

Highlights 2011 CPT Updates

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Overview 2011 CPT Changes

- New codes:
 - 128 Level I
 - 31 Category II
 - 52 Category III
 - Plus many text changes
- Significant areas of change:
 - Debridement
 - Lower extremity vascular procedures
 - Observation
 - Cardiac catheterization

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Status Indicators

- B Codes not recognized by OPPS
- C Inpatient procedure only
- N Payment is packaged into payment for other services.
- Q3 Codes that may be paid through a composite APC
- S Significant procedure, not discounted when multiple
- T Significant procedure, multiple reduction applies
- X Ancillary services, separate APC payment

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Surgery/Integumentary System

New guidelines for debridements

In 2010: Debridements coded for each wound separately regardless of site

In 2011:

- Debridements are reported by depth of tissue removed and surface area of wound
- Used for injuries, infections, wounds, and chronic ulcers
- Single wound: report depth using the deepest level of tissue removed
- Multiple wounds: sum the surface area of those wounds of the same depth, do not combine sums of different depths

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Surgery/Integumentary System

Deleted in 2011:

11040 Debridement; skin, partial thickness
11041 ... skin, full thickness

Follow instructional term

(for debridement of skin, i.e., epidermis and/or dermis only, see 97597, 97598)

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Surgery/Integumentary System

Text change:

(2010) 97597

Removal of devitalized tissue from wound(s). selective debridement, without anesthesia ... total wound(s) surface area less than or equal to 20 square centimeters

(2011) ▲ 97597 (T)

Debridement ... open wound ...including topical applications(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area: first 20 sq cm or less

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Medicine/Physical Medicine and Rehabilitation

Text change:

(2010) 97598
total wound(s) surface area: greater than 20 square centimeters

(2011) ▲ + 97598 (T) each additional 20 sq cm, or part there of. (List separately in addition to code for primary procedure.)

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Surgery/Integumentary System

Text change:

(2010) 11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues

(2011) ▲ 11010 (T) Debridement including removal of foreign material at the site of an open fracture and/or open dislocation (e.g., excisional debridement); skin and subcutaneous tissues.

Also affects ▲ 11011 (T) and ▲ 11012 (T)

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Surgery/Integumentary System

▲ 11042 (T) Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

+ 11045 (T) Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

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Surgery/Integumentary System

▲ 11043 (T) Debridement, muscle and/or fascia (includes epidermis and dermis, if performed); first 20 sq cm or less

+ 11046 (T) each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

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Surgery/Integumentary System

▲ 11044 (T) Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia if performed); first 20 sq cm or less

+ 11047 (T) each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

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How big is 20 sq cm?

One centimeter = .3937 inch

20 sq. cm = 3.1 sq. inches

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Surgery/Musculoskeletal System

- 29914 (T) Arthroscopy, hip, surgical; w/ femoroplasty (i.e., treatment of cam lesion)
- 29915 (T) ... w/ acetabuloplasty (i.e., treatment of pincer lesion)
- 29916 (T) ... w/ labral repair

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Surgery/Respiratory System

- 31295 (T) Nasal/sinus endoscopy, surgical; w/ dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa
- 31296 (T) ...; w/ dilation of frontal sinus ostium (e.g., balloon dilation)
- 31297 (T) ...; w/ dilation of sphenoid sinus ostium (e.g., balloon dilation)

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Surgery/Respiratory System

- 31634 (T) Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; w/ balloon occlusion, w/ assessment of air leak, w/ administration of occlusive substance (e.g., fibrin glue), if performed
 - Add: 0250T if done

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Category III Codes

- 0250T (T) Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure)
- 0251T (T) Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; w/ removal of bronchial valve(s), initial lobe
- 0252T (T) ... each additional lobe (List separately in addition to code for primary procedure)

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Surgery/Cardiovascular System

Lower extremity endovascular revascularization services performed for occlusive disease 37220 – 37235

- Progressive hierarchies with more intensive services inclusive of lesser intensive services.
- Only one code from this family should be reported for each lower extremity vessel treated.

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Surgery/Cardiovascular System

Lower extremity endovascular revascularization codes 37220 – 37235

Include the following work:

- Accessing and selectively catheterizing the vessel
- Traversing the lesion
- Radiological supervision and interpretation directly related to the intervention(s) performed
- Embolic protection if used
- Closure of arteriotomy by any method
- Imaging performed to document completion of the intervention(s) performed

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Surgery/Cardiovascular System

37220 – 37235

- **Approach:** endovascular procedure performed percutaneously and/or through an open surgical exposure
- **Method:** balloon angioplasty, atherectomy and stenting (Each code 37220-37235 includes balloon angioplasty when performed)

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Surgery/Cardiovascular System

37220 – 37235

- Three arterial vascular territories:
 - Iliac Vascular Territory
 - Three vessels: common iliac, internal iliac, and external iliac
 - Femoral/Popliteal Territory
 - Considered a single vessel
 - Tibial/Peroneal Territory
 - Three vessels: anterior tibial, posterior tibial, peroneal arteries

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Surgery/Cardiovascular System

Iliac Vascular Territory

- A single primary code is used for the initial iliac artery treated in each leg
- Other iliac vessels also treated in that leg are reported using add-on codes
- Up to 2 add-on codes can be used in a unilateral iliac vascular territory since there are 3 vessels which could be treated
- Add-on codes are used for different vessels not distinct lesions within the same vessel

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Surgery/Cardiovascular System

Femoral/Popliteal Territory

- A single interventional code is used no matter what combination of angioplasty/stent/atherectomy is applied to all segments including the common, deep, and superficial femoral arteries as well as the popliteal artery
- No add-on codes
- Because only one service is reported when two lesions are treated in this territory report the most complex service, e.g., use 37227 if a stent and atherectomy are both done

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Surgery/Cardiovascular System

Tibial/Peroneal Territory

- A single primary code is used for the initial tibial peroneal artery treated in each leg
- Other tibial/peroneal vessels interventions in the same leg are reported with the appropriate add-on codes
- Up to 2 add-on codes could be used to describe services provided in a single leg since there are 3 vessels which could be treated
- Add-on codes are used for different vessels not distinct lesions within the same vessel

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Surgery/Cardiovascular System

General rules:

- Treating multiple territories in same leg, use one code for each territory
- Treating second or third vessels in each territory, use add-on code
- More than one stent placed in same vessel, report the code only once
- If a lesion extends across the margins of one vascular territory into another, but can be opened with a single therapy, use one code
- Bifurcation lesions distal to the common iliac origins which require therapy of 2 distinct branches of the iliac or tibial/peroneal vascular territories, a primary code and an add-on code would be used

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Surgery/Cardiovascular System

General rules:

- When same territories of both legs are treated in the same session, modifiers may be required. Use modifier 59 to denote that different legs are being treated, even if the mode of therapy is different
- Mechanical thrombectomy and/or thrombolysis in the lower extremity vessels are sometimes necessary to aid in restoring flow to areas of occlusive disease and are reported separately.

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Surgery/Cardiovascular System

- 37220 (T) Revascularization, endovascular, open or percutaneous, **iliac artery**, unilateral, initial vessel; w/ transluminal angioplasty
- 37221 (T) ... initial vessel; w/ transluminal stent placement(s), includes angioplasty w/in the same vessel, when performed
- +37222 (T) ..., each additional ipsilateral iliac vessel; w/ transluminal angioplasty (List separately in addition to code for primary procedure)
- +37223 (T) ..., each additional ipsilateral iliac vessel; w/ transluminal stent placement(s), includes angioplasty w/in the same vessel, when performed (List separately in addition to code for primary procedure)

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Surgery/Cardiovascular System

- 37224 (T) Revascularization, endovascular, open or percutaneous, **femoral, popliteal artery(s)**, unilateral; w/ transluminal angioplasty
- 37225 (T) ...; w/ atherectomy, includes angioplasty w/in the same vessel, when performed
- 37226 (T) ...; w/ transluminal stent placement(s), includes angioplasty w/in the same vessel, when performed
- 37227 (T) ...; w/ transluminal stent placement(s) and atherectomy, includes angioplasty w/in the same vessel, when performed

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Surgery/Cardiovascular System

- 37228 (T) Revascularization, endovascular, open or percutaneous, **tibial, peroneal artery**, unilateral, initial vessel; w/ transluminal angioplasty
- 37229 (T) ...; w/ atherectomy, includes angioplasty w/in the same vessel, when performed
- 37230 (T) ...; w/ transluminal stent placement(s), includes angioplasty w/in the same vessel, when performed
- 37231 (T) ...; w/ transluminal stent placement(s) and atherectomy, includes angioplasty w/in the same vessel, when performed

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Surgery/Cardiovascular System

- +37232 (T) Revascularization, endovascular, open or percutaneous, **tibial/peroneal artery**, unilateral, each additional vessel; w/ transluminal angioplasty (List separately in addition to code for primary procedure)
- +37233 (T) ...; w/ atherectomy, includes angioplasty w/in the same vessel, when performed
- +37234 (T) ...; w/ transluminal stent placement(s), includes angioplasty w/in the same vessel, when performed
- +37235 (T) ...; w/ transluminal stent placement(s) and atherectomy, includes angioplasty w/in the same vessel, when performed

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Surgery/Cardiovascular System

Transluminal Angioplasty/Atherectomy

Territory	Percutaneous Transluminal Angioplasty (PTA)	Atherectomy w/ PTA (when performed)	Stent w/ PTA (when performed)	Stent w/ Atherectomy and PTA (when performed)
Iliac each add'l vessel	37220 +37222		37221 +37222 +37223	
Femoral / Popliteal	37224	37225	37226	37227
Tibial / Peroneal each add'l vessel	37228 +37232	37229 +37232 +37233	37230 +37232 +37233 +37234	37231 +37232 +37233 +37234 +37235 ₀

Surgery/Cardiovascular System

■ Procedures on the Femoral/Popliteal Arteries

	Angioplasty Percutaneous	Stent Placement Percutaneous	Atherectomy Percutaneous
2010	35474	37205	35493
	35474	37206	36247
	36247	36247	75992
	75978	75960	
2011	37224	37226	37225

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Category III Codes

0234T-0238T Atherectomy (Open or Percutaneous) for Supra-Inguinal Arteries

- Describe atherectomy performed by any method in arteries above the inguinal ligaments
- Supra-inguinal atherectomy codes all include the surgical work of performing the atherectomy plus the radiological supervision and interpretation of the atherectomy
- Unlike atherectomy codes for infra-inguinal arteries, these Cat III codes do not include accessing and selectively catheterizing the vessel, traversing the lesion, embolic protection if used, other intervention used to treat the same or other vessels, or closure of the arteriotomy by any method.

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Category III Codes

Atherectomy (Open or Percutaneous) for Supra-Inguinal Arteries

- 0234T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation, renal artery
- 0235T ... visceral artery (except renal), each vessel
- 0236T ... abdominal aorta
- 0237T ... brachiocephalic trunk and branches, each vessel
- 0238T ... iliac artery, each vessel

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Category III Codes

■ Procedures on the Renal Artery

	Angioplasty Percutaneous	Stent Placement Percutaneous	Atherectomy Percutaneous
2010	35471	37205	35490
	36245	36245	36245
	75978	75960	75994
2011	35471	37205	0234T
	36245	36245	36245
	75978	75960	

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Surgery/Hemic and Lymphatic Systems

- +38900 (N) Intraoperative identification (e.g., mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)

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Surgery/Digestive System

- 43753 (X) Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (e.g., for gastrointestinal hemorrhage), including lavage if performed
- 43754 (X) Gastric intubation and aspiration, diagnostic; single specimen (e.g., acid analysis)
- 43755 (S) ... collection of multiple fractional specimens w/ gastric stimulation, single or double lumen tube (gastric secretory study) (e.g., histamine, insulin, pentagastrin, calcium, secretin), includes drug administration

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Surgery/Digestive System

43756 (X) Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (e.g., bile study for crystals or afferent loop culture)

43757 (X) ...; collection of multiple fractional specimens w/ pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration

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Surgery/Digestive System

▲ 47480 (C) Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)

▲ 47490 (T) Cholecystostomy, percutaneous, complete procedure including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

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Surgery/Digestive System

+49327 (T) Laparoscopy, surgical; w/ placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)

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Surgery/Digestive System

49418 (T) Insertion of tunneled intraperitoneal catheter (e.g., dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous

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Surgery/Digestive System

▲ 50542 (T) Laparoscopy, surgical, ablation of renal mass lesion(s) including intraoperative ultrasound guidance and monitoring, when performed

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Surgery/Urinary System

53860 (T) Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

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Surgery/Female Genital System

57156 (T) Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

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Surgery/Nervous System

+61781 (N) Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
+61782 (N) ...; cranial, extradural (List separately in addition to code for primary procedure)
+61783 (N) ...; spinal (List separately in addition to code for primary procedure)

Note:

+61795 has been deleted

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Surgery/Nervous System

▲ 64479 (T) Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT) cervical or thoracic, single level
0228T (T) Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic, single level
▲ +64480 (T) ...cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
+0229T (T) ... cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

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Surgery/Nervous System

▲ 64483 (T) ... lumbar or sacral, single level
0230T (T) ... lumbar or sacral, single level
▲ +64484 (T) ...lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
+0231T (T) ... lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

64479-64484 are unilateral procedures; for bilateral procedures use Modifier 50

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Surgery/Nervous System

64566 (T) Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

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Surgery/Nervous System

64568 (S) Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
64569 (T) Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570 (T) Removal of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator

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Surgery/Nervous System

64611 (T) Chemodeneration of parotid and submandibular salivary glands, bilateral

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Surgery/Eye and Ocular Adnexa

65778 (T) Placement of amniotic membrane on the ocular surface for wound healing; self-retaining

65779 (T) ...; single layer, sutured

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Surgery/Eye and Ocular Adnexa

66174 (T) Transluminal dilation of aqueous outflow canal; w/o retention of device or stent

66175 (T) ...; w/ retention of device or stent

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Radiology

74176 (Q3) Computed tomography, abdomen and pelvis; w/o contrast material

74177 (Q3) ... w/ contrast material

74178 (Q3) ... w/o contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

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Evaluation and Management: Hospital Observation Services

99224 (B) Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- Problem focused interval history;
- Problem focused examination;
- Medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care w/ other providers or agencies are provided consistent w/ the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering, or improving.

Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.

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Evaluation and Management: Hospital Observation Services

99225 (B) Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- An expanded problem focused interval history;
- An expanded problem focused examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care w/ other providers or agencies are provided consistent w/ the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication.

Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

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Evaluation and Management: Hospital Observation Services

99226 (B) Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:

- A detailed interval history;
- A detailed examination;
- Medical decision making of high complexity.

Counseling and/or coordination of care w/ other providers or agencies are provided consistent w/ the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem.

Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

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Evaluation and Management: Hospital Observation Services

- Day 1 Initial observation care
 - 99218
 - 99219
 - 99220
- Day 2 Subsequent observation care
 - 99224
 - 99225
 - 99226
- Day 3 Observation care discharge
 - 99217

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Category III Codes

0239T (S) Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs

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Category III Codes

0240T (X) Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study w/ interpretation and report; w/ 3-dimensional high resolution esophageal pressure topography

0241T (X) ...; w/ stimulation or perfusion during 3-dimensional high resolution esophageal pressure topography study, (e.g., stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)

0242T (X) Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, w/ interpretation and report

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Category III Codes

0243T (S) Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), w/ interpretation and report

0244T (S) Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, w/ interpretation and report

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Category III Codes

0245T (T) Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs

0246T (T) ...; 3-4 ribs

0247T (T) ...; 5-6 ribs

0248T (T) ...; 7 or more ribs

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Category III Codes

0249T (T) Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance

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Category III Codes

0253T (T) Insertion of anterior segment aqueous drainage device, w/o extraocular reservoir; internal approach, into the suprachoroidal space

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Questions?

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