New & Revised 2011 CPT Codes

(Note: italic font represents a new (N) or revised (R) code/description)

11010 - Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues (R)

11011 - Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle (R)

11012 - Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone (R)

(11040, 11041 have been deleted) (N)

(For debridement of skin, i.e., epidermis and/or dermis only, see 97597, 97598) (N)

(For active wound care management, see 97597, 97598) (N)

11042 - Debridement; subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less (R)

11045 - Debridement; subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) (N) (resequenced code)

(Use 11045 in conjunction with 11042) (N)

11043 - Debridement; muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less (R)

11046 - Debridement; muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) (N) (resequenced code)

(Use 11046 in conjunction with 11043) (N)

11044 - Debridement; bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less (R)

11047 - Debridement; bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) (N) (resequenced code)

(Use 11047 in conjunction with 11044) (N)
Musculoskeletal System
General
INCISION

(20000 has been deleted) (N)

(For incision and drainage procedures, cutaneous/subcutaneous, see 10060, 10061) (N)

20005 - Incision and drainage of soft tissue abscess, subfascial (i.e., involves the soft tissue below the deep fascia) (R)

Nervous System
Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

64708 - Neuroplasty, major peripheral nerve, arm or leg; open; other than specified (R)

64712 - Neuroplasty, major peripheral nerve, arm or leg; open; sciatic nerve (R)

Radiology
Diagnostic Ultrasound
EXTREMITIES

(76880 has been deleted. To report ultrasound examination of an extremity, see 76881, 76882) (N)

76881 - Ultrasound, extremity, nonvascular, real-time with image documentation; complete (N)

76882 - Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific (N)

Medicine
Noninvasive Vascular Diagnostic Studies
EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)

93922 - Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels) (R)
When only 1 arm or leg is available for study, report 93922 with modifier 52 for a unilateral study when recording 1-2 levels. Report 93922 when recording 3 or more levels or performing provocative functional maneuvers) (N)

(Report 93922 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice adding modifier 59 to the second procedure) (N)

93923 - Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (e.g., measurements with postural provocative tests, or measurements with reactive hyperemia) (R)

(When only 1 arm or leg is available for study, report 93922 for a unilateral study when recording 2 or more levels or when performing provocative functional maneuvers) (N)

(Report 93923 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice adding modifier 59 to the second procedure) (N)

93924 - Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (i.e., bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study) (R)

Medicine
Physical Medicine and Rehabilitation
ACTIVE WOUND CARE MANAGEMENT

97597 - Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of whirlpool, when performed and instruction(s) for ongoing care, per session; total wound(s) surface area; first 20 sq cm or less (R)

97598 - Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of whirlpool, when performed and instruction(s) for ongoing care, per session; total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) (R)
(Use 97598 in conjunction with 97597)  \(\text{N}\)

**Category II Codes**

**THERAPEUTIC, PREVENTIVE, OR OTHER INTERVENTIONS**

4004F - Patient screened for tobacco use AND received tobacco cessation counseling, if identified as a tobacco user  \(\text{N}\)

4047F - Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required)  \(\text{R}\)

4048F - Documentation that administration of prophylactic parenteral antibiotics was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered  \(\text{R}\)

**Category III Codes**

0232T - Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed  \(\text{N}\)

**Modifiers**

50 - Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.  \(\text{R}\)

76 - Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional: It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeat procedure or service. Note: This modifier should not be appended to an E/M service.  \(\text{R}\)

77 - Repeat Procedure or Service by Another Physician or Other Qualified Health Care Professional: It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeat procedure or service. Note: This modifier should not be appended to an E/M service.  \(\text{R}\)

78 - Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period: It may be necessary to indicate that another procedure
was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.) (R)