CY 2014 Changes to the Procedure Coding System
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Disclaimer

- This webinar will touch on highlights of changes for CPT codes in 2014, but will not include ALL changes. Our goal is to help you understand new technologies and the reasoning for some of the organizational changes to CPT.

- It is every individual’s responsibility to read and absorb the changes in the CPT book every year.
The Numbers

- **Category I Codes**
  - 107 New
  - 40 Deleted
  - 103 Revised
- **Category II Codes**
  - 47 New
  - 1 Revised
- **Category III Codes**
  - 21 New
  - 12 Revised
- **Resequenced codes**
  - Now total 120 (16 added)
Change Management

- New books, updated software a MUST.
  - Perform an inventory of all resources in which CPT codes are used (coding and billing software, spreadsheets, superbills, etc.)
    - Use as a checklist for updates
    - 16 new codes are out of sequence. Ensure your systems are handling out-of-sequence codes appropriately
Change Management

- Comb through CPT book for all code changes and **instructions** that impact your practice.
  - Train Coders on change requirements
  - Train Physicians on documentation requirements
  - Inform Billing so that impact analysis can be performed
- Non sequitur: HCPCS Level II codes LATE for 2014
CPT Introduction
CPT Introduction

• Notes that some “Medicine” codes may technically be “Surgery” codes.
• Further clarifies “other qualified health care professional” as working with autonomy, as compared to “clinical staff.”
• Details information on submitting requests for revisions or new codes for Categories I and III.
E/M and Psych in Introduction

Reproduction of clarifying article regarding 2013 psychiatric coding changes excerpted from *CPT Assistant*, June 2013.
Evaluation and Management
E/M: Overview

• No deletions
• No revisions
• New guidelines
  – NICU, complex and transitional care services
• Six new codes
• NICU/Pediatric Critical care
  – Services included during pediatric patient transport that may not be reported separately:
    • Routine monitoring evaluations, interpretation of cardiac output measurements, pulse oximetry, blood gases and information data stored in computers, gastric intubation, temporary transcutaneous pacing, ventilatory management, vascular access procedures.
  – Only the communication time spent by the supervising physician is reported for 99485
E/M: Guidelines

- Complex Chronic are Coordination Services
  - “implementing” care plan expanded to include developing and revising, as revisions are commonplace
  - Defines care plan as including physical, mental, cognitive, social, functional and environmental assessment, with problem list, expected outcome and prognosis, measurable treatment goals, symptom management, interventions, medication management, community social services ordered, timeline for review, and any revisions.
  - Cannot be reported during months when symptoms and plans change only minimally (1 Rx or 1 PT)
  - The office providing this care must provide 24/7 access to physicians and use standardized forms for this service
E/M: Consultations

On-Line Medical Evaluation

Interprofessional Telephone/Internet Consultations

99446  Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
E/M: Consultations

New

99446 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

99447 11-20 minutes of medical consultative discussion and review

99448 21-30 minutes of medical consultative discussion and review

99449 31 minutes or more of medical consultative discussion and review
E/M: Consultations

- Interprofessional Telephone/Internet Consultations
  - Usually complex or urgent situation
  - Not for consultants who have accepted transfer of care, but can be used by those who are considering it
  - Report once with aggregate time for multiple calls
  - Used by consulting, not treating, physician
  - Documentation and report required
E/M: Hypothermia

Inpatient Neonatal and Pediatric Critical Care

New

99481  Total body systemic hypothermia in critically ill neonate per day (List separately in addition to code for primary procedure)

99482  Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)
Inpatient Neonatal and Pediatric Critical Care

- Therapeutic hypothermia for brain injury caused by birth asphyxia and hypoxic ischemic encephalopathy (HIE)
- For example, 33 degrees C (91.4 degrees F) for 72 hours
- Cool-Cap® system (99482)
- These are add-on codes
- Codes out of sequence, following 99476
New Integumentary Codes and Resulting Radiology Deletions

Integumentary System
Integumentary: Overview

- New image-guided drainage code
- Complex repair deletion
- Breast excision revisions regarding guidance
- Major change to Integumentary coding is a change in Musculoskeletal system
  - More later
Integumentary System: Overview

New

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

Deleted

13150 Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
New burn chart helps coders calculate percentile of burn based on age of patient and body site burned.

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</table>
Integumentary: Breast

• Breast biopsy without image guidance – no change
  – **19100** and **19101**
• Breast biopsy with image-guidance – new codes
• Existing localization device placement codes deleted
Integumentary: Breast

New

19281 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance

19282 each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)
Integumentary: Breast

New

19283 Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance

19284 each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
New

19285 Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance

19286 each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
New

19287 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance

19288 each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
Deleted

19290 Preoperative placement of needle localization wire, breast;

19291 each additional lesion (List separately in addition to code for primary procedure)

19295 Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)
Deleted

77031 Stereotactic localization guidance for breast biopsy in needle placement

77032 Mammographic guidance for needle placement, breast (wire localization or injection)
Musculoskeletal System
Musculoskeletal: Soft resection

Change in paradigm!

• Code system in which the growth ORIGINATES

Example:

21011 Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm

21012 2 cm or greater

(For excision of benign lesions of cutaneous origin (eg, sebaceous cyst), see 11420-11426)
Musculoskeletal: Soft resection

Change in paradigm!

• Code system in which the growth ORIGINATES

Example:

21015  Radical resection of tumor (eg, malignant neoplasm sarcoma), soft tissue of face or scalp; less than 2 cm

21016  2 cm or greater

(For radical resection of tumor(s) of cutaneous origin (eg, melanoma), see 11620-11646)
Musculoskeletal: Soft resection

• Soft tissue sarcoma arises in connective tissue
  – Support structure of body tissues and organs such as muscle, fat, fascia, nerves, blood vessels, etc.

• Diagnosis code must support CPT code assignment

• Benign and malignant code pairs throughout Musculoskeletal System chapter affected
Musculoskeletal: Shoulder FB

Introduction or Removal

23330  Removal of foreign body, shoulder; subcutaneous

Deleted

23331  deep (eg, Neer hemiarthroplasty removal)

23332  complicated (eg, total shoulder)
Introduction or Removal

23330  Removal of foreign body, shoulder; subcutaneous
New

23333  deep (subfascial or intramuscular)

23334  Removal of prosthesis, including debridement and synovectomy when performed; humeral or glenoid component

23333  humeral and glenoid components (eg, total shoulder)

Elbow codes 24160 and 24164 revised to specify prosthesis removal, for similar reporting
Respiratory System
Incision

32200  Pneumonostomy; with open drainage of abscess or cyst

Deleted

32201  with percutaneous drainage of abscess or cyst

(For percutaneous image-guided drainage of abscess or cyst of lungs or mediastinum by catheter placement, use 49405)
New Cardiovascular Codes and Resulting Radiology Deletions

Cardiovascular System
New

33366 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)

Edwards SAPIEN Transcatheter heart valve, transapical approach via thoracotomy
Cardiovascular: Pacemaker

Revised

33222  Revision or Relocation of skin pocket for pacemaker

33223  Revision or Relocation of skin pocket for cardioverter-defibrillator

Revisions are reported with appropriate integumentary codes or with pacemaker insertion or replacement codes.

- Note new implant codes for subcutaneous defibrillator systems, 0319T-0339T
Cardiovascular: FEVAR Repair

- Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta (34841-34848)
- **Fenestrate**: to make a window
- **Visceral and infrarenal aorta**: Aorta distal to the diaphragm (abdominal aorta) from which arteries divide to nourish the abdominal organs
- Code choice based on number of endoprostheses, and site
- Were reported with 0078T and 0081T (deleted)
Cardiovascular: FEVAR Repair

- Custom made from 3-D computer models of patient’s anatomy
- Holes positioned in graft to match patient’s arterial anatomy

Cook Medical Zenith Fenestrated AAA Endovascular Graft: FEVAR (fenestrated endovascular aorta repair)
Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)

- **34841** including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- **34842** including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- **34843** including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
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<th>Code</th>
<th>Description</th>
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<td>34845</td>
<td>Endovascular repair of <strong>visceral aorta and infrarenal abdominal aorta</strong> (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)</td>
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<tr>
<td>34846</td>
<td>including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])</td>
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<tr>
<td>34847</td>
<td>including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])</td>
</tr>
<tr>
<td>34848</td>
<td>including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])</td>
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</table>
Cardiovascular: Stent

New

37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment

• Approach against the flow of arterial blood
• Typically via open ipsilateral cervical carotid exposure
• Includes angioplasty, radiological S&I
Cardiovascular: Transcatheter

Deleted

37204-37210 Transcatheter:

- Occlusion
- Embolization
- Placement of intravascular stent(s)
- UFE (uterine fibroid embolization)

- Assign 61624 for transcatheter occlusion or embolization in CNS
- Assign 61626 for transcatheter occlusion or embolization of non-CNS
- For others, see 37241-37244
Endovascular Revascularization

- Codes have been limited to lower extremity
- New codes for other peripheral sites, veins and arteries
- 37236-37239
Cardiovascular: Transcatheter

37236 Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

37237 each additional artery (List separately in addition to code for primary procedure)

37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein

37239 each additional vein (List separately in addition to code for primary procedure)
Deleted:

**75960** Transcatheter introduction of intravascular stent(s)
Cardiovascular: Embolization

Embolization and Occlusion
Other than head/neck, CNS
New

37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Cardiovascular: Embolization

New

37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

37242 arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)

37243 for tumors, organ ischemia, or infarction

37244 for arterial or venous hemorrhage or lymphatic extravasation
Digestive System
Digestive: Abscess Drainage

Deleted abscess drainage codes

32201  (pneumonostomy code discussed in Respiratory section)
44901  Incision and drainage of appendiceal abscess; percutaneous
47011  Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages
48511  External drainage, pseudocyst of pancreas; percutaneous
49021  Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49041  Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49061  Drainage of retroperitoneal abscess; percutaneous
(Urinary/Female)
50021  Drainage of perirenal or renal abscess; percutaneous
58823  Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)
New drainage codes

Abdomen, Peritoneum, and Omentum

49405  Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, spleen, lung/mediastinum), percutaneous

49406  peritoneal or retroperitoneal, percutaneous

49407  peritoneal or retroperitoneal, transvaginal or transrectal
Digestive: Endoscopy

- 26 new, 41 revised, 17 deleted codes
  - Selection based on
    - Approach: Transoral or transnasal
    - Scope: Flexible or rigid
    - Additional clarity to procedure performed
    - Some new concepts
- Most comprehensive change in CPT this year
- AMA provides excellent crosswalk grid at:
Digestive: Endoscopy

Excerpt:
CPT® 2014 Overview of GI Changes

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<th>Procedure(s)</th>
<th>Change Detail</th>
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<td>New</td>
<td>43212</td>
<td>flexible transoral esophagoscopy stent placement dilation guide wire passage</td>
<td>New concept</td>
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<tr>
<td>Deleted</td>
<td>43219</td>
<td></td>
<td>Use 43212</td>
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<tr>
<td>Revised</td>
<td>43220</td>
<td>flexible transoral esophagoscopy balloon dilation</td>
<td>Parent code revised For rigid, use 43195</td>
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Urinary System
Urinary: Cystourethroscopy

Transurethral Surgery
Ureter and Pelvis
New

52356  Cystourethroscopy with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Code is out of sequence, sequenced after 52353
Nervous System
Nervous: Chemodenervation

Chemodenervation codes

Deleted

64613  Chemodenervation of muscle(s): neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia) (replaced with 64616, 64617)

64614  Chemodenervation of muscle(s); extremity and/or trunk muscles (eg, for dystonia, cerebral palsy, multiple sclerosis) (replaced with 64642-64647)
Nervous: Chemodenervation

New

64616 Chemodenervation of muscle(s): neck muscle(s), excluding muscles of larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)

64617 Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
Nervous: Chemodenervation

New

64642 Chemodenervation of one extremity; 1-4 muscle(s)
64643 each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644 Chemodenervation of one extremity; 5 or more muscle(s)
64645 each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)
64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647 6 or more muscle(s)
Eye and Ocular Adnexa
Revised

65778 Placement of amniotic membrane on the ocular surface for wound healing; self-retaining without sutures

65779 single layer, sutured
Eye: Anterior Segment

New

66183  Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach

Treats refractory open-angle glaucoma

Replaces Category III code 0192T

Ex-PRESS® Mini Glaucoma Filtration Device
Auditory System
Auditory System: Cerumen Removal

Revised

69210  Removal impacted cerumen requiring instrumentation (separate procedure), 1 or both ears unilateral
Radiology
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<th>Term</th>
<th>OLD DEFINITION</th>
<th>NEW DEFINITION</th>
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<td>Simple</td>
<td>planning requires single treatment area of interest encompassed in single port or simple parallel opposed ports w/simple or no blocking</td>
<td>simulation of a single treatment area</td>
</tr>
<tr>
<td>Intermediate</td>
<td>planning requires 3 or more converging ports, 2 separate treatment areas, multiple blocks, or special time dose constraints</td>
<td>two separate treatment areas</td>
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<tr>
<td>Complex</td>
<td>planning requires highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, combination of therapeutic modalities</td>
<td>three or more treatment areas, or any number of treatment areas if any of the following are involved: particle, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy simulation, hyperthermia probe verification, any use of contrast materials</td>
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Pathology and Laboratory
Pathology: Therapeutic Assays

Therapeutic Drug Assays

New

80155 Caffeine
80159 Clozapine
80169 Everolimus
80171 Gabapentin
80175 Lamotrigine
80177 Levetiracetam
80180 Mycophenolate (mycophenolic acid)

80183 Oxcarbazepine
80199 Tiagabine
80203 Zonisamide
• Molecular pathology procedures **81200-81479**
  – New Table at beginning of Pathology and Laboratory chapter
  – Numerous additions and changes for variant and gene sequencing codes
• Multianalyte Assays with Algorithmic Analyses **81500-51599**
  – Two new codes: 81504 for oncology to determine tissue of origin, 81507 for risk of trisomy 21, 18, and 13.
Influenza virus vaccine, **trivalent**, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685 Influenza virus vaccine, *quadrivalent*, derived split virus, *preservative free*, when administered to children *6-35 months of age*, for intramuscular use

90686 Influenza virus vaccine, *quadrivalent*, derived split virus, *preservative free*, when administered to individuals *3 years of age or older*, for intramuscular use
Influenza virus vaccine, **quadrivalent**, split virus, when administered to children **6-35 months of age**, for intramuscular use.

Influenza virus vaccine, **quadrivalent**, split virus, when administered to individuals **3 years of age or older**, for intramuscular use.
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<td>92506</td>
<td>Evaluation of speech, language, voice, communications, and/or auditory processing</td>
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<td>92521</td>
<td>Evaluation of speech fluency (e.g., stuttering, cluttering)</td>
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<tr>
<td>92522</td>
<td>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);</td>
</tr>
<tr>
<td>93523</td>
<td>with evaluation of language comprehensive and expression (e.g., receptive and expressive language)</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
</tr>
</tbody>
</table>
New

93582  Percutaneous transcatheter closure of patent ductus arteriosus

93583  Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
New

95669  Mechanical chest wall oscillation to facilitate function, per session

Using HFCWO (high frequency chest wall oscillator) to clear airway of excess mucus as seen in cystic fibrosis

inCourage®, SmartVest®, AffloVest®, Respin 11, Vest Airway
Categories II and III
Category II

• Patient Management (0580F-0584F)
  – 5 new codes
  – Multidisciplinary care plan development
  – Patient transferred directly from anesthetizing location to critical care
  – Transfer of care checklist used
  – Transfer of care checklist not used
Category II

• Patient History (1500F-1505F)
  – 6 new codes
  – Symptoms and signs of distal symmetric polyneuropathy reviewed and documented
  – Not initial evaluation for condition
  – Patient queried about pain and pain interference with function
  – Patient queried about symptoms of respiratory insufficiency
  – Patient has or does not have respiratory insufficiency
Category II

- Physical Examination
- 13 new codes
- Electrodiagnostic studies for polyneuropathy
- Screening for diabetes mellitus review
- Cognitive and behavioral screening
- ALS-Related symptoms
- Screening for dysphagia, weight loss, nutrition
- Dysarthric
Category II

- Therapeutic, Preventive, or Other Interventions
- 16 new codes
- Disease modifying pharmacotherapy discussed
- Treatment offered for ALS-related symptoms
- Options and discussion of respiratory, nutritional, speech/language, end-of-life issues
- Inhalation anesthetic agent received/not received
- Post-op risk factors exhibited
- Status coronary artery stent
Category II

• Nonmeasured Code Listing (9001F-9007F)
• 7 codes
• Reporting “certain aspects of care”
  – Not associated with a measure at this time
• Aortic aneurysm based on diameter
• Asymptomatic/symptomatic carotid stenosis
• Other carotid stenosis
Category III

- 12 deleted codes, such as
  - 0078T-0081T now reported 34841-34848
    - Endovascular repair, prosthesis placement
  - 0124T now reported 68399
    - Conjunctival incision with pharmacologic agent
  - 0183T now reported 97610
    - Thermal ultrasound
  - 0185T now reported 99199
    - Multivariate analysis
Category III

• 21 codes added
• Subcutaneous Implantable Defibrillator System (0319T-0339T), such as:
  – 0319T-0328T
    • Pulse generator attached to an electrode
    • Treats Ventricular tachyarrhythmias
    • Insertions, removals, repositioning, evaluation, programming, etc
  – 0329T, 0330T intraocular pressures and tear film imaging
  – 0331T, 0332T Myocardial sympathetic innervation imaging
  – 0333T Visual evoked potential
  – 0334T, Sacroiliac joint stabilization for arthrodesis
Wrap Up

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