Overview
2015 CPT® Changes

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Resources

• CPT® 2015-American Medical Association
• CPT® Changes, An Insider’s View, American Medical Association
• Errata and Technical Corrections, American Medical Association

http://www.ama-assn.org/ama
http://www.cms.gov
Hot Topics for 2015 CPT® Changes

264 New Codes, 134 Revised Codes, and 143 Deleted Codes

Today’s Agenda:

• Gastroenterology
• Evaluation and Management
• Cardiology
• Orthopedics
• Ophthalmology
• Pathology
Gastrointestinal System - Surgery

New/Revised Definitions:

• **Proctosigmoidoscopy** - the examination of the rectum and may include examination of a portion of the sigmoid colon

• **Sigmoidoscopy** - the examination of the entire rectum, sigmoid colon, and may include examination of the descending colon

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

• **Colonoscopy through stoma** - 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
Gastrointestinal System- Surgery (cont.)

Modifier 52 and 53:

Application of Modifier 52 is for the use of **THERAPEUTIC** examinations:

- Colonoscopies that do not reach the cecum
- Colonoscopy through stoma that does not reach the cecum or colon

Application of Modifier 53 is for the use of **SCREENING** or **DIAGNOSTIC** examinations:

- Patient scheduled and prepared for total colonoscopy, and the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances
- Patient is scheduled for procedure through stoma and prepared for procedure, and the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances
Gastrointestinal System - Surgery (cont.)

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

- 44381- Ileoscopy, through stoma; *with transendoscopic balloon dilation*

- 44384- Ileoscopy, through stoma; *with placement of the endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*
Gastrointestinal System- Surgery (cont.)

- **44388- Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

- **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 (out of sequence; follows 44392 p.280)**

- **44402- Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed**

- **44403- Colonoscopy through stoma; with endoscopic mucosal resection**

- **44404- Colonoscopy through stoma; with directed submucosal injection(s), any substance**
Gastrointestinal System - Surgery (cont.)

- **44405** - Colonoscopy through stoma; with transendoscopic balloon dilation

- **44406** - Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

- **44407** - Colonoscopy through stoma; with transendoscopic 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** - Colonoscopy through stoma; with decompression (for pathologic distention) (e.g., volvulus, megacolon) including placement of the decompression tube, when performed
Gastrointestinal System- Surgery (cont.)

- **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed**

- **45346-Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

- **45347-Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post dilation and guide wire passage, when performed)**

- **45349- Sigmoidoscopy, flexible; with endoscopic mucosal resection**

- **45350-Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)**
Gastrointestinal System- Surgery (cont.)

 Colonoscopy, flexible; **diagnostic, including collection of specimen(s) by brushing or washing, when performed**

- **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)
- **45389** Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
- **45390** Colonoscopy, flexible- with endoscopic mucosal resection
- **45393** Colonoscopy, flexible- with decompression (for pathologic distention(e.g., volvulus, megacolon), including placement of decompression tube, when performed
- **45398** Colonoscopy, flexible- with band ligation(s) (e.g., hemorrhoids)
Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed

- 46601 - Anoscopy; diagnostic, with high-resolution magnification (HRA) (e.g., colonoscope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed

- 46607 - Anoscopy; with high-resolution magnification (HRA) (e.g., colonoscope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
Gastrointestinal System - Surgery (cont.)

- 47383- Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
- 45399- Unlisted procedure, colon
- 44799- Unlisted procedure, small intestine
Gastrointestinal System - Surgery (cont.)

Additional Updates/Changes in Summary:

- Control of bleeding in endoscopic procedures is not separately reported during the same operative session.
- Endoscopic procedures include revised codes to include an editorial change with the language removal of foreign body(s).
- CMS has revised the definition of “colorectal cancer screening tests” to include anesthesia that is separately furnished in conjunction with screening colonoscopies. (Anesthesia professionals should include modifier 33/modifier PT if the screening procedure becomes another service.)
- G0464: Colorectal cancer screening; stool based DNA and fecal occult hemoglobin (e.g. KRAS, NDRG4, and BMP3) for the Colorguard test.
Evaluation and Management

Advance Care Planning:

- Face-to-face between physician/QHP and patient, family, or surrogate
- Counseling and discussing Advance Directives
- With or without the completion of relevant legal forms (Health Care Proxy, Durable Power of Attorney for Health Care Living Will, Medical Orders for Life-Sustaining Treatment (MOLST))
- Time-based codes
- No active management of the problem is undertaken during the time period reported
- May be reported with other E/M services on the same day, except Critical Care, Inpatient Neonatal and Pediatric Critical Care, or Initial and Continuing Intensive Care Services
Evaluation and Management (cont.)

● 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

*Medicare will not pay for these services in 2015
Chronic Care Management 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 (two or more) chronic conditions expected to last at least 12 months or until the death of the patient
  - Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline
  - Comprehensive care plan established, implemented, revised, or monitored
Complex Chronic Care Management Services:

- 99487- Complex chronic care management services with the following requirements:
  - multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient
  - chronic conditions place 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

- +99489- each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
Evaluation and Management (cont.)

Additional Updates/Changes in Summary:
- 99488 Deleted for Complex Chronic Care
- Military History has been included in Social History
- Maternity Care and Delivery Guidelines were revised to indicate Pregnancy Confirmation during a problem-oriented visit or preventive visit is NOT considered part of antepartum care and should be reported with the appropriate Evaluation and Management code
Cardiology

- New codes for subcutaneous implantable defibrillator procedures
- New introductory guidelines to distinguish between implantable defibrillators with transvenous leads from those with subcutaneous leads
- Radiological supervision and interpretation is bundled into the pacemaker or implantable defibrillator codes (33206-33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273)
- Revised language removing “cardioverter defibrillator” or “pacing cardioverter defibrillator” REPLACED with “implantable defibrillator”
Cardiology (cont.)

Subcutaneous Implantable Defibrillator Procedures:

- 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 or reprogramming 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
Cardiology (cont.)

Work RVUs:

- 33270=9.10
- 33271=7.50
- 33272=5.42
- 33273=6.50

-These will be placed on the New Technology list and will be re-reviewed by the RUC in 3 years
Implantable and Wearable Cardiac Device Evaluations:

- **93260**- 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; implantable subcutaneous lead defibrillator system

- **93261**- Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
Cardiology (cont.)

● 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)
Transcatheter Mitral Valve Repair:

- Two Category III codes to Category I codes
- Transcatheter mitral valve repair via coronary artery remains Category III Code

- **33418** - Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial process
  (32.25 RVUs)

- **33419** - additional prosthesis(es) during the same session
  (7.93 RVUs)
Cardiology (cont.)

Interventional Transesophageal Echocardiography:

93355- Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., TAVR, transcatheter pulmonary valve replacement, mitral valve repair, par aortic regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intraprocedural), 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

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Orthopedics

Arthrocentesis Code for Introduction or Removal:

➢ 20600, 20605, 20610 now include the language “without ultrasound guidance”

● 20604, 20606, 20611 are new codes created as stand-alone codes with the language “with ultrasound guidance, with permanent recording and reporting”
Orthopedics (cont.)

Rib Fractures:

*CPT® code 21800 has been DELETED; to report closed treatment of an uncomplicated rib fracture, use the appropriate Evaluation and Management code

• 21805 Open treatment of rib fracture without fixation, each

*CPT® code 21810 has been DELETED; for external rib fixation, use unlisted code 21899
Orthopedics (cont.)

- 21811- Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
  (10.79 RVUs)
- 21812- 4-6 ribs
  (13.00 RVUs)
- 21813- or more ribs
  (17.61 RVUs)
Ophthalmology

Aqueous Shunt:

- 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
Ophthalmology (cont.)

- 67399 revised to read: Unlisted procedure, extraocular muscle

66165 has been DELETED

- 92145 Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
Pathology

Drug Testing:

**DELETED CODES:**

80100- Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
80101- single drug class method, each drug class
80104- multiple drug classes other than chromatographic method, each
80102- Drug confirmation, each procedure
80103- Tissue preparation for drug analysis
Pathology (cont.)

- **80300**- Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (e.g., dipsticks, cups, cards, cartridges), per date of service

- **80301**- single drug class method, by instrument test systems (e.g., discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service

- **80302**- Drug screen, presumptive, single drug class from Drug List B, by immunoassay (e.g., ELISA) or non-TLC chromatography without mass spectrometry (e.g., 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) (e.g., acid, neutral, alkaloid plate), per date of service

- **80304**- not otherwise specified presumptive procedure (e.g., TOF, MALDI, LDTD, DESI, DART) each procedure
Pathology (cont.)

Definitive Drug Testing:
- Code range • 80320-80377
- New definitive drug testing guidelines
- Alphabetical order by drug
- Can be qualitative, quantitative, or a combination of the two
Questions

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