Interventional Radiology
CPT Code Changes for 2008

The 2008 CPT Code Book has been released. 2008 brings several coding changes affecting Interventional Radiology services. The changes are discussed below.

Surgery/Respiratory System

The codes for thoracentesis have been renumbered to move them to the “Removal” section of Lung and Pleura procedures. They are now as follows:

32421 – Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent (replaces 32000)
32422 – Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) (replaces 32002)

The codes for tunneled pleural catheters and tube thoracostomy have been renumbered to move them to a new “Introduction” section of Lung and Pleura procedures, as follows:

32550 – Insertion of indwelling tunneled pleural catheter with cuff (replaces 32019)
32551 – Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema, when performed (separate procedure) (replaces 32020)

The following code has been renumbered to move it to a new “Destruction” section of Lung and Pleura procedures:

32560 – Chemical pleurodesis (eg, for recurrent or persistent pneumothorax) (replaces 32005)

Surgery/Cardiovascular System

The following codes have been renumbered to move them to the “Other Central Venous Access Procedures” section of the Central Venous Access procedures:

36591 – Collection of blood specimen from a completely implantable venous access device (replaces 36540)
36593 – Declotting by thrombolytic agent of implanted vascular access device or catheter (replaces 36550)

The following new code has been created:

36592 – Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
Surgery/Digestive System

There have been significant changes in the codes for gastrostomy procedures as follows:

The description for code 43760 has been changed to indicate it is for gastrostomy tube without imaging or endoscopic guidance. Several new codes have been created for percutaneous gastrostomy procedures, which have been classified as “Initial Placement”, “Conversion”, “Replacement”, “Mechanical Removal of Obstructive Material”, and “Other”:

Initial Placement

49440 – Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49441 – Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442 – Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Conversion

49446 – Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Replacement

49450 – Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451 – Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452 – Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Mechanical Removal of Obstructive Material

49460 – Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
Other

49465 – Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report
Note that all of the new percutaneous gastrostomy procedure codes are inclusive of both the surgical and radiological supervision and interpretation portions of the procedure. The one code is inclusive of all services performed. A 70000 CPT code would not be reported in addition to the new codes.

Surgery/Urinary System

Two new codes have been added for additional methods of ureteral stent removal:
50385 – Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386 – Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation

The following CPT code has been created to replace Category III code 0135T:
50593 – Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

The codes for bladder aspiration have been renumbered to move them to the “Removal” section of Bladder procedures:
51100 – Aspiration of bladder; by needle (replaces 51000)
51101 – Aspiration of bladder; by trocar or intracatheter (replaces 51005)
51102 – Aspiration of bladder; with insertion of suprapubic catheter (replaces 51010)

Surgery/Endocrine System

The code for aspiration and/or injection of thyroid cyst has been renumbered to 60300 to move it to the new “Removal” section of Thyroid Gland procedures (replaces 60001).