

Insights to Coding and Data Quality

2014 CPT code update

by Nancy J. Cervi, RHIT

Effective January 1, 2014, 335 code changes in the new 2014 Current Procedural Terminology (CPT) edition will take effect. With 107 new Level I CPT codes and 41 deleted CPT codes, nearly one quarter of the changes resulted from an ongoing two-year effort to revise gastroenterology codes to capture significant advances in endoscopic technology, devices, and techniques. Additional CPT enhancements for 2014 are due to advancements in technology to include new and revised codes for breast biopsies and imaging, multi-system image guided catheter drainage, and cardiology and vascular embolization procedures. This article provides an overview of the changes.

Evaluation and management

Non-Face-to-Face Services: There are four new timed codes (5 minutes – 31 minutes) for Inter-professional telephone/Internet assessment and management services provided by a consultative physician (99446-99449).

Consultants use these codes when the patient's treating provider requests the opinion or treatment advice of a physician with specific specialty expertise to assist in the patient's treatment without the need for face-to-face contact with the consultant.

Inpatient Neonatal and Pediatric Critical Care: Two new add-on codes (99481-99482) were added for treating hypothermia (total body systemic and selective head) in a critically ill neonate. (0260T and 0261T have been deleted).

Surgery

Skin: New code, 10030 Image-guided fluid collection drainage by catheter (abscess, hematoma, seroma, cyst) soft tissue, was added.

Breast: Fourteen new breast intervention codes for percutaneous breast biopsy with localization device (19081-19086); each code specifying with stereotactic guidance, ultrasound and magnetic resonance guidance along with percutaneous placement of breast localization device per lesion (19281-19288). The new codes also specify with mammographic, stereotactic, ultrasound, and magnetic resonance guidance. (19102-19103, 19291, 19295, 77031, and 77032 have been deleted)

Shoulder: Three new codes (23333-23335) for removal of foreign body (deep), shoulder and Removal of prosthesis (humeral or glenoid) and (humeral and glenoid) component. (23331 and 23332 have been deleted).

Cardiac Valve: New code for TAVI/TAVR, transapical exposure, (33366) has been added. (0318T has been deleted).

Cardiovascular: Fenestrated aortic repair is reported based on the extent of aorta treated with eight new codes. Endovascular repair, visceral and infrarenal aorta (34841-34844) describe repair using proximal endoprosthesis that span from the visceral aortic component to one, two,

three, or four visceral artery origins and distal extent limited to the infrarenal aorta. Codes (34845-34848) are used to report deployment of a fenestrated endoprosthesis that spans from the visceral aorta (including one, two, three, or four visceral artery origins) through the infrarenal aorta into the common iliac arteries. (0078T-0081T has been deleted.).

There are five new transcatheter procedure codes that include radiological supervision and interpretation. 37217, Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery has been added. New codes 37236 and 37237 describe transluminal intravascular stent insertion in an artery while 37238 and 37239 describe transluminal intravascular stent insertion in a vein. Added guidance states multiple stents placed in a single vessel may only be reported with a single code.(37204-37206, 75960 have been deleted).

Vascular Embolization and Occlusion: There are four new embolization codes (37241-37244), which now bundle all associated radiological supervision and interpretation, intra-procedural guidance, road mapping, and imaging necessary to document completion of the procedure. 37241 is used to report vascular embolization or occlusion procedures performed for venous conditions other than hemorrhage. Code 37242 is used to report arterial conditions other than hemorrhage or tumor. 37243 is used to report embolization for the purpose of tissue ablation and organ infarction or ischemia and 37244 is used to report embolization for treatment of hemorrhage, vascular, or lymphatic extravasation. Due to the potential for overlapping, the guidelines distinguish between reporting the deployment of intravascular stent codes from those used for embolization. (37204 and 37210 have been deleted).

Digestive System: Code descriptions for 43200-43217 Esophagoscopy, rigid or flexible, have been revised to read “Esophagoscopy, flexible, transoral.” New codes 43211-43229 were added for Flexible transoral esophagoscopy as well as new codes 43197-43198 for Flexible transnasal esophagoscopy. (43219, 43228 and 43456 were deleted).

New codes 43191-43196 were added for rigid transoral esophagoscopy

Likewise, code descriptions for 43235-43259 Upper gastrointestinal endoscopy to include esophagus has been revised to read “Esophagogastroduodenoscopy, flexible, transoral” with five new codes (43233-43270) for flexible EGD with balloon dilation, ultrasound-guided injection (ultrasound exam), control of bleeding, stent placement, ablation, and guide wire passage. (43256, 43258, 43456, 43458 have been deleted. *(There is a link to a table grid published by the AMA to help with the transition of all the new gastrointestinal (GI) codes at the end of this article.)*

Endoscopic Retrograde Cholangiopancreatography (ERCP): Five new codes (43274-43278) describe ERCP with stent placement, removal or replacement (exchange) of stent(s), and balloon dilation within the pancreaticobiliary system. These include major and minor ducts of the pancreas and the biliary tree (common bile duct, right hepatic duct, left hepatic duct, and cystic duct/gallbladder). (43267-43272 have been deleted).

Digestive system (Introduction, Revision, Removal) section: Three new codes (49405-49407) for Image-guided fluid collection drainage by catheter (abscess, hematoma, seroma, cyst) including visceral organs, e.g., kidney, liver, spleen, lung, etc., peritoneal or retroperitoneal and transvaginal or transrectal. (32201, 44901, 47011, 48511, 49021-49061, 58823 have been deleted).

Urinary Transurethral: New code 52356 was added to include Cystourethroscopy with lithotripsy, including stent insertion.

Somatic Nerves: Eight new codes were added to Chemodenervation of muscles(s) of the neck (64616) and larynx (64617) as well as Chemodenervation of the extremity (64642-64645) differentiating between 1-4 muscles and five or more muscles. Also included are Chemodenervation of trunk muscles, differentiating between 1-5 muscles (64646) and six or more muscles (64647). (64613 and 64614 have been deleted).

Anterior segment of the eye: One new code, 66183 for Insertion (anterior segment) of aqueous drainage device without extraocular reservoir, external approach has been added. (0192T has been deleted).

Laboratory/pathology

Fifteen new codes with the majority adding therapeutic drug assay categories.

Medicine

Vaccines: Five influenza virus vaccine codes were added (90673-90688), all intramuscular, distinguishing between trivalent (three strains) and quadravalent (four strains), preservative free or not, and breakdown of age categories (6-35 months of age and 3+ years old).

Special Otorhinolaryngologic services (new codes 92521-92524) for Evaluation of speech sound production, language comprehension and expression and behavioral and qualitative analysis of voice and resonance. (92506 has been deleted).

Cardiovascular: Two new codes were added for repair of structural heart defects: 93582 for Percutaneous transcatheter closure of patent ductus arteriosus and 93583 Percutaneous transcatheter septal reduction therapy.

New pulmonary therapy code 94669 for Mechanical chest wall oscillation to facilitate lung function was added.

Physical medicine

New code 97610 Low frequency, non-contact, non-thermal ultrasound treatment was added to the active wound care management codes. (0183T was deleted)

For a complete list of all the 2014 CPT changes, including updates to Category II and III codes, refer to Appendix B Summary of Additions, Deletions, and Revisions section of the CPT book.

To assist the health care system in an orderly transition to the revised gastroenterology codes, the AMA released the CPT code set four months ahead of the January 1, 2014 deadline and developed a grid to illustrate the transition to the updated codes:

<http://www.ama-assn.org/resources/doc/cpt/cpt-2014-overview-of-gi-changes.pdf>

Nancy J. Cervi, RHIT, member, CHIA Coding and Data Quality Committee, is the Senior Technical Business Analyst Health Care Division, Nuance Communications, Inc., San Diego, California.

November 2013 *CHIA Journal*, p. 8

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