## 2013 CPT Codes - Surgery

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### Integumentary System

#### Revised Codes

15740 – Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel

### Musculoskeletal System

#### New Codes

The new codes are for arthroplasty revisions of the total shoulder and elbow and will allow the revision of one or two components for each joint replacement.

22586 - Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, LS-S1 interspace

23473 - Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component

23474 - Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

24370 - Revision of total elbow arthroplasty, including allograft when performed; humeral or glenoid component

24371 - Revision of total elbow arthroplasty, including allograft when performed; humeral and glenoid component

#### Deleted Codes

29590 – Denis-Browne splint strapping
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Musculoskeletal System (Cont’d)

Revised Codes
20665 – Removal of tongs or halo applied by another physician individual
22522 – Percutaneous vertebroplasty.....each additional thoracic or lumbar vertebral body (Add-on Code)
   – This code now includes moderate sedation
28890 – Extracorporeal shock wave, high energy, performed by a physician or other qualified health care
   professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia

Respiratory System

Bronchoscopy - New Codes
31647 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon
   occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial
   lobe
31648 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of
   bronchial valve(s), initial lobe
31649 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of
   bronchial valve(s), each additional lobe (List separately in addition of code for primary procedure)
31651 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon
   occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each
   additional lobe (List separately in addition of code for primary procedure)
31660 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial
   thermoplasty, 1 lobe
31661 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial
   thermoplasty, 2 or more lobes

Bronchoscopy - Deleted Codes
31656 - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection
   of contrast material for segmental bronchography (fiberscope only)
31715 - Transtracheal injection for bronchography

Thoracentesis - New Codes
32554 - Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555 - Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556 - Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557 - Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
32701 - Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or
   particle beam), entire course of treatment

Thoracentesis - Deleted Codes
32420 - Pneumocentesis, puncture of lung for aspiration
32421 - Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422 - Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when
   performed (separate procedure)
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Respiratory System (Cont’d)

Revised Codes:
32551 - Tube thoracostomy, includes water seal connection to drainage system (eg, for abscess, hemothorax, empyema), when performed, open (separate procedure)

Cardiovascular System

New Codes
New catheter placement codes have been introduced for angiography procedures that bundle in the radiological supervision and guidance.

33361 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, medial sternotomy, mediastinotomy)
33367 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure) (Add-on code)
33368 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure) (Add-on code)
33369 - Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure) (Add-on code)
33990 - Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only.
33991 - Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
33992 - Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993 - Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
36221 - Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36222 - Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed.
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36223 – Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed.

36224 – Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed.

36225 – Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed.

36226 – Selective catheter placement, vertebral artery, unilateral, with angiography the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed.

36227 – Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure).

36228 – Selective catheter placement each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel carotid circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure).

37197 – Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed.

37211 – Transcatheter therapy, arterial infusion for thrombolysis other than coronary, including radiological supervision and interpretation, initial treatment day.

37212 – Transcatheter therapy, venous infusion for thrombolysis other than coronary, including radiological supervision and interpretation, initial treatment day.

37213 – Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed.

37214 – Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method.

Deleted Codes

37201 – Transcatheter therapy, infusion for thrombolysis other than coronary.

37203 – Transcatheter retrieval, percutaneous of intravascular foreign body (eg, fractured venous or arterial catheter).

37209 – Exchange of a previously placed intravascular catheter during thrombolytic therapy.
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Cardiovascular Codes (Cont’d)

Revised Codes
33225 – Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including eg, for upgrade to dual chamber system and pocket revision (Add-on code)
36010 & 36140 – Introduction of catheter/needle insertion – codes include moderate sedation
36400, 05, 06, 10 – Venipuncture codes (removed the word “physician” and replaced with “physician or other qualified health care professional”)

Hemic and Lymphatic Systems

New Codes
38243 – Hematopoietic progenitor cell (HPC); HPC boost

Revised Codes
38240 – Bone marrow or blood derived peripheral stem Hematopoietic progenitor cell transplantation (HPC); allogeneic transplantation per donor
38241; autologous transplantation
36242; allogenic Allogenic donor lymphocyte infusions

Digestive System

New Codes
43206 – Esophagoscopy, rigid or flexible; with optical endomicroscopy
43252 – Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy
44705 – Preparation of fecal microbiota for instillation, including assessment of donor specimen

Deleted Codes
43234 – Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)

Urinary System

New Codes
This new code is for the Botox treatment of incontinence.
52287 - Cystourethroscopy, with injection(s) for chemodenervation of bladder (report supply separately).

Maternity Care/Delivery

Revised Codes
59300 – Episiotomy or vaginal repair, by other than attending physician
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**Nervous & Auditory and Eye & Ocular System**
Pain management clinics will be interested in the one new and four revised codes as some of the changes occur in the denervation subsection.

**New Codes**
64615 – Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

**Deleted Codes**
65805 – Paracentesis of anterior chamber of eye; with therapeutic release of aqueous

**Revised Codes**
62370 – Electronic analysis or programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
64561 – Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement), including image guidance, if performed
64612 – Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64614 - Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
65800 – Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration removal of aqueous
67810 – Biopsy Incisional biopsy of eyelid skin including lid margin