This article summarizes changes in the 2009 Current Procedural Terminology (CPT)* that are relevant to general surgery and other surgical specialties. Be sure to read the guidelines of each section of the CPT book for any changes. It is also a good practice to update your charge sheet each year to ensure that you are using the most up-to-date codes for your practice. This information should be useful not only to surgeons but also to the office staff that performs coding functions. Be aware of the deleted codes, revised codes, new codes, and parentheticals that are included below a code or section of codes.

**Hemorrhoidectomy**

CPT has deleted three codes and created a new code so that the destruction of internal and/or external hemorrhoids can more accurately be reported. The three deleted CPT codes are 46934, Destruction of hemorrhoids, any method; internal; 46935, Destruction of hemorrhoids, any method; external; and 46936, Destruction of hemorrhoids, any method; internal and external. Replacing these three CPT codes is CPT code 46930, Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency). Deletion of the three codes referenced specifically, incision and excision codes, for the creation of the new code allows more precise coding for nonexcisional procedures. Code 46930 has a 90-day global period and is followed by a new parenthetical as follows: (Codes 46934–46936 have been deleted. For incision of external thrombosed hemorrhoid(s), use 46083; for destruction of internal hemorrhoid(s) by thermal energy, use 46930; for destruction of hemorrhoid(s) by cryosurgery, use 46999; for excision of hemorrhoid(s), see 46250–46262, 46320; for injections, use 46500; for ligation, see 46221, 46945, 46946; for hemorrhoidopexy, use 46947).
**Laparoscopic Heller myotomy**

Surgical treatment via esophageal myotomy has been performed for correction of achalasia. Current CPT codes do not precisely describe the laparoscopic approach for an esophageal myotomy. CPT has created a new CPT code, 43279, Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed. Parenthetics were added to this code as follows: (For open approach, use 43330, 43331) and (Do not report 43279 in conjunction with 43280). Code 43279 has a 90-day global period.

**Laparoscopic abdominal wall hernia repair**

The CPT editorial panel accepted six new CPT codes to describe the levels of work associated with abdominal hernia repairs performed by laparoscopic techniques. The new codes all have a 90-day global period except for the new add-on code.

There is one revised add-on code, 49568, Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair). This code is not for use with the new laparoscopic codes. New codes are as follows:

- 49652, Laparoscopy, surgical repair ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
- 49653, Incarcerated or strangulated
- 49654, Laparoscopy, surgical repair incisional hernia (includes mesh insertion, when performed); reducible
- 49655, Incarcerated or strangulated
- 49656, Laparoscopy, surgical repair recurrent incisional hernia (includes mesh insertion, when performed); reducible
- 49657, Incarcerated or strangulated

(Do not report 49652–49657 in conjunction with 44180, 49568.)

**Integumentary system**

Look for revisions to codes 11001, 11201, 11922, 15003, 15005, 15201, 15221, 15241, 15261, and 15341. These add-on codes have been revised to include the wording “or part thereof.” Under the Repair (Closure) section, all the Repair–Intermediate section (12031 to 12057) codes have been revised for consistency in terminology. The reference to “layer closure” has been revised to say Repair, intermediate. The last change in the integumentary system includes minor wording revisions to two codes in the Breast section (19296–19267) for brachytherapy.

**Cardiovascular system**

Two new codes, 35535 and 35570, have been established in the vein bypass subsection to report creation of bypass grafts for revascularization. Three new codes—35632, 35633, and 35634—have been established in the prosthetic bypass graft subsection to report creation of bypass grafts for revascularization of the celiac, the renal, and mesenteric arteries and treatment of chronic arterial occlusive disease.

**Digestive system**

A new code, 41512, has been established to report tongue base suspension, which utilized a permanent suture technique for treatment of snoring and obstructive sleep apnea. New code 41530 was established to report submucosal radiofrequency tissue volume reduction of the tongue base. Concurrently, Category III code 0088T, which previously described this procedure, has been deleted. There is a new add-on code in the Esophagus section under Endoscopy: 43273, Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure).
Male genital system

New code 55706, Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance, has been established. This service was previously reported with code 0137T, which has been deleted.

Nervous system

There is revised text to each Stereotactic Radiosurgery Surgery (SRS) section in the Nervous System portion of the CPT book. There are five new codes in the Cranial section and code 61793 has been deleted. The five new codes are as follows: code 61796, Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion; add-on code 61797, each additional cranial lesion, simple (List separately in addition to code for primary procedure); code 61798, Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion; add-on code 61799, each additional cranial lesion, complex (List separately in addition to code for primary procedure); and add-on code 61800, Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure). There are two new codes in the Spinal section of SRS: Code 63620 describes SRS performed on one spinal lesion, and add-on code 63621 describes SRS performed on each additional spinal lesion and is reported in addition to code 63620.

Evaluation and management codes

See the revised coding guidelines for Critical Care Services for changes to evaluation and management codes. These changes are the result of further clarifications of the Neonatal and Pediatric Critical Care code revisions. Revisions were made to the Prolonged Services guidelines and codes 99354–99357 have been revised to indicate that these are intended to be reported with evaluation and management services in addition to any other physician services reported at the same session. Anticoagulant Management guidelines have been revised in tandem with the extensive editorial revisions in the Neonatal and Pediatric Critical Care section.

The guidelines in the Preventive Medicine Services section and codes 99381–99397 have been revised. Codes 99381 and 99391 were revised to exclude reference to immunization services. These services are separately reportable, as indicated in the introductory language that directs the use of codes 90465–90474 for immunization administration and vaccine risk/benefit counseling and 90476–90749 for reporting vaccine/toxoid products.