

CPT

Current Procedural Terminology: Changes for 2007

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This article contains a summary of changes in the 2007 *Current Procedural Terminology* (CPT)* that are relevant to general surgery and closely related specialties. This article may be useful to office staff who perform coding functions. The first section, on renumbered codes, discusses codes that appear throughout the CPT. The remainder of the article presents changes in code sequence.

Renumbered codes

As part of an ongoing effort to improve the taxonomy of CPT, a number of codes were moved to different sections of the book and renumbered but had no changes made to the terminology. The table on page 18 presents the moved and renumbered codes most frequently used by general surgeons. It is especially important that surgeons performing breast surgeries use the new code numbers for all mastectomies done in January because claims filed with old code numbers will probably be denied.

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An important explanatory note was added for new code 19105, *Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma*. As the descriptor indicates, the code is reported once for each fibroadenoma treated. However, the new note explains that the code is reported only once for adjacent lesions treated with a single cryoprobe insertion.

In addition to the codes listed in the table, several vascular and numerous radiology codes were also moved and renumbered. Codes of special interest to general surgeons include several “supervision and interpretation” codes, fluoroscopic guidance codes, mammography and other breast codes, and the code for intraoperative ultrasonic guidance. A complete list of codes that were moved is provided in the CPT in a new Appendix M.

Skin replacement surgery

Four new codes have been developed to better describe the differing work that is done to surgically prepare a site for a skin graft or skin substitute. The descriptor for code 15002 is

Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children. Code 15004 contains the same descriptor except the anatomic sites—face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits—are substituted for those in code 15002. Codes 15003 and 15005 are add-on codes for preparation of each additional 100 square centimeters or 1 percent of the body area of infants and children. The notes following the codes direct the user to report separately the application of the graft or skin substitute, whether immediate or delayed.

Panniculectomy and abdominoplasty

Two new codes replace code 15831, *Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)*, which was deleted. Code 15830, *Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen, infraumbilical panniculectomy*, is a new code describing the removal of excessive skin and subcutaneous tissue. A note tells users not to report code 15830 with intermediate wound closure, complex wound closure, or adjacent tissue transfer or rearrangement. Code 15847 is a new add-on code describing a more extensive abdominoplasty that includes umbilical transposition and fascial plicaton. The descriptor for code 15847 is *Excision, excessive*

Codes renumbered in the 2007 CPT

Deleted CPT 2006 code	CPT 2007 code	Code descriptor
19140	19300	Mastectomy for gynecomastia
19160	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19162	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19180	19303	Mastectomy, simple, complete
19182	19304	Mastectomy, subcutaneous
19200	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19220	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19240	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
47716	47719	Anastomosis, choledochal cyst, without excision
48005	48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48180	48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
49805	49402	Removal of peritoneal foreign body from peritoneal cavity
0120T	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

skin and subcutaneous tissue (including lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plicaton). Another note under code 15847 directs users to report other abdominoplasty procedures using code 17999, *Unlisted procedure, skin, mucous membrane and subcutaneous tissue*.

Vascular procedures

Code 35381, which combined thromboendarterectomy of the femoral, popliteal, or tibio-peroneal arteries, has been replaced by discrete codes for each artery. Code 35302 is for the superficial femoral artery, code 35303 is for the popliteal artery, and code 35304 is for the tibio-peroneal trunk artery. Code 35305 is for the initial tibial or peroneal artery and 35306 is an add-on code for each additional procedure done on a tibial or peroneal artery. There are notes explaining that a thromboendarterectomy and an atherectomy of the same artery cannot be reported together and that the entire series of thromboendarterectomy codes includes harvesting a saphenous or upper extremity vein if performed.

Four new codes were added to the bypass graft using vein family, and two were added to codes for bypass grafts using synthetic material. The new descriptors follow the pattern for other codes in the series, describing the inflow and outflow arteries. Codes to report aortic reconstructions using vein conduit are 35537 for an aortoiliac graft, 35538 for an aortobi-iliac graft, 35539 for an aortofemoral graft, and 35540 for an aortobifemoral graft. Notes tell the user not to report codes 35537 and 35538 or codes 35539 and 35540 together. Code 35541, for aortoiliac or bi-iliac grafts, and code 35546, for aortofemoral or bifemoral grafts, were deleted. Analogous codes for aortoiliac (35637) and aortobi-iliac (35638) grafts, were added to the synthetic bypass grafting series of codes; there are similar notes prohibiting reporting the two codes with each other and with the aortobifemoral code. Code 35641, for aortoiliac or bi-iliac grafts, was deleted.

Four codes in the same sections were revised to provide greater clarity and one code was deleted. In code 35501, *Bypass graft, with vein; carotid*, the wording has been changed to *Bypass graft, with vein; common carotid-ipsilateral internal*

carotid, to clarify that the graft origin and insertion lie on the same side of the patient's neck. An identical change was made in the wording of code 35601, the parallel code for a synthetic graft. In code 35509, the word "contralateral" has been inserted, so the terminology now reads, *Bypass graft, with vein carotid-contralateral carotid*, clarifying that the bypass is from one side of the neck to the other. Code 35306, which is used to report a carotid-subclavian graft, described the same work as code 35307, a subclavian-carotid graft. The difference between these two codes was limited to the direction of blood flow inside the bypass. Therefore, the terminology for code 35306 was revised to *Bypass graft, with vein carotid-subclavian or subclavian-carotid*, and code 35307 was deleted.

Two codes were added to report open revision of a femoral anastomosis of a synthetic bypass graft in the groin. Code 35883 is for use of a non-autogenous patch graft such as Dacron, ePTFE, or bovine pericardium. Code 35884 is for use of an autogenous vein patch graft. Introductory notes advise application of the bilateral modifier (-50) when appropriate, in addition to warning the user not to report code 35883 or 35884 with certain other revision procedures.

Gastric neurostimulation

Category I codes have been added to report open and laparoscopic placement and removal of neurostimulator electrodes in the antrum of the stomach for the treatment of gastroparesis. Code 43647 is for the laparoscopic implantation or replacement of the neurostimulator electrodes and code 43648 is for the laparoscopic revision or removal of the electrodes. Code 43881 is for open implantation or replacement of the neurostimulator electrodes and code 43882 is for the open revision or removal of the electrodes.

Category III codes have been added to report open and laparoscopic placement and removal of neurostimulator electrodes in the lesser curvature of the stomach for the treatment of morbid obesity. Code 0155T is for the laparoscopic implantation or replacement of the neurostimulator electrodes and code 0156T is for the laparoscopic revision or removal of the electrodes. Code 0157T is for open implantation or replacement of the neurostimulator elec-

trodes and code 0158T is for the open revision or removal of the electrodes.

Notes associated with both sets of codes direct the user to codes elsewhere in CPT for insertion of the neurostimulator and for electronic analysis and programming of the generator.

Colectomies

Changes were made to the open total colectomy codes to make performing a rectal mucosectomy optional. The descriptor for code 44157 is *Colectomy, total, abdominal, with proctectomy; with ileonal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed*. Code 44158 is for a total colectomy, with proctectomy, with ileoanal anastomosis and creation of an ileal reservoir. It also includes loop ileostomy and rectal mucosectomy if performed. Codes 44152 and 44153, which included rectal mucosectomy in all cases, were deleted. The descriptor for code 44152 is *Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy*. The descriptor for 44153 is *Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy*. Those two procedures should now be reported with code 44799, *Unlisted procedure, intestine*.


Peritoneal catheters

Code 49421, for the open placement of an intraperitoneal cannula or catheter, has been in the CPT for some time. Now codes have been added for the laparoscopic placement and revision of an intraperitoneal cannula or catheter. Code 49324 is for the laparoscopic placement of a permanent intraperitoneal cannula or catheter. Code 49325 is for the laparoscopic revision of a previously placed intraperitoneal cannula or catheter, including removal of intraluminal obstructive material if performed. Code 49326 is an add-on code for an omental tacking procedure; it is to be used only with codes 49324 and 49325.

Codes were created for the insertion of a subcutaneous intraperitoneal catheter extension with an exit site on the chest wall. Code 49435 is an add-on code for the extension itself. It is used with code 49324, laparoscopic placement of permanent

intraperitoneal cannula or catheter, or code 49421, open placement of an intraperitoneal cannula or catheter. Code 49436 was added to allow reporting of a delayed creation of an exit site by exteriorizing the external limb of a catheter that was embedded subcutaneously at the time of the catheter placement procedure. The descriptor for code 49436 is *Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter*. The process of embedding the external limb of the catheter is considered a component of placement procedures, codes 49421 and 49324; therefore, it is not reported separately.

Porcine plug for anal fistula

Code 0170T has been added for repair of an anorectal fistula with a plug made of porcine small intestine submucosa. For repair of an anal fistula using fibrin glue, use code 46706, *Repair of anal fistula with fibrin glue*. 

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