

CPT® CHANGES FOR JANUARY 2007

The American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have approved changes to CPT® procedure codes for January 1, 2007. Code additions, deletions and revisions are summarized below. A total of 645 changes were made, including 258 code additions, 308 code deletions, and 79 code revisions. A significant number of other changes were made to related guidelines, introductory notes, explanatory text, headings and cross-references. CPT® 2007 contains a total of 8,611 codes, as compared to 8,661 codes in 2006.

CODE ADDITIONS, DELETIONS AND REVISIONS

1. **EVALUATION AND MANAGEMENT (E/M) CHAPTER:** Changes to this section involved revisions to the guidelines for consultation services; pediatric critical care and patient transport; and inpatient neonatal and pediatric critical care services. A new subsection was added to the “Case Management Services” section for “Anticoagulant Management”. Two codes were added and five codes were revised.
 - **Consultations:** Five inpatient consultation codes were revised to remove the term “initial” from the description. New guidelines were added to clarify that any subsequent services should be reported using subsequent hospital or nursing facility care codes.
 - **Anticoagulant Management:** Two new codes were added for anticoagulant management for an outpatient taking warfarin.
2. **ANESTHESIA CHAPTER:** Two new codes were added to identify anesthesia for thoracic spine and cord procedures performed via an anterior transthoracic approach with and without utilizing one lung ventilation. One code for regional intravenous administration of local anesthetic agent (upper or lower extremity) was deleted.
3. **SURGERY CHAPTER:** Three new subsections were added for “Skin Replacement Surgery and Skin Substitutes”; “Mohs Micrographic Surgery”; and “Electrophysiologic Procedures”. Ninety-two codes were added, 48 codes were deleted and 25 codes were revised.
 - **Integumentary System:** A total of 21 new codes were added, 16 were deleted and 5 codes were revised.
 - ✓ Four new codes were added and two codes were deleted for surgical preparation or creation of recipient site for skin replacements.
 - ✓ One new code was added for a forehead flap with preservation of vascular pedicle.
 - ✓ Two new codes were added and one deleted for excision of excessive skin and subcutaneous tissue of the abdomen.
 - ✓ Five new codes were added and five deleted for Mohs micrographic surgery.

- ✓ Eight new codes were added and eight were deleted for mastectomy procedures. Renumbered codes are located under a new subheading that was created under the “Excision” heading for “Breast”. This new subheading is titled “Mastectomy Procedures”.
- ✓ One new code was added to report cryosurgical ablation of a fibroadenoma.
- **Musculoskeletal System:** A total 13 new codes were added, seven were deleted and three codes were revised.
 - ✓ One code for closed treatment of nasal bone fracture without manipulation was deleted since the services it represented are included in an E/M service.
 - ✓ Two new codes were added for percutaneous intradiscal electrothermal annuloplasty.
 - ✓ Three new codes were added for insertion, revision and replacement of an artificial spinal disc (total disc arthroplasty.)
 - ✓ One new code was added for excision of tendon, forearm and/or wrist.
 - ✓ Four new codes were added and two were deleted for treatment of distal radial fractures.
 - ✓ One code for excision of tendon with tendon prosthesis was deleted since it is considered redundant to other codes.
 - ✓ Three new codes were added and three codes were deleted for neurectomies to provide a logical relationship between the subheadings and the renumbered codes.
- **Respiratory System:** In this section, one new code was added and three codes were deleted.
 - ✓ One code was added to report percutaneous radiofrequency pulmonary tumor ablation.
 - ✓ Three codes were deleted. One has been replaced by new technology and two are no longer practiced in any significant quantity.
- **Cardiovascular System:** Twenty-six codes were added, ten codes were deleted, and six codes were revised.
 - ✓ Two codes were added to identify the insertion of epicardial electrodes separate from insertion of the generator since this is the more common practice. Four codes were deleted that described a combined insertion of electrodes and the generator.
 - ✓ Two new subsections and five new codes were created to report the surgical treatment of atrial fibrillation. One code was deleted as part of the revisions.
 - ✓ Three new codes were added for reporting repairs of ventricular septal defects.
 - ✓ Two new codes were created and the subsection heading was revised for pulmonary vein repairs for venous anomalies that occur as isolated defects.
 - ✓ Five new codes were added and one was deleted to add site specificity to thromboendarterectomies involving femoral arteries and vessels of the lower extremities.
 - ✓ Significant changes were made related to bypass graft procedures. Eight new codes were added, four were deleted and multiple revisions were made to existing code descriptions and parentheticals in this subsection.

- ✓ One new code was added for uterine fibroid embolization using a percutaneous approach. Parentheticals involving inclusions and use of the code were also added.
- **Digestive System:** Fifteen new codes were added, six codes were deleted, and one code was revised.
 - ✓ Four codes were established to report both laparoscopic and open implantation of gastric neurostimulator devices.
 - ✓ Two codes were added in the “Intestine” subsection to more accurately describe performance of a total abdominal colectomy with proctectomy and ileoanal anastomosis.
 - ✓ Two codes that described procedures for total colectomy without proctectomy were deleted.
 - ✓ One code was added (renumbered) and one deleted in the “Biliary Tract” subsection related to an anastomosis of choledochal cyst. This was done in order to place the procedure in its proper location under “Repair”.
 - ✓ One code was added (renumbered) and one code deleted for resection or debridement of pancreas and peripancreatic tissue. This code was inappropriately listed under the “Incision” subheading and was relocated to the correct “Excision” subheading.
 - ✓ One code was added (renumbered) and one code deleted for pancreaticojejunostomy. This code was inappropriately listed under the “Excision” subheading and was relocated to the correct “Repair” subheading.
 - ✓ One code was added (renumbered) and one deleted for removal of peritoneal foreign body from peritoneal cavity. This code was inappropriately listed under the “Incision” subheading and was relocated to the correct “Introduction, Revision and Removal” subheading.
 - ✓ Three codes were added to describe the laparoscopic placement, revision and fixation of permanent peritoneal catheters.
 - ✓ Two codes were established to report the insertion of subcutaneous catheter extensions for intraperitoneal catheters.
- **Urinary System:** Two minor text revisions were made to code descriptions in this section.
- **Male Genital System:** Three codes were added, three codes were deleted and three codes for circumcision were revised to change the term newborn to be neonate (28 days of age or less).
 - ✓ One code was deleted that described circumcision for patients older than 28 days of age.
 - ✓ One code was created (renumbered) and one code was deleted for exploration of the epididymis, with or without biopsy. A new subheading titled “Exploration” was added to the “Testis” and “Epididymis” subsections to appropriately place this procedure.
 - ✓ One code was created (renumbered) and one code deleted to appropriately place transperineal placement of needles or catheters into prostate for interstitial radioelement application under the “Other Procedures” subheading and remove it from the “Excision” subheading. Additionally, one new code was created to report the placement of interstitial device(s) in the prostate for radiation therapy guidance.

- **Female Genital System:** Ten new codes were added, two were deleted and one was revised.
 - ✓ One code was created (renumbered) and one code was deleted to appropriately place hymenotomy under the “Incision” subheading.
 - ✓ One code was created for reporting revision of prosthetic vaginal graft using an abdominal approach.
 - ✓ One code was created (renumbered) and one code was deleted for dilation and curettage of cervical stump to appropriately move this procedure from the “Manipulation” subheading to the “Excision” subheading.
 - ✓ Five codes were established to describe various laparoscopic hysterectomy procedures.
 - ✓ Two codes were created to report the performance of radical resection of recurrent malignancies.
 - **Nervous System:** Two new codes were created and four were revised in this section.
 - ✓ Two codes were created to report nerve repair, one using a synthetic conduit or vein allograft and one using an autogenous vein graft.
 - ✓ Two codes for twist drill holes for subdural, intracerebral, or ventricular puncture were revised to add cerebral monitoring device to their descriptions.
 - ✓ Two codes for insertion/replacement and revision of peripheral neurostimulators were revised to add the term “gastric”.
 - **Eye and Ocular Adnexa:** One code was created (renumbered) and one code deleted to correct its placement from the “Other Procedures” subheading to the “Extraocular Muscles” subheading.
4. **RADIOLOGY CHAPTER:** Within the Radiology Chapter, substantial revisions were made via the deletion and renumbering of many codes. In addition, new subheading titles were added to designate sections for magnetic resonance, ultrasound and fluoroscopic guidance. The revisions included 46 new codes, 41 deletions and 17 code revisions.
- **Diagnostic Radiology (Diagnostic Imaging):** In this section, four codes were added and 36 codes were deleted. Most of the deletions involved renumbering to place codes into new subsections. Two codes were revised.
 - ✓ Two codes were created for reporting functional MRI services.
 - ✓ Two codes were added (renumbered) to appropriately place radiologic supervision and interpretation of vertebroplasty and vertebral augmentation under the “Spine and Pelvis” subsection.
 - ✓ Thirty-six codes were deleted from the “Other Procedures” subsection and relocated into new or more appropriate existing subsections.
 - **Diagnostic Ultrasound:** Four new codes were added, two were deleted and eight were revised in this section.
 - ✓ Seven codes were revised to remove the term “B scan” and replace it with “real time” to more accurately describe these procedures.

- ✓ One code was added and one deleted for ultrasound of transplanted kidney, real time and duplex Doppler with image documentation, to more accurately describe current clinical practice.
- ✓ Two codes were created for reporting an ultrasound of the pregnant uterus with real time documentation, first trimester fetal nuchal translucency measurement.
- ✓ One code was added and one deleted for reporting intraoperative ultrasound guidance.
- **Radiologic Guidance:** Eleven codes were established for more appropriate placement in this new section.
 - ✓ Three codes were established (renumbered) and placed into the new subsection titled “Fluoroscopic Guidance”.
 - ✓ Four codes were established (renumbered) and placed into the new subsection titled “Computed Tomographic Guidance”.
 - ✓ Two codes were established (renumbered) and placed into the new subsection titled “Magnetic Resonance Guidance”.
 - ✓ Two codes were established (renumbered) and placed into the new subsection titled “Other Radiologic Guidance”.
- **Breast, Mammography:** Nine codes were created (renumbered) to relocate mammography procedures into this new section for “Breast, Mammography”.
- **Bone/Joint Studies:** Fourteen new codes were created (renumbered) to relocate services involving bones and joints into the new section for “Bone/Joint Studies”.
- **Radiation Oncology:** In this section four new codes were added.
 - ✓ Three codes were established for stereotactic radiation services and located in a new subsection titled “Stereotactic Radiation Treatment Delivery”.
 - ✓ One code was established for reporting radiation treatment management.
- **Nuclear Medicine:** Seven codes were editorially revised in this section to provide greater clarity between the codes. Three codes were deleted.
- 5. **PATHOLOGY AND LABORATORY:** In the pathology and laboratory section, 11 new codes were added, and four were revised. In addition, the guidelines related to antibody detection for globulin assays have been revised.
 - **Chemistry:** Three codes were added to this section, including one code for AFP-L3 fraction isoform and total AFP; one code for lipoprotein-associated phospholipase A2; and one code for RNA stabilization.
 - **Immunology:** Two new codes were added to the “Immunology” section to report testing for the West Nile virus.
 - **Microbiology:** Six codes were added and one was revised in the “Microbiology” section.
 - ✓ One code was added for infectious agent antigen detection by enzyme immunoassay technique; Aspergillus.

- ✓ One code was added for infectious agent antigen detection by nucleic acid, enterovirus, amplified probe technique.
 - ✓ Two codes were established to report staphylococcus aureus, amplified probe technique.
 - ✓ One code was added for streptococcus, group B, amplified probe technique.
 - ✓ One code was added for infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis.
 - **Cytopathology:** Two codes for cytopathology, fluids, washings or brushings, except cervical or vaginal, were revised to clarify that the codes were established to report simple filter methodologies.
 - **Other Procedures:** One code for crystal identification by light microscopy was revised to clarify its reporting and usage.
6. **MEDICINE:** Eighteen new codes were added, five codes were deleted and sixteen codes were revised. The most extensive changes occurred to the “Pulmonary” section related to ventilator management, surfactant administration and home apnea monitoring.
- **Vaccines, Toxoids:** Eleven codes were revised to change the age-specific terminology from “for use in individuals” to “when administered to”.
 - **Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions:** Two codes were revised to remove the restrictive term “up to 8 hours” from their descriptions.
 - **Gastroenterology:** One code was added to identify gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy) esophagus and one code for a gastric saline load test was deleted due to lack of use and clinical relevance.
 - **Ophthalmology:** One code was added for reporting computerized corneal topography, unilateral or bilateral.
 - **Special Otorhinolaryngologic Services:** One code was added under a new subsection titled “Special Diagnostic Procedures”. The new code is for reporting diagnostic analysis with programming of an auditory brainstem implant, per hour. One code was deleted due to infrequent use of Lombard testing.
 - **Pulmonary:** Eleven codes and two new subheadings were added and two codes were deleted in the “Pulmonary” section. One code was revised.
 - ✓ Four codes were added to more accurately describe ventilatory management services.
 - ✓ One code was added for reporting the administration of intrapulmonary surfactant by a physician through an endotracheal tube.
 - ✓ Two codes were added for continuous inhalation treatment with aerosol medication.
 - ✓ Four codes were added for pediatric home apnea monitoring services.
 - ✓ Two codes for ventilation assist and management were deleted.
 - **Allergy and Clinical Immunology:** One code was added for nitric oxide expired gas determination and one code for reporting endpoint skin titration was deleted because the service has become outmoded.

- **Neurology and Neuromuscular Procedures:** One code was added for neurofunctional testing selection and administration during noninvasive imaging functional brain mapping.
 - **Medical Genetics and Genetic Counseling Services:** One code and parentheses were added for medical genetics and genetic counseling services.
 - **Chemotherapy Administration:** Two codes were revised to remove the reporting limitations for infusions that last longer than 8 hours.
 - **Special Dermatological Procedures:** One code was added for reporting whole body integumentary photography for monitoring of high risk patients.
7. **CATEGORY II CODES:** Extensive additions were made to the Category II code section with 58 new codes added for 2007. Three new disease categories were added for chronic obstructive pulmonary disease, community-acquired pneumonia and diabetes as well as an additional category for preventive care and screening. Four codes were deleted and four were revised.
8. **CATEGORY III CODES:** Category III codes are temporary codes for emerging technologies, services and procedures. Twenty-nine new codes were added, 13 codes were deleted and five codes were revised. Nine of the 13 deleted codes were converted to new Category I CPT[®] codes for 2007.
- **Pancreatic Islet Cell Transplantation:** Three codes were added for pancreatic islet cell transplantation.
 - **CT and CTA Procedures:** Eight were added codes for computed tomography (CT) and computed tomography angiography (CTA) of the heart and cardiac vasculature.
 - **Wireless Sensors:** Two codes were added to report transcatheter placement of a wireless physiologic sensor in an aneurismal sac and a noninvasive physiologic study using the implanted wireless pressure sensor.
 - **Gastric Stimulation Electrodes:** Four codes were added to report various laparoscopic and open procedures for the implantation, replacement, revision or removal of gastric stimulation electrodes into the stomach.
 - **Computer-Aided Detection:** One code was added for computer-aided detection of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI.
 - **rTMS Procedures:** Two codes were added to report therapeutic repetitive transcranial magnetic stimulation (rTMS) procedures.
 - **Gastric Neurostimulators:** One code was added for electronic analysis, programming and reprogramming of gastric neurostimulators.
 - **Lumbar Interspace:** Three add-on codes were created for arthroplasty, removal and revision of an additional lumbar interspace.
 - **Transmyocardial Transcatheter:** Two codes were added for reporting transmyocardial transcatheter closure of ventricular septal defects with implant.
 - **Rhinophototherapy:** One code was added for rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral.

- **Infusion Catheters:** One code was added for stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agents(s).
- **Repair of Anorectal Fistula:** One code was created for repair of anorectal fistula.

9. **APPENDICES:** For 2007, most appendices were revised and one new appendix was added.

- **New Appendix M – Crosswalk to Deleted CPT® Codes:** This new appendix provides a summary of the deleted CPT® 2006 codes and descriptors that have been crosswalked to CPT® 2007 codes.
- **Revised Appendix H – Alphabetic Index of Performance Measures by Clinical Condition or Topic:** New codes and clinical conditions have been added to this appendix as well as a number of formatting and guideline changes.
- **Revised Appendix I – Genetic Testing Code Modifiers:** The list of modifiers for genetic testing was updated to include a new modifier for reporting long QT syndrome and related inherited cardiac arrhythmia disorders.

FOR FURTHER INFORMATION

If you have questions regarding these CPT® 2007 coding changes, please contact our Client Services Department at 1-800-999-DRGS(3747). Be sure to check the Ingenix Web site for up-to-date information and additional ***Industry Insights*** on coding issues. You will find ***Industry Insights*** under “News & Events” (<http://www.ingenix.com/News/Industnews/>).