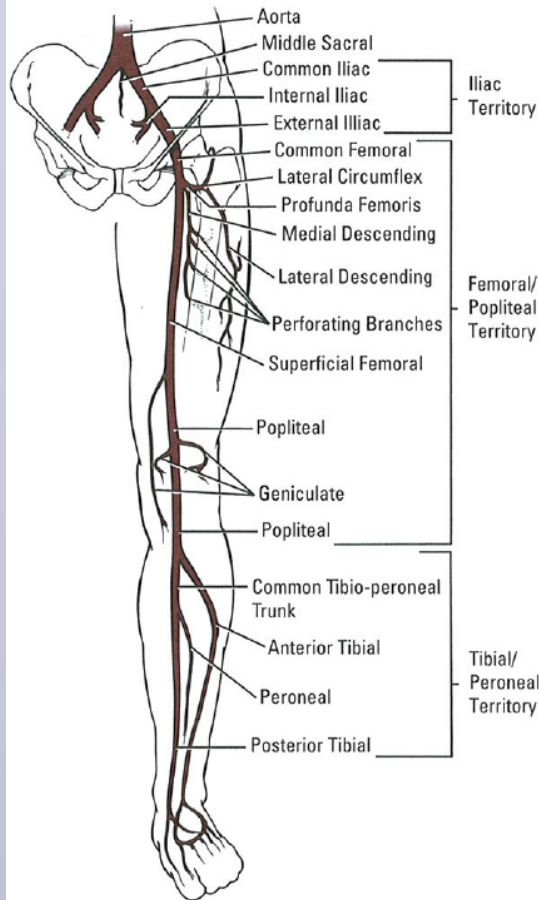
- Revascularization for occlusive disease
- Progressive hierarchies with less intensive services included in more intensive (angioplasty, atherectomy, stent)
- Only one code per vessel
- Specific guidelines for each of three vascular territories (Iliac, Fem/Pop, Tib/Per)



Cardiovascular Section

Iliac and Lower Extremity Arterial Anatomy Territory

37220-37235



Code includes all the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological S&I directly related to intervention, embolic protection if used, closure of arteriotomy and imaging to document completion.



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Hemic/Lymphatic Section

- New code for intraoperative identification of sentinel lymph node(s) includes injection of nonradioactive dye when performed (+38900)



Digestive Section

- Many new codes for procedures of the esophagus
- Lengthening (laparoscopic 43283; open 43338)
- Esophagogastric fundoplasty (laparotomy 43327; thoracotomy 43328)
- Paraesophageal hiatal hernia (43332-43337)



Digestive Section

- Intubations/Aspirations
 - Gastric (43753-43755)
 - Duodenal (43756-43757)
- Endoscopy
 - Notes regarding incomplete colonoscopies and modifier 53.
- Abdomen, Peritoneum, and Omentum
 - Interstitial devices for radiation therapy (49327, 49412)



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Urinary/Female Section

- New code for female urethra procedures for stress urinary incontinence (53860)
- New code for vaginal apparatus for brachytherapy (57156)



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Maternity Section

- New explanations for postpartum care only services and delivery only services
- “Postpartum care only services (59430) include office or other outpatient visits following vaginal or cesarean section delivery.”



Maternity Section

- “When reporting delivery only services (59409, 59514, 59612, 59620), report inpatient post delivery management and discharge services using Evaluation and Management Services codes. Delivery and postpartum services (59410, 59515, 59614, 59622) include delivery services and all inpatient and outpatient postpartum services.”



Nervous Section

- New codes for stereotactic computer-assisted (navigational) procedures (+61781, +61782, +61783)
- Revised notes (pg. 328-329) regarding some nerve injections and the inclusion of fluoroscopic and CT guidance.
- References to category III codes if done under ultrasound guidance
- New neurostimulator codes (64566-64570)



Eye Section

- New cornea procedure codes (65778, 65779)
- New anterior sclera codes (66174, 66175)
- Iridotomy/Iridectomy code (66761) revised to “per session” instead of “1 or more sessions”



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Operating Microscope

- Code +69990, additional codes have been added to the list for which the operating microscope should not be reported (22551-22552, 0226Tm 0227T)



Radiology Section

New codes for combination CT scans of abdomen and pelvis (74176-74178)

► For combinations of CT of the abdomen with CT of the pelvis performed at the same session, use the following table. Do not report more than one CT of the abdomen or CT of the pelvis for any session. ◀

► Stand Alone Code	74150 CT Abdomen WO Contrast	74160 CT Abdomen W Contrast	74170 CT Abdomen WO/W Contrast
72192 CT Pelvis WO Contrast	74176	74178	74178
72193 CT Pelvis W Contrast	74178	74177	74178
72194 CT Pelvis WO/W Contrast ◀	74178	74178	74178



Radiology Section

- Additional explanation provided in the vascular procedure notes (pg. 372-373) given the changes to cardiac catheterizations and the lower extremity endovascular revascularization codes.
- Extremity ultrasound code deleted, two new codes created for more specificity (76881, 76882) and explanatory notes defining complete and limited extremity exams.



Radiation Oncology Section

- Update to notes for Radiation Tx Mgmt (pg. 390): “Radiation treatment management requires **and includes** a minimum of one examination of the patient by the physicians for medical evaluation and management (eg, assessment of the patient’s response to treatment, coordination of care and treatment, review of imaging and/or lab test results with documentation) for each reporting of the radiation treatment management service.”



Path and Lab Section

- Many deletions, approximately 16 new codes and 7 revised codes. A brief summary of new codes:
 - New drug testing code (80104)
 - New gastric acid code (82930)
 - New tear osmolarity code (83861)
 - New placental microglobulin code (84112)
 - New phospholipid code (85598)
 - New TB/T-cells test (86481)



Path and Lab Section

- A brief summary continued:
 - New blood typing code (86902)
 - Three new influenza virus codes (87501-87503)
 - New HIV code (87906)
 - Three new cytopathology codes (FISH--88120, 88121 and FNA aspirate 88177)
 - One new surgical path code (88363)
 - One new in vivo lab code (88749)



Medicine Section

- Immunization administration with counseling—old codes deleted and new codes created based on the number of components in the vaccine (90460-90470)
- 90460—Immunization admin through 18 yrs of age via any route with counseling, first vaccine/toxoid component
- +90461—each additional vaccine/toxoid component



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Medicine Section

- Five new vaccine product codes (90644, 90664, 90666, 90667, 90668)
- Psychiatry notes include additional language about the differences in the intent of consultations, follow up and transfer of care type services and which codes are most appropriate.



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Medicine Section

- Updates to the psychotherapy notes explain:
“Face-to-face time when providing psychotherapy with medical evaluation and management services includes time spent providing both psychotherapy and evaluation and management services (ie, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829).”



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Medicine Section

- Two new codes for transcranial magnetic stimulation treatment (90867, 90868)
- New codes for esophageal motility (91013) and colon motility (91117)
- New codes for scanning computerized ophthalmic diagnostic imaging (92132, 92133, 92134)
- New codes (ophthalmoscopy) for remote imaging for retinal disease (92227, 92228)



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Medicine Section

- Cardiovascular Monitoring Services—new subsection with additional explanation about holter monitors, mobile cardiac telemetry monitors and event monitors.
- New parenthetical notes such as use of modifier -52 for less than 12 hours of continuous recording for codes 93224-93227.



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Medicine Section

- Cardiovascular Monitoring Services—new subsection with additional explanation about holter monitors, mobile cardiac telemetry monitors and event monitors.
- New parenthetical notes such as use of modifier -52 for less than 12 hours of continuous recording for codes 93224-93227.



- Implantable & Wearable Cardiac Device Evaluations
 - Exclusionary parenthetical note
 - Clarification that implantable cardiovascular monitoring (ICM) functionality is included in a pacemaker. The pacemaker heart rhythm data, such as sensing, pacing, tachycardia detection therapy, are distinct and, therefore, the monitoring processes are distinct.



Medicine Section

- Cardiac Catheterization section completely revised
- Approximately 19 deletions and 20 new codes
- “Component Coding” (i.e., cath placement, injection, S&I) has been eliminated. S&I and injections now considered included and not reported separately.

EFFECTIVE 2011		CATHETER PLACEMENT TYPE				ADD-ON PROCEDURES			IMAGING BUNDLED (NOT SEPARATELY REPORTED)				Common Coding Combinations Typically Reported Prior to 2011
CPT Code	Code Descriptor	RHC	LHC	Coronary Artery Placement	Bypass graft(s)	With Trans-septal Or Trans-apical puncture	With Pharmacological Study	With Exercise Study	Arterial Conduits	Venous Bypass Grafts	LT Ventricular/Atrial	Coronary angio	
						93462	93463	93464	93565	93564	93566	93563	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	X					X	X					93501 and 93555
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed		X			X	X	X			X		(93510 or 93511 or 93514 or 93524) with (93543 and 93555)
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	X	X			X	X	X			X		(93526 or 93527 or 93528 or 93529) with (93543 and 93555)
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;			X								X	93508 with (93545 and 93556)
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography			X	X				X	X		X	93508 with (93545 and 93556) with (93539 and/or 93540)

EFFECTIVE 2011		CATHETER PLACEMENT TYPE				ADD-ON PROCEDURES			IMAGING BUNDLED (NOT SEPARATELY REPORTED)				Common Coding Combinations Typically Reported Prior to 2011
CPT Code	Code Descriptor	RHC	LHC	Coronary Artery Placement	Bypass graft(s)	With Trans-septal Or Trans-apical puncture	With Pharmacological Study	With Exercise Study	Arterial Conduits	Venous Bypass Grafts	LT Ven-tricular/ Atrial	Coronary angio	
						93462	93463	93464	93565	93564	93566	93563	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	X		X			X	X				X	(93501 and 93508), with (93545 and 93556)
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	X		X	X		X	X	X	X		X	(93501 and 93508), with (93545, and 93556), and with (93539 and/or 93540)
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed		X	X		X	X	X			X	X	(93510 or 93511 or 93514 or 93524), with (93543 and 93555), and with (93545 and 93556)

EFFECTIVE 2011		CATHETER PLACEMENT TYPE				ADD-ON PROCEDURES			IMAGING BUNDLED (NOT SEPARATELY REPORTED)				Common Coding Combinations Typically Reported Prior to 2011
CPT Code	Code Descriptor	RHC	LHC	Coronary Artery Placement	Bypass graft(s)	With Trans-septal Or Trans-apical puncture	With Pharmacological Study	With Exercise Study	Arterial Conduits	Venous Bypass Grafts	LT Ven-tricular/ Atrial	Coronary angio	
						93462	93463	93464	93565	93564	93566	93563	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography		X	X	X	X	X	X	X	X	X	X	(93510 or 93511 or 93514 or 93524), with (93543 and 93555), and with (93545 and 93556), and with (93539 and/or 93540)
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	X	X	X		X	X	X			X	X	(93526 or 93527 or 93528 or 93529), with (93543 and 93555), and with (93545 and 93556)
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	X	X	X	X	X	X	X	X	X	X	X	(93526 or 93527 or 93528 or 93529), with (93543 and 93555), and with (93545 and 93556), and with (93539 and/or 93540)



Medicine Section

- Noninvasive vascular diagnostic studies
 - Updated notes to provide guidance for Ankle-Brachial Index (ABI) (93922, 93923)
 - Requirements for limited studies for lower & upper extremities
 - Requirements for complete studies for lower & upper extremities
 - 93922, 93923, 93924 code descriptors were revised with much greater specificity



Medicine Section

- New codes for unattended sleep studies (95800, 95801)
- More detailed instruction for 'per hour' intraoperative neurophysiology testing code (ie, don't report if less than 30 minutes, guidance for procedures straddling midnight, etc.)
- Additional guidelines and revisions for special EEG tests



Medicine Section

- 96040 Medical genetics clarification (do not report for 15 minutes or less)
- 96101 Psychological testing clarification (31 minutes must be provided to report any "per hour" code)
- New code (96446) for chemotherapy administration into peritoneal cavity via indwelling port or catheter



Medicine Section

- Additional clarification notes regarding “time” reported codes such as:
 - Photodynamic therapy (96570, 96571)
 - Physical Medicine and Rehabilitation (97001-97755)
- Active Wound Care Management (97597, 97598) codes have been revised in support of the debridement changes made in the integumentary system.



Category II/III Codes

- Yes, there have been some updates. Read the details.
- Don't dismiss them. Payment/Compliance.
- Very specific and unique, these sections just might contain the code you've always been waiting for!
 - For example, somebody is very happy this Christmas: 0239T "Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs"



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