

vitalware®

2021 CPT® Updates

HIM Focused



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Overview of 2021 Changes

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
PLA	13	0	0
Totals	100	46	62

- Totals do not include codes added, deleted, or revised in CY 2020 but appearing for the first time in the CY 2021 book
- Revised totals do not include codes with changes to short or medium descriptions only and also do not include codes with changes in non-essential punctuation only

Changes to Surgery Section



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

Overall Changes to 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

Deleted Codes - Integumentary

Deleted Code	Suggested Replacement Codes
19324 - Mammoplasty, 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

Revised Codes - Integumentary

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

Revised Codes - Integumentary

CPT Code	2021 Long Description	2020 Long Description
11970	Replacement of tissue expander with permanent <u>implant</u>	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of <u>implant</u>	Removal of tissue expander(s) without insertion of prosthesis
19318	<u>Breast</u> reduction	Reduction mammoplasty
19325	<u>Breast</u> augmentation <u>with implant</u>	Mammoplasty , augmentation; with prosthetic implant
19328	Removal of intact <u>breast</u> implant	Removal of intact mammary implant

Revised Codes - Integumentary

CPT Code	2021 Long Description	2020 Long Description
19330	Removal of <u>ruptured breast</u> implant, <u>including implant contents (eg, saline, silicone gel)</u>	Removal of mammary implant material
19340	Insertion of breast <u>implant on same day of mastectomy (ie, immediate)</u>	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Insertion <u>or replacement</u> of breast <u>implant on separate day from mastectomy</u>	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19357	<u>Tissue expander placement in breast reconstruction</u> , including subsequent expansion <u>(s)</u>	Breast reconstruction, immediate or delayed, with tissue expander , including subsequent expansion

Revised Codes - Integumentary

CPT Code	2021 Long Description	2020 Long Description
19361	Breast reconstruction; with latissimus dorsi flap	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction; with free flap (<u>eg, TRAM, DIEP, SIEA, GAP flap</u>)	Breast reconstruction with free flap
19367	Breast reconstruction; with <u>single-pedicled</u> transverse rectus abdominis myocutaneous (TRAM) <u>flap</u>	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction; with <u>single-pedicled</u> transverse rectus abdominis myocutaneous (TRAM) <u>flap, requiring separate</u> microvascular anastomosis (supercharging)	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)

Revised Codes - Integumentary

CPT Code	2021 Long Description	2020 Long Description
19369	Breast reconstruction; with <u>bipedicled</u> transverse rectus abdominis myocutaneous (TRAM) <u>flap</u>	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	<u>Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy</u>	Open periprosthetic capsulotomy, breast
19371	Peri- <u>implant</u> capsulectomy, breast, <u>complete, including removal of all intracapsular contents</u>	Peri prosthetic capsulectomy, breast
19380	Revision of reconstructed breast (<u>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</u>)	Revision of reconstructed breast

New Guidelines - Integumentary

Repair and/or Reconstruction of Breast

- 11970, *Replacement of tissue expander with permanent implant*, includes minor revisions to breast capsule; more extensive revision of capsule may be reported using 19370
- Notes added to direct users to 11970 & 11971 for removal of tissue expander with or without insertion of breast implant
- 19342, *Insertion or replacement of breast implant on separate day from mastectomy*, includes removal of breast implant, when performed
- 19342 should not be used for replacement of tissue expander with breast implant (see 11970)

New Guidelines - Integumentary

Repair and/or Reconstruction of Breast

- Placement of breast implant (19340/19342) or tissue expander (19357) may be separately reported when performed with flap reconstruction (19361, 19364, 19367, 19368, or 19369)
- Flap reconstructions may be done at the time of mastectomy or subsequent to mastectomy and include:
 - Harvesting of flap
 - Closure of donor site
 - Insetting and shaping the flap

New Guidelines - Integumentary

Repair and/or Reconstruction of Breast

- 19370, *Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy*, may NOT be reported with 19328
- 19371, *Peri-implant capsulectomy, breast, complete*, may NOT be reported with 19328 or 19330
- 19380, *Revision of reconstructed breast*, includes revisions of flap position, removal of part of flap, reshaping of flap, and scar revision. New implant (19342), fat grafting for volume (15771-15772), and nipple reconstruction (19350) are separately reported

Revised Codes - Musculoskeletal

CPT Code	2021 Long Description	2020 Long Description
29822	Arthroscopy, shoulder, surgical; debridement, limited, <u>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])</u>	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive, <u>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])</u>	Arthroscopy, shoulder, surgical; debridement, extensive

Revised Codes - Musculoskeletal

Debridement of Shoulder Joint

- Clarification of discrete structures
 - Humeral bone
 - Humeral cartilage
 - Glenoid bone
 - Glenoid cartilage
 - Two sides of the rotator cuff (articular and bursal)
 - Biceps tendon
 - Glenoid labrum
 - Subacromial bursa
- Definition of “limited” versus “extensive” debridement
 - Limited debridement is 1-2 structures
 - Extensive debridement is 3 or more structures

Revised Guidelines - Musculoskeletal

Arthroscopic Removal of Loose or Foreign Bodies

- Clarifies that removal of loose or foreign body may only be reported when removal requires enlargement of the portal site or separate incision
- Applies to CPT codes:
 - 29819 (shoulder)
 - 29834 (elbow)
 - 29861 (hip)
 - 29874 (knee)
 - 29894 (ankle – tibiofibular/fibulotalar joints)
 - 29904 (subtalar joint)

Added Codes - Respiratory

Two New Codes Added to Respiratory Section

- 30468 – Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
 - Bilateral procedure; assign modifier 52 for unilateral procedure
 - Includes repair of nasal vestibular stenosis (30465)
 - Assign 30999 for repair of nasal vestibular stenosis or collapse without graft, lateral wall reconstruction, or implant
- 32408 – Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

Deleted Code - Respiratory

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

New code will include imaging guidance, when performed

Added Guidelines - Respiratory

Excision of Lungs and Pleura

- Core needle biopsy typically uses a needle to obtain a core of tissue; FNA uses a needle to aspirate cells
- 32408 is used once per lesion biopsied
- Imaging guidance may be reported when two core biopsies are performed at different sites (e.g. lung and liver); liver biopsy (47000) does not currently include imaging guidance
- Append modifier 52 when FNA and core needle biopsy are performed on the same lesion using the same imaging modality
- Append modifier 59 when FNA and core needle biopsy are performed on the same lesion using different imaging modality

Added Codes - Cardiovascular

Transcatheter Atrial Septostomy

- 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)
- CPT® codes 92992 and 92993 being deleted as of 12/31/2020

Added Codes - Cardiovascular

Transcatheter Intracardiac Shunt Creation for Congenital Cardiac Anomalies

- 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 catheterization 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 – ;each additional intracardiac shunt location (List separately in addition to code for primary procedure)

Added Guidelines - Cardiovascular

Shunting Procedures

- Transcatheter atrial septostomy (33741)
 - Diagnostic cardiac catheterization may be separately reported when no prior study or when prior study is inadequate for visualization, patient's condition has changed since study, or there is a clinical change during the procedure
 - Contrast injections (93563, 93565, 93566, 93567, 93568) may be reported for cardiac angiography not related to procedure
- Transcatheter intracardiac shunt (33745 & 33746)
 - Includes multiple stents placed in a single location, zone angioplasty, and complete diagnostic right/left cardiac catheterization
 - Contrast injections (93563, 93565, 93566, 93567, 93568) may be reported for cardiac angiography not related to procedure

Added Codes - Cardiovascular

Percutaneous Ventricular Assist Device Insertion or Removal from Right Heart

- 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

Added Guidelines - Cardiovascular

Cardiac Assist

- Repositioning of a percutaneous VAD without imaging guidance is NOT separately reportable
- Repositioning of a percutaneous VAD during insertion is NOT separately reportable
- Repositioning on the same day as insertion (different operative session) may be separately reported using modifier 59
- Replacement of VAD system is reported using insertion codes (33975, 33976, 33979, 33990, 33991, or 33995); removal of old system is not separately reported
- Replacement of VAD pump (33981-33983) includes removal of old pump

Added Guidelines - Cardiovascular

Cardiac Valves

- Ventricular support that is required in conjunction with valve implantation or replacement may be reported using 33975, 33976, 33990, 33991, 33992, 33993, 33995, or 33997 for VAD OR 33967, 33970, or 33973 for balloon pump insertion

Venous/Arterial Grafting for Coronary Bypass

- Harvesting of saphenous vein graft is included in coronary artery bypass procedures using vein (33510-33523)
- Harvesting of artery for graft is included in coronary artery bypass procedures using artery (33533-33536) UNLESS an upper extremity artery is used

Revised Codes - Cardiovascular

CPT Code	2021 Long Description	2020 Long Description
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; <u>left heart</u> 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; <u>left heart</u> , 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 <u>left heart</u> ventricular assist device, <u>arterial or arterial and venous cannula(s)</u> , at separate and distinct session from insertion	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	Repositioning of percutaneous <u>right or left heart</u> 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

Deleted Code - Digestive

Deleted Code	Suggested Replacement Codes
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)	Procedure may require multiple CPT® codes in different sections depending upon the specific procedures performed

Added Code - Male Genital

High Intensity-Focused Ultrasound Ablation of the Prostate

- 55880 – Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasonic guidance
- Procedure is currently reported using HCPCS code C9747, Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance

Added Code - Female Genital

Computer-Aided Mapping Of Cervix Uteri During Colposcopy

- 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)
 - Always performed with colposcopy
 - Not included in colposcopy codes
 - Typically used to identify abnormal areas on cervix for biopsy

Deleted Codes - Female Genital

Deleted Code	Suggested Replacement Codes
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)	Procedure may require multiple CPT® codes in different sections depending upon the specific procedures performed
58293 – Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Procedure may require multiple CPT® codes in different sections depending upon the specific procedures performed

Deleted Codes – Nervous System

Deleted Code	Suggested Replacement Codes
61870 – Craniectomy for implantation of neurostimulator electrodes, cerebellar cortical	61850 – Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical 64999 – Unlisted procedure, nervous system
62163 – Neuroendoscopy, intracranial; with retrieval of foreign body	There is no direct replacement for this code; see 64999
63180 – Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	There is no direct replacement for this code; see 64999
63182 - Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	There is no direct replacement for this code; see 64999

Revised Codes – Nervous System

CPT® Codes 64455, 64479, 64480, 64483, and 64484 Are Now Children of Parent Code 64400

- Provides consistency in Somatic Nerves subsection as all codes in the range of 64405-64454 were already children of 64400
- 64400 – Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)

Added Codes - Auditory

Dilation of Eustachian Tube Via Nasopharyngoscopy

- 69705 – Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
- 69706 - Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
- Do not report with nasal endoscopy (31231) or with nasopharyngoscopy (92511)

Deleted Code - Auditory

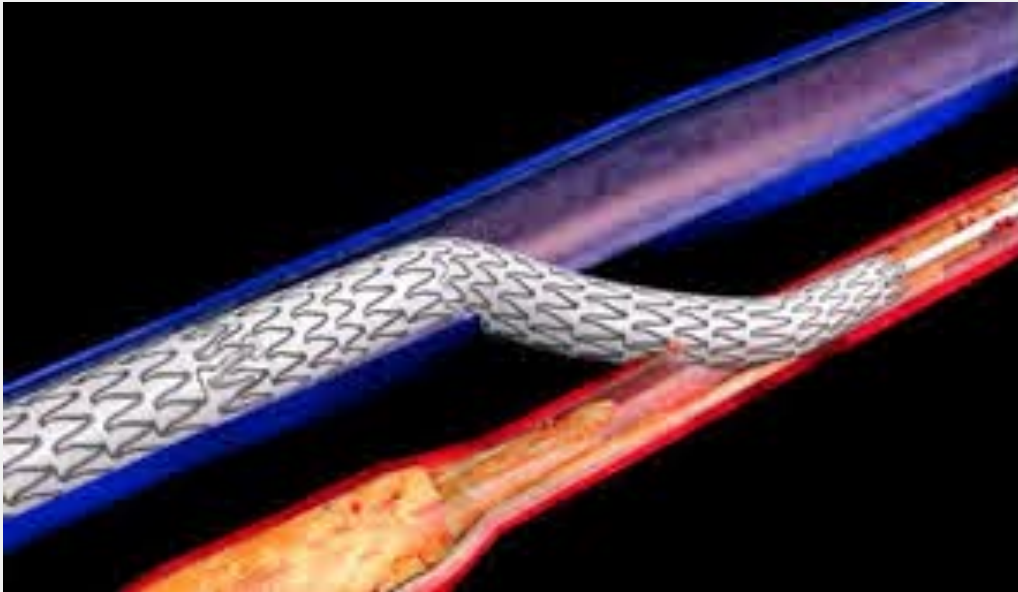
Deleted Code	Suggested Replacement Codes
69605 – Revision mastoidectomy; with apicectomy	There is no direct replacement for this code; see codes 69601-69604 for revision mastoidectomy or 69799 for unlisted procedure of the middle ear

Changes to Category III Codes



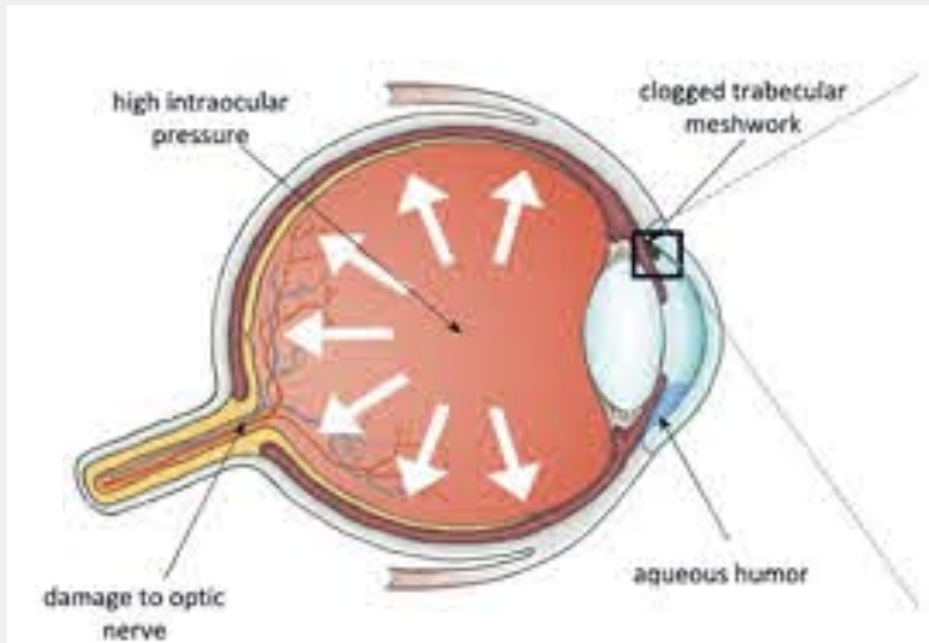
"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."

Added Codes – Category III



- **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
- Includes ipsilateral catheterization, diagnostic imaging, and S&I

Added Codes – Category III

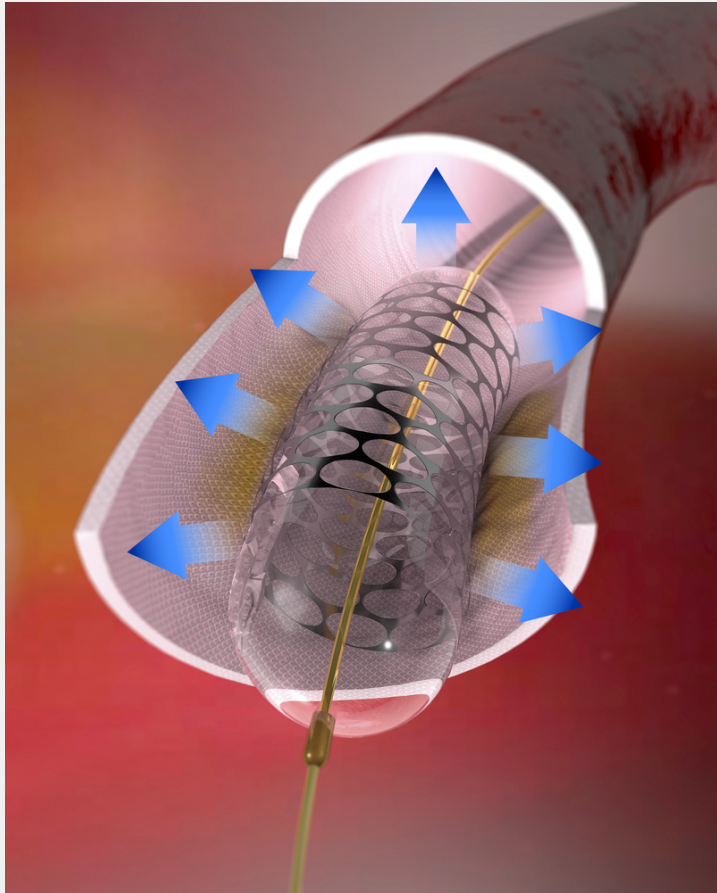


- **0621T** – Trabeculostomy ab interno by laser
- **0622T** – Trabeculostomy ab interno by laser, with use of ophthalmic endoscope
- Includes ipsilateral catheterization, diagnostic imaging, and S&I

Added Codes – Category III

Code	Long Description
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)
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)

Added Codes – Category III



- **0632T** – Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
 - Used for treatment of pulmonary arterial hypertension

Deleted Codes – Category III

Deleted Code	Suggested Replacement Codes
0228T – Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	There is no direct replacement for this code; see 64479 when fluoroscopy or CT guidance is used
0229T – Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level	There is no direct replacement for this code; see 64480 when fluoroscopy or CT guidance is used
0230T – Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	There is no direct replacement for this code; see 64483 when fluoroscopy or CT guidance is used
0231T – Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level	There is no direct replacement for this code; see 64484 when fluoroscopy or CT guidance is used

Deleted Codes – Category III

Deleted Code	Suggested Replacement Codes
0396T – Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty	27599 – Unlisted procedure, femur or knee



Questions?

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Thank you!