

# CPT® Changes for 2006

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1:30 – 3:30 p.m.

# Overview of Changes for 2006

## – One new symbol:

- N* Indicates a code for a vaccine that is pending FDA approval.
- ⊙ Appendix “K” lists codes with this symbol.
- ⊙ [www.ama-assn.org/ama/pub/category/10902.html](http://www.ama-assn.org/ama/pub/category/10902.html)

## – Category I code changes:

- 216 codes added
- 99 codes deleted
- 69 code descriptors revised

# Overview of Changes for 2006

## – Category II Codes:

- 21 codes added
- No deletions or revisions

## – Category III Codes:

- 35 codes added
- 11 codes deleted
- 2 code descriptors revised

# Overview of Changes for 2006

- **No new modifiers**
- **Revision for modifier “25”**
- **Three new appendices:**
  - **Appendix J – Two coding references**
    - **List of nerve families**
    - **Table of maximum number of studies**
  - **Appendix K – Vaccines pending FDA approval**
  - **Appendix L – Vascular Families Table**

# Evaluation and Management

## – Consultations

- **Follow-up inpatient consultation codes 99261-99263 have been deleted**
  - Report using the subsequent hospital care codes (99231-99233) or the subsequent nursing facility care codes (99307-99310)
- **Confirmatory consultation codes 99271-99275 have been deleted**
  - Report using the appropriate E/M service code for the setting and type of service.

# Evaluation and Management

- ▲ CPT codes 36400, 36405, and 36406 have been included in the list of bundled services for neonatal and pediatric critical care codes.
- ▲ Subheading “Intensive (Non-Critical) Low Birth Weight Services” has been revised to “Continuing Intensive Care Services”
- 99300 Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

# Evaluation and Management

## – Nursing Facility Services

- Codes 99301-99303, for Comprehensive Nursing Facility Assessments, were deleted
- Three new codes, 99304-99306 report Initial Nursing Facility Care
- Codes 99311-99313, for Subsequent Nursing Facility Care, were deleted
- Four new codes, 99307-99310 report Subsequent Nursing Facility Care
- 99318 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components . . .

# Evaluation and Management

- **Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services**
  - **Codes 99321-99323 and 99331-99333 have been deleted**
  - **New codes 99324-99238 report new patient services**
  - **New codes 99334-99337 report established patient services**
  - **New codes 99339 and 99340 report care plan oversight for patients in these settings**



# Anesthesia

## – Changes to Guidelines:

- **“Conscious Sedation” changed to “Moderate Sedation”**
- **Reference to new moderate sedation codes, 99143-99145 and 99148-9150.**
- **01965 Anesthesia for incomplete or missed abortion procedure**
- **01966 Anesthesia for induced abortion procedure**

# Surgery Section

## – Integumentary system:

- Revision of the guidelines
- 37 codes added

## – Digestive system

- Nine gastric restrictive procedure codes added
- Eleven laparoscopic intestinal procedure codes added

# Surgery – Integumentary System

- **New subsection: “Skin Replacement Surgery and Skin Substitutes”**
  - **Must involve surgical fixation of the skin substitute or graft**
  - **Measurement of 100 sq cm applies to adults and children age 10 and older, % of BSA applies to infants and children < 10 years**
  - **Supply of the skin substitute or graft should be reported separately when performed in the office setting**

# Surgery – Integumentary System

- ▲ **Code 15000 revised to include “incisional release of scar contracture”**
- **15040 Harvest of skin for tissue cultured skin autograft, 100 sq cm or less**
- **15110, +15111, 15115, +15116 added to report epidermal autograft procedures for the first 100 sq cm and each add’l 100 sq cm, or part thereof**
- **15130, +15131, 15135, +15136 added to report dermal autograft procedures for the first 100 sq cm and each additional 100 sq cm, or part thereof**

# Surgery – Integumentary System

- **15150 and 15155 added to report tissue cultured epidermal autograft for the first 25 sq cm or less**
- **+15151 and +15156 each report an additional 1 sq cm to 75 sq cm**
- **+15152 and +15157 each report an additional 100 sq cm, or part thereof**

# Surgery – Integumentary System

- **15170 and 15175 added to report acellular dermal replacement for the first 100 sq cm or less**
- **+15171 and +15176 added to report each additional 100 sq cm or less**
- **15300 and 15320 added to report allograft skin for temporary wound closure for the first 100 sq cm or less**
- **+15301 and +15321 added to report each additional 100 sq cm , or part thereof**

# Surgery – Integumentary System

- 15330 and 15335 added to report acellular dermal allograft for the first 100 sq cm or less
- +15331 and +15336 added to report each additional 100 sq cm or less
- 15340 added to report tissue cultured allogeneic skin substitute for the first 25 sq cm or less
- +15341 added to report each additional 25 sq cm , or part thereof
- 15360 and 15365 added to report tissue cultured allogeneic dermal substitute for the first 100 sq cm or less
- +15361 and +15366 report each additional 100 sq cm, or part thereof

# Surgery – Integumentary System

- **15420** added to describe xenograft skin (dermal) for temporary wound closure for the first 100 sq cm or less
- **15430** added to describe acellular xenograft implant for the first 100 sq cm or less
- **+15431** established to report each additional 100 sq cm
- **Codes 15810 and 15811** have been deleted
- **Codes 16010 and 16015** have been deleted



# Surgery – Musculoskeletal System

- **Codes 21493 and 21494 have been deleted**
- **22010 Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic**
- **22015 lumbar, sacral, or lumbosacral**

# Surgery – Musculoskeletal System

- **22523 Percutaneous vertebral augmentation, including cavity creation . . . thoracic**
- **22524 lumbar**
- **+22525 each additional thoracic or lumbar vertebral body**
- **28890 Extracorporeal shock wave, high energy, performed by a physician . . . involving the plantar fascia**

# Surgery – Respiratory System

## Majority of the changes are revisions:

- Codes 30130, 30140, 30801, 30802, and 30930 revised to clarify usage specific to the inferior turbinates
- Codes 30801, 30802, and 30930 additionally revised with the removal of “separate procedure” from the descriptors
- Codes 31526, 31531, 31536, 31541, 31561, and 31571 were revised to include the use of telescopes
- Codes 31585 and 31586 were deleted

# Surgery – Respiratory System

- **Two new codes, three deleted in the Lungs and Pleura subsection:**
  - **32503 Resection of atypical lung tumor , including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)**
  - **+32504 with chest wall reconstruction**
- **Codes 32520, 32522, and 32525 deleted**

# Surgery – Cardiovascular System

- **33507** Repair of anomalous aortic origin of coronary artery by unroofing or translocation
- **33548** Surgical ventricular restoration procedure, includes prosthetic patch, when performed
- **+33768** Anastomosis, cavopulmonary, second superior vena cava (List in addition to primary procedure)
- **New codes 33880-33891** represent a family of procedures to report placement of an endovascular graft for repair of the descending thoracic aorta

# Surgery – Cardiovascular System

- **Two codes deleted, two codes added in the Pulmonary Artery subsection:**
  - **Codes 33818 and 33819 deleted**
  - **33925 Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass**
  - **33926 with cardiopulmonary bypass**

# Surgery – Cardiovascular System

- **Arteries and Veins**

- **Eight new codes, two deleted, three revised**

- ▲ **34833 and 34834 were revised to allow use of these open exposure codes with codes 33880-33891 for endovascular repair of the thoracic aorta**
- **36598 Contrast injection(s) for radiological evaluation of existing central venous access device, including fluoroscopy, image documentation and report**

# Surgery – Cardiovascular System

## – Arteries and Veins, con't.

- **Code 37209 revised; five codes, guidelines, and cross-references added to report percutaneous thrombus removal in peripheral vessels**
- **37184, 37185, and 37186 report arterial mechanical thrombectomy**
- **37187 and 37188 report venous mechanical thrombectomy**
- **Codes 37720 and 37730 deleted**
- **Replaced with 37718 and 37722 to describe the excision of the short and long saphenous veins**



# Surgery – Digestive System

- **23 new codes, seven revised codes**
- **New headings and subheadings**
  - **New codes 43770-43774 describe laparoscopic bariatric surgical procedures**
  - **New Codes 43886-43888 report open gastric banding procedures**
  - **New codes 44186-44188, 44202, 44213, and 44227 all describe laparoscopic procedures performed on the large and small intestine**
  - **Unlisted code 44239 has been deleted and renumbered to 45499**

# Surgery – Digestive System

- Changes to the colonoscopy section include addition of the moderate sedation symbol to codes 45378 and 45379
- New codes 45395 and 49357 describe laparoscopic excision procedures of the intestines and rectum
- New codes 45400, 45402, and 45499 report laparoscopic repair procedures of the intestines and rectum
- 45990 Anorectal exam, surgical, requiring anesthesia . . . diagnostic

# Surgery – Digestive System

- **Three new codes in the Anus subsection:**
- **46505 Chemodenerivation of internal anal sphincter**
- **46710 Repair of ileoanal pouch fistula/sinus, pouch advancement; transperineal approach**
- **46712 combined transperineal and transabdominal approach**

# Surgery – Urinary System

- **Seven new codes, none deleted, three revised**
  - **50250 Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed**
  - **50382 Removal and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation**
  - **50384 Removal of internally dwelling ureteral stent**
  - **50387 Removal and replacement of externally accessible transnephric ureteral stent . . .**
  - **50389 Removal of nephrostomy tube, requiring fluoroscopic guidance . . .**
  - **50592 Ablation, . . . renal tumor(s), percutaneous, unilateral radiofrequency**
  - **51999 Unlisted laparoscopic procedure, bladder**

# Surgery – Female Genital System

## – Two new codes, one revised

- **57295** Revision (including removal) of prosthetic vaginal graft, vaginal approach
- ▲ **57421** Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
- **+58110** Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)

# Surgery – Nervous System

## – Seven new codes, one revised

- **61630 Balloon angioplasty, intracranial . . . percutaneous**
- **61635 Transcatheter placement of intravascular stent(s), intracranial . . . Including balloon angioplasty, if performed**
- **61640 Balloon dilatation of intracranial vasospasm, percutaneous, initial vessel**
- **+61641 each additional vessel in same vascular family**
- **+61642 each additional vessel in different vascular family**

# Surgery – Nervous System

- **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System**
  - ▲ **64613 Chemodenervation of muscle(s); neck muscle(s) . . .**
  - **64650 Chemodenervation of eccrine glands; both axillae**
  - **64653 other area(s) (eg, scalp, face, neck), per day**
- **Code 69410 in the Auditory System has been deleted**
- **Codes 31545 and 31546 have been added to the list of codes for which the use of an operating microscope (+69990) is an inclusive component**

# Radiology Code Changes

- **Nine new codes, three revised, six deleted**
- **Introductory statement to Nuclear Medicine section has been revised**
  - **75956 Endovascular repair of descending thoracic aorta, . . . radiological S&I**
  - **75957 not involving coverage of left subclavian artery origin, . . .**
  - **75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta, radiological S&I**
  - **75959 Placement of distal extension prosthesis(s) (delayed), . . . radiological S&I**



# Radiology Code Changes

- **76376** 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound . . . not requiring image postprocessing on an independent workstation
- **76377** requiring image postprocessing on an independent workstation
- **77421** Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
- **77422** High energy neutron radiation treatment delivery; . . .
- **77423** 1 or more isocenter(s) with coplanar . . .

# Pathology Code Changes

- **One new Therapeutic drug assay code**
  - **80195 Sirolimus**
- **Chemistry Section – 13 new codes and six revised:**
  - ▲ **82270 Blood, occult, . . . qualitative; feces . . .**
  - **82271 other sources**
  - **82272 Blood, occult, . . . single specimen (eg, from digital rectal exam)**

# Pathology Code Changes

- ▲ **83036 Hemoglobin; glycosylated (A1C)**
- **83037 glycosylated (A1C) by device cleared by FDA for home use**
- ▲ **83630 Lactoferrin, fecal; qualitative**
- **83631 quantitative**
- **83695 Lipoprotein (a)**
- **83700 Lipoprotein, blood; electrophoretic separation and quantitation**
- **83701 high resolution fractionation . . .**
- **83704 quantitation of lipoprotein particle numbers and lipoprotein particle subclasses**

# Pathology Code Changes

- **83900** Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
- ▲ **+83901** . . . each additional nucleic acid sequences
- **83907** lysis of cells prior to nucleic acid extraction
- **83908** signal amplification of patient nucleic acid, each nucleic acid sequence
- **83909** separation and identification by high resolution technique
- **83914** Mutation identification by enzymatic ligation or primer extension, single element, each segment . . .

# Pathology Code Changes

## – Immunology Section

- **86200 Cyclic citrullinated peptide (CCP), antibody**
- **86355 B cells, total count**
- **86357 Natural killer (NK) cells, total count**
- **86367 Stem cells (ie, CD34), total count**
- **86480 Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response**

# Pathology Code Changes

## – Transfusion Medicine Section

- 86923 Compatibility test each unit; electronic
- 86960 Volume reduction of blood or blood product (eg, red blood cells or platelets) each unit

## – Microbiology Section

- 87209 Smear, primary source with interpretation; complex special stain for ova and parasites
- 87900 Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics

# Pathology Code Changes

- **Cytopathology section revisions:**
  - ▲ The CPT add-on symbol and add-on status were eliminated from code 88141.
  - ▲ The descriptor for 88175 was revised to include “or review”
- **Surgical Pathology Section**
  - 88333 Pathology consultation during surgery; cytologic examination, initial site
  - 88334 cytologic examination, each additional site

# Pathology Code Changes

- **Surgical Pathology Section, con't.**
  - **88384** Array-based evaluation of multiple molecular probes; 11 through 50 probes
  - **88385** 51 through 250 probes
  - **88386** 251 through 500 probes
- **Other Procedures**
  - **89049** Caffeine halothane contracture test (CHTC) for malignant hyperthermia susceptibility, including interpretation and report



# Medicine Section Changes

- **Three new, three revised vaccine codes:**
  - **90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use**
  - **90714 Tetanus and diphtheria toxoids (Td) absorbed, preservative free, for use in individuals 7 years or older, for intramuscular use**
  - ▲ **90715 Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use**
  - **90736 Zoster (shingles) vaccine, live, for subcutaneous injection**

# Medicine Section Changes

- **New Section: Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy)**
- **Codes 90780-90784, 90788, and 90799 have been deleted**
- **Eleven codes, guidelines, and related cross-references established for reporting hydration and therapeutic, prophylactic, or diagnostic intravenous (IV) infusions or injections.**

# Medicine Section Changes

- **90760 Intravenous infusion, hydration; initial, up to 1 hour**
- **+90761 each additional hour, up to 8 hrs**
- **90765 Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour**
- **+90766 each additional hour, up to 8 hrs**
- **+90767 additional sequential infusion, up to one hour**
- **+90768 concurrent infusion**

# Medicine Section Changes

- **90772** Therapeutic, prophylactic or diagnostic injection, (specify substance or drug) subcutaneous or intramuscular
- **90773** intra-arterial
- **90774** intravenous push, single or initial substance/drug
- **+90775** each additional sequential push of a new substance/drug
- **90779** Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion

# Medicine Section Changes

## – Psychiatric Therapeutic Procedures

- ▲ Code 90871 deleted and 90870 revised by removing “single seizure” from the descriptor

## – Hemodialysis

- ▲ Code 90939 deleted and 90940 revised to create one generic code to report a hemodialysis access flow study

## – Gastroenterology, one new code

- 91022 Duodenal motility (manometric) study

# Medicine Section Changes

- **Ophthalmology Section**

- **Codes 92330 and 92335 for prescription, supply and fitting of ocular device deleted**
- **Codes 92390-92396, for supply of spectacles or contact lenses, deleted**

- **Special Otorhinolaryngologic services:**

- **Four new codes for Evaluative and Therapeutic Services**

- **92626, +92627, 92630 and 92633 added to report evaluation of auditory rehabilitation status**

# Medicine Section Changes

## – Endocrinology

- 92521 Ambulatory continuous glucose monitoring . . . physician interpretation and report

## – Neurology and Neuromuscular Procedures

- 95865 Needle electromyography; larynx
- 95866 hemidiaphragm
- +95873 Electrical stimulation for guidance in conjunction with chemodenervation
- +95874 Needle electromyography for guidance in conjunction with chemodenervation

# Medicine Section Changes

- **Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)**
  - 96101 deleted and 4 codes added
  - 96101 Psychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of the psychologist's or physician's time, both face-to-face with the patient and time interpreting test results and preparing the report



# Medicine Section Changes



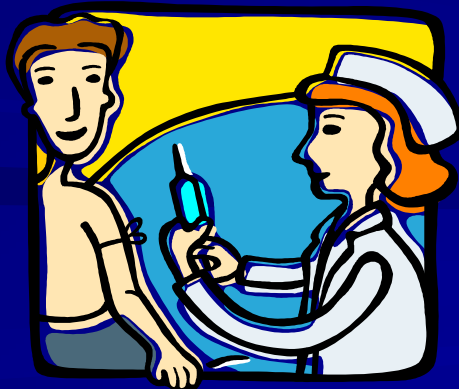
- **96102 Psychological testing . . . administered by technician, per hour of technician time, face-to-face**
- **96103 Psychological testing . . . administered by a computer, with qualified health care professional interpretation and report**
- **96115 and 96117 have been deleted and replaced with 96116, 96118, 96119, and 96120 to report the various modalities of performance of neuropsychological testing and the various components, as with the psychological testing codes.**

# Medicine Section Changes

- **Chemotherapy Administration**
  - Eight codes deleted, 3 revised, and 11 codes added
  - Three new subheadings distinguish the codes according to route of administration, specifying intravenous, intra-arterial, and other chemotherapy administration.
  - **96401 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**
  - **96402 hormonal anti-neoplastic**

# Medicine Section Changes

- **Chemotherapy Administration, con't.**
  - **96405** Chemotherapy administration; intralesional, up to and including 7 lesions
  - **96406** intralesional, more than 7 lesions
  - **96409** intravenous, push technique, single or initial substance/drug
  - **+96411** intravenous push technique, each additional substance/drug



# Medicine Section Changes

- **Chemotherapy Administration, con't.**
  - **96413** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
  - **+96415** each additional hour, 1 to 8 hrs
  - **96416** initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
  - **+96417** each additional sequential infusion (different substance/drug), up to 1 hour

# Medicine Section Changes

- **Chemotherapy Administration, con't.**
  - **96521 Refilling and maintenance of portable pump**
  - **96522 Refilling and maintenance of an implantable pump or reservoir for drug delivery, systemic**
  - **96523 Irrigation of implanted venous access device for drug delivery systems**

# Medicine Section Changes

- **New Section, Education and Training for Patient Self-Management**
  - **98960** Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
  - **98961** 2-4 patients
  - **98962** 5-8 patients



# Medicine Section Changes

## Special Services, Procedures and Reports

- Three new codes and codes 99050, 99056, and 99058 were revised to reflect the current practice environment in clarifying the intent for reporting services provided outside of the usual timeframe/location
- 99051 Services provided in the office during regularly scheduled evening, weekend, or holiday office hours

# Medicine Section Changes

## Special Services, Procedures and Reports

- **99053 Service(s) provided between 10:00 p.m. and 8:00 a.m. at a 24-hour facility, in addition to basic service**
- **99060 Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service**



# Category II Codes

- Twenty one codes added for 2006.
- Two modifiers established to report Category II services that were considered, but not provided.
  - 1P performance Measure Exclusion Modifier due to medical reasons
  - 2P Performance Measure Exclusion Modifier due to patient choice
- **New Codes**
  - **Composite Measures:**
    - 0001F Heart Failure Assessed
    - 0005F Osteoarthritis Assessed
  - Six new codes established in the Patient History section for specific different types of assessments

# Category II Codes

## **New Codes, con't.**

- Four new codes established in the Patient Examination section to describe certain elements of a physician examination: 2001F, 2002F, 2003F, and 2004F**
- Two codes added in the Diagnostic/Screening Processes or Results section: 3000F and 3002F each report a range of blood pressure values**
- Seven codes established in the Therapeutic, Preventive or Other Interventions: 4003F, 4012F, 4014F, 4015F, 4016F, 4017F, and 4018F**

# Category III Codes

- **Eleven Category III codes have been deleted and converted to Category I codes for 2006.**
- **Thirty-five Category III codes were added for 2006**
  - **Nine codes to describe total disc arthroplasty performance (0090T, 0091T, +0092T), removal (0093T, 0094T, and +0095T), and revision (0096T, 0097T, and +0098T)**

# Category III Codes

- **Five codes added to report quantitative sensory testing, QST.**
  - **0106T QST, testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation**
  - **0107T using vibration stimuli to assess large diameter fiber sensation**
  - **0108T using cooling stimuli . . .**
  - **0109T using heat-pain stimuli . . .**
  - **0110T using other stimuli to assess sensation**

# Category III Codes

- **Three codes added to report Medication Therapy Management Services**
  - **0115T Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, . . . initial encounter**
  - **0116T subsequent encounter**
  - **+0117T each additional 15 minutes**
- **0120T Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each . . .**
- **0123T Fistulization of sclera for glaucoma, through ciliary body**

# Category III Codes

- 0124T Conjunctival incision with posterior juxtасcleral placement of pharmacological agent (does not include supply of med.)
- 0126T Common carotid intima-media thickness study for evaluation of аtherosclerotic burden or coronary heart disease risk factor assessment
- 0133T Upper gastrointestinal endoscopy, . . . with injection of implant material into and along the muscle of the lower esophageal sphincter
- 0135T Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
- 0137T Biopsy, prostate, needle, saturation sampling for prostate mapping

**THANK YOU!**