ACS Sponsored Practice Management Teleconference Series … December 15, 2005

CPT Coding & 2006 Updates for Surgeons

Current Procedural Terminology, CPT, is the coding basis for most medical and surgical services and procedures. Participants will learn how CPT is organized, how to properly determine a code from a brief description of the service and how to use the main sections of the book. Participants will learn key definitions of common services and situations. This program is designed for surgeons, office managers, front desk staff, clinical staff, new employees in any position. There will be a special section on new CPT codes for surgical specialties that have been introduced for 2006.

This Practice Management Teleconference is just $99 for ACS Fellows & their Practices:

♦ A 90-minute live teleconference including a formal presentation and time for Q&A
♦ The live course is Wednesday Dec. 15th @ 3 PM Eastern (convenient for your staff) and as an On-Demand Seminar via the Internet within several days following the live presentation.
  Your $99 registration fee covers either one or both presentations and handout materials.
♦ The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses

Course Objectives - Completion of this Practice Management Course will provide:
1. An understanding of the proper use of the various sections of the CPT book
2. Participants will be able to identify and locate a procedure code from the index
3. An understanding of key terminology related to CPT definitions and descriptions
4. Participants with the knowledge to properly utilize modifiers to the procedure codes as well as ...
5. Utilize appropriate discriminators in determining proper codes
6. Participants will properly code a procedure or service, including necessary modifiers, for submission to payers

CME Certification Statement - This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME). The American College of Surgeons is accredited by the ACCME to provide continuing medical education to physicians.

The American College of Surgeons designates a maximum of 1.5 Category 1 credits toward the AMA Physician's Recognition Award, for successful completion of this course. To earn the CME credits through the American College of Surgeons, the individual must dial into the teleconference, remain on the telephone line for the full 90-minute session, then complete the combination Evaluation / CME Form that will be included with the course materials. The Evaluation / CME form must be completed and FAXED back within seven days following the date of the teleconference.

Faculty - The faculty for the course is Mr. R. Thomas (Tom) Loughrey, MBA. Mr. Loughrey is CEO of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant's Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to 877-813-9784; or mailed to Economedix - 297 Valley Road # 200 - Wexford, PA 15090; For complete details and secure On-Line Registration simply go to: http://YourMedPractice.com/ACS

Thank you for your interest in this Program!

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American College of Surgeons
CPT Coding & 2006 Updates for Surgeons—Date: December 15, 2005
EVALUATION / CME FORM

NAME: _____________________________________________ Telephone #: ______________________
ACS Fellow #: _______________________ E-mail Address: ______________________________________

Please circle one number for each statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>1. Program topics and content were consistent with printed objectives</td>
<td>5</td>
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<tr>
<td>2. Program topics and content was relevant to my educational needs</td>
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<td>3. Presenters were informative and added knowledge to the session</td>
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<td>4. Discussion time was adequate and enhanced understanding of subject</td>
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<td>5. Acquired knowledge will be applied in my practice environment</td>
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<td>6. Supplemental written materials helped clarify course content</td>
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<td>7. I will seek additional information on this subject</td>
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8. The quality of the audio presentation was                              | Very Good | Good | Fair | Poor | Very Poor |
| 9. Overall this Practice Management Course was                           | 5          | 4    | 3    | 2    | 1         |

General Comments for this Course:


Surgical Specialty | Years out of Residency Training | Primary Type of Practice

[ ] Colon & Rectal Surgery | [ ] Pediatric Surgery | [ ] 1-5 | [ ] Private Practice
[ ] General Surgery (includes Oncology and Trauma) | [ ] Plastic Surgery | [ ] 6-10 | [ ] PPO/HMO
[ ] Neurological Surgery | [ ] Thoracic Surgery | [ ] 11-20 | [ ] Group Practice
[ ] Obstetrics/Gynecological Surgery | [ ] Urological Surgery | [ ] 21-30 | [ ] Academic Institution
[ ] Ophthalmic Surgery | [ ] Vascular Surgery | [ ] Over 30 | [ ] Hospital
[ ] Orthopaedic Surgery | Other - Please Specify Below: | Military
[ ] Otorhinolaryngology | | Other - Please Specify Below:

Please FAX this Evaluation / CME Form Toll Free to: 877-813-9784 within 7 days following this Teleconference to receive CME recognition from the American College of Surgeons. Thank You!
Educational Activity: **CPT Coding & 2006 CPT Updates**

Dates: **Thursday, December 15, 2005 @ 3:00 PM Eastern**

Faculty: **R. Thomas Loughrey, MBA, CCC-P** of **Economex, LLC**

Sponsor: **The American College of Surgeons**

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12. _______________________________________________ ____________________
Welcome To The Digital Learning Center

Presented by …

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Today’s Presentation

CPT Coding
Principles of CPT Coding and CPT Code Changes for 2006

CPT is a Copyright of the American Medical Association

Handout Materials

Click Here for the Course Overview … (PDF File)
Course Faculty

R. Thomas (Tom) Loughrey, MBA, CCS-P

- Chairman, CEO & Co-Founder of Economedix
- Certified Coding Specialist
- BS Degree from Pennsylvania State University
- Earned an MBA in Health & Hospital Administration from the University of Florida
- Former Hospital Administrator
- Former Owner of a Medical Billing Company
- Consultant to Physician Practices & Medical Societies
- Member of Various Professional Organizations Dealing with Medical Practice Management
- Developed and Presented Thousands of Seminars & Workshops Dealing with Practice Management

ACCME Disclosure

R. Thomas (Tom) Loughrey, MBA, CCS-P

In accordance with the policies on disclosure of the Accreditation Council for Continuing Medical Education, presenters for this program, except for any noted below, have identified no personal relationships with a health care product company which, in the context of their topics, could be perceived as a real or apparent conflict of interest.

No conflicts were disclosed

Today’s Course

CPT Coding & 2006 Updates

- Organization of the CPT Materials
- Conventions, Guidelines & Modifiers
- E&M Codes
- Medical Examples
- Special Surgery Section
- 2006 Update Section
- Summary
Organization of CPT

- Introduction
- Sections & Guidelines
  - Evaluation & Management Services
  - Anesthesia
  - Surgery
  - Radiology
  - Pathology & Laboratory
  - Medicine
- Modifiers
- Additions and Deletions
- Clinical Examples
- Index
  - Instructions
  - Modifying Terms
  - Code ranges
  - Conventions

CPT Sections

- Section Numbers
  - E&M 99201 to 99499
  - Anesthesia 00100 to 01999, 99100 to 99140
  - Surgery 10040 to 69990
  - Radiology 70010 to 79999
  - Pathology & Laboratory 80049 to 89399
  - Medicine 90281 to 99199

Instructions

- Select the name of the procedure that most accurately identifies the service performed
- List additional services or procedures if performed
- Add any modifying or extenuating circumstances to the listed service or procedure
- Adequately document the service in the patient medical record
- Any procedure or service may be used by any qualified physician
Format of the Terminology

- The code number followed by a descriptor
  25100  Arthrotomy, wrist joint; for biopsy

- Shorthand convention (follows semi-colon)
  25105  For synovectomy

Unlisted Procedure or Services and Special Reports

- Not every service performed by a physician is listed in CPT. Therefore, a specific code within each section is to be used to identify the service
  15999  Unlisted procedure, excision pressure ulcer

- All unlisted services and unusual services should be accompanied by a special report

Code Symbols

Each year the book is updated and codes are added and deleted. Text may be revised as well.

New procedures are identified with a “●”

New descriptions of codes are identified with a “▲”

New and revised text other than descriptions are identified with “▶ ◄”
Code Symbols
Add-On codes are identified with a “+”
Codes exempt from multiple procedure modifiers (-51) are identified with a “☐”.
They are not designated as “add-on” codes
☑ codes include conscious sedation
✓ Pending FDA approval

Using the Index
• Organized by main terms followed by up to three modifying terms
• There are four classes of main terms:
  – Procedure or service
  – Organ or anatomic site
  – Condition
  – Synonyms, eponyms and abbreviations

Classes of Main Terms
• Procedure or service
  – Angioplasty, catheterization or fetal testing
• Organ or anatomic site
  – Artery, Cerebrospinal fluid or knee joint
• Condition
  – Lesion, HIV or fracture
• Synonyms, eponyms and abbreviations
  – Anticoagulant & clotting inhibitors, Baker’s cyst, EEG
Conventions

- To save space some words are inferred from the meaning and are not listed in the index.

Example:

Pancreas
Anesthesia (for procedures on the pancreas)
The words in parentheses are inferred.

The index is not a substitute for the code listings in the main sections. Always refer to the main text to ensure the accuracy of the code selection and review relevant notes and descriptions.

Guidelines

- Each section of the main text is preceded with “Guidelines” to using the section.
Guidelines

- Guidelines contain information on:
  1. Classifications
  2. Definitions
  3. Unlisted services
  4. Special reports
  5. Use of clinical examples
  6. Typical modifiers
  7. Other important information

Modifiers – Appendix A

- 21 Prolonged E&M Services
- 22 Unusual Procedural Service
- 23 Unusual Anesthesia
- 24 Unrelated E&M service during post-op period
- 25 Significant, separately identifiable E&M service by same physician on same day as other service or procedure
- 26 Professional component
- 32 Mandated service
- 47 Anesthesia by surgeon

Modifiers – Appendix A

- 50 Bilateral procedure
- 51 Multiple procedure
- 52 Reduced services
- 53 Discontinued procedure
- 54 Surgical Care only
- 55 Postoperative management only
- 56 Preoperative management only
- 57 Decision for surgery
- 58 Staged procedure
- 59 Distinct procedural service (CCI Edits)
Modifiers – Appendix A

- 62 Two surgeons
- 63 Procedures on infant <4 kg
- 66 Surgical Team
- 76 Repeat procedure by same physician
- 77 Repeat procedure by another physician
- 78 Return to operating room for related procedure during post-op period
- 79 Unrelated procedure or service by the same physician during the post-op period
- 80 Assistant at surgery
- 81 Minimum assistant at surgery
- 82 Assistant at surgery (no qualified resident available)

Modifiers – Appendix A

- 90 Reference Lab
- 91 Repeat Clinical Diagnostic lab test
- 99 Multiple procedures

Evaluation & Management Codes

- Definitions
  - New and established patients
  - Chief complaint
  - Concurrent care
  - Counseling
Levels of E&M Services

- Determined by key components:
  - History
    - HPI, Past, family and Social History, ROS
  - Examination
    - Based on presenting problem and clinical judgment
  - Medical Decision Making
    - Based on the number of diagnoses, amount or complexity of data and risk associated with the presenting condition

Office or Other Outpatient Services 99201 - 99220

- New Patients 99201 – 99205
- Established Patients 99211 – 99215
- Hospital Observation Services 99217- 99220

Hospital Inpatient Services 99221 - 99239

- Initial Hospital Care 99221 – 99223
- Subsequent Hospital Care 99231 – 99233
- Observation or Inpatient Care (same day admit and discharge) 99234 – 99236
- Hospital Discharge Services 99238 - 99239
**Consultations**

- Advice or opinion requested by another physician
- May initiate diagnostic and therapeutic services
- Request must be documented in medical record
- Opinion or advice must be documented in medical record
- Must be communicated to referring physician in a written report

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**Two Categories of Consultations**

1. Office
   - New and established patients
2. Initial Inpatient

*Follow-up and Confirmatory consultation codes have been deleted for 2006*

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**Emergency Department Services**

- New and established patients
  99281 – 99285
- Physician directed emergency care
  99288
- Provided from an organized hospital based department designed for unscheduled patients presenting for immediate attention
- Must be available 24 hours a day
Critical Care Services

New revisions in instructions in 2005
- Critical care is usually provided in a hospital critical care unit – but not always!
- Separate codes for adults (99291 and 99292), pediatrics (99293 and 99294) and neonates (99295 and 99296)
- 99291 is for 30 to 74 minutes and 99292 is for each additional 30 minutes

Critical Care Services

- Critical care includes interpretation of cardiac output measures, chest x-rays, blood gases and stored data
- Also includes gastric intubation, temporary transcutaneous pacing, ventilator management and vascular access procedures
- Other services should be listed separately
- If less than 30 minutes of time is spent on critical care, all services should be listed separately
- Time spent in critical care is bedside and unit time only. Physician must be immediately available to patient

Immunizations & Vaccines

- Immunization Administration
  - For Vaccines and Toxoids 90471-90474
  - Listed in addition to material
- Vaccines and Toxoids
  - 90476 through 90748
  - 90749 - unlisted
Injections

- Therapeutic Infusions – a prolonged IV injection
  - Requires physician presence
  - 90780 for first hour and 90781 for additional hours
  - Excludes chemotherapy
  - These Codes are Deleted for 2006

Injections

- Therapeutic, Prophylactic or Diagnostic
  - 90782 for subcutaneous or intramuscular
  - 90783 Intra-arterial
  - 90784 Intravenous
  - 90788 IM injection of antibiotic
  - These Codes are Deleted for 2006

Surgery
Surgical Guidelines

- Surgical Procedures include:
  - The operation itself
  - Local infiltration
  - Metacarpal/Digital Block or topical anesthesia
  - Normal, uncomplicated follow-up care

Surgical Guidelines

- Follow-Up care
  - Diagnostic procedures: recovery only
  - Therapeutic procedures: only that care that is usual to the surgery (time based)
    - Complications should be reported by use of the appropriate procedure.
    - For example: treatment of a post-operative wound infection

Surgical Guidelines

- Add-On Codes
  - Indicated by a “+”
  - List can be found in Appendix E
  - Usually describe additional work based on additional surgical sites
  - Example: multiple lesions
Surgical Guidelines

- Special Reports – pertinent information includes:
  - Complexity of symptoms
  - Final diagnosis
  - Pertinent physical findings
  - Diagnostic and therapeutic services
  - Concurrent care
  - Follow-up plan

Using The Surgical Sections

- Procedures are listed by physiologic systems
- Physiologic systems parallel surgical specializations
  - Example: Musculoskeletal system and orthopedics or Cardiovascular system and cardio-thoracic surgery
- Procedure listings are found in the Index

Using The Surgical Subsections

- Many sections have special notes and instructions
- Extremely important to review for each specialty
- A complete listing of all subsections is found in the Surgery Guidelines
Using The Surgical Subsections
Examples
- Repairs or closure – does not include adhesive strips
  - Defined as Simple, Intermediate and Complex
  - Wound size and shape should be recorded
  - Multiple wounds size is added together from the same anatomic area
  - The most complicated wounds are listed as primary and less complicated as secondary
  - Debridement is separate only under gross contamination
  - Involvement of nerves, blood vessels and tendons is included unless they are themselves complex

Using The Surgical Subsections
Examples
- Hernia Repairs
  - Categorized by type: inguinal, femoral, incisional, etc
  - Further categorized as initial or recurrent
  - Additionally may be accounted for as reducible versus strangulated
  - Use of mesh or other prostheses is not separately reported except for incisional hernia repair
  - The excision or repair of strangulated organs is separately reported in addition to the repair
  - All codes for bilateral repairs have been deleted. Use -51 modifier for second procedure

CPT Changes for 2006
- Appendix B lists the code changes for the current year
- Pay attention to:
  - New procedures are identified with a “●”
  - New descriptions of codes are identified with a “▲”
  - New and revised text other than descriptions are identified with “…”text…”
  - “©” is used to indicate conscious sedation
CPT Changes for 2006

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15040 Harvest of skin for cultured autograft 100 sq cm or less
  - 15110 Epidermal autograft, trunk, arms, legs; first 100 sq cm or 1% of children
  - 15111 …; each additional 100 sq cm
  - 15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm
  - 15116 …; each additional 100 sq cm

CPT Changes for 2006

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15130 Dermal autograft, trunk, arms, legs; first 100 sq cm or 1% of children or less
  - 15131 …; each additional 100 sq cm
  - 15135 Dermal autograft, face, scalp, eyelids, mouth, neck, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm
  - 15136 …; each additional 100 sq cm

CPT Changes for 2006

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15150 Tissue cultured autograft, trunk, arms, legs; first 25 sq cm or 1% of children or less
  - 15151 …; each additional 1 sq cm to 75 sq cm
  - 15152 …; each additional 100 sq cm
  - 15155 Tissue cultured autograft, face, scalp, eyelids, mouth, neck, orbits, genitalia, hands, feet, multiple digits; first 25 sq cm
  - 15156 …; each additional 1 to 75 sq cm
  - 15157 …; each additional 100 sq cm
CPT Changes for 2006

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15300 Allograft for temp wound closure, trunk, arms, legs; first 100 sq cm or 1% of children or less
  - 15301 …; each additional 100 sq cm
  - 15320 Allograft for temp wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm
  - 15321 …; each additional 100 sq cm

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or 1% of children or less
  - 15331 …; each additional 100 sq cm
  - 15335 Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm
  - 15336 …; each additional 100 sq cm

- Skin Replacement Surgery - Grafts
- New Codes:
  - 15340 Tissue cultured allogeneic skin substitute
  - 15342-15351 deleted
  - 15360 Tissue cultured allogeneic skin substitute, trunk, arms, legs; first 100 sq cm or 1% of children or less
  - 15361 …; each additional 100 sq cm
  - 15365 Tissue cultured allogeneic skin substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm
  - 15366 …; each additional 100 sq cm
**CPT Changes for 2006**

- **Skin Replacement Surgery - Xenografts**
  - **New Codes:**
    - 15420 Xenograft skin for temp wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits; first 100 sq cm or 1% of children or less
    - 15421 ...; each additional 100 sq cm
    - 15430 Acellular xenograft implant; first 100 sq cm or 1% of children or less
    - 15431 ...; each additional 100 sq cm

- **Orthopedic - Spine**
  - **New Codes:**
    - 22010 Incision and drainage, open of deep abscess, posterior spine, cervical thoracic or cervicothoracic
    - 22015 ...; lumbar, sacral or lumbosacral
    - 22523 Percutaneous vertebral augmentation; thoracic
    - 22524 ...; lumbar
    - 22525 each additional thoracic or lumbar vertebral body

- **Orthopedic - Foot**
  - **New Codes:**
    - 28890 Extracorporeal shock wave therapy, high energy, performed by physician, requiring anesthesia other than local, including US guidance, involving plantar fascia
CPT Changes for 2006

- Respiratory
- New Codes:
  - 32503 resection of apical lung tumor including chest wall resection, ribs, neurovascular dissection; without chest wall reconstructions
  - 32504 ...; with chest wall reconstructions

CPT Changes for 2006

- Surgery - Cardiovascular
- New Codes:
  - 33507 Repair of anomalous aortic origin of coronary artery by unroofing or translocation
  - 33548 Surgical ventricular restoration, includes prosthetic patch
  - 33925 Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
  - 33926 ...; with cardiopulmonary bypass
  - 36598 Contrast injections for radiologic evaluation of existing central venous access device, inc fluoroscopy

CPT Changes for 2006

- Surgery – transcatheter procedures (CV)
  - see new notes
- New Codes:
  - 37184 Primary percutaneous transluminal mechanical thrombectomy, arterial...; initial vessel
  - 37185 ...; second and all subsequent vessels within same vascular family
  - 37186 add-on secondary percutaneous transluminal thrombectomy
CPT Changes for 2006

- Surgery – transcatheter procedures (CV)
  see new notes
- New Codes:
  - 37187 Primary percutaneous transluminal mechanical thrombectomy, veins…; initial vessel
  - 37188 …; repeat treatment on subsequent day during course of thrombolytic therapy

CPT Changes for 2006

- Surgery – Ligation (CV)
- New Codes:
  - 37722 Ligation, division and stripping; long (greater) saphenous veins from sapenofemoral junction to the knee or below

CPT Changes for 2006

- Surgery – Bariatric
  New Codes:
  - 43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band
  - 43771 …; revision of adjustable gastric band only
  - 43772 …; removal of gastric band only
  - 43773 …; removal and replacement of gastric band only
  - 43774 …; removal of adjustable gastric band and port components
CPT Changes for 2006

Surgery – Laparoscopy New Codes:
- 44180 Laparoscopy, surgical; enterolysis (separate procedure)
- 44186 …; jejunostomy
- 44187 …; ileostomy or jejunostomy, non-tube
- 44188 …; colostomy or skin level cecostomy
- 44213 …; (add on) mobilization (take-down) of splenic flexure in conjunction with partial colectomy
- 44227 …; closure of enterostomy, large or small intestine with resection and anastomosis

CPT Changes for 2006

Surgery – Laparoscopy New Codes:
- 45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
- 45397 …; proctectomy, combined abdominoperineal pullthrough procedure with creation of colonic resevoir, with diverting enterostomy, when performed
- 45400…; proctopexy for prolapse
- 45402…; proctopexy for prolapse with sigmoid resection
- 45499 …; unlisted laparoscopy procedure, rectum

CPT Changes for 2006

Surgery – Anus

New Codes:
- 46710 Repair of ileoanal pouch fistula/sinus, pouch advancement; transperineal approach
- 46712 …; combined transperineal approach and transabdominal approach
CPT Changes for 2006

- Surgery – Urology – Renal pelvis procedures -
  New Codes:
  - 50382 Removal and replacement of internally dwelling ureteral stent via percutaneous approach, incl radiologic supervision and interpretation
  - 50384 removal only (no replacement)
  - 50387 Removal and replacement of externally accessible transnephric uteral stent req. flouro, inc radiolological supervision and interpretation
  - 50389 removal only (no replacement)
  - 50592 Ablation one or more renal tumors, percutaneous, unilateral, radiofrequency (as opposed to cryotherapy)
  - 51999 Unlisted procedure, bladder

CPT Changes for 2006

- Surgery – Female Genital System
- New Codes:
  - 57295 Revision (including removal) of prosthetic vaginal graft, vaginal approach
  - 58110 (add on) Endometrial sampling performed in conjunction with colposcopy

CPT Changes for 2006

- Surgery – Nervous system
- New Codes:
  - 61630 Balloon angioplasty, intracranial, percutaneous
  - 61635 Transcatheter placement of intravascular stents, intracranial, inc balloon angioplasty when performed
  - 61640 Balloon dilation of intracranial vasospasm, percutaneous; initial vessel
  - 61641 ...; each additional vessel
  - 61642 ...; each additional vessel in each different vascular family
  - 64650 Chemodenervation of eccrine glands; both axillae
  - 64653 ...; other areas
CPT Changes for 2006

- Medicine New Codes:
  - 90649 Human papilloma Virus vaccine (FDA pending)
  - 90714 Tetanus and diphtheria toxoids absorbed
  - 90736 Zoster vaccine
  - 90760 IV infusion, hydration; initial up to 1 hr
  - 90761 ...; each additional hour up to 8
  - 90765 IV infusion for therapy, prophylaxis or diagnosis; initial up to 1 hr
  - 90766 ...; each additional hour up to 8 hours
  - 90767 ...; additional sequential infusion, up to 1 hr
  - 90768 ...; concurrent infusion

- Gastroenterology
  - 91022 Duodenal motility study

- Audiology
  - 92626 Eval auditory rehab status; first hour
  - 92627 ...; each additional 15 minutes
  - 92630 Auditory rehab; pre-lingual hearing loss
  - 92633 ...; post-lingual hearing loss

- Endocrinology
  - 95251 Physician interpretation of continuous glucose monitoring (95250)
CPT Changes for 2006

- Medicine New Codes: EMG and Nerve Conduction Tests
  - 95865 Needle EMG; larynx (do not report 50 modifier, if unilateral only use modifier 52)
  - 95866; hemidiaphragm
  - 95873 electrical stimulation for guidance (ad-on)
  - 95874 Needle EMG for guidance (add-on)

CPT Changes for 2006

- Other
  - Central Nervous System testing
  - Chemotherapy – significant changes and additions 96401-96523
  - Orthotic management 97760-97762
  - Moderate sedation 99143-99150 (new section and all new codes dealing with conscious sedation)
    watch for procedures indicated with 0
  - Category II codes 1003F-1008F (history)
  - 2001F – 2004F Physical Exam
  - Other Cat II codes 3000F-4018F
  - Category III codes 0089T-0140T (testing codes for new technology)

The Goal of Accurate Coding

- Report the codes accurately the very first time
- Have adequate documentation of the need for the service
- Have adequate documentation of exactly what was done
- Have adequate documentation of extenuating circumstances and related services
Thank you for participating in this seminar presentation from Economedix!

Please direct questions to ...

tloughrey@economedix.com

To earn CME credits for this course please complete the Evaluation / CME Form and FAX it back to Economedix within 7 days of the teleconference.