Procedural Coding Expert

CPT® Codes with Medicare Essentials Enhanced for Accuracy

Sample
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2014 Procedural Coding Advisor

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Introduction

Procedural Coding Advisor 2014 welcomes you. You can use this book’s information to code claims with more accuracy. This book includes Facility RVUs, Non-facility RVUs, Global Days for a specific procedure, MUEs, Modifier crosswalk, ASC Payment Indicator, and references to CPT® Assistant.

We have provided icons for age, sex, ambulatory surgery center (ASC), and Medicare coverage. The book also contains diagrams and images to illustrate various procedures.

Procedural Coding Advisor contains billing and reporting information needed to submit clean claims to federal contractors and other private payers.

Procedural Coding Advisor is based on the AMA’s Current Procedural Terminology (CPT®) coding system, which is the Health information Portability and Accountability Act (HIPAA) compliant code set for procedures and services provided by physicians, ASCs (Ambulatory Surgery Centers), hospital outpatient services, laboratories, rehabilitation providers, and urgent care centers.

Features of Procedural Coding Advisor 2014:
1. This book contains 2014 code set and coding information;
2. Appendix for new, revised, and deleted codes;
3. Appendix for crosswalks of deleted codes;
4. New/revised code advice from The Coding Institute;
5. New code articles from The Coding Institute;
6. E/M coding advice from The Coding Institute;
7. Anatomical illustrations;
8. IVR guide with illustrations;
9. List of inpatient-only procedure codes so that physicians can refer to these before billing for the service provided by them.

Resequencing of CPT® Codes
The American Medical Association (AMA) uses a numbering methodology for resequencing, which is the practice of displaying codes outside of their numerical order.

Symbols & Conventions
- New Codes
- Revised Codes
+ Add-on Codes
- Modifier 51 Exempt
- Modifier 63 Exempt
- Conscious Sedation
# Resequenced Codes
← FDA Approval Pending
♀ Female only procedures
♂ Male only procedures
♀ Maternity
FRVU Facility RVU
NFRVU Non-Facility RVU
GD Global Days
MUE Medically Unlikely Edit
MOD Modifier Crosswalk
ASC PI ASC Payment Indicator
ASC Sep ASC Separate Payment
APC SI APC Status Indicator
APC APC value
CPT Asst Reference to CPT® Assistant Articles

For more information about ongoing development of the CPT® coding system, consult the AMA website at URL http://www.ama-assn.org/.
Anatomical Illustrations

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- Brain Stem
- Medulla Oblongata
- Pons
- Pituitary Gland
- Hypothalamus
Evaluation and Management Coding Advice

Time-Based Coding:

Ensure Your Provider is Documenting

Three Key Points for Billing on Time Alone

Remember that counseling and coordination of care must dominate the encounter.

If you’re coding office visits based on the time your physician spends with a patient providing counseling or coordination of care, make sure he is documenting three critical pieces of information — and we don’t mean history, exam, and medical decision making. Otherwise, you’ll face payer take-backs, or worse.

Even if your physician says that he spent over an hour with a patient, you can’t automatically report 99215 (Office or Other Outpatient Visit for the Evaluation and Management of an Established Patient) … typically, 40 minutes are spent face-to-face with the patient and/or family). Medical record auditors hear it nearly every day from practitioners: “You can’t downcode my claim! I spent an hour with that patient, so I know I deserve a 99215.” Unfortunately, your provider’s memory won’t hold up in court — only complete documentation will.

Get It In Writing

Background: When medical auditors review E/M claims, they typically code the reports based on history, exam, and medical decision-making, unless the physician meets the criteria to code a claim based on time spent with the patient. However, full-time auditors will tell you that they hear from physicians at least once a day who argue that, although their documentation may not support 99214s and 99215s, the codes are justified based on the fact that the patient had many questions and counseling took up an hour of their time.

Myth: Your physician’s argument that he spent a significant amount of time counseling the patient justifies high-level codes.

Reality: The physician’s memory may be pristine, but it can’t be relied upon if the payer asks for a refund due to insufficient documentation. Instead, your provider must note the time spent in the record.

Counseling for a provider’s services must be based exclusively on the documentation of the service. It is imperative that the documentation accurately portrays the services provided, not only for coding compliance but also malpractice risk management. Payer reviews often do not occur within a week of services. It is difficult for providers to remember the specifics of a patient visit a week ago, let alone a month ago, a year ago or even several years ago!

Test Your Know-How

See if you can spot the problem with this chart entry. We have noted in parentheses how you can pull out pieces of the documentation to fulfill history, exam, and medical decision making criteria:

Sample entry: A 10-year-old patient seen for asthma (chief complaint) follow-up visit. She has been on albuterol inhaler medication (HPI-modifying factor) for one month (HPI-duration) but is not doing well and still has mild shortness of breath and chest pain during physical education class and sports (HPI-severity, timing, associated signs and symptoms). The provider performs a pulmonary function test. The patient has a history of chronic ear infections, as well (past history). She has also noted problems with appetite (ROS-constitutional) and sleep issues (ROS-neurological or respiratory but not both) on days when she has an asthma exacerbation. Physical examination consists of a brief constitutional examination (can’t give credit here as there are no details). Extensive counseling is done, discussing additional ways she can try to decrease her symptoms, and also to talk about proper inhaler dosing and nebulizer treatments (counseling description). The physician prescribes a Pulmicort® and albuterol for the nebulizer (prescription drug management-table of risk-moderate) (MDM risk: 2 pts) and a follow-up appointment is planned in one month. Total face-to-face time is 25 minutes.

Did you spot it? The problem with this record is that you can’t use the 25 minutes of time spent without knowing how much of that time was spent counseling.

Include Three Items in Documentation

Before using time as the controlling factor, check off the following requirements that must be documented:

1. the total time spent with the patient
2. that more than 50 percent of the face-to-face time the physician spent with the patient/and or family is counseling/coordination of care. For instance, “Saw the patient for 25 minutes face-to-face; 20 minutes of that visit was spent in counseling.”
3. a description or summary of the counseling/coordination of care provided. For the example above, you could consider, “Done to address coping strategies for the patient’s diagnosis of overactive bladder and treatment options.”

Official word: The Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.C states: The code selection is based on the total time of the face-to-face encounter or floor time, not just the counseling time. The medical record must be documented in sufficient detail to justify the selection of the specific code if time is the basis for selection of the code.
Provider documentation such as “I had a lengthy discussion...” or “I spent a great deal of time with the patient discussing...” does not support using the dominant counseling/coordination of care as the basis for level of E/M service.

You should only select an office visit code based on time when your provider spends more than 50 percent of the face-to-face time with the patient and/or family member on counseling and/or coordination of care.

Avoid templated documentation: While you want to encourage your physician to document the time criteria when time-based billing is most appropriate, you don’t want your provider to go too far in the opposite direction. Providers that include a templated statement in all of their documentation, such as “I spent greater than 50% of the ___ visit counseling the patient” in which they routinely fill in the blank with the time required for a level four or level five service, risk repercussions during a payer review. The documentation does not provide the required detail regarding what the provider counseled the patient on.

Key: Medical necessity must also be a key factor in your code choice. Be sure that the time spent with the patient is warranted. Just because the patient and provider talked for a long time doesn’t mean it was medically necessary to do so.

Know Your Payer’s Rules

The CPT® codes that can be billed based on time, such as new and established office visit codes, contain a time within their code descriptor. For example, level five new patient code 99205 states “Typically, 60 minutes are spent face-to-face with the patient and/or family.” Some payers consider this time a minimum time that must be met, and others consider it a general estimate and allow you to round up or down to the closest specified time.

Example: There is a difference between CPT® and Medicare regarding how to determine the level of E/M service using the total service time. CPT® has published this information in the CPT® Assistant: “In selecting time, the physician must have spent a time closest to the code selected,” whereas Chapter 12 of the Medicare Claims Processing Manual states “The time approximation must meet or exceed the specific CPT® code billed (determined by the typical/average time associated with the evaluation and management code) and should not be “rounded’ to the next higher level.”

Use Elements When Time is Unknown

If your provider does not document the three elements necessary for time-based code selection, you must look at the history, exam, and medical decision making. When the documentation does not support using time spent in counseling and/or coordination of care, the level of service must be soley determined on the documentation of the three key components.

In the previous example, because the time spent in counseling/coordinating care is unknown, you instead have to code the visit based on the documented history, exam, and medical decision-making, as follows:

**History: Detailed**
- HPI: timing, severity, duration, modifying factors, associated signs and symptoms = Extended
- ROS: Constitutional, neurological or respiratory = Extended
- PFSH: 1 element (past history) = Pertinent

**Exam:** None that can be used in counting the elements

**Medical Decision Making:** Low
- Established problem, worsening = 2 points
- Data: pulmonary function test = 1 point
- Risk: Worsening problem and prescription drug management = moderate

**Code:** 99213

Without knowing how much of the 25 minutes the provider spent counseling, the key documented elements support 99213, not 99214.

**Solution:** Adding the actual time that the doctor spent on counseling would indicate that the encounter meets time-based coding’s greater than 50 percent on counseling/and or coordination of care criteria and would therefore justify a 99214 for this case.

**Back to Basics:**
Pay Attention to the Three-Year Rule to Decide Between New vs. Established Codes

The location of the encounter won’t be the deciding factor.

Even before you start looking at the history, exam, and medical decision making components of an office visit, you first need to determine if the patient is new or established. Whether you report 99211-99215 (Office or other outpatient visit for the evaluation and management of an established patient …) or 99201-99205 (Office or other outpatient visit for the evaluation and management of a new patient …) depends on the answer. Understanding the essential three-year rule will make that choice a breeze.

Take a look at what the experts have to say about when — and how — to apply the infamous three-year criterion.
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**Evaluation and Management**

**New Patient Office or Other Outpatient Services (99201-99205)**

**99201** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A problem focused history;
- A problem focused examination;
- Straightforward medical decision making.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

**99202** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- An expanded problem focused history;
- An expanded problem focused examination;
- Straightforward medical decision making.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

**99203** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A detailed history;
- A detailed examination;
- Medical decision making of low complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

**99204** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

**99205** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:

- A comprehensive history;
- A comprehensive examination;
- Medical decision making of high complexity.
Established Patient Office or Other Outpatient Services (99211-99215)

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

FRVU 0.26 NFRVU 0.56 GD XXX MUE 1
MOD 24, 25, 32, 57, 80, 81, 82, GA, GZ


99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- A problem focused history;
- A problem focused examination;
- Straightforward medical decision making.

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- A detailed history;
- A detailed examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 10 minutes are spent face-to-face with the patient and/or family.

FRVU 0.71 NFRVU 1.22 GD XXX MUE 1
MOD 24, 25, 32, 57, 80, 81, 82, GA, GZ, TS


99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- An expanded problem focused history;
- An expanded problem focused examination;
- Medical decision making of low complexity.

Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

FRVU 1.44 NFRVU 2.04 GD XXX MUE 1
MOD 24, 25, 32, 57, 80, 81, 82, GA, GZ, TS


Medical decision making of low complexity
Integumentary System

Fine Needle Aspiration Surgical Procedures (10021-10022)

10021 Fine needle aspiration; without imaging guidance
FRVU 2.03 NFRVU 4.20 GD XXX MUE None
MOD 47, 52, 53, 54, 56, 59, 76, 77, 78, 79, 80, 81, 82, 99, GA, GZ

10022 Fine needle aspiration; with imaging guidance
FRVU 1.88 NFRVU 3.94 GD XXX MUE None
MOD 47, 52, 53, 54, 56, 59, 76, 77, 78, 79, 80, 81, 82, 99, GA, GZ
ASC PI: G2 ASC Sep. Pay: Yes APC SI: T APC: 0004

Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures (10040-10180)

10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
FRVU 2.49 NFRVU 2.84 GD 010 MUE 1
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0013
CPT® Asst: FEB 2008; Vol 18: Issue 2

Introduction and Removal Procedures (10030)

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
FRVU 4.45 NFRVU 22.07 GD XXX MUE None
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 77, 78, 79, 80, 81, 82, 99, AS, GA, GZ
ASC PI: P2 ASC Sep. Pay: Yes APC SI: T APC: 0006

ACNE
10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
FRVU 5.07 NFRVU 5.78 GD 010 MUE 1
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0006

10080 Incision and drainage of pilonidal cyst; simple
FRVU 2.93 NFRVU 5.02 GD 010 MUE 1
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
ASC PI: P2 ASC Sep. Pay: Yes APC SI: T APC: 0006

10081 Incision and drainage of pilonidal cyst; complicated
FRVU 4.91 NFRVU 7.61 GD 010 MUE 1
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ

10120 Incision and removal of foreign body, subcutaneous tissues; simple
FRVU 2.93 NFRVU 4.26 GD 010 MUE None
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ

10121 Incision and removal of foreign body, subcutaneous tissues; complicated
FRVU 5.29 NFRVU 7.72 GD 010 MUE None
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ

10140 Incision and drainage of hematoma, seroma or fluid collection
FRVU 3.36 NFRVU 4.57 GD 010 MUE None
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
CPT® Asst: DEC 2006; Vol 16: Issue 12

10160 Puncture aspiration of abscess, hematoma, bulla, or cyst
FRVU 2.72 NFRVU 3.65 GD 010 MUE None
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
ASC PI: P3 ASC Sep. Pay: Yes APC SI: T APC: 0006
CPT® Asst: APR 2010; Vol 20: Issue 4

Debridement Procedures on the Skin (11000-11047)

11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface
FRVU 0.82 NFRVU 1.53 GD 000 MUE 1
MOD 22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 76, 77, 78, 79, 81, 99, AS, GA, GZ
CPT® Asst: MAY 2011; Vol 21: Issue 5

11001 Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
FRVU 0.41 NFRVU 0.60 GD ZZZ MUE None
ASC PI: N1 ASC Sep. Pay: No
CPT® Asst: MAY 2011; Vol 21: Issue 5

11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
FRVU 16.60 NFRVU 16.60 GD 000 MUE 1

11005 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
FRVU 22.36 NFRVU 22.36 GD 000 MUE 1
MOD 22, 47, 52, 53, 54, 56, 59, 76, 77, 78, 79, 80, 81, 82, 99, GA, GZ
# Pathology and Laboratory Procedures

## Organ or Disease Oriented Panels (80047-80076)

### 80047
Basic metabolic panel (Calcium, ionized)
- This panel must include the following:
  - Calcium, ionized (82330)
  - Carbon dioxide (bicarbonate) (82374)
  - Chloride (82435)
  - Creatinine (82565)
  - Glucose (82947)
  - Potassium (84132)
  - Sodium (84295)
- Urea nitrogen (BUN) (84520)
- **NATIONAL LIMIT:** 11.54
- **MID POINT:** 15.59
- **FLOOR:** 0.00
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GZ, QW
- **CPT® Asst:** APR 2008; Vol 18: Issue 4, APR 2013; Vol 23: Issue 4

### 80048
Basic metabolic panel (Calcium, total)
- This panel must include the following:
  - Calcium, total (82310)
  - Carbon dioxide (bicarbonate) (82374)
  - Chloride (82435)
  - Creatinine (82565)
  - Glucose (82947)
  - Potassium (84132)
  - Sodium (84295)
- **NATIONAL LIMIT:** 11.54
- **MID POINT:** 15.59
- **FLOOR:** 0.00
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GZ, QW
- **CPT® Asst:** AUG 2005; Vol 15: Issue 8, JAN 2000; Vol 10: Issue 1

### 80050
General health panel
- This panel must include the following:
  - Comprehensive metabolic panel (80053)
  - Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004)
  - OR
  - Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009)
  - Thyroid stimulating hormone (TSH) (84443)
- **FRVU** 0.00
- **NFRVU** 0.00
- **GD** XXX
- **MUE** None
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GX, GY, GZ

### 80051
Electrolyte panel
- This panel must include the following:
  - Carbon dioxide (bicarbonate) (82374)
  - Chloride (82435)
  - Potassium (84132)
  - Sodium (84295)
- **NATIONAL LIMIT:** 9.57
- **MID POINT:** 12.93
- **FLOOR:** 0.00
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GZ, DW

### 80053
Comprehensive metabolic panel
- This panel must include the following:
  - Albumin (82040)
  - Bilirubin, total (82247)
  - Calcium, total (82310)
  - Carbon dioxide (bicarbonate) (82374)
  - Chloride (82435)
  - Creatinine (82565)
  - Glucose (82947)
  - Potassium (84132)
  - Protein, total (84075)
  - Sodium (84295)
  - Urea nitrogen (BUN) (84520)
  - Transferrin, serum (84460)
  - Transferrin, serum (84450)
  - Urea nitrogen (BUN) (84520)
- **FRVU** 0.00
- **NFRVU** 0.00
- **GD** XXX
- **MUE** None
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GX, GY, GZ

### 80055
Obstetric panel
- This panel must include the following:
  - Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004)
  - OR
  - Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009)
  - Hepatitis B surface antigen (HBsAg) (87340)
  - Antibody, rubella (86762)
  - Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592)
  - Antibody screen, RBC, each serum technique (86850)
  - Blood typing, ABO (86900) AND
  - Blood typing, Rh (D) (86901)
- **FRVU** 0.00
- **NFRVU** 0.00
- **GD** XXX
- **MUE** None
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GX, GY, GZ

### 80061
Lipid panel
- This panel must include the following:
  - Cholesterol, serum, total (82465)
  - Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718)
  - Triglycerides (84478)
- **FRVU** 0.00
- **NFRVU** 0.00
- **GD** XXX
- **MUE** None
- **MOD:** 52, 53, 59, 79, 90, 91, GA, GZ, QW
- **CPT® Asst:** FEB 2005; Vol 15: Issue 2, MAR 2000; Vol 10: Issue 3
### Renal Function Panel (80069)

- **80069** Renal function panel
  - This panel must include the following:
    - Albumin (82040)
    - Calcium, total (82310)
    - Carbon dioxide (bicarbonate) (82374)
    - Chloride (82435)
    - Creatinine (82565)
    - Glucose (82947)
    - Urea nitrogen (BUN) (84520)

  **NATIONAL LIMIT:** 11.85
  **MID POINT:** 16.01
  **FLOOR:** 0.00

### Drug Testing Procedures (80100-80104)

- **80100** Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
  - **80100** Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
    - **FRVU**: 0.00
    - **NFRVU**: 0.00
    - **MUE**: 0
    - **MOD**: 52, 53, 59, 79, 90, 91, GA, GZ
    - **CPT® Asst**: JAN 2000; Vol 10: Issue 1

- **80101** Drug screen, qualitative; single drug class method (eg, immunonassay, enzyme assay), each drug class
  - **FRVU**: 0.00
  - **NFRVU**: 0.00
  - **MUE**: 0
  - **MOD**: 52, 53, 59, 79, 90, 91, GA, GZ

### Therapeutic Drug Assays (80150-80299)

- **80150** Amikacin
  - **MOD**: 52, 53, 59, 79, 90, 91, GA, GZ

- **80154** Benzodiazepines
  - **MOD**: 52, 53, 59, 79, 90, 91, GA, GZ

## Footnotes

- **FRVU**: Facility total RVU
- **NFRVU**: Non-facility total RVU
- **MUE**: Medically Unlikely Edit
- **GD**: Global Days
- **MOD**: Modifier crosswalk
- **GD**: Male
- **MUE**: Female
- **G**: Maternity
- **Rev**: New Code
- **AddO**: Revised Code
- **Mod**: Add-On Code
- **ResC**: Resequenced Code
- **ConSed**: Conscious Sedation
- **FDA**: FDA Approval Pending
- **Exempt**: Modifier 51 Exempted
- **63**: Modifier 63 Exempted
## Appendix A: CPT® Changes 2014 (New and Revised)

### New Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>99446</td>
<td>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</td>
<td>19281</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance</td>
</tr>
<tr>
<td>99447</td>
<td>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; 11-20 minutes of medical consultative discussion and review</td>
<td>19282</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>99448</td>
<td>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; 21-30 minutes of medical consultative discussion and review</td>
<td>19283</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance</td>
</tr>
<tr>
<td>99449</td>
<td>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; 31 minutes or more of medical consultative discussion and review</td>
<td>19284</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>99481</td>
<td>Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)</td>
<td>19285</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance</td>
</tr>
<tr>
<td>99482</td>
<td>Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)</td>
<td>19286</td>
<td>Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>10030</td>
<td>Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous</td>
<td>19287</td>
<td>Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance</td>
</tr>
<tr>
<td>19081</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance (list separately in addition to code for primary procedure)</td>
<td>19288</td>
<td>Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>19082</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)</td>
<td>23333</td>
<td>Removal of foreign body, shoulder; deep (subfascial or intramuscular)</td>
</tr>
<tr>
<td>19083</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance</td>
<td>23334</td>
<td>Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component</td>
</tr>
<tr>
<td>19084</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)</td>
<td>23335</td>
<td>Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)</td>
</tr>
<tr>
<td>19085</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance</td>
<td>33366</td>
<td>Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)</td>
</tr>
<tr>
<td>19086</td>
<td>Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)</td>
<td>34841</td>
<td>Endovascular repair of visceral aorta (eg, 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)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34842</td>
<td>Endovascular repair of visceral aorta (eg, 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 two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery)</td>
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<tr>
<td>Code</td>
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<tr>
<td>34843</td>
<td>Endovascular repair of visceral aorta (eg, 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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
<td></td>
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<tr>
<td>34844</td>
<td>Endovascular repair of visceral aorta (eg, 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 four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34845</td>
<td>Endovascular repair of visceral aorta and infrarenal abdominal aorta (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>
<td></td>
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<tr>
<td>34846</td>
<td>Endovascular repair of visceral aorta and infrarenal abdominal aorta (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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
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<tr>
<td>34847</td>
<td>Endovascular repair of visceral aorta and infrarenal abdominal aorta (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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
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<tr>
<td>34848</td>
<td>Endovascular repair of visceral aorta and infrarenal abdominal aorta (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 four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(s))</td>
<td></td>
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<tr>
<td>37217</td>
<td>Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation</td>
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<tr>
<td>43198</td>
<td>Esophagoscopy, flexible, transnasal; with biopsy, single or multiple</td>
<td></td>
<td>49406</td>
</tr>
<tr>
<td>43211</td>
<td>Esophagoscopy, flexible, transoral; with endoscopic mucosal resection</td>
<td></td>
<td>52356</td>
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<tr>
<td>43212</td>
<td>Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</td>
<td></td>
<td>64616</td>
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<tr>
<td>43213</td>
<td>Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)</td>
<td></td>
<td>64617</td>
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<tr>
<td>43214</td>
<td>Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)</td>
<td></td>
<td>64642</td>
</tr>
<tr>
<td>43229</td>
<td>Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</td>
<td></td>
<td>64643</td>
</tr>
<tr>
<td>43233</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)</td>
<td></td>
<td>64644</td>
</tr>
<tr>
<td>43253</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neuromodulatory agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)</td>
<td></td>
<td>64645</td>
</tr>
<tr>
<td>43254</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection</td>
<td></td>
<td>64646</td>
</tr>
<tr>
<td>43266</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</td>
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<td>64647</td>
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<tr>
<td>43270</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</td>
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<td>66183</td>
</tr>
<tr>
<td>43274</td>
<td>Endoscopic retrograde cholangiopancreatography (ercp); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged</td>
<td></td>
<td>77293</td>
</tr>
<tr>
<td>43275</td>
<td>Endoscopic retrograde cholangiopancreatography (ercp); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)</td>
<td></td>
<td>80155</td>
</tr>
<tr>
<td>43276</td>
<td>Endoscopic retrograde cholangiopancreatography (ercp); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged</td>
<td></td>
<td>80159</td>
</tr>
<tr>
<td>43277</td>
<td>Endoscopic retrograde cholangiopancreatography (ercp); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct</td>
<td></td>
<td>80169</td>
</tr>
<tr>
<td>43278</td>
<td>Endoscopic retrograde cholangiopancreatography (ercp); with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</td>
<td></td>
<td>80171</td>
</tr>
<tr>
<td>81504</td>
<td>Oncology (tissue of origin), microarray gene expression profiling of &gt; 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores</td>
<td></td>
<td>80175</td>
</tr>
<tr>
<td>81507</td>
<td>Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy</td>
<td></td>
<td>80177</td>
</tr>
<tr>
<td>81508</td>
<td>MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis</td>
<td></td>
<td>80180</td>
</tr>
<tr>
<td>81509</td>
<td>Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure)</td>
<td></td>
<td>80183</td>
</tr>
<tr>
<td>81510</td>
<td>Trichomonas vaginalis, amplified probe technique</td>
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<td>8199</td>
</tr>
<tr>
<td>82020</td>
<td>Zonisamide</td>
<td></td>
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<tr>
<td>82123</td>
<td>Clofazimine</td>
<td></td>
<td>82127</td>
</tr>
<tr>
<td>82136</td>
<td>Morphology (tissue of origin), microarray gene expression profiling of &gt; 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores</td>
<td></td>
<td>82343</td>
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<tr>
<td>90673</td>
<td>Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</td>
<td></td>
<td>90685</td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Descriptor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older for intramuscular use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90687</td>
<td>Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age for intramuscular use</td>
<td></td>
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</tr>
<tr>
<td>90688</td>
<td>Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older for intramuscular use</td>
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<tr>
<td>92521</td>
<td>Evaluation of speech fluency (eg, stuttering, clattering)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</td>
<td></td>
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<tr>
<td>92523</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</td>
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<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
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<tr>
<td>93582</td>
<td>Percutaneous transcatheter closure of patent ductus arteriosus</td>
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<tr>
<td>93583</td>
<td>Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed</td>
<td></td>
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<tr>
<td>94669</td>
<td>Mechanical chest wall oscillation to facilitate lung function, per session</td>
<td></td>
<td></td>
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<tr>
<td>97610</td>
<td>Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day</td>
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</tr>
<tr>
<td>0580F</td>
<td>Multidisciplinary care plan developed or updated (ALS)[AAN]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0581F</td>
<td>Patient transferred directly from anesthetizing location to critical care unit (Peri2)[ASA]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0582F</td>
<td>Patient not transferred directly from anesthetizing location to critical care unit (Pen)[ASA]</td>
<td></td>
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</tr>
<tr>
<td>0583F</td>
<td>Transfer of care checklist used (Peri2)[ASA]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0584F</td>
<td>Transfer of care checklist not used (Peri2)[ASA]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1500F</td>
<td>Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)[AAN]</td>
<td></td>
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</tr>
<tr>
<td>1501F</td>
<td>Not initial evaluation for condition (DSP)[AAN]</td>
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<tr>
<td>1502F</td>
<td>Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)[AAN]</td>
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<tr>
<td>1503F</td>
<td>Patient queried about symptoms of respiratory insufficiency (ALS)[AAN]</td>
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<tr>
<td>1504F</td>
<td>Patient has respiratory insufficiency (ALS)[AAN]</td>
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</tr>
<tr>
<td>1505F</td>
<td>Patient does not have respiratory insufficiency (ALS)[AAN]</td>
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<tr>
<td>3751F</td>
<td>Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)[AAN]</td>
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<tr>
<td>3752F</td>
<td>Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)[AAN]</td>
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<tr>
<td>3753F</td>
<td>Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)[AAN]</td>
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<tr>
<td>3754F</td>
<td>Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)[AAN]</td>
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</tr>
<tr>
<td>3755F</td>
<td>Cognitive and behavioral impairment screening performed (ALS)[AAN]</td>
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<table>
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<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>3756F</td>
<td>Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)[AAN]</td>
</tr>
<tr>
<td>3757F</td>
<td>Patient does not have pseudobulbar affect, sialorrhea, or ALS related symptoms (ALS)[AAN]</td>
</tr>
<tr>
<td>3758F</td>
<td>Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)[AAN]</td>
</tr>
<tr>
<td>3759F</td>
<td>Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)[AAN]</td>
</tr>
<tr>
<td>3760F</td>
<td>Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)[AAN]</td>
</tr>
<tr>
<td>3761F</td>
<td>Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)[AAN]</td>
</tr>
<tr>
<td>3762F</td>
<td>Patient is dysarthric (ALS)[AAN]</td>
</tr>
<tr>
<td>3763F</td>
<td>Patient is not dysarthric (ALS)[AAN]</td>
</tr>
<tr>
<td>4540F</td>
<td>Disease modifying pharmacotherapy discussed (ALS)[AAN]</td>
</tr>
<tr>
<td>4541F</td>
<td>Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)[AAN]</td>
</tr>
<tr>
<td>4550F</td>
<td>Options for noninvasive respiratory support discussed with patient (ALS)[AAN]</td>
</tr>
<tr>
<td>4551F</td>
<td>Nutritional support offered (ALS)[AAN]</td>
</tr>
<tr>
<td>4552F</td>
<td>Patient offered referral to a speech language pathologist (ALS)[AAN]</td>
</tr>
<tr>
<td>4553F</td>
<td>Patient offered assistance in planning for end of life issues (ALS)[AAN]</td>
</tr>
<tr>
<td>4554F</td>
<td>Patient received inhalational anesthetic agent (Peri2)[ASA]</td>
</tr>
<tr>
<td>4555F</td>
<td>Patient did not receive inhalational anesthetic agent (Peri2)[ASA]</td>
</tr>
<tr>
<td>4556F</td>
<td>Patient exhibits 3 or more risk factors for postoperative nausea and vomiting (Peri2)[ASA]</td>
</tr>
<tr>
<td>4557F</td>
<td>Patient does not exhibit 3 or more risk factors for postoperative nausea and vomiting (Peri2)[ASA]</td>
</tr>
<tr>
<td>4558F</td>
<td>Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)[ASA]</td>
</tr>
<tr>
<td>4559F</td>
<td>At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)[ASA]</td>
</tr>
<tr>
<td>4560F</td>
<td>Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)[ASA]</td>
</tr>
<tr>
<td>4561F</td>
<td>Patient has a coronary artery stent (Peri2)[ASA]</td>
</tr>
<tr>
<td>4562F</td>
<td>Patient does not have a coronary artery stent (Peri2)[ASA]</td>
</tr>
<tr>
<td>4563F</td>
<td>Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)[ASA]</td>
</tr>
<tr>
<td>9001F</td>
<td>Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA – No Measure Associated)</td>
</tr>
<tr>
<td>9002F</td>
<td>Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA – No Measure Associated)</td>
</tr>
<tr>
<td>9003F</td>
<td>Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA – No Measure Associated)</td>
</tr>
<tr>
<td>9004F</td>
<td>Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA – No Measure Associated)</td>
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### Revised Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0330T</td>
<td>Tear film imaging, unilateral or bilateral, with interpretation and report</td>
</tr>
<tr>
<td>0331T</td>
<td>Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;</td>
</tr>
<tr>
<td>0332T</td>
<td>Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic spec</td>
</tr>
<tr>
<td>0333T</td>
<td>Visual evoked potential, screening of visual acuity, automated</td>
</tr>
<tr>
<td>0334T</td>
<td>Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morcelized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)</td>
</tr>
<tr>
<td>0335T</td>
<td>Extra-osseous subtalar joint implant for talotarsal stabilization</td>
</tr>
<tr>
<td>0336T</td>
<td>Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency</td>
</tr>
<tr>
<td>0337T</td>
<td>Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral</td>
</tr>
<tr>
<td>0338T</td>
<td>Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral</td>
</tr>
<tr>
<td>0339T</td>
<td>Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral</td>
</tr>
</tbody>
</table>

### Code 13151
- Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm

### Code 13152
- Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm

### Code 13153
- Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)

### Code 15777
- Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)

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

### Code 21016
- Radical resection of tumor (eg, malignant neoplasm sarcoma), soft tissue of face or scalp; 2 cm or greater
<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>23077</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of shoulder area; less than 5 cm</td>
</tr>
<tr>
<td>23078</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of shoulder area; 5 cm or greater</td>
</tr>
<tr>
<td>24077</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of upper arm or elbow area; less than 5 cm</td>
</tr>
<tr>
<td>24079</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of upper arm or elbow area; 5 cm or greater</td>
</tr>
<tr>
<td>24160</td>
<td>Implant removal; removal of prosthesis, includes debridement and synovectomy when performed; radial head</td>
</tr>
<tr>
<td>24164</td>
<td>Implant removal; removal of prosthesis, includes debridement and synovectomy when performed; radial head and ulnar components</td>
</tr>
<tr>
<td>25077</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of forearm and wrist area; less than 3 cm</td>
</tr>
<tr>
<td>25078</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of forearm and wrist area; 3 cm or greater</td>
</tr>
<tr>
<td>26117</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of hand or finger; less than 3 cm</td>
</tr>
<tr>
<td>26118</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of hand or finger; 3 cm or greater</td>
</tr>
<tr>
<td>27049</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of pelvis and hip area; less than 5 cm</td>
</tr>
<tr>
<td>27059</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of pelvis and hip area; 5 cm or greater</td>
</tr>
<tr>
<td>27329</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of thigh or knee area; less than 5 cm</td>
</tr>
<tr>
<td>27364</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of thigh or knee area; 5 cm or greater</td>
</tr>
<tr>
<td>27615</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of leg or ankle area; less than 5 cm</td>
</tr>
<tr>
<td>27616</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of leg or ankle area; 5 cm or greater</td>
</tr>
<tr>
<td>28046</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of foot or toe; less than 3 cm</td>
</tr>
<tr>
<td>28047</td>
<td>Radical resection of tumor (eg, malignant neoplasm); sarcoma, soft tissue of foot or toe; 3 cm or greater</td>
</tr>
<tr>
<td>33222</td>
<td>Revision or relocation; relocation of skin pocket for pacemaker</td>
</tr>
<tr>
<td>33223</td>
<td>Revision; relocation of skin pocket for cardioverter-defibrillator</td>
</tr>
<tr>
<td>33282</td>
<td>Implantation of patient-activated cardiac event recorder</td>
</tr>
<tr>
<td>33284</td>
<td>Removal of an implantable, patient-activated cardiac event recorder</td>
</tr>
<tr>
<td>43200</td>
<td>Esophagoscopy; rigid or flexible, transoral; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>43201</td>
<td>Esophagoscopy, rigid or flexible, transoral; with directed submucosal injection(s), any substance</td>
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<tr>
<td>43202</td>
<td>Esophagoscopy, rigid or flexible, transoral; with biopsy, single or multiple</td>
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<tr>
<td>43204</td>
<td>Esophagoscopy, rigid or flexible, transoral; with injection sclerosis of esophageal varices</td>
</tr>
<tr>
<td>43205</td>
<td>Esophagoscopy, rigid or flexible, transoral; with band ligation of esophageal varices</td>
</tr>
<tr>
<td>43206</td>
<td>Esophagoscopy, rigid or flexible, transoral; with optical endomicroscopy</td>
</tr>
<tr>
<td>43215</td>
<td>Esophagoscopy, rigid or flexible, transoral; with removal of foreign body</td>
</tr>
<tr>
<td>43216</td>
<td>Esophagoscopy, rigid or flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</td>
</tr>
<tr>
<td>43217</td>
<td>Esophagoscopy, rigid or flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</td>
</tr>
<tr>
<td>43220</td>
<td>Esophagoscopy, rigid or flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)</td>
</tr>
<tr>
<td>43226</td>
<td>Esophagoscopy, rigid or flexible, transoral; with insertion of guide wire followed by dilation or passage of dilator(s) over guide wire</td>
</tr>
<tr>
<td>43227</td>
<td>Esophagoscopy, rigid or flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, snare technique, laser, heater probe, stapler, plasma coagulator), any method</td>
</tr>
<tr>
<td>43231</td>
<td>Esophagoscopy, rigid or flexible, transoral; with endoscopic ultrasound examination</td>
</tr>
<tr>
<td>43232</td>
<td>Esophagoscopy, rigid or flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)</td>
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<tr>
<td>43235</td>
<td>Upper gastrointestinal endoscopy including esophagus; Esophagogastroduodenoscopy; stomach, flexible, and either the duodenum or jejunum as appropriate; transoral; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)</td>
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<td>43236</td>
<td>Upper gastrointestinal endoscopy including esophagus; Esophagogastroduodenoscopy; stomach, flexible, and either the duodenum or jejunum as appropriate; with directed submucosal injection(s), any substance</td>
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<td>43237</td>
<td>Upper gastrointestinal endoscopy including esophagus; Esophagogastroduodenoscopy; stomach, flexible, and either the duodenum or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus, stomach, duodenum, and adjacent structures</td>
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<tr>
<td>43238</td>
<td>Upper gastrointestinal endoscopy including esophagus; Esophagogastroduodenoscopy; stomach, flexible, and either the duodenum or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus, stomach, or duodenum, and adjacent structures)</td>
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<td>Upper gastrointestinal endoscopy including esophagus; Esophagogastroduodenoscopy; stomach, flexible, and either the duodenum or jejunum as appropriate; transoral; with biopsy, single or multiple</td>
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## Appendix B: Deleted Codes with Crosswalk

<table>
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<td>0318T</td>
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## Appendix C: New/Revised Codes Additional Information

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<tr>
<th>CODE</th>
<th>ADDITIONAL INFORMATION</th>
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<td>33366</td>
<td>CPT® 2014 introduced 33366 to replace Category III code 0318T.</td>
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<td>34841</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>34842</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>34843</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>34844</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>34846</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<td>34847</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<tr>
<td>34848</td>
<td>CPT® 2014 introduced codes 34841-34848 to replace the previously available Category III codes 0078T-0081T.</td>
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<tr>
<td>37217</td>
<td>The creation of 37217 provides a code specific to retrograde treatment of a lesion in either the intrathoracic common carotid or innominate artery, using an open cervical carotid approach.</td>
</tr>
<tr>
<td>37236</td>
<td>CPT® 2014 deleted 37205-37208 and 75960. In their place, you have codes 37236-37239, which bundle in stent placement, radiological supervision and interpretation, and (if performed) same-vessel angioplasty. Code 37236 is used for treatment of the first artery.</td>
</tr>
<tr>
<td>37237</td>
<td>CPT® 2014 deleted 37205-37208 and 75960. In their place, you have codes 37236-37239, which bundle in stent placement, radiological supervision and interpretation, and (if performed) same-vessel angioplasty. Code 37237 is used as an add-on code for treatment of each additional artery.</td>
</tr>
<tr>
<td>37238</td>
<td>CPT® 2014 deleted 37205-37208 and 75960. In their place, you have codes 37236-37239, which bundle in stent placement, radiological supervision and interpretation, and (if performed) same-vessel angioplasty. Code 37238 is used for treatment of the first vein.</td>
</tr>
<tr>
<td>37239</td>
<td>CPT® 2014 deleted 37205-37208 and 75960. In their place, you have codes 37236-37239, which bundle in stent placement, radiological supervision and interpretation, and (if performed) same-vessel angioplasty. Code 37239 is used as an add-on code for treatment of each additional vein.</td>
</tr>
<tr>
<td>37241</td>
<td>CPT® 2014 deleted 37204 and 37210 and replaced them with 37241-37244. Use 37241 for venous embolization or occlusion unrelated to hemorrhage.</td>
</tr>
<tr>
<td>37242</td>
<td>CPT® 2014 deleted 37204 and 37210 and replaced them with 37241-37244. Use 37242 for arterial embolization or occlusion unrelated to hemorrhage or tumor treatment.</td>
</tr>
<tr>
<td>37243</td>
<td>CPT® 2014 deleted 37204 and 37210 and replaced them with 37241-37244. Use 37243 for vascular embolization or occlusion related to treating tumors, organ ischemia, or infarction.</td>
</tr>
<tr>
<td>37244</td>
<td>CPT® 2014 deleted 37204 and 37210 and replaced them with 37241-37244. Use 37244 for venous or arterial embolization or occlusion related to hemorrhage or lymphatic extravasation.</td>
</tr>
<tr>
<td>93582</td>
<td>CPT® 2014 added 93582 to represent closing the ductus arteriosus by a percutaneous approach. Moderate sedation is included in this code.</td>
</tr>
<tr>
<td>93583</td>
<td>CPT® 2014 added 93583 to represent shrinking a lower heart chamber defect using a percutaneous approach. Moderate sedation is included in this code.</td>
</tr>
<tr>
<td>99446</td>
<td>You’ll use this code when your physician is asked to provide a consult by telephone or internet by a requesting provider. Because this is a time-based code the documentation must indicate the physician spent 5-10 minutes of medical consultative discussion and review.</td>
</tr>
<tr>
<td>99447</td>
<td>You’ll use this code when your physician is asked to provide a consult by telephone or internet by a requesting provider. Because this is a time-based code the documentation must indicate the physician spent 11-20 minutes of medical consultative discussion and review.</td>
</tr>
<tr>
<td>99448</td>
<td>You’ll use this code when your physician is asked to provide a consult by telephone or internet by a requesting provider. Because this is a time-based code the documentation must indicate the physician spent 21-30 minutes of medical consultative discussion and review.</td>
</tr>
<tr>
<td>99449</td>
<td>You’ll use this code when your physician is asked to provide a consult by telephone or internet by a requesting provider. Because this is a time-based code the documentation must indicate the physician spent 31 minutes or more of medical consultative discussion and review.</td>
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<tr>
<td>0337T</td>
<td>The implementation date for Category III code 0337T is Jan. 1, 2014. The code represents a noninvasive method to evaluate the functioning of the inner lining of blood vessels (endothelium) which may help predict a patient’s risk of future cardiovascular problems.</td>
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<tr>
<td>0338T</td>
<td>Code 0338T was released July 1, 2013 and implemented January 1, 2014.</td>
</tr>
<tr>
<td>0339T</td>
<td>Code 0339T was released July 1, 2013 and implemented January 1, 2014.</td>
</tr>
<tr>
<td>33222</td>
<td>CPT® 2014 deleted the term “Revision” from 33222’s descriptor, clarifying the code is intended for pacemaker pocket relocation.</td>
</tr>
<tr>
<td>33223</td>
<td>CPT® 2014 deleted the term “Revision” from 33223’s descriptor, clarifying the code is intended for ICD pocket relocation.</td>
</tr>
<tr>
<td>33282</td>
<td>CPT® 2014 added the moderate (conscious) sedation symbol to 33282, indicating moderate sedation is included in this code and not reported separately.</td>
</tr>
<tr>
<td>33284</td>
<td>CPT® 2014 added the moderate (conscious) sedation symbol to 33284, indicating moderate sedation is included in this code and not reported separately.</td>
</tr>
<tr>
<td>37204</td>
<td>CPT® 2014 deleted 37204. See 37241-37244 to report vascular embolization or occlusion, including all radiological supervision and interpretation, roadmapping, and imaging guidance required for the service. Choose 37241 if the service is venous (other than hemorrhage), and choose 37242 for an arterial service (other than hemorrhage or tumor). Code 37243 is appropriate for treatment of tumors, organ ischemia, or infarction. And code 37244 applies to treatment of hemorrhage (arterial or venous) or lymphatic extravasation.</td>
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<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>37205</td>
<td>CPT® 2014 deleted 37205. See 37236-+37239 to report open or percutaneous transcather placement of one or more stents in an artery or vein. Angioplasty in the target vessel and radiological supervision and interpretation are also included. Code 37236 is for the initial artery treated, with +37237 for each additional artery. For stenting of veins, use 37238 for the initial vein and +37239 for each additional vein.</td>
</tr>
<tr>
<td>37206</td>
<td>CPT® 2014 deleted 37206. See 37236-+37239 to report open or percutaneous transcather placement of one or more stents in an artery or vein. Angioplasty in the target vessel and radiological supervision and interpretation are also included. Code 37236 is for the initial artery treated, with +37237 for each additional artery. For stenting of veins, use 37238 for the initial vein and +37239 for each additional vein.</td>
</tr>
<tr>
<td>37207</td>
<td>CPT® 2014 deleted 37207. See 37236-+37239 to report open or percutaneous transcather placement of one or more stents in an artery or vein. Angioplasty in the target vessel and radiological supervision and interpretation are also included. Code 37236 is for the initial artery treated, with +37237 for each additional artery. For stenting of veins, use 37238 for the initial vein and +37239 for each additional vein.</td>
</tr>
<tr>
<td>37208</td>
<td>CPT® 2014 deleted 37208. See 37236-+37239 to report open or percutaneous transcather placement of one or more stents in an artery or vein. Angioplasty in the target vessel and radiological supervision and interpretation are also included. Code 37236 is for the initial artery treated, with +37237 for each additional artery. For stenting of veins, use 37238 for the initial vein and +37239 for each additional vein.</td>
</tr>
<tr>
<td>37210</td>
<td>CPT® 2014 deleted 37210. See new code 37243 to report this service. CPT® added 37241-37244 to report vascular supervision and interpretation, roadmapping, and imaging guidance required for the service. Choose 37241 if the service is venous (other than hemorrhage), and choose 37242 for an arterial service (other than hemorrhage or tumor). Code 37243 is appropriate for tumors (malignant or benign), organ ischemia, or infarction. And code 37244 applies to treatment of hemorrhage (arterial or venous) or lymphatic extravasation. For laparoscopic surgical ablation of uterine fibroids, see 0336T.</td>
</tr>
<tr>
<td>75960</td>
<td>CPT® 2014 deleted 75960 as part of an introduction of a new range of transcather intravascular stent placement codes. New codes 37236-+37239 include radiological supervision and interpretation along with stent placement and any angioplasty performed.</td>
</tr>
<tr>
<td>93653</td>
<td>The revisions to 93653 reflect changes made in the 2013 errata document. The code is marked as revised in CPT® 2014 to indicate the definition differs from the original 2013 published code definition. The changes clarify that RV pacing and recording and His bundle recording aren’t required for a service to meet the code definition, but they are included when the physician performs them because they’re necessary for the patient.</td>
</tr>
<tr>
<td>93654</td>
<td>The revisions to 93654 reflect changes made in the 2013 errata document. The code is marked as revised in CPT® 2014 to indicate the definition differs from the original 2013 published code definition. The changes clarify that RV pacing and recording and His bundle recording aren’t required for a service to meet the code definition, but they are included when the physician performs them because they’re necessary for the patient.</td>
</tr>
<tr>
<td>93656</td>
<td>The revisions to 93656 reflect changes made in the 2013 errata document. The code is marked as revised in CPT® 2014 to indicate the definition differs from the original 2013 published code definition. The changes clarify that RV pacing and recording and His bundle recording aren’t required for a service to meet the code definition, but they are included when the physician performs them because they’re necessary for the patient.</td>
</tr>
</tbody>
</table>
Appendix D: New Code Articles

**99446-99449: New E/M Codes Capture Documentation Discussions**

**Make Sure to Include a Written Report**

Who knows if Medicare will pay, but you should be able to bill some payers for your general surgeon’s interprofessional consultation services beginning Jan. 1, 2014.

That’s because CPT® 2014 introduces four new codes that describe the work of two medical professionals who discuss a patient’s condition via phone or Internet, as follows:

- 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.

These codes make sense as more and more health plans allow for communication between physicians and patients via the Internet. Codes 99446-99449 appear to be in recognition of these situations. It affords the physician the ability to forward patient information (securely) to another physician for opinion and insight without having the patient come to all the different appointments.

**99481/99482 Replace Category III Codes**

You’ll find two new neonate hypothermia codes among the E/M code changes as well. CPT® 2014 adds the following:

- 99481 — Total body systemic hypothermia in a 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).

These are highly specialized neonatal codes and are not used by most pediatricians.

These new codes seem to replace Category III codes 0260T (Total body systemic hypothermia, per day, in the neonate 28 days of age or younger) and 0261T (Selective head hypothermia, per day, in the neonate 28 days of age or younger), which will be deleted in 2014.

**Reminder:** When a category III code exists to describe a service or procedure, you must use that category III code — rather than an unlisted procedure code — to describe the service when placing a claim. So, why is this so important?

Category III CPT codes are temporary codes that describe emerging technology, services, and procedures.

The primary purpose of these codes is to allow for data collection, which in turn provides information for evaluating the effectiveness of new technologies and the formation of public and private policy. In other words, category III codes give insurers and government policy makers a way to track the effectiveness and rate-of-use of as yet unproven technologies, which could affect future coverage decisions.

**New Vaccine Codes Help With Flu Shot Coding**

Last year, the CPT® Editorial panel announced four influenza vaccine codes that went into effect in January, but they weren’t printed in the CPT® book. However, this manual includes the codes, as follows:

- 90685 — Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
- 90686 — Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
- 90687 — Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
- 90688 — Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use.

These codes are essentially the quadrivalent version of codes 90655-90658, and most practices are looking forward to administering them. Keep in mind, however, that there will be supply and payment issues related to these new vaccine and it’s unclear whether insurers will recognize them, and whether they will pay enough to cover the cost given that the quadrivalent vaccine will cost your practice more money. Medicare recently assigned the prices of $23.228 to 90685 and $19.409 to 90686, but payment amounts for 90687 and 90688 are still pending. Although pediatric practices don’t typically bill Medicare, many private payers do follow the agency’s lead on setting prices.

**Caveat:** Both 90687 and 90688 carry the lightning bolt symbol indicating that FDA approval is pending. So check for FDA approval of each vaccine represented by the code before using the associated code.

In addition, CPT® 2014 introduces new code 90673 (Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use), which was released on July 1 of 2013.

**Speech Evaluation Gets Specific**

CPT® will also eliminate the vague code 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) that you’ve been using to evaluate patients’ speech issues. Instead, 2014 brings heightened specificity to these options, with the following new codes:

- 92521 — Evaluation of speech fluency (eg, stuttering, claudering)
- 92522 — Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
- 92523 — with evaluation of language comprehension and expression (eg, receptive and expressive language)
- 92524 — Behavioral and qualitative analysis of voice and resonance

Going forward, you will be able to more clearly differentiate between your evaluations of stuttering (92521) and evaluations of apraxia (92522) thanks to the new codes.

**Stop Reporting 52332 With 52353 Starting in January, Thanks to CPT® 2014**

A new code will change your cystourethroscopy + lithotripsy + stent coding.

Because there is a hold on diagnosis code changes until the ICD-10 implementation, you escaped ICD-9 code changes in 2013. But you won’t be able to avoid updating your coding entirely. CPT® 2014 brings changes you’ll need to implement in your practice.
Good news: Unlike some other specialties, urology coders won’t have a slew of changes to learn. There are seven code changes that pertain to urology. You’ll have five new codes to learn and two deleted code to cross off your code lists. There are no revised codes that will affect your urology practices. Our experts have scoured the code changes and honed in on the ones that you’ll need to know.

Get to Know 52356

CPT® 2014 adds one code that experts say will have a significant impact on urology practices - 52356 — Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent [eg, Gibbons or double-J type].

Old way: Currently when you bill for ureteroscopic fragmentation of a renal pelvic or ureteral stone followed by a double J stent insertion, you report 52353 — Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy [ureteral catheterization is included] and 52332 — Cystourethroscopy, with insertion of indwelling ureteral stent [eg, Gibbons or double-J type]. These two codes are separately billable and payable.

New way: As of January 1, for the same procedures, you’ll only be able to bill 52356. This change was originally slated to take effect in mid-2013, but will now be implemented in the new year.

These are very common procedures for urologists to perform at the same operative session. Most times when a urologist ureteroscopically fragments a stone, he places a stent to ensure passage of fragments without causing obstruction.

Note: If your urologist performs the cystourethroscopy with lithotripsy but does not place a stent, you’ll still report just 52353.

Since this is a common code combination, it appears they are trying to combine the 52353 and 52332 procedures as they’ve done with other procedures in the past.

This new code is another example of Medicare looking at two procedures performed together very frequently and creating a compound code.

This is the only real change for urology this coming year with all for 2014.

Additionally: There is one other new code that you might use in the new year 10030 — Image-guided fluid collection drainage by catheter [eg, abscess; hematoma, seroma, lymphocele, cyst]; soft tissue [eg, extremity, abdominal wall, neck], percutaneous — which would provide a code to use when your physician needs to drain a fluid collection using catheterization.

Three Codes Replace 50021, 58823

CPT® 2014 also deletes 50021 — Drainage of perirenal or renal abscess; percutaneous and 58823 — Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic). But CPT® adds the following three new codes, which seem to replace the two deleted codes:

- 49405 — Image-guided fluid collection drainage by catheter [eg, abscess, hematoma, seroma, lymphocele, cyst]; visceral [eg, kidney, liver, spleen, lung/ mediastinum], percutaneous
- 49406 — …peritoneal or retroperitoneal, percutaneous
- 49407 — …peritoneal or retroperitoneal, transvaginal or transrectal.

These codes may be used in urology and urogynecology.

Look for New Breast Localization and Biopsy Codes Next Year

Focus on Guidance to Select the Proper Code

Five codes for percutaneous breast biopsy and placement of localization devices won’t cut the mustard in 2014. Instead, CPT® 2014 deletes the existing five codes and replaces them with 14 new, more specific codes that you need to know.

Drop Deleted Codes

CPT® 2014 removes the following codes, effective Jan. 1, 2014:

- 19102 — Biopsy of breast; percutaneous, needle core, using imaging guidance
- 19103 — Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
- 19290 — Preoperative placement of needle localization wire, breast
- +19291 — Preoperative placement of needle localization wire, breast: 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).

Read on for expert guidance on how to report these services in 2014, once the preceding codes are no longer valid.

Confirm Image Guidance for Localization Devices

You surgeon may use one of several types of imaging guidance when placing a localization device. Your first step for choosing the right code is to confirm the type of guidance used. Then you should look at the new 2014 CPT® code set to assign a code for the first and each additional lesion.

You’ll select from the following localization techniques:

- Mammographic guidance: using radiation/X-ray image of breast tissue to verify the placement of the localization device near the targeted tissue
- Stereotactic guidance: a special mammography machine using x-rays to help guide the provider’s instruments to the site of the abnormal growth
- Ultrasound guidance: high frequency sound waves (ultrasound) are sent and received by a machine, creating image used to guide needle placement
- Magnetic resonance guidance: use of powerful magnetic fields and radiofrequency pulses to create detailed images.

The following table shows how the new CPT® 2014 codes capture the guidance type and number of lesions for breast localization procedures.

<table>
<thead>
<tr>
<th>2014 Description</th>
<th>GUIDANCE TYPE</th>
<th>2014 CPT® Code 2014</th>
<th>EACH ADDITIONAL LESION</th>
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</thead>
<tbody>
<tr>
<td>Placement of breast localization device[s] [eg, clip, metallic pellet, wire-needle, radioactive seeds], percutaneous, magnetic resonance guidance</td>
<td>Mammographic</td>
<td>19281</td>
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<tr>
<td>Stereotactic</td>
<td>+19283</td>
<td>+19284</td>
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<td>Ultrasound</td>
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<tr>
<td>Magnetic resonance</td>
<td>+19287</td>
<td>+19288</td>
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</tr>
</tbody>
</table>

Keep in mind: CPT® codes +19282, +19284, +19286 and +19288 are add-on codes, so you should report them only in addition to the primary procedure code.

Check to Ensure Documentation Supports Breast Biopsy
Appendix F: Inpatient - Only Procedures

Medicare does not pay ASCs or hospitals under OPPS if these services are performed on Medicare patients as outpatients. Physicians need to refer to this list when providing services to Medicare patients. These services should be billed for inpatients only.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Medicare</th>
<th>OPPS</th>
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