CPT 2015 Update

Pat Cox, CPC, CPC-H, CPMA, CPC-I, CEMC, CCS-P
CPT® 2015

- 266 New codes
- 129 Revised codes
- 147 Deleted codes
Evaluation and Management
Evaluation and Management

• Addition of “military history”

Social History

► An age appropriate review of past and current activities that includes significant information about:
  ■ Marital status and/or living arrangements
  ■ Current employment
  ■ Occupational history
  ■ Military history
  ■ Use of drugs, alcohol, and tobacco
  ■ Level of education
  ■ Sexual history
  ■ Other relevant social factors
Interventions, and Other Intensive Care Services

—**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)
Care Management Services

Chronic and Complex Care

- Recognize non-face to face time and services
- Patient population – adult and pediatric
- What’s included?
  - Medication Management
  - Ongoing Patient Education
  - Patient Self-management
  - Outreach Services
#99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Multiple (2 or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.
Chronic Care Management Services - Medicare’s view

• Requirements:
  – Written consent - must inform patient
  – Co-insurance applies
  – Billed once per month, per beneficiary
  – Most of these services will be furnished “incident to” a physician’s service
  – CCM designated “general supervision”
Chronic Care Management Services - Medicare’s view

• Requirements
  • (1) Use a certified EHR for specified purposes;
  • (2) Maintain an electronic care plan;
  • (3) Ensure beneficiary access to care;
  • (4) Facilitate transitions of care; and
  • (5) Coordinate care

• 20+ minutes non-face to face to face encounter
Complex Chronic Care Management Services

• **Cannot** be reported if the care plan is unchanged or requires minimal changes “Developing, substantially revising, and implementing” a care plan under the direction of a physician or other qualified health professional i.e. Identifying a new problem that requires additional interventions

• Comprehensive plan *typically* includes:
  – Problem List
  – Expected Outcome and Prognosis
  – Measurable Treatment Goals
  – Symptom Management

• Reporting Time of Clinical Staff - “Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient”
99487  Complex chronic care coordination management services, with the following required elements:

- Multiple (2 or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- Establishment or substantial revision of a comprehensive care plan
- Moderate or high complexity decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
  
  first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month.
Chronic and Complex Care Management Services

99488 ; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
Advanced Care Planning

- 99497  Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

- 99498  ; each additional 30 minutes (list separately in addition to code for primary procedure)
Guideline Revisions

• Pregnancy confirmation during a problem oriented or preventive visit is not considered a part of antepartum care and should be reported using the appropriate E/M service codes.
Anesthesia
Anesthesia - *Deleted Codes*

- 00452  Anesthesia for procedures on clavicle and scapula; radical surgery
- 00622  Anesthesia for procedures on thoracic spine and cord: thoracolumbar sympathectomy
- 00634  Anesthesia for procedures in lumbar region; chemonucleolysis
Musculoskeletal System
Introduction or Removal

*Arthrocentesis*

▲ 20600  Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); small joint or bursa (eg, fingers, toes) without ultrasound guidance

● 20604  Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
Introduction or Removal

**Arthrocentesis**

▲ 20605  Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) **without** ultrasound guidance

● 20606  Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); **with** ultrasound guidance, with permanent recording and reporting
Introduction or Removal

**Arthrocentesis**

▲ 20610  Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) *without* ultrasound guidance

● 20611  Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
Ablation Therapy

▲ 20982  Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis), radiofrequency including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency

● 20983  ;cryoablation
Fracture and/or Dislocation

- 21800  Closed treatment of rib fracture, uncomplicated, each
- 21810  Treatment of rib fracture requiring external fixation (flail chest)
  - 21811  Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1 - 3 ribs
  - 21812  ; 4 - 6 ribs
  - 21813  ; 7 or more ribs
External stabilisation c1960

Image courtesy of Trauma.org  http://www.trauma.org/index.php/main/article/399/
Percutaneous Vertebroplasty and Vertebral Augmentation

- 22510  Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
- 22511  ; lumbosacral
- +22512  each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to primary procedure)
Percutaneous Vertebroplasty and Vertebral Augmentation

- **22513** Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic

- **22514** ; lumbar

- **+22515** ; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Percutaneous Vertebroplasty and Vertebral Augmentation

- 22520  Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
- 22521 ; lumbar
- 22522 ; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
- 22523  Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
- 22524 ; lumbar
- 22525 ; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Spinal Instrumentation

▲ 22856  Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical; single interspace, cervical

• #22858 ; second level, cervical (List separately in addition to code for primary procedure)
Arthrodesis – Sacroiliac Joint

- **27279**  Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

- **27280**  Arthrodesis, open, sacroiliac joint, (including obtaining bone graft), including instrumentation, when performed
Introduction or Removal - Femur

▲27370 Injection procedure of contrast for knee arthrography
Application of Cast and Strapping

- 29020 Application of turnbuckle jacket, body; only
- 29025 ;including head
- 29715 Removal or bivalving; turnbuckle jacket
Cardiovascular System
Language change – The term pacing cardioverter-defibrillator has been changed to implantable defibrillator in codes:

33215, 33216, 33217, 33218, 33220, 33223, 33224, (+) 33225, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264
Electrophysiologic Operative Procedures - *Endoscopy*

- **#33270** *Insertion or replacement* of permanent subcutaneous implantable defibrillator system with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming of sensing or therapeutic parameters when performed
- **#33271** *Insertion* of subcutaneous implantable defibrillator electrode
- **#33272** *Removal* of subcutaneous implantable defibrillator electrode
- **#33273** *Repositioning* of previously implanted subcutaneous implantable defibrillator electrode
Cardiac Valves - Mitral

- 33418  Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed, initial prosthesis
- +33419  ; each additional prosthesis(es) during the same session (List separately in addition to code for primary procedure)
Cardiac Valves - Pulmonary

33472 Valvotomy, pulmonary valve, open heart; with inflow occlusion
Extracorporeal Membrane Oxygenation or Extracorporeal Life Support Services

- 33946  Extracorporeal membrane oxygenation (ECMO/)extracorporeal life support (ECLS) provided by physician; initiation, veno-venous – initiation, veno-venous
- 33947  ; initiation, veno-arterial
- 33948  ; daily management, each day, veno-venous
- 33949  ; daily management, each day, veno-arterial
Extracorporeal Membrane Oxygenation or Extracorporeal Life Support Services

- 33951 ; insertion of peripheral (arterial and/or venous) cannula(e), *percutaneous*, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33952 ; insertion of peripheral (arterial and/or venous) cannula(e), *percutaneous*, 6 years and older (includes fluoroscopic guidance, when performed)
ECMO/ ECLS

- 33953 ; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
- 33954 ; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
- 33955 ; insertion of central cannula(e) by sternotomy or thoracotomy, birth through five years of age
- 33956 ; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older
ECMO/ ECLS - Reposition

- 33957 ; reposition peripheral (arterial and/or venous) cannula(e), **percutaneous**, *birth through 5 years of age* (includes fluoroscopic guidance, when performed)
- 33958 ; reposition peripheral (arterial and/or venous) cannula(e), **percutaneous**, *6 years and older* (includes fluoroscopic guidance, when performed)
- 33959 ; reposition peripheral (arterial and/or venous) cannula(e), **open**, *birth through 5 years of age* (includes fluoroscopic guidance, when performed)
- #33962 ; reposition peripheral (arterial and/or venous) cannula(e), **open**, *6 years and older* (includes fluoroscopic guidance, when performed)
- #33963 ; reposition of central cannula(e) by sternotomy or thoracotomy, *birth through five years of age*
- #33964 ; reposition of central cannula(e) by sternotomy or thoracotomy, *6 years and older*
ECMO/ ECLS - Removal

- #33965 ; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age
- #33966 ; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older
- #33969 ; removal peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- #33984 ; removal peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)
- #33985 - removal of central cannula(e) by sternotomy or thoracotomy, birth through five years of age
- #33986 - removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older
ECMO/ ECLS

- 33960  Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day
- 33961  ; each subsequent day
Fenestrated Endovascular Repair

- 34839  Physician planning of a patient-specific graft for repair of aorta requiring a minimum of 90 minutes of physician time
36469  Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
Hemodialysis Access

- 36822  Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
Transcatheter Procedures – Other Procedures

▲ 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

▲ 37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection

▲ 37217 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

▲ 37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
Endovascular Revascularization

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

▲ +37237  Same as above; each additional artery (List separately in addition to code for primary procedure)
Digestive System
Salivary Gland and Ducts - Repair

42508 Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland
Endoscopy

• Editorial change
  – “Including collection of specimens(s) by brushing or washing, when performed” replaces “with or without collection of specimen(s)”

• Control of bleeding
  – Control of bleeding that occurs as a result of the endoscopic procedure is not separately reported during the same operative session
Esophagus - *Esophagoscopy*

- **43180** - Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker’s diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed

▲ **43194** ; with removal of foreign body(s)

▲ **43197** Esophagoscopy, flexible, transnasal; diagnostic, includes including collection of specimen(s) by brushing or washing , when performed (separate procedure)
Esophagus - *Esophagoscopy*

43215  Esophagoscopy, flexible, transoral; with removal of foreign body with removal of foreign body(s)

43216  ;with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
Esophagus - 
**Esophagogastroduodenoscopy**

▲ 43247  Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)

▲ 43250  ; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
Esophagus - *Laparoscopy*

43350  Esophagostomy, fistulization of esophagus, external; abdominal approach
Endoscopy Small Intestine (Enteroscopy)

- Antegrade transoral small intestinal endoscopy (enteroscopy) is defined by the most distal (extensive) segment of small intestine that is examined. Codes 44360-44373 are endoscopic procedures to visualize the esophagus through the jejunum using antegrade approach (down from the mouth). Codes 44376-44379 are endoscopic procedures to visualize the esophagus through the ileum using antegrade approach. If the endoscope can’t be advanced at least 50 cm beyond the pylorus, report EGD. If the endoscope is advanced at least 50 cm beyond the pylorus but only into the jejunum, see 44360-44373.

- To report retrograde exam of the small intestine via anus or colon stoma, use 44799, unlisted procedure, intestine.
Endoscopy, Small Intestine

▲ 44360  Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)

▲ 44363  ; with removal of foreign body(s)
Lower Endoscopy - Definitions

- **Proctosigmoidoscopy** is the examination of the rectum and may include examination of a portion of the sigmoid colon.
- **Sigmoidoscopy** is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.
Lower Endoscopy - *Definitions*

- **Colonoscopy** is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

- **Colonoscopy through stoma** is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.
Lower Endoscopy – Concepts

• When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation (G0105, G0121).

• If therapeutic colonoscopy (44389-44407, 45379, 45380, 45381, 45382, 45384, 45388, 45398) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.
Lower Endoscopy – Concepts

• Report ileoscopy through stoma (44380-44384) for endoscopy examination of a patient who has an ileostomy.

• Report colonoscopy through stoma (44388-44408) for endoscopic exam of a patient who has undergone segmental resection of the colon (eg, hemicolecetomy, sigmoid colectomy, low anterior resection) and has a stoma.

• Report proctosigmoidoscopy, sigmoidoscopy or anoscopy, as appropriate for endoscopic exam of a defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma or ileoscopy through stoma, if appropriate.
Lower Endoscopy – *Concepts*

- Report flexible sigmoidoscopy (45330-45347) for exam of a patient who has undergone resection of the colon proximal to the sigmoid (subtotal colectomy) and has ileo-sigmoid or ileo-rectal anastomosis.

- Report pouch endoscopy codes (44385-44386) for endoscopic examination of a patient who has undergone resection of colon with ileo-anal anastomosis (eg, J-pouch).

- Report colonoscopy (45378-45398) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection).
Lower Endoscopy – Concepts

CPT Error: Report flexible sigmoidoscopy (45330-45347) for endoscopic examination during which the endoscope is not advanced beyond the splenic flexure
Revise the colonoscopy decision tree illustrated on page 284 of the 2015 CPT Prof book to indicate that when performing a therapeutic procedure to the cecum, report colonoscopy codes 45379-45398 with “No Modifier”.

Intestines - *Endoscopy, Stomal*

▲ 44380  Ileoscopy, through stoma; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)

● #44381 ; with transendoscopic balloon dilation

— 44383 ; with transendoscopic stent placement (includes predilation)

● 44384 ; with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)
Intestines - *Endoscopy, Stomal*

▲ 44385  Endoscopic evaluation of small intestinal pouch (abdominal e.g., Kock pouch, ileal reservoir [S or pelvic J]) pouch; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)

▲ 44386  ; Same as above (indented code) with biopsy, single or multiple
Intestines - *Endoscopy, Stomal*

▲ 44388 Colonoscopy through stoma; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)
▲ 44390 ; with removal of foreign body(s)
▲ 44391 ; with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) any method
▲ 44392 ; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
—— 44393 ; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
Intestines - *Endoscopy, Stomal*

- #44401 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post-dilation and guide wire passage, when performed)

- 44397 ; with transendoscopic stent placement (includes predilation)

- 44402 ; with endoscopic stent placement (including pre and post-dilation and guide wire passage, when performed)

- 44403 ; with endoscopic mucosal resection

- 44404 ; with directed submucosal injection(s), any substance
Intestines - *Endoscopy, Stomal*

- 44405 ; with transendosscopic balloon dilation
- 44406 ; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse or ascending colon and cecum and adjacent structures
- 44407 ; with transendosscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse or ascending colon and cecum and adjacent structures
- 44408 ; with decompression (for pathologic distention) (eg, volvulus, mega colon), including placement of decompression tube, when performed
Intestines - Repair

▲ 44799  Unlisted procedure, small intestine
Medicare and the New “G” Codes

• CMS delayed publishing wRVU’s for new codes

• How to report?
  – Code did not change from 2014 to 2015, report CPT code
  – Code changed from 2014 to 2015, report “G” code
    • Fees and wRVU’s based on 2014 fee schedule
  – New code for 2015, report CPT code
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<th>2014 CPT Code</th>
<th>2015 CMS Code</th>
<th>Description</th>
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<tr>
<td>44383</td>
<td>G6018</td>
<td>Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)</td>
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Colon and Rectum - *Endoscopy*

▲ 45330  Sigmoidoscopy, flexible; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)

▲ 45332  ; with removal of foreign body(s)

▲ 45333  ; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

▲ 45334  ; with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) any method
Colon and Rectum - *Endoscopy*

▲ 45337 ; with decompression (for pathologic distention) (eg, volvulus, mega colon), including placement of volvulus decompression tube, any method when performed

— 45339 ; Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

▲ 45340 ; with dilation by *transendoscopic* balloon, 1 or more strictures dilation

— 45345 ; Sigmoidoscopy, flexible; with transcendoscopic stent placement (includes predilation)
Colon and Rectum - Endoscopy

- #45346 with ablation of tumor(s), polyp(s), or other lesions(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 45347 with endoscopic stent placement (includes pre and post-dilation and guide wire passage, when performed)
- 45349 with endoscopic mucosal resection
- 45350 with band ligation(s)(eg, hemorrhoids)
Colon and Rectum - *Endoscopy*

- 45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
- 45378 ; proximal to splenic flexure; diagnostic, with or without including collection of specimen(s) by brushing or washing, with or without colon decompression when performed (separate procedure)
- 45380 ; with biopsy, single or multiple
- 45381 ; with directed submucosal injection(s), any substance
Colon and Rectum - *Endoscopy*

▲ 45382 ；with control of bleeding, (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) any method

— 45383 Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

bullet 45388 Colonoscopy flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed

▲ 45384 ；with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

▲ 45385 ；with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
Colon and Rectum - *Endoscopy*

- 45386 ；with dilation by transendoscopic balloon, 1 or more strictures dilation

- 45387 Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

- 45389 ；with ablation of tumor(s), polyp(s), or other lesions(s) (includes pre- and post-dilation and guide wire passage, when performed
Colon and Rectum - *Endoscopy*

▲ 45391  ; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

▲ 45392  ; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

●  #45390  ; with endoscopic mucosal resection

●  45393  ; with decompression (for pathologic distention)(eg, volvulus, megacolon), including placement of decompression tube, when performed

●  #45398  ; with band ligation(s)(eg, hemorrhoids)
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Screening Becomes a Procedure

• Use Modifiers to Differentiate Between Screening and Diagnostic/Therapeutic Services for Anesthesia
  – Screening Colonoscopy – 33
  – Screening Colonoscopy with Polyp or Other Tissue Removal - PT
Colon and Rectum – Other Procedures

- 45399  Unlisted procedure, colon
Anus – Endoscopy

▲ 46600 Anoscopy; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)

● 46601 ; diagnostic, with high-resolution magnification (HRA)(eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

● 46607 ; with high-resolution magnification (HRA)(eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
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<td>0227T</td>
<td>G6027</td>
<td>Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)</td>
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Liver – Other Procedures

- 47383  Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
Urinary System
Vesical Neck and Prostate

- 52441  Cystourethroscopy, with insertion of permanent adjustable transpostatic implant; single implant
- 52442  ; each additional permanent adjustable transpostatic implant (List separately in addition to code for primary procedure)
Nervous System
Skull, Meninges and Brain - Injection, Drainage or Aspiration

▲61055  Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
Skull, Meninges and Brain -

**Cranieotomy or Craniotomy**

- **61334** Exploration of orbit (transcranial approach); with removal of foreign body
- **61440** Craniotomy for section of tentorium cerebelli (separate procedure)
- **61470** Craniectomy, suboccipital; for medullary tractotomy
- **61490** Craniotomy for lobotomy, including cingulotomy
- **61542** Craniotomy with elevation of bone flap; for total hemispherectomy
Skull, Meninges and Brain – Surgery of Skull Base

61609 Transection or ligation, carotid artery in cavernous sinus; without repair
(List separately in addition to code for primary procedure)
Skull, Meninges and Brain - Neurostimulators (Intracranial)

61875 Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
Skull, Meninges and Brain - Repair

-62116 Reduction of craniomegalic skull (e.g., treated hydrocephalus); with simple cranioplasty
Spine and Spinal Cord – Injection, Drainage, or Aspiration

▲ 62284 Injection procedure for myelography and/or computed tomography, spinal lumbar (other than C1-C2 and posterior fossa)

● 62302 Myelography via lumbar injection, including radiological supervision and interpretation; cervical

● 62304 Myelography via lumbar injection, including radiological supervision and interpretation; thoracic

● 62305 Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)
Nerves – Introduction/Injection of Anesthetic Agent (Nerve Blocks)

- 64486 Transverse abdominis plane (TAP) block (abdominal plan block, rectus sheath block) unilateral; by injections (includes imaging guidance when performed)
- 64487 ; by continuous infusions (includes imaging guidance when performed)
- 64488 Transverse abdominis plane (TAP) block (abdominal plan block, rectus sheath block) bilateral; by injections (includes imaging guidance when performed)
- 64489 ; by continuous infusions (includes imaging guidance when performed)
Nerves - Transection, Avulsion and Anastomosis

- 64752 Transection or avulsion of; vagus nerve (vagotomy), transthoracic
- 64761 Transection or avulsion of; pudendal nerve
- 64870 Anastomosis; facial-phrenic
Eye and Ocular Adnexa – Anterior Sclera

- 66165  Fistulization of sclera for glaucoma; iridencleisis or iridotasis

- 66179  Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

△ 66180  ; with graft

- 66184  Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft

△ 66185  ; with graft
Auditory System – Middle Ear

- 69400  Eustachian tube inflation, transnasal; with catheterization
- 69401  ; without catheterization
- 69405  Eustachian tube catheterization, transtympanic
Spine and Pelvis

72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance

72292 ; under CT guidance
Gastrointestinal Tract

74291 Cholecystography, oral contrast; additional or repeat examination or multiple day examination
Chest

- 76641  Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
- 76642  ; limited
- 76645  Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation
Non OB – *Ultrasonic Guidance Procedures*

- 76950  Ultrasonic guidance for placement of radiation therapy fields
Breast Tomosynthesis

- 77061  Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
- 77062  Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
- +77063  Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
Bone/Joint Studies

- #77082  Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment

- #77085  Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment

- #77086  Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77305  Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
Radiation Oncology - Teletherapy

- 77306  Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
- 77307  complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
- 77310  intermediate (3 or more treatment ports directed to a single area of interest)
- 77315  complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
Radiation Oncology - Brachytherapy

- 77316; simple (calculation[s] made from 1 to 4 sources, or remote after loading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

- 77317; intermediate (calculation[s] made from 5 to 10 sources, or remote after loading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

- 77318; complex (calculation[s] made from over 10 sources, or remote after loading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Radiation Oncology - Brachytherapy

- 77326 ; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

- 77327 ; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)

- 77328 ; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
Radiation Treatment Delivery

▲ 77401 Radiation treatment delivery, superficial and/or ortho voltage, per day
▲ 77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks > 1 MeV; up to 5 MeV simple

■ 77403 6-10 MeV
■ 77404 11-19 MeV
■ 77406 20 MeV or greater
▲ 77407 > up to 5 MeV intermediate

■ 77408 6-10 MeV
■ 77409 11-19 MeV
■ 77411 20 MeV or greater
▲ 77412 > up to 5 MeV complex

■ 77413 6-10 MeV
■ 77414 11-19 MeV
■ 77416 20 MeV or greater
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<td>Radiation treatment delivery, superficial and/or ortho voltage, per day</td>
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<td>77402</td>
<td>G6003</td>
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<td>Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks &gt; 1 MeV; up to 5 MeV simple</td>
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<td>77416</td>
<td>G6014</td>
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<td>20 MeV or greater</td>
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Intensity Modulated Radiation Treatment Delivery (IMRT)

- 77418  Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and emporally modulated beams, binary, dynamic MLC, per treatment session

- 77421  Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy

  - #77385  Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple

  - #77386  Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex

  - #77387  Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
Pathology and Laboratory
Drug Testing – Major Revisions

• Old system – Qualitative versus Quantitative

• New system – Presumptive versus Definitive
Drug Testing – Old System

- **80101** Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class
- **80102** Drug confirmation, each procedure
- **80103** Tissue preparation for drug analysis
- **80104** Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
Presumptive Drug Class Screening

- #80300  Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service
- #80301  ; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme 4 assay), per date of service
- 80302  Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure
- #80303  Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service
- #80304  ; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure
Definitive Drug Testing

- #80320 Alcohol biomarkers; 1 or 2
- #80321 Alcohol; 3 or more
- #80322 Alkaloids, not otherwise specified; 1 or 2
- #80323; 3 or more
- #80324 Amphetamines; 1 or 2
- #80325; 3 or 4
- #80326; 5 or more
- #80327 Anabolic steroids; 1 or 2
- #80328; 3 or more

- #80329 Analgesics, non-opioid; 1 or 2
- #80330; 3-5
- #80331; 6 or more
- #80332 Antidepressants, serotonergic class; 1 or 2
- #80333; 3-5
- #80334; 6 or more
- #80335 Antidepressants, tricyclic and other cyclicals; 1 or 2
- #80336; 3-5
- #80337; 6 or more
Definitive Drug Testing

- #80338 Antidepressants, not otherwise specified
- #80339 Antiepileptics, not otherwise specified; 1-3
- #80340 ; 4-6
- #80341 ; 7 or more
- #80342 Antipsychotics, not otherwise specified; 1-3
- #80343 ; 4-6
- #80344 ; 7 or more
- #80345 Barbiturates

- #80346 Benzodiazepines; 1-12
- #80347 ; 13 or more
- #80348 Buprenorphine
- #80349 Cannabinoids, natural
- #80350 Cannabinoids, synthetic; 1-3
- #80351 ; 4-6
- #80352 ; 7 or more
### Definitive Drug Testing

- #80353 Cocaine
- #80354 Fentanyl
- #80355 Gabapentin, non-blood
- #80356 Heroin metabolite
- #80357 Ketamine and norketamine
- #80358 Methadone
- # 80359 Methylenedioxyamphetamine (MDA, MDEA, MDMA)
- #80360 Methylphenidate

- #80361 Opiates, 1 or more
- #80362 Opioids and opiate analogs; 1 or 2
- #80363 ; 3 or 4
- #80364 ; 5 or more
- #80365 Oxycodone
- #80366 Pregabalin
- #80367 Propoxyphene
- #80368 Sedative hypnotics (non-benzodiazepines)
Definitive Drug Testing

- #80369  Skeletal muscle relaxants; 1 or 2
- #80370  ; 3 or more
- #80371  Stimulants, synthetic
- #80372  Tapentadol
- #80373  Tramadol
- #80374  Stereoisomer (enantiomer) analysis, single drug class
- #80375  Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
- #80376  ; 4-6
- #80377  ; 7 or more
Therapeutic Drug Assays

- 80152 Amitriptyline
- 80154 Benzodiazepines
- 80160 Desipramine
- 80162 Digoxin; total
  - #80163 free
- 80164 Valproic acid (dipropylacetic acid); total
  - #80165 Valproic acid (dipropylacetic acid); free
- 80166 Doxepin
- 80171 Gabapentin, whole blood, serum or plasma
- 80172 Gold
- 80174 Imipramine
- 80182 Nortriptyline
- 80196 Salicylate
- 80299 Quantitation of therapeutic drug, not elsewhere specified
Evocative/Suppression Testing

80440  Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)
Tier 1 Molecular Pathology Procedures

▲ 81245 FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15); internal tandem duplication (ITD) variants (ie, exons 14, 15)

● 81246 ; tyrosine kinase domain (TKD) variants (eg, D835, I836)

● #81288 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2 (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Tier 1 Molecular Pathology Procedures

- 81313 PCA3/KLK3 (prostate cancer antigen) 3 [non-protein coding] kalliken-related peptidase 3 [prostate specific antigen] ration (eg, prostate cancer)

▲ 81402 Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis
Tier 2 Molecular Pathology Procedures

81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cellfree fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403)
Tier 2 Molecular Pathology Procedures

81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer) targeted sequence analysis (eg, exon 9 and 20)

81405 Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) Cytogenomic constitutional targeted microarray analysis of the X chromosome by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities. When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of the X chromosome) (Do not report 88271 when performing cytogenomic microarray analysis) Mitochondrial genome deletions (eg, Kearns-Sayre syndrome [KSS], chronic progressive external ophthalmoplegia [CPEO], Pearson syndrome), deletion analysis, and duplication analysis, if performed
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81410  Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1
- 81411  ; duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1
- 81415  Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
- +81416  ; sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
- 81417  ; re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81420  Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18 and 21
- 81425  Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
- 81426  ; sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
- 81427  ; re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81430  Hearing loss (eg, nonsyndromic hearing loss, Ushersyndrome, Pendred syndrome); genomic sequenceanalysis panel, must include sequencing of at least 60genes, including CDH23, CLRN1, GJB2, GPR98,MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4,TMC1, TMPRSS3

- 81431  ; duplication/deletionanalysis panel, must include copy number analyses forSTRC and DFNBI deletions in GJB2 and GJB6 genes"
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81435  Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2

- 81436  Duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81440  Hereditary colon cancer syndromes (e.g., Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2

- 81445  Duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81450  Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, S

- 81455  Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5 - 50 genes (eg, ALK, BRAF, CDKN2A, EDFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PDR, PIK3CA, PTEN, RET), interrogation for sequence variants or rearrangements, if performed
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- **81455** Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5 - 50 genes (eg, ALK, BRAF, CDKN2A, EDFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PDR, PIK3CA, PTEN, RET), interrogation for sequence variants or rearrangements, if performed

- **81460** Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5 - 50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- **81465** Targeted, genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZHR, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET) interrogation for sequence variants and copy number variants or rearrangements, if performed
Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

- 81470 Whole mitochondrial genome (e.g., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON], genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection.

- 81471 Duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3 and SLC16A2.
Multianalyte Assays with Algorithmic Analyses

- 81519 Oncology (breast) mRNA, gene expression profiling by real time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Chemistry

- 82000  Acetaldehyde, blood
- 82003  Acetaminophen Level
- 82055  Alcohol (ethanol); any specimen except breath
- 82101  Alkaloids, urine, quantitative
- 82145  Amphetamine or methamphetamine
- 82205  Barbiturates, not elsewhere specified
- 82520  Cocaine or metabolite
Chemistry

△ 82541  Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; qualitative, single stationary and mobile phase

△ 82542  ; quantitative, single stationary and mobile phase

△ 82543  ; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase

△ 82544  ; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
Chemistry

- 82646  Dihydrocodeinone
- 82649  Dihydromorphinone
- 82651  Dihydrotestosterone (DHT)
- 82654  Dimethadione
- 82666  Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
- 82690  Ethchlorvynol
- 82742  Flurazepam
- 82953  Glucose; tolbutamidemide tolerance test
- 82975  Glutamine (glutamic acid amide)
- 82980  Glutathione reductase, RBC
Chemistry

- 83006  Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
- 83008  Guanosine monophosphate (GMP), cyclic
- 83055  Hemoglobin; sulfhemoglobin, qualitative
- 83071  Hemosiderin; quantitative
Chemistry

- 83634  Lactose, urine; quantitative
- 83805  Meprobamate
- 83840  Methadone
- 83858  Methsuximide
- 83866  Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
- 83887  Nicotine
- 83925  Opiate(s), drug and metabolites, each procedure
- 84022  Phenothiazine
- 84127  Porphyrins, feces; qualitative
- 84600  Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
86900 Blood typing, serologic; (ABO)
86901 ; Rh (D) antigen
86901 ; antigen testing of donor blood using reagent serum, each antigen test
86902 ; antigen screening for compatible unit using patient serum, per unit screened
86904 ; RBC antigens, other than ABO or Rh (D), each
86906 ; Rh phenotyping, complete
Microbiology

87001

87501 influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype

87502 influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types

87503+ influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
Microbiology

- 87505  Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia) includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3 - 5 targets
- 87506 ; 6 - 11 targets
- 87507 ; 12-25 targets
Human Papillomavirus (HPV), low risk types (eg, 6, 11, 42, 43, 44)

Human Papillomavirus (HPV), high risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)

Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
Microbiology

▲ 87631 Neisseria gonorrhoeae quantification; respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets

▲ 87632 Neisseria gonorrhoeae quantification; respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6 - 11 targets

▲ 87633 Neisseria gonorrhoeae quantification; respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12 - 25 targets

▲ #87806 HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
Surgical Pathology

▲ 88342  Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; specimen; first separately identifiable initial single antibody per slide stain procedure

● #+88341  Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

— +88343   Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide

● 88344  Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
Surgical Pathology

88349

88360 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual

88361 ; using computer-assisted technology
Surgical Pathology

▲ 88365  In situ hybridization (eg, FISH), each probe per specimen; initial single probe stain procedure

● #+88364  In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

● 88366  In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure
88367  Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), each probe using computer-assisted per specimen; using computer assisted technology initial single probe stain procedure

● #+88373 ; each additional single probe stain procedure (List separately in addition to code for primary procedure)

● #+88374 ; each multiplex probe stain procedure
88368 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual, per specimen; manual initial single probe stain procedure

+88369 ; each additional single probe stain procedure (List separately in addition to code for primary procedure)

#88377 ; each multiplex probe stain procedure
Reproductive Medicine Procedures

- 89337 Cryopreservation, mature oocyte(s)
Medicine
Vaccines, Toxoids

- 90651  Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use

- 90654  Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use

- 90630  Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
Vaccines, Toxoids

▲ 90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib) (DTaP/Hib), for intramuscular use

▲ 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and inactivated poliovirus vaccine inactivated (DTaP-HepB-IPV) (DTaP-HepB-IPV), for intramuscular use
Gastroenterology – Other Procedures

- Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
Special Ophthalmological Services

- 92145  Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
Implantable and Wearable Cardiac Device Evaluations

▲ 93282  Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable cardioverter defibrillator system

▲ 93283 ; dual lead transvenous implantable cardioverter defibrillator system

▲ 93284 ; multiple lead transvenous implantable cardioverter defibrillator system

●  #93260 ; implantable subcutaneous lead defibrillator system
Implantable and Wearable Cardiac Device Evaluations

△ 93287 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable cardioverter defibrillator system

△ 93289 ; single, dual, or multiple lead transvenous implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements

●  #93261 ; implantable subcutaneous lead defibrillator system
Implantable and Wearable Cardiac Device Evaluations

93296 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results.
Echocardiography

- 93355 Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
Intracardiac/Electrophysiological Procedures/Studies

- **93642** Electrophysiologic evaluation of single or dual chamber *transvenous* pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

- **93644** Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
Noninvasive Physiologic Studies and Procedures

- 93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
Cerebrovascular Arterial Studies

- 93895 - Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
Neurostimulators, Analysis-Programming

▲95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first up to 1 hour
Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

▲ 96110  Developmental screening (eg, developmental milestone survey, speech and language delay screen), with interpretation scoring and report documentation, per standardized instrument form

● 96127  Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
Active Wound Care Management

▲ 97605  Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

▲ 96706  ; total wound(s) surface area greater than 50 square centimeters
Active Wound Care Management

- **97607** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

- **97608** ; total wound(s) surface area greater than 50 square centimeters
Hypothermia

- 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)

- 99184  Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
Fluoride application

- 99188 Application of topical fluoride varnish by a physician or other qualified health care professional
Category Codes

- Category II
  - 3 new
  - 1 revision
  - 1 deletion
- Category III
  - 39 new
  - 6 revisions
  - 25 deletions
No change at all in the description of modifier 59.

- XE Separate Encounter
- XS Separate Structure
- XP Separate Practitioner
- XU Unusual Non-Overlapping Service
HCPCS Updates

- 237 New codes
- 56 Changes
- 159 Discontinued codes
- 10 Coverage changes
Additional Coverage - *Telehealth*

- CMS includes four new services to the list of services that can be furnished to Medicare beneficiaries under the telehealth benefit. These include annual wellness visits, psychoanalysis, psychotherapy, and prolonged evaluation and management services.
Final Rule

• March 31, 2015, fee schedule rates will be reduced by an average of 21.2% from 2014 rates
• For 2015, CMS will add 20 new individual measures and 2 measures groups to fill existing measure gaps
• Off-Campus Hospital Departments
Future Happenings

• Creation of new POS codes
• Changes to global service package
  – 2017 - 0-10 day
  – 2018 - 0-90 day
Merry Christmas!