

Illustrations

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Incisional Percutaneous Implantation of Sacral Nerve Neurostimulator
64581

Revise illustration title to reflect appropriate reference code.

Evaluation and Management

Table 1

Categories and Subcategories of Service

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services

New Patient.....99324-99328 ~~99307-99310~~

Established Patient...99334-99337

Add correct codes to listing and delete erroneous (Subsequent Nursing Facility) codes.

Evaluation and Management

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services

Established Patient

99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- a comprehensive interval history;
- a comprehensive examination; ~~and~~
- medical decision making of moderate to high complexity.

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

Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Remove "and" for consistency with the other "two of three component" codes.

Anesthesia

Other Procedures

01991 Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position

01992 prone position

(Do not report code 01991 or 01992 in conjunction with 99143-99150 ~~99144~~)

**Revise parenthetical instruction following code 01992 to include new codes.
Delete reference to 2005 code.**

**Anesthesia
Other Procedures**

01995 Regional intravenous administration of local anesthetic agent or other medication (upper or lower extremity)

(For intra-arterial or intravenous therapy for pain management, see 90773, 90774, 90775)

Revise parenthetical instruction following code 01995 to include 90773. Delete reference to code 90775.

**Surgery
Integumentary System
Skin Replacement Surgery and Skin Substitutes
Allograft/Tissue Cultured Allogeneic Skin Substitute**

15360 Tissue cultured allogeneic dermal substitute_±; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children

‡ 15361 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

(Use 15361 in conjunction with 15360)

Delete second semicolon following “substitute” and replace with a comma.

**Surgery
Integumentary System
Repair (Closure)
Skin Replacement Surgery and Skin Substitutes
Xenograft**

15400 Xenograft, skin (dermal), for temporary wound closure_±; trunk, arms, legs; first, 100 sq cm or less, or one percent of body area of infants and children

‡ 15401 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

(Use 15401 in conjunction with 15400)

Delete second semicolon following “closure” and replace with a comma.

**Surgery
Integumentary System**

**Repair (Closure)
Burns, Local Treatment**

Procedures 16000-16036 refer to local treatment of burned surface only. Codes 16020-16030 include the application of materials (eg, ~~Biobrane®~~, other dressings) not described in 15100-15431.

List percentage of body surface involved and depth of burn.

For necessary related medical services...

For the application of skin grafts ...

16000 Initial treatment, first degree burn, when no more than local treatment is required

Delete the reference to Biobrane®.

**Musculoskeletal System
Pelvis and Hip Joint
Fracture and/or Dislocation
Endoscopy/Arthroscopy**

27238 Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation

27240 with manipulation, with or without skin or skeletal traction

27244 Treatment of intertrochanteric, peritrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage

27245 with intramedullary implant, with or without interlocking screws and/or cerclage

Correct the spelling of peritrochanteric.

**Surgery
Cardiovascular System
Arteries and Veins
Vascular Injection Procedures
Intravenous**

An intracatheter is a sheathed combination...

36000 Introduction of needle or intracatheter, vein

Intra-Arterial - Intra-Aortic

(For radiological supervision and interpretation, see Radiology)

36100 Introduction of needle or intracatheter, carotid or vertebral artery

Venous

Venipuncture, needle or catheter...

36400 Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein

Move the designated subheads to a subcategory of status below Vascular Injection Procedures

Surgery

Cardiovascular System

Arteries and Veins

Transcatheter Procedures

Venous

Central Venous Access Procedures

Insertion of Central Venous Access Device

36568 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age

CPT Assistant Oct 04:14 -4, Dec 04:8; CPT Changes: An Insider's View 2004

(For placement of centrally inserted non-tunneled central venous catheter, without subcutaneous port or pump, under 5 years of age, use 36555)

36569 age 5 years or older

CPT Assistant Oct 04:14 -4, Dec 04:8; CPT Changes: An Insider's View 2004

Clinical Examples in Radiology Inaugural 04:1-2

Revise October CPT Assistant references to reference the correct page number.

Surgery

Cardiovascular System

Arteries and Veins

Transcatheter Procedures

Venous Mechanical Thrombectomy

Use code 37187 ~~37188~~ to report the initial application of venous mechanical thrombectomy. To report bilateral venous mechanical thrombectomy performed through a separate access site(s), use modifier 50 in conjunction with 37187 ~~37188~~. For repeat treatment on a subsequent day during a course of thrombolytic therapy, use 37188.

Arterial Mechanical Thrombectomy

37184 Primary percutaneous transluminal mechanical...

Revise Transcatheter Procedures guidelines to include appropriate code 37187.

**Surgery
Digestive System
Intestines
Repair**

- 44620 Closure of enterostomy, large or small intestine;
- 44625 with resection and anastomosis other than colorectal
- 44626 with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

(For laparoscopic procedure, use ~~44188~~ 44227)

Revise parenthetical statement following code 44626 to add the correct code and delete code 44188.

**Surgery
Nervous System
Surgery of Skull Base**

The surgical management of lesions ...

The **approach procedure** is described according to ...

The **definitive procedure(s)** describes the repair...

The **repair / reconstruction procedure(s)** is reported ...

For primary closure...

When one surgeon performs the approach procedure...

If one surgeon performs more than one procedure...

**Approach Procedures (Change Level-move down)
Anterior Cranial Fossa (Change Level-move down)**

61580 Craniofacial approach to anterior...

Middle Cranial Fossa (Change Level-move down)

61590 Infratemporal pre-auricular approach...

Posterior Cranial Fossa (Change Level-move down)

61595 Transtemporal approach to posterior...

Definitive Procedures (Change Level-move down)
Base of Anterior Cranial Fossa (Change Level-move down)

61600 Resection or excision of neoplastic...

Base of Middle Cranial Fossa (Change Level-move down)

61605 Resection or excision of neoplastic...

Base of Posterior Cranial Fossa (Change Level-move down)

61615 Resection or excision of neoplastic...

Repair and/or Reconstruction of Surgical Defects of Skull Base (Change Level-move down)

61618 Secondary repair of dura...

Revise headings to the appropriate levels for the Skull Base Surgery procedures.

**Pathology and Laboratory
Chemistry**

83718 Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)

83721 LDL cholesterol

(For fractionation by high resolution electrophoresis or ultracentrifugation, use 83701)

(For lipoprotein particle numbers and subclasses analysis by nuclear magnetic resonance spectroscopy, use ~~83695~~ 83704)

Replace erroneous code 83695 with correct code 83704.

**Medicine
Vaccines, Toxoids**

90710 Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use

Remove lightning bolt from code 90710. FDA approval has been received.

**Medicine
Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions
(Excludes Chemotherapy)
Therapeutic, Prophylactic, and Diagnostic Injections and Infusions**

90772 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

(For administration of vaccines/toxoids, see 90465-90466, 90471-90472)

(Report 90772 for non-antineoplastic hormonal therapy injections)

(Report 96401 for anti-neoplastic nonhormonal injection therapy)

(Report 96402 for anti-neoplastic hormonal injection therapy)

(Do not report 90772 for injections given without direct physician supervision. To report, use 99211)

(90772 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)

90773 intra-arterial

90774 intravenous push, single or initial substance/drug

~~(90772-90774 do not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)~~

Move parenthetical instruction related to immunotherapy injections forward to reflect subcutaneous administration.

Index

Antibiotic Administration
Injection..... ~~90788~~90772

Delete erroneous code-add correct code 90772.

Index

Augmentation
 Percutaneous
 Spine ~~22523-22535~~22525

Delete erroneous code-add correct code 22525.

Index

Chemodenervation
 Eccrine Glands
 Axillae..... 64650
 Feet 64652
 Hands 64654
 Other Area..... 64653

Delete erroneous additions and codes.

Index

Spinal Cord

Reconstruction

Dorsal Spine Elements..... ~~63292~~ 63295

Delete erroneous code-add correct code 63295.

Appendix G

43456

43458

43750

44360

44361

Add code 43750 to the conscious sedation list.

Appendix H

Note: Prior to coding, the user must review the complete description of the code in the Category II section of the *CPT* coding manual and the complete description of its associated measure by accessing the measure developer's Web site provided in the footnoted reference. In addition, Category II codes are published biannually: January 1 and July 1. The most current listing, along with guidelines and forms for submitting code change proposals for Category II codes, may be accessed on the Internet at <http://www.ama-assn.org/go/cpt>.

Add clarification to Appendix H.