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## Overview of 2021 Changes

<table>
<thead>
<tr>
<th>CPT® Section</th>
<th>Additions</th>
<th>Deletions</th>
<th>Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation &amp; Management</td>
<td>2</td>
<td>1</td>
<td>17</td>
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<tr>
<td>Anesthesia</td>
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<td>Surgery</td>
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<tr>
<td>Radiology</td>
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<td>5</td>
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<tr>
<td>Pathology &amp; Laboratory</td>
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<td>1</td>
<td>8</td>
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<tr>
<td>Medicine</td>
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<td>9</td>
<td>4</td>
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<td>Category II</td>
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<td>Category III</td>
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<td>PLA</td>
<td>13</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>100</strong></td>
<td><strong>46</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

- 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 Radiology Section
New Codes - Radiology

New CPT Code For Lung Cancer Screening

- 71271 – Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

- Created to establish a permanent CPT code as an alternative to HCPCS code G0297, which was created by CMS in 2015

- Patients should meet the following criteria:
  - Ages 55-80
  - Smoking history of greater than 30 pack years
  - Currently smoking or quit less than 15 years ago
  - Smoking cessation counseling should be done
  - Entered into a Lung Cancer Screening Registry
New Codes - Radiology

New CPT Code For Evaluation of Radiation Exposure

- 76145 – Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report

- Describes dose calculation after a diagnostic or therapeutic endovascular procedure, and is usually performed by a hospital-employed medical physicist

- Doses above 5 Gray are potentially significant
- Doses above 10 Gray are considered sentinel events
<table>
<thead>
<tr>
<th>Deleted Code</th>
<th>Suggested Replacement Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>76970 – Ultrasound study follow-up (specify)</td>
<td>No valid indication for this service; see ultrasound section to report appropriate exam based on site studied</td>
</tr>
</tbody>
</table>
| 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 |
## Revised Codes - Radiology

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2021 Long Description</th>
<th>2020 Long Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250</td>
<td>Computed tomography, thorax, <strong>diagnostic</strong>; without contrast material</td>
<td>Computed tomography, thorax; without contrast material</td>
</tr>
<tr>
<td>71260</td>
<td>Computed tomography, thorax, <strong>diagnostic</strong>; with contrast material(s)</td>
<td>Computed tomography, thorax; with contrast material(s)</td>
</tr>
<tr>
<td>71270</td>
<td>Computed tomography, thorax, <strong>diagnostic</strong>; without contrast material, followed by contrast material(s) and further sections</td>
<td>Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections</td>
</tr>
</tbody>
</table>
## Revised Codes - Radiology

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2021 Long Description</th>
<th>2020 Long Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74425</td>
<td>Urography, antegrade, radiological supervision and interpretation</td>
<td>Urography, antegrade <em>(pyelostogram, nephrostogram, loopogram)</em>, radiological supervision and interpretation</td>
</tr>
<tr>
<td>76513</td>
<td>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, <em>unilateral or bilateral</em></td>
<td>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</td>
</tr>
</tbody>
</table>
New Guidelines – Radiology

Diagnostic Imaging of the Heart

- Cardiac CT and CTA services (75571-75574) include images obtained, 2D and 3D reformatted images, and cine review
- Contrast-enhanced CT and CTA services (75572-75574) include conventional quantitative assessment(s), including coronary percentage stenosis, ventricular volume, ejection fraction, and stroke volume
- Only one CT/CTA of the heart should be reported per encounter
Changes to Laboratory & Pathology Section

“The red circles are your red blood cells. The white circles are your white blood cells. The brown circles are donuts. We need to talk.”
10 New Codes for Therapeutic Drug Assay

- 80143 – Acetaminophen
- 80151 – Amiodarone
- 80161 – Carbamazepine; -10,11-epoxide
- 80167 – Felbamate
- 80179 – Salicylate
- 80181 – Flecainide
- 80189 – Itraconazole
- 80193 – Leflunomide
- 80204 – Methotrexate
- 80210 – Rufinamide
Definitive drug procedures that are not specified in 80320-80373 should be reported using the unlisted definitive procedure codes 80375-80377 unless the specific analyte is listed in Therapeutic Drug Assays (80143-80203) or Chemistry (82009-84830) sections.
New Guidelines – Definitive Drug Classes Listing

- Therapeutic drug assays are performed to monitor levels of a known, prescribed, or over-the-counter medication

- Listing of definitive drug classes is not comprehensive; FDA drug classification should be used when possible

- Any metabolites not listed should be categorized with the parent code drug

- Drugs and metabolites not listed may be reported using codes 80143-80299 (Therapeutic Drug Assay) or 82009-84999 (Chemistry)
Added Codes – Molecular Pathology

16 new codes as a result of procedures being moved from Tier II to Tier I procedures

- 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
16 new codes as a result of procedures being moved from Tier II to Tier I procedures

- 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
Added Codes – Molecular Pathology

16 new codes as a result of procedures being moved from Tier II to Tier I procedures

- 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)
Added Codes – Molecular Pathology

16 new codes as a result of procedures being moved from Tier II to Tier I procedures

- 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)
New Guidelines – Molecular Pathology

Tier II Molecular Pathology Procedures

- Use the molecular pathology procedure level code that includes the specific analyte listed after the code descriptor
- Use 81479 if not listed under one of the Tier II codes or not represented by a Tier I code
Revised Codes – Molecular Pathology

Description Revisions to Tier II Molecular Pathology Procedures

- 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
Added Codes – MAAA

- 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
Added Codes – MAAA

- 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])
<table>
<thead>
<tr>
<th>Deleted Code</th>
<th>Suggested Replacement Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>81545 – Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)</td>
<td>There is no direct replacement for this code; test is no longer available</td>
</tr>
</tbody>
</table>
Added 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)
  - Use 80320 for definitive drug testing for alcohol
  - Use 82077 for alcohol by immunoassay or enzymatic methods

- 82681 - Estradiol; free, direct measurement (eg, equilibrium dialysis)
  - New child code of 82670 (Estradiol, total)
## Revised Codes - Chemistry

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2021 Long Description</th>
<th>2020 Long Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80415</td>
<td>Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol total (82670 x 2 on 3 pooled blood samples)</td>
<td>Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)</td>
</tr>
<tr>
<td>82075</td>
<td>Alcohol (ethanol) breath</td>
<td>Alcohol (ethanol) breath</td>
</tr>
<tr>
<td>82670</td>
<td>Estradiol total</td>
<td>Estradiol</td>
</tr>
</tbody>
</table>

- “Total” is being added to 82670 and therefore to 80415 to accommodate new code for free estradiol testing
- 82075 has become a parent code to accommodate new code 82077
Added Codes – PLA

13 New Proprietary Laboratory Analysis Codes

- **0227U** - Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
- **0228U** - Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer
- **0229U** - BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
Added Codes – PLA

13 New Proprietary Laboratory Analysis Codes

- **0230U - AR** (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions.

- **0231U - CACNA1A** (calcium voltage-gated channel subunit alpha 1A) (e.g., spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions.

- **0232U - CSTB** (cystatin B) (e.g., progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions.
13 New Proprietary Laboratory Analysis Codes

- **0233U - FXN (frataxin) (eg, Friedreich ataxia)**, gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
- **0234U - MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome)**, full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- **0235U - PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome)**, full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
13 New Proprietary Laboratory Analysis Codes

- 0236U - SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (e.g., spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
- 0237U - Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
13 New Proprietary Laboratory Analysis Codes

- 0238U - Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
- 0239U - Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
Changes to Medicine Section

“We combined all your medications into ONE convenient dose.”
Added Code – Immune Globulin

Immune Globulin, Serum or Recombinant Products

- 90377 - Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use
• 92229 - Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral

• Approved for diabetic retinopathy to differentiate background from severe retinopathy
• Other retinal conditions may be added in the future
## Revised Codes - Ophthalmology

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

- 92227 is for use when clinic staff review the results and provide the report
- 92228 is for use when physician reviews the results and provides the report
Added Codes - Otorhinolaryngology

VEMP Testing

- New tests of the vestibular family that allow for testing of the otolithic organs - utricle and saccule - of the inner ear
- Complements information obtained from caloric testing or other vestibular apparatus testing
VEMP Testing

- 92517 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
  - Evaluates the saccule and inferior branch of the vestibular nerve

- 92518 - Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
  - Evaluates the utricle and superior vestibular nerve

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

- Involuntary recordings (EEG) to stimuli which are recorded with patient in a relaxed or sleeping state
- Test of choice for infants or patients who can’t indicate an auditory response
Added Codes - Otorhinolaryngology

Auditory Evoked Potentials

- 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

Two nonspecific codes are being replaced with four codes that delineate between clinical indications – Screening, hearing status determination, threshold estimation, and neurodiagnostic
# Deleted Codes - Otorhinolaryngology

<table>
<thead>
<tr>
<th>Deleted Code</th>
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</tr>
</thead>
</table>
| 92585 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive | 92652 – Threshold estimation  
92653 - Neurodiagnostic |
| 92586 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited | 92650 - Screening  
92651 – Hearing status determination |
Added Codes – Cardiovascular

Extended ECG Monitoring More Than 48 Hours, Up To 7 Days

- 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
Added Codes – Cardiovascular

Extended ECG Monitoring More Than 7 Days, Up to 15 Days

- 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
New Guidelines - Cardiovascular

Cardiovascular Monitoring Services

- 93224-93227 describe Holter monitors (up to 48 hours)
- 93228 & 93229 describe mobile cardiac telemetry monitors which transmit to an attended surveillance center (up to 30 days)
- 93268-93272 describe event monitors that record when triggered with transmission to attended surveillance center on request (up to 30 days)
- 93241-93248 describe long-term continuous recorders which record continuously (Do not require attended surveillance center)
Added Code - Pulmonary

- Exercise Test for Bronchospasm

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

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>94617</td>
<td>Exercise test for bronchospasm, including pre- and post-spirometry, and pulse oximetry; <strong>with electrocardiographic recording(s)</strong></td>
<td>Exercise test for bronchospasm, including pre- and post-spirometry, <strong>electrocardiographic recording(s)</strong>, and pulse oximetry</td>
</tr>
</tbody>
</table>

Codes are now differentiated based upon whether or not electrocardiographic recordings are obtained during exercise test.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>94250 – Expired gas collection, quantitative, single procedure (separate procedure)</td>
<td>There is no direct replacement for this code; see codes 94680, 94681, 94690, 94799, 95012</td>
</tr>
<tr>
<td>94400 – Breathing response to CO2 (CO2 response curve)</td>
<td>There is no direct replacement for this code; see 94681 or 94799</td>
</tr>
<tr>
<td>94750 – Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)</td>
<td>Multiple CPT codes may be required depending upon specific procedures performed.</td>
</tr>
<tr>
<td>94770 – Carbon dioxide, expired gas determination by infrared analyzer</td>
<td>There is no direct replacement for this code; see 94681 or 94799</td>
</tr>
<tr>
<td>95071 – Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify</td>
<td>There is no direct replacement for this code; see 95070 or 95199</td>
</tr>
</tbody>
</table>
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

- 0623T - 0626T – Automated quantification and characterization of coronary plaque using CCTA data

  - Uses computerized algorithms to assess the extent and severity of coronary artery disease
  - Findings are provided to physician to perform final review and report
  - Report only once per CCTA
  - Do NOT report 76376 or 76377 with these codes, as they include 3D imaging
<table>
<thead>
<tr>
<th>Code</th>
<th>Long Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0623T</td>
<td>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</td>
</tr>
<tr>
<td>0624T</td>
<td>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</td>
</tr>
<tr>
<td>0625T</td>
<td>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</td>
</tr>
<tr>
<td>0626T</td>
<td>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</td>
</tr>
</tbody>
</table>
New Guidelines – Category III

Automated Quantification and Characterization of Coronary Plaque Using CCTA

- Use 0623T, 0624T, 0625T, or 0626T one time per coronary CTA
- Do not report 0623T, 0624T, 0625T, or 0626T in conjunction with 76376 and 76377
- For noninvasive estimated coronary fractional flow reserve derived from coronary CTA, use 0501T-0504T
Added Codes – Category III

- 0633T - 0638T – Cone-beam CT of the breast(s)
  
  - Provides better spatial and contrast resolution
  - Allows better visualization through dense breast tissue
  - Can be performed with IV contrast
  - Do NOT report 76376 or 76377 with these codes, as they include 3D imaging
## Added Codes – Category III

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0633T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material</td>
</tr>
<tr>
<td>0634T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)</td>
</tr>
<tr>
<td>0635T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)</td>
</tr>
<tr>
<td>0636T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)</td>
</tr>
<tr>
<td>0637T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)</td>
</tr>
<tr>
<td>0638T</td>
<td>Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)</td>
</tr>
</tbody>
</table>
Added Codes – Category III

• 0631T – Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity

• Provides color-coded images to identify areas of ischemic tissue using multiple wavelengths of spectral light

• Useful for patients with diabetic foot ulcers or peripheral vascular disease

Image courtesy of HyperMed™
• 0639T – Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed

• Captures flow data and transmits the data via wireless technology to physician to determine patency of CSF shunt
<table>
<thead>
<tr>
<th>Deleted Code</th>
<th>Suggested Replacement Codes</th>
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</thead>
<tbody>
<tr>
<td>0058T – Cryopreservation; reproductive tissue, ovarian</td>
<td>89398 – Unlisted reproductive medicine laboratory procedure</td>
</tr>
<tr>
<td>0085T – Breath test for heart transplant rejection</td>
<td>84999 – Unlisted chemistry procedure</td>
</tr>
<tr>
<td>0111T – Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes</td>
<td>84999 – Unlisted chemistry procedure</td>
</tr>
<tr>
<td>0126T – Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment</td>
<td>93998 – Unlisted noninvasive vascular diagnostic study</td>
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</table>
## Deleted Codes – Category III

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<thead>
<tr>
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<tbody>
<tr>
<td>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</td>
<td>93241 or 93245</td>
</tr>
<tr>
<td>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)</td>
<td>93242 or 93246</td>
</tr>
<tr>
<td>0297T – External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report</td>
<td>93243 or 93247</td>
</tr>
<tr>
<td>0298T – External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation</td>
<td>93244 or 93248</td>
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</table>
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<tr>
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<tbody>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
</tr>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
</tr>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
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<tbody>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
</tr>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
</tr>
<tr>
<td>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</td>
<td>95999 – Unlisted neurological or neuromuscular diagnostic procedure</td>
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<tbody>
<tr>
<td>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</td>
<td>96999 – Unlisted special dermatological service or procedure</td>
</tr>
<tr>
<td>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</td>
<td>96999 – Unlisted special dermatological service or procedure</td>
</tr>
<tr>
<td>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</td>
<td>99499 - Unlisted evaluation and management service</td>
</tr>
</tbody>
</table>
New Guidelines – Category III

Implantable Substernal Cardioverter-Defibrillator

- Device consists of a generator with at least one substernal electrode. Generator is placed in a pocket over the lateral rib cage. Electrode is tunneled under the skin and placed into the substernal anterior mediastinum without entering the pericardial cavity; it does not perform chronic pacing. Used for defibrillation and anti-tachycardia pacing.
Questions?
Thank you!