

# New 2010 CPT Codes

*(italic font represents a new or revised code/description)*

14301 *Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm*

14302 *each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)*

*(Use 14302 in conjunction with 14301)*

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## Leg (Tibia and Fibula) and Ankle Joint

### EXCISION

27615 *Radical resection of tumor (e.g., malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm*

27616 *5 cm or greater*

27618 *Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm*

27632 *3 cm or greater*

27619 *Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); less than 5 cm*

27634 *5 cm or greater*

*27632 Code is out of numerical sequence. See 27613-27647*

*27634 Code is out of numerical sequence. See 27613-27647*

27640 *Partial excision (craterization, saucerization, or diaphysectomy), bone (e.g., osteomyelitis); tibia*

*(For exostosis excision, use 27635)*

27641 *fibula*

*(For exostosis excision, use 27635)*

27645 *Radical resection of tumor, tibia*

27646 *fibula*

27647 *talus or calcaneus*

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## Foot and Toes

### EXCISION

- 28039            *Code is out of numerical sequence. See 28043-28175*
- 28041            *Code is out of numerical sequence. See 28043-28175*
- 28043   *Excision, tumor, soft tissue of foot or toe, subcutaneous tissue; less than 1.5 cm*
- 28039            *1.5 cm or greater*
- 28045   *Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); less than 1.5. cm*
- 28041            *1.5 cm or greater*
- 28046   *Radical resection of tumor (e.g., malignant neoplasm), soft tissue of foot or toe; less than 3 cm*
- 28047            *3 cm or greater*
- 28171   *Radical resection of tumor; tarsal (except talus or calcaneus)*
- 28173            *metatarsal*
- 28175            *phalanx of toe*
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## Application of Casts and Strapping

### LOWER EXTREMITY

- 29540   *Strapping; ankle and/or foot*
- (Do not report 29540 in conjunction with 29581)*
- 29580   *Strapping; Unna boot*
- (Do not report 29580 in conjunction with 29581)*
- 29581   *Application of multi-layer venous wound compression system, below knee*
- (Do not report 29581 in conjunction with 29540, 29580)*
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## Nervous System

INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC

SOMATIC NERVES

*(For destruction by neurolytic agent or chemodenervation, see 642280-62282, 64600-64681)*

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Medicine

Nerve Conduction Tests

*95905 Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report*

*(Report 95905 only once per limb studied)*

*(Do not report 95905 in conjunction with 95900-95904, 95932-95936)*

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Category II Codes

PHYSICAL EXAMINATION

*2050F Wound characteristics including size AND nature of wound base tissue AND amount of drainage prior to debridement documentation)*

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## Revisions to the 2010 CPT Codes

CPT 99304, CPT 99305, CPT 99306 (Initial nursing facility care, per day, for the evaluation and management of a patient...) guidelines were revised to read, "Physicians typically spends \_\_\_ minutes **at the bedside and on the patient's facility floor or unit.**

CPT 99307, CPT 99308, CPT 99309, CPT 99310 (Subsequent nursing facility care, per day, for the evaluation and management of a patient...) guidelines were revised to read, "Physicians typically spends \_\_\_ minutes **at the bedside and on the patient's facility floor or unit.**

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Prolonged Physician Service Without Direct (Face-To-Face) Patient Contact (99358-99359)

Codes 99358 and 99359 are used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual **non-face-to-face component of physician service time**.

This service is to be reported in addition to other physician services, including evaluation and management services at any level. **This prolonged service may be reported on a different date that the primary service to which it is related. For example, extensive record review may relate to a previous evaluation and management service performed earlier and commences upon receipt of the past records. However, it must relate to a service or patient where direct (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. A typical time for the primary service need not be established within the CPT code set.**

Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent by the physician on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. **It should be used only once per date.**

Prolonged service of less than 30 minutes total duration on a given date is not separately reported.

Code 99359 is used to report each additional 30 minutes beyond the first hour regardless of the place of service. It may also be used to report the final 15 to 30 minutes of prolonged service on a given date.

Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

**Do not report 99358-99359 for time spend in medical team conferences, on-line medical evaluations, care plan oversight services, anticoagulation management, or other non-face-to-face services that have more specific codes and no upper time limit in the CPT code set. Codes 99358-99359 may be reported when related to other non-face-to-face services codes that have a published maximum time (eg, telephone services).**

**99358 Prolonged evaluation and management service** before and/or after direct (face-to-face) patient care first hour.

**99359** each additional 30 minutes (List separately in addition to code for prolonged physician service)

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## Skin, Subcutaneous, and Accessory Structures

### EXCISION – BENIGN LESIONS

The closure of defects created by incision, excision, or trauma may require intermediate or complex closure. Repair by intermediate or complex closure should be reported separately. For excision of benign lesions requiring more than simple closure, ie, requiring intermediate or complex closure, report 11400-11446 in addition to appropriate intermediate (12031-12057) or

complex closure (13100-13153) codes. For reconstructive closure, see 15002-15261, 15570-15770). For excision performed in conjunction with adjacent tissue transfer, report only the adjacent tissue transfer code (14000-**14302**). Excision of lesion (11400-11446) is not separately reportable with adjacent tissue transfer. See page 58 for the definition of *intermediate* or *complex* closure.

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## EXCISION – MALIGNANT LESIONS

The closure of defects created by incision, excision, or trauma may require intermediate or complex closure. Repair by intermediate or complex closure should be reported separately. For excision of malignant lesions requiring more than simple closure, ie, requiring intermediate or complex closure, report 11600-11646 in addition to appropriate intermediate (12031-12057) or complex closure (13100-13153) codes. For reconstructive closure, see 15002-15261, 15570-15770). For excision performed in conjunction with adjacent tissue transfer, report only the adjacent tissue transfer code (14000-**14302**). Excision of lesion (11600-11646) is not separately reportable with adjacent tissue transfer. See page 58 for the definition of *intermediate* or *complex* closure.

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## ADJACENT TISSUE TRANSFER OR REARRANGEMENT

Codes 14000-**14302** are used for excision (including lesion) and/or repair by adjacent tissue transfer or rearrangement (eg, Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, ~~double pedicle flap~~). When applied in repairing lacerations, the procedures listed must be performed by the surgeon to accomplish the repair. They do not apply to direct closure or rearrangement of traumatic wounds incidentally resulting in these configurations. **Undermining alone of adjacent tissues to achieve closure, without additional incisions, does not constitute adjacent tissue transfer, see complex repair codes 13100-13160.** The excision of a benign lesion (11400-11446) or a malignant lesion 11600-11646 is not separately reportable with codes 14000-**14302**.

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## OTHER FLAPS AND GRAFTS

**Code 15740 describes a cutaneous flap, transposed into a nearby but not immediately adjacent defect, with a pedicle that incorporates an axial vessel into its design. The flap is typically transferred through a tunnel underneath the skin and sutured into the new position. The donor site is closed directly.**

**Neurovascular pedicle procedures are reported with 15750. This code includes not only skin but also a functional motion or sensory nerve(s). The flap serves to reinnervate a damaged portion of the body dependent on touch or movement (e.g., thumb).**

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## Musculoskeletal System

***Excision of subcutaneous soft tissue tumors* (including simple or intermediate repair) involves the simple or marginal resection of tumors confined to subcutaneous tissue below the skin but above the deep fascia. These tumors are usually benign and are**

resected without removing a significant amount of surrounding normal tissue. Code selection is based on the location and size of the tumor. Code selection is determined by measuring the greatest diameter of the tumor plus that margin required for complete excision of the tumor. The margins refer to the most narrow margin required to adequately excise the tumor, based on the physician's judgment. The measurement of the tumor plus margin is made at the time of the excision. Appreciable vessel exploration and/or neuroplasty should be reported separately. Extensive undermining or other techniques to close a defect created by skin excision may require a complex repair which should be reported separately. Dissection or elevation of tissue planes to permit resection of the tumor is included in the excision.

*Excision of fascial or subfascial soft tissue tumors* (including simple or intermediate repair) involves the resection of tumors confined to the tissue within or below the deep fascia, but not involving the bone. These tumors are usually benign, are often intramuscular, and are resected without removing a significant amount of surrounding normal tissue. Code selection is based on size and location of the tumor. Code selection is determined by measuring the greatest diameter of the tumor plus that margin required for complete excision of the tumor. The margins refer to the most narrow margin required to adequately excise the tumor, based on the physician's judgment. The measurement of the tumor plus margin is made at the time of the excision. Appreciable vessel exploration and/or neuroplasty should be reported separately. Extensive undermining or other techniques to close a defect created by skin excision may require a complex repair which should be reported separately. Dissection or elevation of tissue planes to permit resection of the tumor is included in the excision.

Digital (i.e., fingers and toes) subfascial tumors are defined as those tumors involving the tendons, tendon sheaths, or joints of the digit. Tumors which simply abut but do not breach the tendon, tendon sheath, or joint capsule are considered subcutaneous soft tissue tumors.

*Radical resection of soft tissue tumors* (including simple or intermediate repair) involves the resection of the tumor with wide margins of normal tissue. Appreciable vessel exploration and/or neuroplasty repair or reconstruction (e.g., adjacent tissue transfer(s), flap(s)) should be reported separately. Extensive undermining or other techniques to close a defect created by skin excision may require a complex repair which should be reported separately. Dissection or elevation of tissue planes to permit resection of the tumor is included in the excision. Although these tumors may be confined to a specific layer (e.g., subcutaneous, subfascial), radical resection may involve removal of tissue from one or more layers. Radical resection of soft tissue tumors is most commonly used for malignant tumors or very aggressive benign tumors.

Code selection is based on size and location of the tumor. Code selection is determined by measuring the greatest diameter of the tumor plus that margin required for complete excision of the tumor. The margins refer to the most narrow margin required to adequately excise the tumor, based on the physician's judgment. The measurement of the tumor plus margin is made at the time of the excision. For radical resection of tumors of cutaneous origin, (e.g., melanoma) see 11600-11646.

*Radical resection of bone tumors* (including simple or intermediate repair) involves the resection of the tumor with wide margins of normal tissue. Appreciable vessel exploration and/or neuroplasty and complex bone repair or reconstruction (e.g., adjacent tissue transfer(s), flap(s)) should be reported separately. Extensive undermining or other

techniques to close a defect created by skin excision may require a complex repair which should be reported separately. Dissection or elevation of tissue planes to permit resection of the tumor is included in the excision. It may require removal of the entire bone if tumor growth is extensive (e.g., clavicle). Radical resection of bone tumors is usually performed for malignant tumors or very aggressive benign tumors. If surrounding soft tissue is removed during these procedures, the radical resection of soft tissue tumor codes should not be reported separately. Code selection is based solely on the location of the tumor, not on the size of the tumor or whether the tumor is benign or malignant, primary or metastatic.

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