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2021 CPT® Updates

For Physicians

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Agenda

- Overview of CPT/HCPCS Code Changes
- Chapter Review of CPT Code Changes
- Category III Code Changes

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Overview of 2021 Changes – The Whole Picture

CPT® Section	Additions	Deletions	Revisions
Evaluation & Management	2	1	17
Anesthesia	0	0	0
Surgery	11	11	28
Radiology	2	2	5
Pathology & Laboratory	34	1	8
Medicine	18	9	4
Category II	0	0	0
Category III	20	22	0
Totals	87	46	62

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Evaluation and Management (E/M) CPT® Codes 99202-99499

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Overview of Evaluation and Management (E/M) Changes

- Revisions to code descriptions
- Revisions to MDM
- New guidelines for using time for 99202-99215
- Time range provided in E/M code
- No need for “midrange” to bump up
- Exceptions for emergency department levels due to the intensity of services
- New definitions in MDM
- New Prolonged Services codes

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Overview of E/M Changes, Cont.

- Time may be only component used for code selection (except 99211)
- Counseling and coordination of care does not have to dominate visit
- Time is stated within the service descriptor
- No need to use “mid-range” guidance
- Different categories use time differently – review guidelines for each

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Overview of E/M Changes, Cont.

- Total time on the date of the encounter (office or other outpatient services [99202-99205, 99212-99215]):
- For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

Overview of E/M Changes, Cont.

- Preparing to see the patient (review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient or family or caregiver
- Ordering medications, tests or procedures
- Care coordination (not separately reported)
- Documenting clinical information in the electronic or other health record
- Referring and communicating with other health care professionals (when not separately reported)

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New Patient Office Visit 99201

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

- Deleted with suggested replacement 99202
- The American Medical Association (AMA) felt that a new patient visit should never be able to be completed in such a small amount of time

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Revised Description - 99202

2020

- 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.

2021

- **Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99203

2020

- 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.

2021

- **Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99204

2020

- 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.

2021

- **Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99205

2020

- 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. 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, 60 minutes are spent face-to-face with the patient and/or family.

2021

- **Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.**
- **(For services 75 minutes or longer, see Prolonged Services 99417)**

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Revised Description - 99211

2020

- 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.

2021

- **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.**

- **Change is the last sentence, removing time element**

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Revised Description - 99212

2020

- 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. 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.

2021

- **Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99213

2020

- 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.

2021

- **Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99214

2020

- 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, 25 minutes are spent face-to-face with the patient and/or family.

2021

- **Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.**

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Revised Description - 99215

2020

- 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 comprehensive history; A comprehensive examination; Medical decision making of high 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, 40 minutes are spent face-to-face with the patient and/or family.

2021

- **Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.**
- **(For services 55 minutes or longer, see Prolonged Services 99417)**

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New Code Complexity Adjustment

Healthcare Common Procedure Coding System (HCPCS) code G2211 Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established

For furnishing services to patients on an ongoing basis that result in a comprehensive, longitudinal, and continuous relationship with the patient and involves delivery of team-based care that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape

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New Code Complexity Adjustment

- Use for 68-year old patient with congestive heart failure, diabetes, gout
- Do not use for seasonal allergies
- Not restricted to any specialty
- Includes patient education, expectations and responsibilities, shared decision-making around therapeutic goals, and shared commitments to achieve those goals

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New Code Prolonged Services

- New code 99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

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Table Tip – 99205 and 99417

Total Duration of Prolonged Services	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 AND 99417
90-104 minutes	99205 X 1 AND 99417 X 2
105 minutes or more	99205 X 1 AND 99417 X 3 or more for each additional 30 minutes

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Table Tip – 99215 and 99417

Total Duration of Prolonged Services	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 X 1 AND 99417
70-84 minutes	99215 X 1 AND 99417 X 2
85 minutes or more	99215 X 1 AND 99417 X 3 or more for each additional 30 minutes

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New Prolonged Services Code - CMS

- G2212 Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)

- (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416) (Do not report G2212 for any time unit less than 15 minutes)

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Table Tip
CMS New Patient

CPT® Code(s)	Total Time Required for Reporting*
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more fore each additional 15 minutes	119 or more

*Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit.

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Table Tip
CMS New Patient

CPT® Code(s)	Total Time Required for Reporting*
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

*Total time is the sum of all time, with and without direct patient contact and including prolonged time, spent by the reporting practitioner on the date of service of the visit

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Revised Codes Prolonged Services

CPT/HCPCS Code	2021 Long Description	2020 Long Description
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the **time of** the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service **, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])**	Prolonged ~~evaluation and management or psychotherapy~~ service(s) ~~(beyond the typical service time of the primary procedure)~~ in the ~~office or other~~ outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for ~~office or other~~ outpatient Evaluation and Management or psychotherapy service)
99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the **time of** the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	Prolonged ~~evaluation and management or psychotherapy~~ service(s) ~~(beyond the typical service time of the primary procedure)~~ in the ~~office or other~~ outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient **or observation** Evaluation and Management service)	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99415	Prolonged clinical staff service (the service beyond the **highest time in the range of total time of the service**) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	Prolonged clinical staff service (the service beyond the ~~typical service time~~) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	Prolonged clinical staff service (the service beyond the **highest time in the range of total time of the service**) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	Prolonged clinical staff service (the service beyond the ~~typical service time~~) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)

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New Add-On Code
Chronic Care Management

- 99439 - Chronic care management services 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 the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

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Revisions
Chronic Care Management

- 99487 and 99490 were revised to report the FIRST 60/20 minutes of time spent in chronic care management services for the month

- 99487 and 99489 were revised to clarify that comprehensive care plan is “established, implemented, revised, or monitored” as a component of chronic care management

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Revisions
Chronic Care Management

CPT/HCPCS Code	2021 Long Description	2020 Long Description
99487	Complex chronic care management services 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 the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Complex chronic care management services~~,~~ 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 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 medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
99489	Complex chronic care management services 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 the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Complex chronic care management services, 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 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 medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
99490	Chronic care management services 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 the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	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 the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

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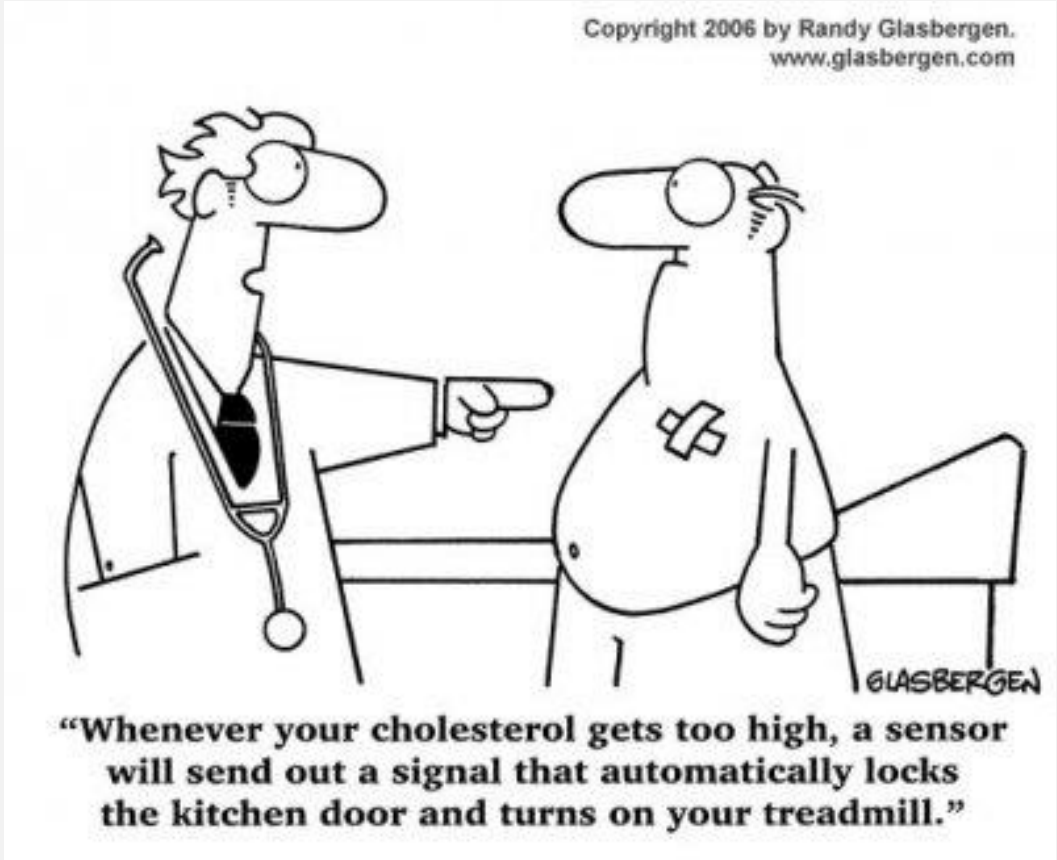
Changes to Surgery Section CPT® Codes 10000-69999



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Overall Changes to Surgery Section

CPT® Section	Additions	Deletions	Revisions
General/Integumentary (10021-19499)	0	2	17
Musculoskeletal (20005-29999)	0	0	2
Respiratory (30000-32999)	2	1	0
Cardiovascular (33010-37799)	5	0	4
Hemic & Lymphatic (38100-38999)	0	0	0
Mediastinum & Diaphragm (39000-39599)	0	0	0
Digestive (40490-49999)	0	1	0
Urinary (50010-53899)	0	0	0
Male Genital (54000-55899)	1	0	0
Female Genital (56405-58999)	1	2	0
Maternity Care & Delivery (59000-59899)	0	0	0
Endocrine (60000-60699)	0	0	0

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Overall Changes to the Surgery Section

CPT® Section	Additions	Deletions	Revisions
Nervous (61000-64999)	0	4	5
Eye & Ocular Adnexa (65091-68899)	0	0	0
Auditory (69000-69979)	2	1	0
Operating Microscope (69990)	0	0	0

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Deleted Codes
Integumentary Section

Deleted Code	Suggested Replacement Codes
19324 - Mammaplasty, augmentation; without prosthetic implant	15771 or 15772 – Grafting of autologous fat harvested by liposuction technique
19366 – Breast reconstruction with other technique	There is no direct replacement for this code; use appropriate breast reconstruction code or unlisted procedure code, if necessary

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Revised Codes
Integumentary Section

Description Revisions in Breast Repair and/or Reconstruction Subsection

- 11970, 11971, 19325, 19340, 19342, and 19371 were revised to replace the word “prosthesis” with the word “implant”
- 19318, 19325, 19328, and 19330 were revised to replace the words “mammaplasty” or “mammary” with “breast”
- 19364, 19371, and 19380 had clarifying instructions added to the base description
- 19367, 19368, 19369, 19370, and 19371 were reworded for consistency
- 19361, 19364, 19367, 19368, and 19369 were made parent codes

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Revised Codes
Integumentary Section

CPT/HCPCS Code	2021 Long Description	2020 Long Description
11970	Replacement of tissue expander with permanent implant	Replacement of tissue expander with permanent ~~prosthesis~~
11971	Removal of tissue expander(s) without insertion of implant	Removal of tissue expander(s) without insertion of ~~prosthesis~~
19318	Breast reduction	Reduction ~~mammaplasty~~
19325	Breast augmentation with implant	~~Mammaplasty,~~ augmentation~~;~~ with ~~prosthetic~~ implant
19328	Removal of intact breast implant	Removal of intact ~~mammary~~ implant
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Removal of ~~mammary~~ implant ~~material~~
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	~~Immediate~~ insertion of breast ~~prosthesis following mastopexy, mastectomy or in reconstruction~~
19342	Insertion or replacement of breast implant on separate day from mastectomy	~~Delayed~~ insertion of breast ~~prosthesis following mastopexy, mastectomy or in reconstruction~~
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	~~Breast reconstruction, immediate or delayed, with tissue expander~~, including subsequent expansion
19361	Breast reconstruction; with latissimus dorsi flap	Breast reconstruction with latissimus dorsi flap, ~~without prosthetic implant~~
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Breast reconstruction with free flap
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~single pedicle, including closure of donor site~~
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~single pedicle, including closure of donor site; with~~ microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Breast reconstruction with transverse rectus abdominis myocutaneous ~~flap~~ (TRAM), ~~double pedicle, including closure of donor site~~
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	~~Open periprosthetic~~ capsulotomy, ~~breast~~
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Peri~~prosthetic~~ capsulectomy, breast
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Revision of reconstructed breast

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Revised Guidelines Musculoskeletal

Arthroscopic removal of a loose or foreign body may be done when:

- When the loose or foreign body is too large to be removed through the arthroscopic cannula used for the specific procedure
- When the loose or foreign body can only be removed through an enlarged arthroscopic portal
  - Doesn’t have to be a separate incision, but may make original opening larger to remove the body
- A separate incision is necessary

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Revised Codes
Musculoskeletal Section

CPT/HCPCS Code	2021 Long Description	2020 Long Description
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	Arthroscopy, shoulder, surgical; debridement, extensive

- Humeral cartilage
- Humeral bone
- Glenoid cartilage
- Glenoid bone
- Glenoid labrum
- Biceps tendon
- Subacromial bursa
- Bursal side of rotator cuff
- Articular side of rotator cuff

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New Codes
Respiratory Section

Two New Codes Added to Respiratory Section

- 30468 – Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

- 32408 – Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

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Deleted Code
Respiratory Section

Deleted Code	Suggested Replacement Codes
32405 – Biopsy, lung or mediastinum, percutaneous	32408 – Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

Fine Needle Aspiration (FNA) biopsy is reported with codes 10004-10021
FNA uses smaller needle, takes smaller sample
Core needle biopsy procedure includes any imaging guidance used

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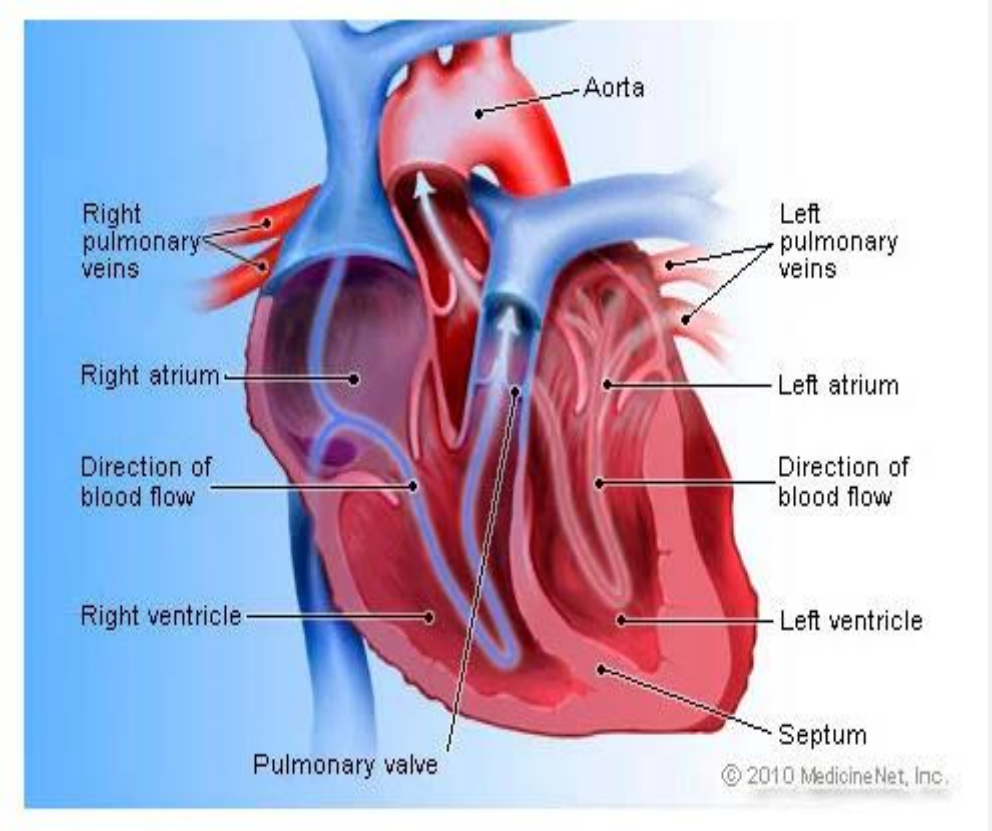
New Codes
Cardiovascular Section

- 33741 Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)

- Replaces deleted CPT® codes 92992 and 92993



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New Codes
Cardiovascular Section

- 33745 Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt

- 33746 Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)

New Codes
Cardiovascular Section

- 33995 Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only

- 33997 Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion

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Revised Codes
Cardiovascular Section

CPT Code	2021 Long Description	2020 Long Description
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; **left heart** arterial access only	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; **left heart,** both arterial and venous access, with transseptal puncture	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
33992	Removal of percutaneous **left heart** ventricular assist device **, arterial or arterial and venous cannula(s),** at separate and distinct session from insertion	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	Repositioning of percutaneous **right or left heart** ventricular assist device with imaging guidance at separate and distinct session from insertion	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

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Deleted Code
Digestive Section

- 49220 Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)

- Report CPT® codes for specific procedures performed

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New Code
Male Genital Section

- 55880 Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

- C9747 Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance still active

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New Code
Female Genital Section

- 57465 Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)

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Deleted Codes
Female Genital Section

- 57112 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
- 58293 Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
- No suggested replacement codes

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Revised Codes – Nervous Section

64400 Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) now parent code to 64455, 64479, 64480, 64483, 64484

CPT Code	2021 Long Description	2020 Long Description
64479	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

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Deleted Codes
Nervous Section

- 61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar cortical
  - Suggested replacement 61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
- 62163 Neuroendoscopy, intracranial; with retrieval of foreign body
- 63180 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
- 63182 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments

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New Codes
Auditory Section

- 69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
- 69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral

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Deleted Code
Auditory Section

- 69605 Revision mastoidectomy; with apicectomy
- No direct replacement
- Use 69601-69604 for revision mastoidectomy or unlisted procedure

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Radiology Section
CPT® Codes 70000-79999

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New Codes
Radiology Section

- 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
  - G0297 Low dose CT scan (LDCT) for lung cancer screening
- 76145 Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report

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Deleted Codes
Radiology Section

- 76970 Ultrasound study follow-up (specify)
  - Use ultrasound exam based on site studied
  - Found to be incorrect coding
- 78135 Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
  - 78130 Red cell survival study
  - 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

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Revised Codes
Radiology Section

CPT Code	2021 Long Description	2020 Long Description
71250	Computed tomography, thorax , diagnostic; without contrast material	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax , diagnostic; with contrast material(s)	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax , diagnostic; without contrast material, followed by contrast material(s) and further sections	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
74425	Urography, antegrade, radiological supervision and interpretation	Urography, antegrade ~~(pyelostogram, nephrostogram, loopogram)~~, radiological supervision and interpretation
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy , unilateral or bilateral	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

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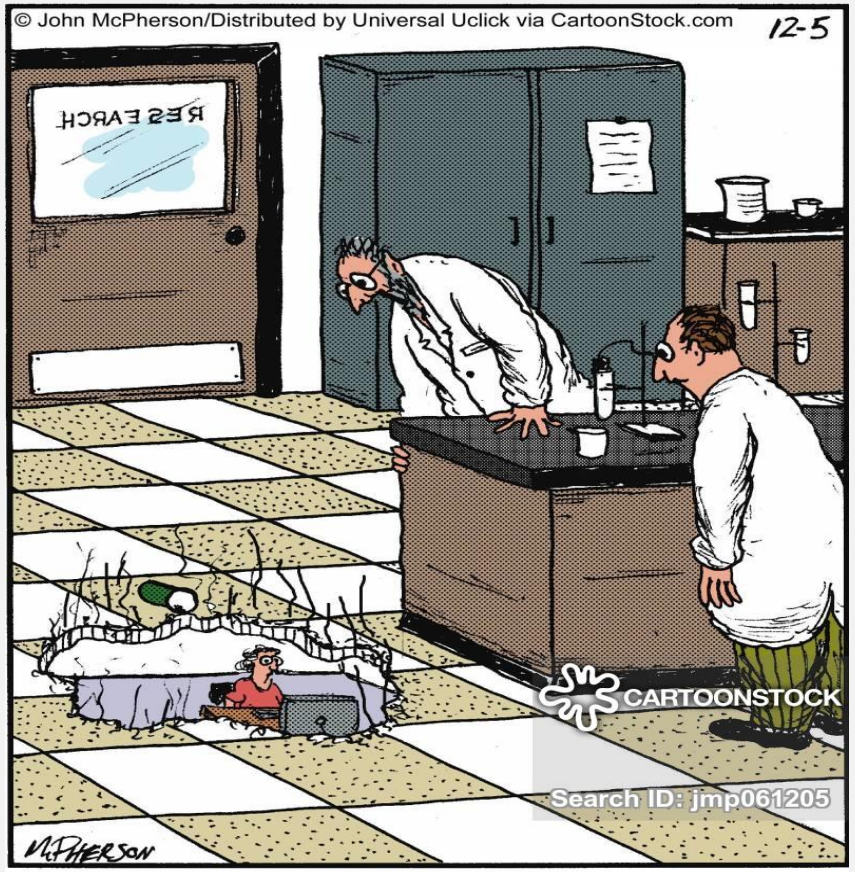
Pathology and Laboratory CPT® Codes 80000-89999



"But that WASN'T a beaker of acid!
That was a cup of coffee from the cafeteria!"

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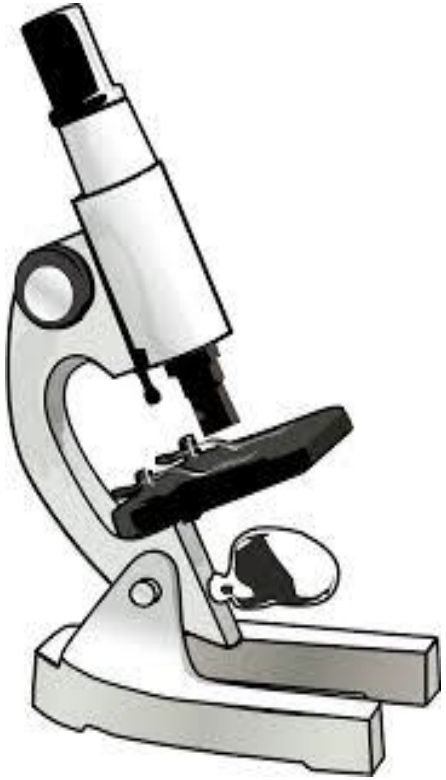
New Codes
Drug Assays

- 80143 Acetaminophen
- 80151 Amiodarone
- 80161 Carbamazepine; -10,11-epoxide
- 80167 Felbamate
- 80179 Salicylate
- 80181 Flecainide
- 80189 Itraconazole
- 80193 Leflunomide
- 80204 Methotrexate
- 80210 Rufinamide



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New Codes
Molecular Pathology

- 81168 CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
- 81191 NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
- 81192 NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
- 81193 NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
- 81194 NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis

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New Codes
Molecular Pathology

- 81278 IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
- 81279 JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
- 81338 MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
- 81339 MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10

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New Codes
Molecular Pathology

- 81347 SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
- 81348 SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
- 81351 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
- 81352 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)

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New Codes
Molecular Pathology

- 81353 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
- 81357 U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
- 81360 ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)

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Revised Codes
Molecular Pathology

- 81401 CCND1/IGH and NTRK3 translocation analysis removed
- 81402 IGH@/BCL2 translocation analysis and MPL (common variants) removed
- 81403 JAK2 exon 12/13 sequence and MPL exon 10 sequence removed
- 81404 TP53 targeted sequence analysis of 2-5 exons removed
- 81405 TP53 full gene sequence or targeted sequence analysis of more than 5 exons removed

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New Codes
Molecular Multianalyte Assays

- 81419 Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
- 81513 Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
- 81514 Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported

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New Codes
Molecular Multianalyte Assays

- 81529 Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
- 81546 Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
- 81554 Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])

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Deleted Code
Molecular Multianalyte Assays

- 81545 Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
- No direct replacement, so report specific test performed
  - Examples may include 81546, 0018U, 0026U, 0204U, or 0208U

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New Codes
Chemistry

- 82077 Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)

- 82681 Estradiol; free, direct measurement (eg, equilibrium dialysis)

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Revised Codes
Pathology & Laboratory Section

CPT/HCPCS Code	2021 Long Description	2020 Long Description
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol total (82670 x 2 on 3 pooled blood samples)	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)
82075	Alcohol (ethanol); breath	Alcohol (ethanol), breath
82670	Estradiol; total	Estradiol

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Medicine Section
CPT® codes 90000-99999

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New Code
Immune Globulin

- 90377 Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
- Only one that is solvent or detergent-treated

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New Code
Ophthalmology Section

- 92229 Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
- Artificial intelligence (AI) used to read retina
- Code is used by reading physician or other qualified healthcare provider

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Revised Codes
Ophthalmology Section

CPT Code	2021 Long Description	2020 Long Description
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	~~Remote~~ imaging for detection of ~~retinal~~ disease ~~(eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision~~, unilateral or bilateral
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	~~Remote~~ imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

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New Codes
Otorhinolaryngology

- 92517 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
- 92518 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
- 92519 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)

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New Codes
Otorhinolaryngology

- 92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
- 92651 Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
- 92652 Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
- 92653 Auditory evoked potentials; neurodiagnostic, with interpretation and report

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Deleted Codes
Otorhinolaryngology

- 92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
- See codes 92650-92653

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New Codes
Cardiovascular Monitoring

- 93241 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
- 93242 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 93243 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
- 93244 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation

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New Codes
Cardiovascular Monitoring

- 93245 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
- 93246 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 93247 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
- 93248 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation

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New Code
Pulmonary Section

- 94619 - Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)

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Revised Code
Pulmonary Section

CPT Code	2021 Long Description	2020 Long Description
94617	Exercise test for bronchospasm, including pre- and post-spirometry, and pulse oximetry; with electrocardiographic recording(s)	Exercise test for bronchospasm, including pre- and post-spirometry, ~~electrocardiographic recording(s),~~ and pulse oximetry

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Deleted Codes
Pulmonary Section

- 94250 Expired gas collection, quantitative, single procedure (separate procedure)
  - No suggested replacement codes, but replacements may include 94680, 94681, 94690, 95012
- 94400 Breathing response to CO2 (CO2 response curve)
  - No suggested replacement code, but replacements may include 94681 or 94799
- 94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
  - No suggested replacement, so report specific procedure performed

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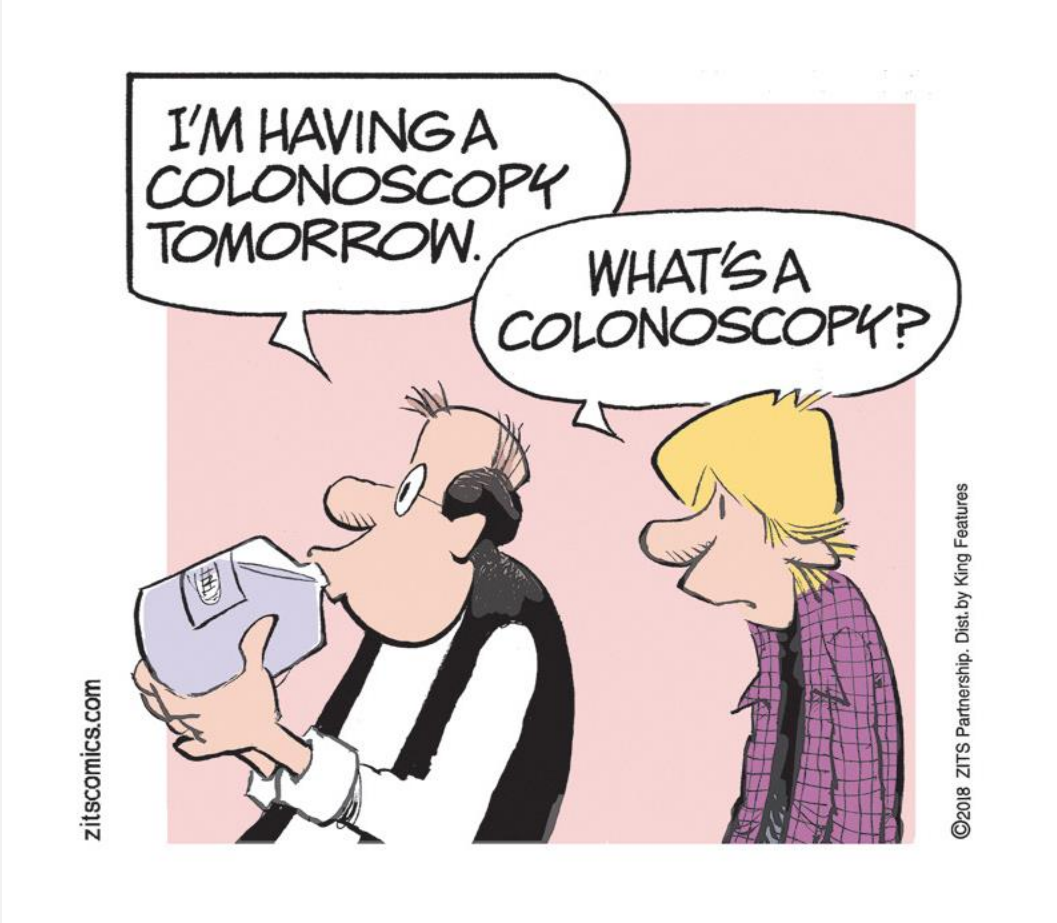
Deleted Codes
Pulmonary Section

- 94770 Carbon dioxide, expired gas determination by infrared analyzer
  - No suggested replacement code, but replacements may include 94681 or 94799
- 95071 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
  - No suggested replacement code, but replacements may include 95070 or 95199

Category III
New & Emerging Technology



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New Codes
New & Emerging Technology

- 0620T Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed

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New Codes
New & Emerging Technology

- 0621T Trabeculostomy ab interno by laser
- 0622T Trabeculostomy ab interno by laser; with use of ophthalmic endoscope

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New Codes
New & Emerging Technology

- 0623T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report
- 0624T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission

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New Codes
New & Emerging Technology

- 0625T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography
- 0626T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report

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New Codes
New & Emerging Technology

- 0627T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
- 0628T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)

New Codes
New & Emerging Technology

- 0629T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
- 0630T Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)

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New Codes
New & Emerging Technology

- 0631T Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity
- 0632T Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance

New Codes
New & Emerging Technology

- 0633T Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
- 0634T Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
- 0635T Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)

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New Codes
New & Emerging Technology

- 0636T Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
- 0637T Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
- 0638T Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)

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New Codes
New & Emerging Technology

- 0639T Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed

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Deleted Codes
New & Emerging Technology

- 0058T Cryopreservation; reproductive tissue, ovarian
  - No suggested replacement code, but replacements may include 88240, 89337
- 0085T Breath test for heart transplant rejection
  - No suggested replacement code
- 0111T Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
  - No suggested replacement code

Deleted Codes
New & Emerging Technology

- 0126T Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
- 0228T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
- 0229T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)

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Deleted Codes
New & Emerging Technology

- 0230T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
- 0231T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

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Deleted Codes
New & Emerging Technology

- 0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
  - Suggested replacement codes 93241, 93245
- 0296T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
  - Suggested replacement codes 93242, 93246

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Deleted Codes
New & Emerging Technology

- 0297T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report
  - Suggested replacement codes 93243, 93247
- 0298T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation
  - Suggested replacement codes 93244, 93248

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Deleted Codes
New & Emerging Technology

- 0381T External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
- 0382T External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only

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Deleted Codes
New & Emerging Technology

- 0383T External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
- 0384T External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only

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Deleted Codes
New & Emerging Technology

- 0385T External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
- 0386T External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only

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Deleted Codes
New & Emerging Technology

- 0396T Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)
- 0400T Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions

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Deleted Codes
New & Emerging Technology

- 0401T Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions
- 0405T Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time

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Questions?

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Thank you!

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