

# Out With the Old, In With the New

**A new injection code and newborn codes are among this year's most notable CPT changes.**

**W**hen the new CPT book arrives each year, it may seem like change simply for the sake of change. However, most CPT changes happen for valid reasons, such as to address payment issues, to make codes easier to locate or to more specifically identify a service. Not all of this year's CPT changes will affect you, but the following additions, revisions and deletions should be noteworthy to family physicians and other primary care specialists.

## Injections – Don't miss this change!

To help physicians and coders select proper injection and infusion codes, the hydration and injection codes

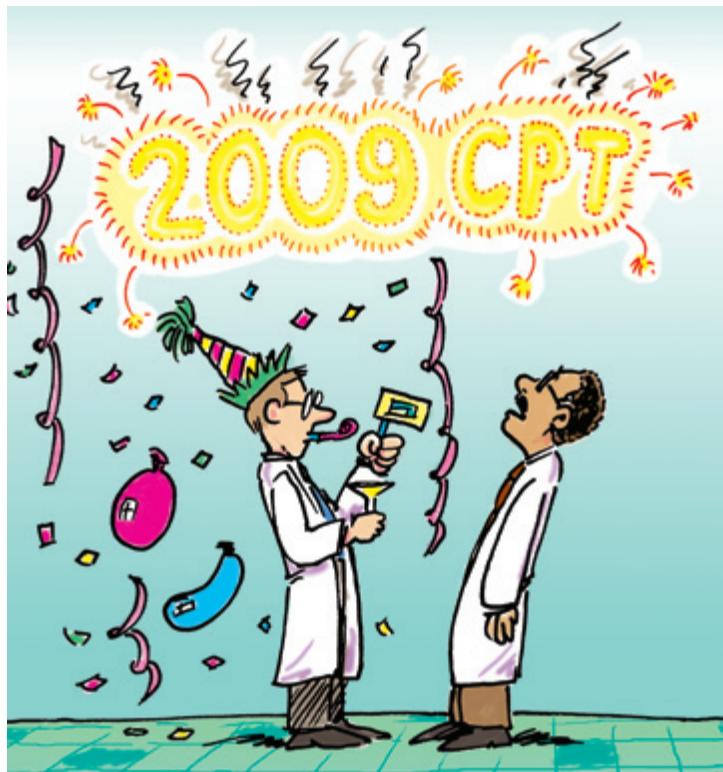
have been changed to make them numerically closer to the administration codes for chemotherapy and highly complex drug or biological agents. That's right; the injection code, which was changed two years ago, has been changed again! Add code 90772 to your list of deleted codes. The code to remember for 2009 is 96372, "Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular."

Other hydration, nonchemotherapy and noncomplex drug injection and infusion codes have also been moved to the 96360-96379 code series.

## Newborn evaluation and management

New codes are sometimes added in awkward places in CPT because a limited number of codes are available in the more logical spot. This occurred in 2008 with the code for initial hospital care of a neonate who requires intensive observation, frequent interventions and other intensive care services. The lack of an available code in the pediatric E/M subsections caused this service to be placed under "Other Evaluation and Management Services." To correct this and allow for future changes, codes related to newborn care and pediatric critical care have been revised and can now be found in the 99460-99480 range. (See page 9 for a cross-reference of 2008 to 2009 newborn E/M codes.)

*Important note:* The instruction below code 99465, "Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output," incorrectly indicates that this code should not be reported in conjunction with other newborn care services on the same date (99460, 99468 and 99477). This is an error and has been added to the AMA's CPT errata (<http://www.ama-assn.org/ama/pub/category/3896.html>). The correct instruction is that code 99465 should not be reported in conjunction with code



"You HAVE to get a hobby, Richard."

99464, "Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn."

### Changes to avoid misinterpretation

Several of this year's CPT changes were simply to provide clearer descriptions of what is included in the services represented by the code.

**Preventive medicine services.** The introductory language and code descriptors for the preventive medicine services, 99381-99397, have been updated to more specifically exclude the ordering of vaccine/toxoid products and screening tests (e.g., vision, hearing and developmental testing). Those items should be reported separately.

**Wound repairs.** Codes 12031-12057 for intermediate wound repairs were revised to avoid misinterpretations of the intent of these codes. The code descriptors previously included the term "layer closure." Layer closure is replaced with "intermediate repair" to clarify that single-layer closures of heavily contaminated wounds that required extensive cleaning or removal of particulate matter also constitute intermediate repair. For example, the descriptor for code 12031 now reads, "Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less."

**Lab tests.** The following lab test code descriptors were revised to indicate that these codes are appropriately reported whether the testing platform utilizes serum, plasma or whole blood specimens:

- 82040 Albumin; serum, plasma or whole blood,
- 84132 Potassium; serum, plasma or whole blood,
- 84155 Protein, total, except by refractometry; serum, plasma or whole blood,
- 84295 Sodium; serum, plasma or whole blood.

New instructions in the microbiology section indicate that, when separate results are reported for different species or strains of organisms, each result should be coded separately. Use modifier 59 when separate results are reported for different species or strains that are described by the same code. For most family physicians, this may only be relevant in one instance: reporting codes 87804 and 87804-59 when testing for both Influenza A and B.

### New codes

The following codes of note to primary care physicians have been added to CPT for 2009:

**Destruction of hemorrhoids.** A new code, 46930, has been added to report various thermal energy destruction procedures for hemorrhoids including infrared coagulation, cauterity and radiofrequency. Note that no specific code is included in CPT for destruction of hemorrhoids by cryosurgery. CPT now instructs physicians to use 46999 to report this service. Codes for hemorrhoid injection, ligation, incision, excision and repair remain unchanged. CPT codes 46934, 46935 and 46936 for destruction of hemorrhoids, any method, have been deleted.

**Lab code.** Code 87905, "Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)," has been added for a test that allows rapid diagnosis of bacterial vaginosis, such as BVBlue. This test would have been reported with unlisted code 87999 before 2009. When testing by virus isolation "including identification by non-immunologic method, other than by cytopathic effect," physicians are instructed to report code 87255.

**Vaccines.** The CPT Editorial Panel has approved codes for some vaccines that have not yet received FDA approval. These codes are marked with the (N) symbol until approved. Updates on the FDA status of these codes are provided on the AMA CPT Web site under "Category I Vaccine Codes" (<http://www.ama-assn.org/ama/pub/category/10902.html>).

Code 90650 (N) is currently pending FDA approval. This code will report a human papilloma virus (HPV) vaccine that contains an adjuvant formulation and is intended to protect against oncogenic types of cervical can-

### About the Author

Cindy Hughes is the AAFP's coding and compliance specialist and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose.

 Article Web Address: <http://www.aafp.org/fpm/20090100/7cpt2.html>

cer (types 16 and 18). The existing HPV vaccine, 90649 (Gardasil), targets both oncogenic (types 16 and 18) and non-oncogenic (types 6 and 11) but does not contain the adjuvant. Both vaccines have a three-dose schedule, but the current product is administered at zero, two and six months, while the product reported with code 90650 is administered at zero, one and six months.

Code 90738 (✓) has been established to report an inactivated Japanese encephalitis virus vaccine for intramuscular use that is also pending FDA approval. The existing code, 90735 (Je-Vax), is also used to report an inactivated Japanese encephalitis virus vaccine that is administered *subcutaneously* and used primarily by the military. This vaccine is no longer supplied by the manufacturer. The new vaccine is expected to replace the older vaccine when its supply runs out and will be produced from Vero cell cultures without thiomersal (mercury) and administered on a two-dose schedule.

The FDA approval-pending indicator (✓) was removed from code 90681, attenuated human rotavirus vaccine for oral administration (Rotarix), which is recommended for use in infants on a two-dose schedule. The other vaccine product for rotavirus, reported with code 90680, is still valid and is identifiable by a three-dose schedule.

Code 90696 has been established to report an FDA-approved, combination vaccine to protect against diphtheria, tetanus, pertussis and poliomyelitis (DTaP-IPV) in a single injection (Kinrix). This vaccine is intended

to be administered as a booster dose to healthy children four years old to six years old who completed the recommended schedule for DTaP and polio virus as infants.

Code 90698 has been established to report the now-approved diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B vaccine and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use (Pentacel).

**Morton's neuroma.** For the treatment of patients with Morton's neuroma, new codes have been added to report injection of a plantar common digital nerve (64455) and destruction of a plantar common digital nerve by neuro-lytic agent injection (64632). Regardless of the number of injections performed in a session, report only one unit of service for code 64455. In addition, do not report 64455 in conjunction with code 64632.

### Just in time for the new year

So there you have it – a summary of coding changes across the spectrum of family medicine intended to help you find and report codes in the most clear and efficient manner possible. CPT isn't a perfect coding system, but hats off to those who spend countless hours keeping it up-to-date. Here's wishing you health, prosperity and no denials! **FPM**

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).

## CPT 2009 NEWBORN EVALUATION AND MANAGEMENT SERVICES

The following 2008 codes have been replaced with the codes listed in the right-hand column.

| Deleted 2008 codes and descriptors  | 2009 codes and descriptors  |
|---|---|
| <b>99431</b> History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records  | <b>99460</b> Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant  |
| <b>99432</b> Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)   | <b>99461</b> Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center   |
| <b>99433</b> Subsequent hospital care, for the evaluation and management of a normal newborn, per day   | <b>99462</b> Subsequent hospital care, per day, for evaluation and management of normal newborn   |
| <b>99435</b> History and examination of the normal newborn infant, including preparation of medical records (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.) | <b>99463</b> Initial hospital or birthing center care, per day, for evaluation and management of a normal newborn infant admitted and discharged on the same date                             |
| <b>99436</b> Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn   | <b>99464</b> Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn   |
| <b>99440</b> Newborn resuscitation; provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output  | <b>99465</b> Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output |