

2001 CPT Changes

- **Integumentary**
 - 15342 & 15343** – New codes for application of tissue cultured skin grafts
 - 19100 – 19103** – Breast biopsy codes have been expanded to identify procedures performed open, percutaneous and percutaneous with imaging guidance
 - 19120, 19125 & 19126** – Codes for excision of breast cyst or lesion were revised to clarify that they are open procedures, and that code 19126 is for each additional cyst or lesion
- **Musculoskeletal**
 - 21199** – New surgical procedure for treatment of sleep apnea
 - 22520-22522** – New codes for percutaneous vertebroplasty on the thoracic and lumbar areas
- **Cardiovascular**
 - 33141** – New code that will allow transmyocardial laser revascularization to be billed separately when performed at the time of open cardiac procedures
 - 34800-34832** – New codes to describe the treatment options for repair of abdominal aortic aneurysm utilizing endovascular techniques
 - 35600** – Harvest of upper extremity artery for coronary artery bypass procedure (can be reported separately)
 - 36540** – Collection of blood specimen from a implantable venous access device
 - 36831-36832** – Codes were revised to clarify that they are preformed open
 - 36870** – New code for percutaneous removal of thrombus from dialysis graft/fistula
- **Hemic and Lymphatic**
 - 38500-38530** – Descriptors have been revised for more accurate reporting of sentinel lymph node biopsy or excision
- **Digestive**
 - 43231, 43232, 43240-43242, 43256** – New codes for transmural and transendoscopic procedures done in conjunction with an esophagoscopy or upper gastrointestinal endoscopy
 - 43752** – New code for placement of a naso- or oro-gastric tube requiring placement by a physician
 - 44132-44136** – New codes for small bowel transplant from a cadaver or living donor
 - 44370, 44379, 44383, 44397, 45327, 45387** – New codes for treatment of obstruction by transendoscopic stent placement of duodenum or colon
 - 45341-45345** – New sigmoidoscopy codes to report ultrasound, fine-needle biopsy or stent placement through the scope
 - 47379** – Unlisted laparoscopic procedure of the liver
 - 49320-49321** – Laparoscopy, codes were revised to distinguish between diagnostic and surgical procedures
- **Urinary**
 - 50545** – New code for laparoscopic radical nephrectomy
 - 50945-50948** – New codes for laparoscopic reimplantation of ureter or ureteroneocystostomy
 - 50949** – New code for any unlisted laparoscopy procedure involving the ureter
 - 52335-52339** – These codes have been deleted and renumbered 52351-52355, 52400
 - 52341-52346** – New codes for endoscopic treatment of non-calculus strictures in the ureter, ureteropelvic junction and intrarenal area
 - 52351** – The “diagnostic” descriptor was added to the new Cystourethroscopy code
- **Male Genital**
 - 54512** – New code for excision of extraparenchymal lesion
 - 54522** – New code for partial orchiectomy
- **Female Genital**
 - 57022-57023** – New codes to describe I & D of vaginal hematoma; post-obstetrical and non-obstetrical
 - 57287** – New code for reversal or take down of the stress incontinence sling
 - 58353** – New code for endometrial ablation performed by a balloon catheter system
 - 58943-58960** – Descriptions expanded to include the use of these new codes for malignancies of the fallopian tube and peritoneal cavity
- **Nervous**
 - 61697-61702** – New and revised codes to describe procedures related to surgical treatment of complex intracranial aneurysms and vertebrobasilar circulation aneurysms
 - 61770** – Description expanded to include insertion of radiological probes
 - 62252** – New code for reprogramming of CSF shunt
 - 63040-63044** – Coding was clarified for use in reexploration of a recurrent herniated intervertebral disk
 - 64612-64614** – New and revised codes to describe chemodenervation procedures
- **Eye and Ocular Adnexa**
 - 66982** – New code to describe the extracapsular cataract removal and lens insertion performed on a pediatric patient
 - 67221** – New code for ocular photodynamic therapy (PDT)
- **Auditory**
 - 69714-69718** – New codes to describe procedures related to placement of an osseointegrated implant for restoring hearing sensitivity and speech comprehension

- **Radiology**

- Head and Neck

- 70496-70498** – New codes for computerized tomographic angiography (CTA) of head and neck

- 70540-70549** – New codes for magnetic resonance angiography (MRA) of head and neck, without and with contrast material

- 70541** – Code was deleted, one of the new codes should be used

- Chest

- 71550-71552** – New MRI codes for imaging of the chest (eg, mediastinal lymphadenopathy)

- Spine and Pelvis

- 72040-72170** – The x-ray codes of the spine and pelvis were revised to indicate the number of views instead of the type of view performed

- 72191** – New code for computed tomographic angiography (CTA) of pelvis

- 72195-72197** – New MRI codes for imaging of the pelvis

- Upper Extremities

- 73070, 73090, 73100** – The x-ray codes of the upper extremities were revised to indicate the number of views instead of the type of view performed

- 73206** – New code for computed tomographic angiography (CTA) of the upper extremity

- 73218-73223** – New & revised codes for MRI of the upper extremity, and joints

- Lower Extremities

- 73550-73620** – The x-ray codes of the lower extremities were revised to indicate the number of views instead of the type of view performed

- 73706** – New code for computed tomographic angiography (CTA) of the lower extremity

- 73718-73723** – New & revised codes for MRI of the lower extremity, and joints

- Abdomen

- 74175** – New code for computed tomographic angiography (CTA) of the abdomen

- 74181-74183** – New & revised codes for MRI of the abdomen

- Aorta and Arteries

- 75635** – New code for computed tomographic angiography (CTA) of the abdominal aorta and bilateral iliofemoral lower extremity

- Transcatheter Procedures

- 75952-75953** – New codes for radiologic guidance for transcatheter repair of infrarenal abdominal aneurysm

- Other Procedures

- 76012-76013** – New codes for radiologic guidance for percutaneous vertebroplasty

- 76095-76393** – Radiologic guidance codes were revised to be more consistent with the surgical descriptors

- Ultrasound – Pelvis

- 76818-76819** – Revised and new codes for fetal biophysical profile and non-stress test

- Ultrasonic Guidance Procedures

- 76930-76950** – Ultrasonic guidance descriptors have been revised to better fit the procedure or site involved

- 76934-76938** – These codes have been deleted, one of the above codes should be used instead

- 76960** – Code has been deleted, use 76950

- **Pathology**

- Chemistry

- 82251** – This code has been deleted, use code 82247 and 82248 instead

- 82945** – New code for glucose, body fluid, other than blood

- 84152** – New code for prostate specific antigen (PSA); complexed

- 84591** – New code for vitamin, not otherwise specified

- Immunology

- 86001** – New code for IgG quantitative or semiquantitative, each allergen.

- 86683** – New code for antibody; hemoglobin, fecal

- 86696** – New code for antibody; herpes simplex, type 2

- Microbiology

- There were a number of revisions made to the Microbiology section to include the preferred terminology.

- 87046** – New code for stool culture for Campylobacter

- 87060** – Code deleted, use 87070 or 87071

- 87070-87077** – New and revised codes for bacterial cultures

- 87072** – Code deleted use 87076 or 87077

- 87082-87083** – Codes deleted use 87081

- 87085** – Code deleted use 87086

- 87087** – Code deleted use 87088

- 87168-87169** – New codes for macroscopic exam for arthropod, parasite.

- 87172** – New code for pinworm exam

- 87260-87300** – New and revised codes for infectious agent antigen detection using immunofluorescent technique

- Surgical Pathology

- 88307** – Addition to the examples of Level V – Surgical pathology, gross and microscopic exam to include sentinel lymph nodes

- Transcutaneous Procedures

- 88400** – Bilirubin, total transcutaneous

• **Medicine**

Vaccines, Toxoids

90378 – Code for RSV immune globulin was revised to specify the 50 mg dosage

90669 & 90732 – Descriptors for pneumococcal vaccine were revised to more accurately describe the intended patient population

90702-90723 – New and revised descriptors to more accurately describe the intended patient population for these diphtheria & tetanus vaccines

90740-90747 – New and revised codes for Hepatitis B vaccines

Gastroenterology

91132-91133 – New codes for diagnostic, transcutaneous electrogastrography

Special Otorhinolaryngologic Services

92585-92586 – New and revised codes for the performance of a comprehensive auditory evoked response (AER) exam

Echocardiography

93318 – New code for transesophageal echocardiography (TEE) when used for continuous monitoring purposes (eg during surgical operations)

Intracardiac Electrophysiological Procedures

93662 – New add on code for intracardiac echocardiography during therapeutic/ diagnostic intervention

Peripheral Arterial Disease Rehabilitation

93668 – Peripheral Arterial disease (PAD) rehabilitation, per session (when circumstances would require physician intervention)

Therapeutic Procedures

97770 – Code deleted use 97532, 97533

97532-97533 – Development of cognitive skills to improve attention, memory, problem solving; sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, each 15 minutes.

Active Wound Care Management

97601-97602 – New codes for removal of devitalized tissue/debridement from wounds by non-physician professionals

Medical Nutrition Therapy

97802-97804 – New codes for medical nutrition assessment/re-assessment and intervention, individual or group

Other Services and Procedures

99172 – New code for visual function screening for ocular function

• **Modifiers**

-60 Altered Surgical Field: Certain procedures involve significantly increased operative complexity and/or time due to a significantly altered surgical field as a result of the effects of prior surgery, marked scarring, adhesions, inflammation, or distorted anatomy, irradiation, infection, very low weight (ie, neonates) and/or trauma

-22 Unusual Procedural Services: The CPT definition was revised to remove references to the complications now covered under the Altered Surgical Field modifier –60.

Note: Medicare does not recognize modifier –60, they want you to continue to use modifier –22.

ICD-9 Changes

294.1	Invalid, requires a 5 th digit
294.10	Dementia in conditions classified elsewhere w/o behavioral disturbance
294.11	Dementia in conditions classified elsewhere with behavioral disturbance
372.8	Invalid, requires a 5 th digit
372.81	Conjunctivochalasis
372.89	Other disorders of conjunctiva
477.1	Allergic rhinitis due to food
493.02	Extrinsic asthma w/acute exacerbation
493.12	Intrinsic asthma w/acute exacerbation
493.22	Chronic obstructive asthma with acute exacerbation
493.92	Unspecified asthma with acute exacerbation
494	Invalid, requires a 4 th digit
494.0	Bronchiectasis w/o acute exacerbation
494.1	Bronchiectasis with acute exacerbation
558.3	Allergic gastroenteritis and colitis
564.1	Irritable bowel syndrome (revised description)
600	Invalid, requires a 4 th digit
600.0	Hypertrophy (benign) of prostate
600.1	Nodular prostate
600.2	Benign localized hyperplasia of prostate
600.3	Cyst of prostate
600.9	Unspecified hyperplasia of prostate
645.0	Invalid see 645.10 – 645.22
645.01	Invalid see 645.10 – 645.22
645.03	Invalid see 645.10 – 645.22
645.10	Post term pregnancy, unspecified as to episode of care or not applicable
645.11	Post term pregnancy, delivered, with or without mention of antepartum condition

645.12 Post term pregnancy, with mention of postpartum complication
645.20 Prolonged pregnancy, unspecified as to episode of care or not applicable
645.21 Prolonged pregnancy, delivered, with or without mention of antepartum condition
645.22 Prolonged pregnancy, with mention of postpartum complication
692.75 Disseminated superficial actinic porokeratosis (DSAP)
707.1 Invalid, requires 5th digit
707.10 Unspecified ulcer of lower limb
707.11 Ulcer of thigh
707.12 Ulcer of calf
707.13 Ulcer of ankle
707.14 Ulcer of heel and midfoot
707.15 Ulcer of other part of foot
707.19 Ulcer of other part of lower limb
781.9 Invalid, requires 5th digit
781.91 Loss of height
781.92 Abnormal posture
783.21 Loss of weight
783.22 Underweight (revised description)
783.4 Invalid, requires 5th digit
783.40 Unspecified lack of normal physiological development
783.41 Failure to thrive
783.42 Delayed milestones
783.43 Short stature
783.7 Adult failure to thrive
790.0 Invalid, requires 5th digit
790.01 Precipitous drop in hematocrit
790.09 Other abnormality of red blood cells
995.7 Other adverse food reactions, not elsewhere classified
V15.0 Invalid requires a 5th digit
V15.01 Allergy to peanuts
V15.02 Allergy to mild products
V15.03 Allergy to eggs
V15.04 Allergy to seafood
V15.05 Allergy to other foods
V15.06 Allergy to insects
V15.07 Allergy to latex
V15.08 Allergy to radiographic dye
V15.09 Other allergy, other than to medicinal agents
V26.2 Invalid, requires 5th digit
V26.21 Fertility testing
V26.22 Aftercare following sterilization reversal
V26.29 Other investigation and testing
V26.3 Genetic counseling and testing (revised description)
V49.8 Invalid, requires 5th digit
V49.81 Postmenopausal status (age-related) (natural)
V49.89 Other specified condition
V67.0 Invalid, requires 5th digit
V67.00 Follow-up examination, following unspecified surgery
V67.01 Following surgery, follow-up vaginal pap smear
V67.09 Follow-up examination, following other surgery
V71.8 Invalid, requires 5th digit
V71.81 Observation for suspected abuse and neglect
V71.89 Observation for other specified suspected conditions
V76.46 Special screening for malignant neoplasms, ovary
V76.47 Special screening for malignant neoplasms, vagina
V76.49 Special screening for malignant neoplasms, other sites (revised description)
V76.50 Special screening for malignant neoplasms, unspecified intestine
V76.51 Special screening for malignant neoplasms, colon
V76.52 Special screening for malignant neoplasms, small intestine
V76.8 Invalid, requires 5th digit
V76.81 Special screening for malignant neoplasms, nervous system
V76.89 Special screening for other malignant neoplasm
V77.9 Invalid, requires 5th digit
V77.91 Screening for lipid disorders
V77.99 Other and unspecified endocrine, nutritional, metabolic and immunity disorders
V82.8 Invalid, requires 5th digit
V82.81 Special screening for osteoporosis
V82.89 Special screening for other specified conditions