

2009 CPT[®] Update

Audio Seminar/Webinar

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Practical Tools for Seminar Learning

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The faculty has reported no vested interests or disclosures regarding this presentation.

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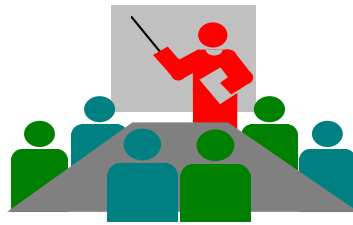
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Objectives of this Seminar

- Introduction and Overview of the CPT® code changes for 2009
- Summarize changes with emphasis on the the E/M and surgical chapters
- Highlight the radiology, path, lab, and medicine chapters



1

Introduction

- CPT® is published annually
- January 1 is the effective date
- Exceptions are CPT® Category III and vaccine product codes – x2 yearly (Jan 1 or Jul 1) - with effective dates of usage 6 months later – & CPT® Category II codes.
- “Changes to the CPT® code are meant to be applied prospectively from the effective date”.

2

General Changes

- **Symbol o**
- **Reinstated/Recycled codes**
- **Not frequently used**

3

Modifiers and Appendices

- **Mod 21 deleted for prolonged E&M services**
- **Use the prolonged E&M codes instead**

4

E/M Changes

- **Critical Care**
- **Prolonged Services**
- **Preventive Medicine Services**
- **Physician and non-physician professional**

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E/M Services

- **"E/M services may also be reported by *other qualified health care professionals* who are authorized to perform such services within the scope of their practice".**

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Critical Care Services

- **Carve out for inpatient pediatric and neonates with new codes**
 - **Clarity of age**
- **New category III codes for remote real-time interactive video-conferenced services**
- **Expansion of critical care instructions**

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Critical Care Services

- **“Direct delivery by a physician(s) of medical care for a critically ill or critically injured pt – acutely impairs one or more vital organ systems or life threatening deterioration in the pt’s condition and involves high complexity decision making”**

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Critical Care Services

- Revised notes to include:
 - ***Inpatient*** services for:
 - Infants – 29 days *through 71 months* of age are reported with *new* codes **99471-99476**
 - Neonates – 28 days (*through the 28th day*) or less are reported with new codes **99468** and **99469**

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Critical Care Services

- For critical care in the ***outpatient area***, the critical care codes: 99291 – 99292 are used for neonates and pediatric pts *through 71 months* of age.
- If the same physician provides care in both the outpatient and inpatient area, code *only* the new inpatient codes.
- Transport of pediatric patients 24 months or less – use **new** codes **99466** and **99467**.

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Critical Care Time

- **Critical Care includes time spent:**
 - *on* the unit
 - Physician must be immediately available to the patient
 - providing *full* attention to the patient
 - *in* activities that *directly contribute* to the treatment of the patient
 - performing procedures/services that are *not* separately reportable
 - *that* day and must be *documented* (does *not* have to be continuous)

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Reminder: Category III Codes

- Temporary codes for emerging technology, services, and procedures
- Category III code must be reported instead of a category I *unlisted* code
- Alphanumeric character
- New codes – semiannually via AMA/CPT® web site
 - www.ama-assn.org/go/cpt

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Remote Critical Care

- Remote real-time interactive video-conferenced critical care is from an *off-site location* delivered by a physician(s) for a critically ill or critically injured patient.
- Must have real time:
 - access
 - Capability
- “Only one physician may report either critical care services or remote real-time interactive video-conferenced critical care for the same period of time.” p. 474

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Remote Critical Care

- Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient;
 - First 30-74 minutes – 0188T
 - Each additional 30 minutes – 0189T
 - (+) code – use with 0188T

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Remote Critical Care Example

- Patient in ICU with sepsis, septic shock, respiratory failure. The remote physician has visual access to the room and knows when the on-site physician is seeing the patient.
- The on-site physician on the 7a-7p shift saw the patient “intermittently” during this shift and documented appropriately.
- The remote physician also followed the patient and documented appropriately.
- Who codes for what?

15

Prolonged Services

- Prolonged service with direct (face-to-face) patient contact
 - 99354 – 99357 (+)
 - Beyond the usual service
 - 99354 – office or other outpatient 1st hour
 - 99355 – each addt'l 30 minutes
 - 99356 – inpatient setting, 1st hour
 - 99357 – each addt'l 30 minutes
 - Code in addition to designated E/M service at any level – must have a typical/specified time published in CPT®

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Prolonged Services

- Time does not have to be continuous
- Reported only once per date
- Under 30 minutes – not reported separately
- Time range in minutes:
 - 30 – 74: 99354
 - 75 – 104: 99354 x1 and 99355 x1
 - 105 or more: 99354 x1 and 99355 x2 or more for each additional 30 minutes

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Anticoagulant Management

- Under the Case Management Services section
 - 99363 – 99364
 - Instruction note change
 - Outpatient services *only*
 - When admitted, a new period will begin after discharge

18

Preventive Medicine Services

- **New patient – (99381 – 99387)**
- **Established patient – (99391 – 99397)**
- **Now exclude the reference to other services reported separately such as immunization products and administration, ancillary studies, screening tests, and other procedures.**

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Newborn Care Services



- **Newborn Care Services now has a new section, subsection, and codes**
 - **Purpose of reporting “normal” newborn and limited to the initial care in the first days after birth prior to home discharge.**
 - **Other than “normal” newborn, instructions note to see hospital inpatient services and neonatal intensive and critical care services.**
 - **Modifier 25**
 - **Circumcision – 54150 – report separately**

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Newborn Care Services

- **Initial and subsequent care**
- **Per day for evaluation and management of normal newborn**
 - **Initial hospital or birthing center care**
 - 99460
 - 99463 – admitted & discharged same date
 - **Initial care, seen in other than hospital or birthing center - 99461**
 - **Subsequent hospital care - 99462**

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Newborn Care Services

- **Delivery/Birthing Room Attendance and Resuscitation Services – new subsection**
 - **99464 – attendance at delivery and initial stabilization of newborn**
 - **99465 – delivery/birthing room resuscitation, provision of positive ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output**

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Inpatient Neonatal – 994xx

- **Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services**
 - Pediatric critical care patient transport
 - Inpatient neonatal and pediatric critical care
 - Initial and continuing intensive care services

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Pediatric Critical Care Patient Transport

- **Physical attendance and direct face-to-face by a physician during the interfacility transport of a critically ill or critically injured pediatric patient 24 months of age or less**
 - 99466 – first 30-74 minutes of hands-on care during transport
 - 99467 – each addt'l 30 minutes (+)

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Pediatric Critical Care Patient Transport

- **Instructions**
 - “hands-on”
 - Procedures/services performed by other members of transport team – cannot be reported by supervising physician
 - Time begins and end when physician “assumes” primary responsibility at referring hospital and the receiving physician “accepts” responsibility.

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Inpatient Neonatal and Pediatric Critical Care

- **New subsection and for critical care, by day for evaluation and management of a critically ill:**
 - Neonate or infant – 28 days or less
 - Pediatric
 - 29 days through 24 months of age
 - 2 through 5 years of age
 - Codes 99468 – 99476

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Inpatient Neonatal and Pediatric Critical Care

- Codes defined by age and initial and subsequent care
- Report only by a single physician, once per day, per patient
- Same definition for critical care (adult, child, and neonate)

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Initial and Continuing Intensive Care Services

- Change in initial hospital care code for the “non” critically ill *neonate*
- New (3) codes for subsequent intensive care for the “recovering” *infant* by weight in grams
- These codes are by day and for the evaluation and management of the neonate/infant

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Initial and Continuing Intensive Care Services

- **99477 – initial hospital care, per day, for the evaluation and management of the neonate, 28 days or less, who requires intensive observation, frequent interventions, and other intensive care services**
 - Not critically ill

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Initial and Continuing Intensive Care Services

- **Subsequent intensive care, per day, for evaluation and management of “recovering infant”**
 - **99478 – “very low birth weight” – present body weight less than 1500 grams**
 - **99479 – low birth weight - present body weight of 1500-2500 grams**
 - **99480 – present body weight of 2501-5000 grams**

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Surgery Section

- **Change Highlights**
- **Changes in All Body Systems**



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General Surgery

- **Note to facilitate usage of percutaneous needle biopsy codes**
- **Other than FNA use specific codes within body systems**
- **Added ref. codes for nucleus pulposus, intervertebral disc, paravertebral tissue**

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Integumentary System Update

- **Revision of each additional codes for body surface *or part thereof***
 - *Each additional...10 lesions, 10% body surface, etc.*
 - ***OR PART THEREOF***
- **Second codes are for ANY additional measurement**

33

Repair Codes

- **Revision of Intermediate Codes 12xxx**
- **Layer closure revised to Repair, Intermediate**
- **Adds consistency in description and guidelines**

34

Skin Replacement Surgery

- **Additional instructional terms**
- **Autologous**
- **Autologous tissue-cultured epidermal graft**
- **Harvesting**
- **Coded by recipient site**
- **Acellular dermal replacement**

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Skin Replacement

- **Not for simple graft application or stabilized by dressings only**
- **Square cm up to stated amount**
- **Use add on code for anything over**
 - *or part thereof*

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Modifier 58

- **Modifier 58 for staged application procedure(s)**
- **Modifier coding instruction moved to the end**

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Flaps

- **Regions –**
 - **Recipient site when flap attached in transfer/final site**
 - **donor site when tube formed or flap delay**
- **Specific to timing of formation of tube in donor site**

38

Breast Procedures

- CPT® 19296 – 19297
- Revision of afterloading catheters for brachytherapy
- Changed balloon to expandable
- Added (single or multichannel)
- Clarification of use of new “Cavity conforming catheters”

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Musculoskeletal System Update

- Under 20550
 - Note for injection Morton’s neuroma
 - New code in neuro section (see codes 64455, 64632)



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External Fixation Device

- **New codes 20696 – 20697**
- **Multiplane**
 - **In more than one plane**
 - **Can repair multiple parts of fracture at once**
 - **Unilateral**
 - **With stereotactic CA adjustment**
 - **Includes imaging, alignment, assessment, computation of scheduled adjustments**
 - **Everything included in global except strut change**

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More on external fixation devices

- **Exchange**
 - **Removal/replacement of EACH strut**
 - **Multiplane Device is “dynamic” with multiple struts to fixate each location**
 - **Includes imaging**
- **Watch do not report notes**
- **Look at difference between 20692 and 20696**

42

Grafts

- New instructional notes for codes 20930, 20936, 20937
- Notes refer to new Category III codes for percutaneous discectomy and prep of interspace for fusion
- Add on codes
- Use in addition to...the Category III codes

43

Computer Assisted Surgical Navigation 20985

- Revised procedure code added in 2008
 - Removed semicolon
 - Deleted other codes in family
 - Moved to Category III codes 0054T, 0055T
- Differ by type of imaging

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Spinal Instrumentation 22840 – 22851

- Revised note to show what codes are designed to be used together
- Deleted reference to add on code 22208

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Spinal Prosthetic Devices 22856

- New codes for revision/replacement artificial disc (moved from Category III Codes)
 - Total disc arthroplasty
 - Anterior approach with endplate preparation
- Used to tx cervical disc dz, radiculopathy, spondylosis, myelopathy
 - Replace most of existing tissue, replace with artificial material
 - Includes op microscope and fluoro guidance, other procedures also included in bigger procedure, watch notes

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Case Study: 22856

- 45 yo female, exam shows nerve root compression with cervical motion, C6 radiculopathy, MRI shows degenerative C5-6 disc herniation
- Incision made and dissection carried out to expose prevertebral space Use of fluoroscopy helped identify vertebral level. Edges of longus coli muscles were dissected free from the vertebral bodies. The disc space was incised, disc material removed with curettes to the posterior longitudinal ligament.

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Case Study: 22856 (cont.)

- Disc space distractor pins introduced into C-5, C-6 vertebra, space opened up and end plates brought parallel. Op microscope to facilitate standard microdissection techniques. Posterior ligament opened and resected. The disc herniation identified and removed from epidural space decompressing the nerve root. High speed drill was used to perform foraminotomy on both sides, removing osteophytes. Cartilaginous endplate is removed with bone sparing. Implant introduced into disc space between uncinete processes. Fluoro confirmed appropriate size and location and implant is tapped into position. Hemostasis confirmed, retractors are removed, incision closed in layers.

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Spinal Prosthetic Devices

- **Codes 22857, 22862, 22865**
Revised existing codes to show difference between procedures for decompression and other reasons
- **New codes 22861, 22864 for revision/removal; cervical**

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Shoulder



- **Revision of 23585**
 - **Removed with/without**
 - ***“includes, when performed”***

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Decompression

- **Decompression fasciotomy 27027**
 - **Pelvic compartment syndrome**
 - Gluteus minimus, maximus, iliopsoas, tensor fascia lata muscle compartments
 - **Usually caused by trauma, long periods of immobility due to drug/alcohol overdose, drug-induced coma, sickle cell muscle infarction**
 - If untreated, can lead to renal failure, sepsis, death
 - **Unilateral**
- **With debridement nonviable muscle 27057**

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Fracture Treatment Revisions 27215 – 27218

- **Describes all as unilateral**
- **Use modifier 50 when done bilaterally**
- **Changed pelvic ring to pelvic bone**
- **Description includes internal fixation**

52

Repair, revision, reconstruction, femur and knee joint

- Revised codes 27396
- Transplant/transfer muscles in thigh
 - *Added or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon*

53

Respiratory System Update

- Minor note additions
- Reporting with...
- Do not report... notes
 - 32550 showing relationship with other catheter based services

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Cardiovascular System Update

- Watch notes beneath codes
- Do not report notes
- Instructional notes leading to Category III Codes
 - Ex: above 33960
 - Percutaneous implant/removal extracorporeal ventricular assist device
 - 0048T

55

Endovascular AAA repair 34806

- Revision to placement of wireless sensor
- Changed to add on code instead of freestanding

56

New Bypass Grafts

- **Vein revascularization**
- **35535 hepatorenal**
 - **For right kidney (procedure different for left kidney)**
 - **Did have to use unlisted code**
 - **Common use for pts with chronic arterial occlusive disease and cardiac disease; high risk for aortic manipulation**
 - **Not used for trauma (35251)**
 - **Vein harvesting included**

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Lower Extremity

- **35570 tibial-tibial, peroneal-tibial, tibial/peroneal trunk-tibial**
 - **Three tibial arteries in calf**
 - **Lower extremity bypass**
 - **Autogenous flow to save leg**
 - **Vein harvested included**
 - **Usually for chronic disease, more vein needed than for traumatic injury**
 - **Watch do not report notes**
 - **Repair of blood vessels included**

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Other than Vein 35632 – 35634

- All from iliac vessel using prosthetic/synthetic graft
- Use for chronic disease process rather than trauma
- Ilio-celiac
- Ilio-mesenteric
- Iliorenal

59

Vascular Injections 3647x

- Endovenous ablation therapy (EVAT)
- Notes under codes to show that ultrasound done during procedure is not separately reportable
 - Intraoperative ultrasound

60

Mechanical Thrombectomy

- **3718x**
- **Notes to indicate that radiology codes cannot be used in conjunction with these codes**
- **Due to renumbering of injection medicine codes**

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Digestive System Update

- **Tongue Procedures**
 - **41512, 41530**
 - **New code for tongue base suspension**
 - **Uses suturing to tx snoring/obstructive sleep apnea**
 - **Ablation of tongue base using radiofrequency**
 - **Volume reduction to create larger airway**
 - **Sleep apnea**
 - **May be done in multiple sessions**
 - **Use one time per session, not number of sites tx**

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New and Revised Digestive Codes

- **43273**
 - **Cannulation of papilla**
 - Add on code
 - Endoscopic direct visualization of ducts
 - Helps to view abnormalities not seen on x-ray
 - Do not use with therapeutic ERCP code (43262)

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Laparoscopy

- **Code 43279, Surgical laparoscopic esophagomyotomy (with fundoplasty when performed)**
 - Heller-type procedure
 - Tx achalasia (food stuck in esophagus near cardioesophageal junction due to poor motility)
 - Can be caused by autonomic nerve response

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Hemorrhoidectomy

- Note under codes for hemorrhoidectomy 46262 to lead to appropriate codes
- Injection
- Destruction
- Ligation
- Hemorrhoidopexy

65

Destruction of Internal Hemorrhoids

- New code for thermal energy destruction
 - **46930**
 - Infrared coagulation
- Deleted 46934 – 46936
 - Redundant

66

Hernia

- **Code 49568**
- **Add on code for use of mesh revised**
- **Added *open***

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New Laparoscopic Hernia Codes

- **49652 – 49657**
- **Ventral, umbilical, spigelian**
- **Incisional**
- **Recurrent incisional**
 - **Reducible**
 - **Incarcerated/strangulated**
- **All include mesh if used**

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Urinary System Update

- **Transurethral Surgery**
- **Cystoscopies 5221x**
- **Notes for coding TURP Fulguration**
- **Note to show usage of modifier 78 and 58**

69

Revised code 52630

- **Deleted time requirement
(longer than one year after surgery)**
- **Added complete definition**
- **Work value same for resecting
residual/regrowth so no need for
different codes**

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Manipulation

- **53605, 53665**
- **Notes lead to correct codes for urethra/stricture performed under anesthesia**

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Male Genital System Update

- **Prostate Biopsy**
- **New code 55706**
 - **Previous Category III code**
 - **Needle**
 - **Transperineal**
 - **Stereotactic template guided saturation sampling**
 - **Not pieces of lesion, but tissue samples where tumors are common**
 - **Includes imaging**
 - **Used to diagnose cancer, aggressiveness**

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Female Genital System Update

- **Revised manipulation codes**
 - 57400 – 57415
 - Dilation of vagina
 - Pelvic exam
 - Removal of impacted foreign body
 - under anesthesia
 - Added *Other than local*

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Nervous System Update

- **Stereotactic Radiosurgery (SRS)**
- **Cranial 61796 – 61800**
- **New heading and explanation of procedures**
- **Used to tx cranial lesions**
- **Without incision**
- **Coded based on number of lesions and simple vs. complex**

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Simple vs. Complex

- **Simple**
 - Less than 3.5 cm max dimension
- **Complex**
 - 3.5 cm or larger, procedures that create lesions
 - For creation of lesions, use code 1 x not 1 per lesion created
 - Add on code once per lesion, no more than 4 x in tx course
- **Tx both simple and complex lesion, use both codes**
- **One more note**
 - These codes are not for stereotactic body radiation therapy for other locations of lesions- radiology code used

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Case Study: 61796

- 65 yo male presents with metastatic CA to right cerebellum, lesion is 2 cm in diameter.
- Patient was brought to radiology department where stereotactic computerized imaging studies were obtained utilizing MRI. Patient was then positioned on imaging table and localizer was attached. Technician helped to identify exact locations for imaging, adjustments of scanning geometry and timing of contrast injection were made.

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Case Study: 61796 (cont.)

- Target was verified to be at optimal location. Computer programmer processed all stereotactic images into dose planning computer program with computer-based planning module. Test was performed using radiosurgical device to ensure correct target and dosage. Patient was placed in device while still in head frame and position was checked again. Treatment was delivered. Each time a new isocenter was treated, the stereotactic coordinates were verified by team members. At the end of the treatment, the head frame was removed. Patient tolerated the procedure well.

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Spinal Cord Injection, Drainage, Aspiration

- **Notes**
 - Injection of contrast is inclusive
 - More info about 62263
 - Catheter based tx using injection of substances
 - Includes insertion and removal of catheter
 - Injections of neurolytic agent
 - During serial tx sessions
 - Coded once to cover all sessions
 - Not per adhesiolysis tx

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Aspiration

- **62267 Percutaneous aspiration for diagnostic purposes**
 - **Within nucleus pulposus, intervertebral disc, paravertebral tissue**
 - **Tx infectious discitis, evaluate fluid buildups, harvest cells**

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Revised codes

- **Revised 62287 Decompression procedure**
 - **Removed aspiration**
- **Laminectomy codes**
 - **63020 added information in parent code**
 - ***Including open and endoscopically-assisted approaches***

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Stereotactic Radiosurgery (SRS) of Spine

- Same as Cranial surgery 63620 – 63621
 - Tx for tumors
- Deleted existing code 61793
- New codes:
 - 1 spinal lesion
 - use once per course of treatment
 - Each additional spinal lesion
 - Use once per lesion, no more than 2 times per treatment (irregardless of number treated)

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Nerve Blocks

- Revised: 644xx
- Codes with continuous infusion by catheter (including catheter placement) not performed inpt much any more
- Removed *including daily management for anesthetic agent administration*

82

Plantar Digital Nerve

- Used tx Morton's neuroma
 - Lower extremity only
- **64455**
 - New code for injection of anesthetic agent/steroid plantar common digital nerves
 - Coded once per session
- **Destruction by Neurolytic Agent**
 - **64632**
 - Note to indicate that procedures include injection of agents such as corticosteroids
- Do not use these two codes together

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Eye Update



- **Cornea transplant**
 - Includes use of grafts
 - Prep of donor material included in penetrating/anterior lamellar keratoplasty
 - Separately reported for endothelial keratoplasty
- **65710 added *anterior***
 - Used to tx scarring anterior cornea, includes replacement only of anterior layers of cornea
- **65730 added *pseudophakia* to differ from new code**

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Endothelial Keratoplasty

- **Alternative to full corneal transplant**
 - Only replaces inner layer of cornea
 - Eye is surgically entered
 - Different skills/work value
- **Add on for backbench preparation**
 - Graft prep by surgeon, not at eye bank

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Operating Microscope

- **Do not use with modifier 51**
- **Use as add on code**
- **Don't use for visualization with magnifying loupes/corrected vision**
- **Don't use when it is integral to procedure**
 - Added to list of codes where it is included

86

Radiology Update

- **7xxxx Code Highlights**
- **Most changes are grammatical**

87

Clinical Brachytherapy New Codes

- **Remote afterloading high dose rate radionuclide brachytherapy;**
 - **1 channel – 77785**
 - **2-12 channels – 77786**
 - **Over 12 channels – 77787**

88

Nuclear Medicine New Code

- **Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma) - 78808**

89

Lab and Path Update

- **Organ or disease-oriented Panels**
 - Editorial of *calcium total* (82310) to BMP– (calcium total), CMP, and renal function panels
- **Chemistry – albumin; serum plasma or whole blood – 82040**
- **Carboxyhemoglobin**
 - Quantitative - 82375
 - Qualitative - 82376
- **New code – 83876 - MPO – Myeloperoxidase**

90

Lab and Path Changes

- **Molecular diagnostics**
 - **Many of the 8389x codes were revised to add “each” ...**
 - **Nucleic acid type**
 - **Enzyme treatment**
 - **Nucleic acid preparation**
 - **Procedure**
 - **specimen**

91

Oncoprotein

- **Oncoprotein₂**
 - **HER-2/neu – 83950 - revised**
 - **DCP – 83951 – new code**
 - **Independent oncoprotein biomarker for HCC**

92

Chemistry Revisions

- **“Plasma or whole blood” added to serum codes:**
 - 84132 – potassium
 - 84155 – protein total
 - 84295 – sodium

93

Lab New Codes

- **Hematology and coagulation – 85397 – coagulation and fibrinolysis...**
- **Microbiology – 87905 - Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)**
- **In Vivo Lab Procedures**
 - 88720 – Bilirubin, total transcutaneous
 - Hemoglobin, quantitative, transcutaneous, per day;
 - carboxy-hemoglobin - 88740
 - Methemoglobin - 88741

94

Medicine Update

- **Highlights of Changes**
 - **ESRD**
 - **Cardiology**
 - **Infusions/Injections**
 - **Chemotherapy**

95

ESRD

- **End-stage renal disease (ESRD) related services monthly**
 - **3 levels of outpatient services**
 - **By age of patient**
 - **With number of face-to-face visits per month**
 - **90951 – 90970**
 - **Reported once per month**

96

Cardiology

- **Instructional note revision and additions**
 - **Cardiography**
 - **Echocardiography**
 - **Injection Procedures**
 - **Cardiovascular device monitoring ...**
 - **New codes: 93279 – 93299**

97

Infusion and Injections

- **Codes all deleted and moved to just in front of Chemotherapy codes**
- **96360-96379**
- **New Heading:**
 - **Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration**

98

Chemotherapy and other Complex Drugs

- **Parenteral admin non-radionuclide anti-neoplastics**
- **Anti-neoplastics for noncancer diagnoses**
 - Ex cyclophosphamide for auto-immune conditions
- **Monoclonal antibody agents**
 - Other biologic response modifiers

99

Why Included Here?

- **Very complex work and monitoring way beyond a normal infusion**
 - Possibility of severe reactions, risk to pt.
 - Advanced practice training
 - Special consideration for prep, dosage, disposal
 - **Frequent monitoring**
 - Changes in infusion rate
 - Prolonged presence of nurse
 - Frequent conferring with physicians
 - **If performed to facilitate infusion of injection, these are included and not separately reportable**

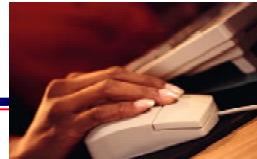
100

Category II and III Changes

- **Category II**
 - 143 New Codes for Quality Improvement Measures
 - clinical conditions
 - 12 new, 14 revised
- **Category III**
 - 13 new codes
 - 22 deleted codes
 - 7 moved to Category I
 - 15 archived

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On-Line Resources



- **CPT® 2009 Professional Edition,**
American Medical Association
- **CPT® 2009 Changes; An Insider's View,**
AMA
- ***All CPT® codes and descriptions are copyright protected by the AMA***
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December 18, 2008

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