2021 CPT® Updates – CDM Focused
December 8, 2020
Webinar FAQ Document

1. **Question** – Is HCPCS code G0297 being deleted?

   Answer – Yes, HCPCS code G0297, *Low dose CT scan (LDCT) for lung cancer screening,* will no longer be available after December 31, 2020. The new Current Procedural Terminology (CPT®) code 71271, *Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s),* will be available to report.

2. **Question** – For the evaluation and management (E/M) changes to codes 99201-99355, is HCPCS code G0463 still an acceptable alternate code?

   Answer – Yes, HCPCS code G0463, *Hospital outpatient clinic visit for assessment and management of a patient,* is still the Medicare-preferred code. Although CPT® code 99201 is being deleted, facilities should still use their own internal guidelines for code selection.[1]

3. **Question** – For lab codes, when do we use the Proprietary Laboratory Analyses (PLA) codes versus the Tier 1 or Tier II codes?

   Answer – When a PLA code is available to report a given proprietary laboratory service, that PLA code takes precedence. Reporting the PLA code is restricted to the specific proprietary laboratory test and is always performed by a specific laboratory. Otherwise, the appropriate CPT® Category I code, which may be a Tier I or Tier II code, should be reported.[2]

4. **Question** – Is this presentation up-to-date with all files/rules released last week?

   Answer – Because the slides had to be submitted to the American Health Information Management Association (AHIMA) for continuing education unit (CEU) approval prior to the release of the HCPCS codes, they are not a large part of today's presentation. The discussion of the deletion of the HCPCS code for the low dose cancer screening computed tomography (CT) test and replacement by new CPT® code 71271 is accurate.

5. **Question** – Can new CPT® code 0631T be used for a transcutaneous oximetry (TCOM) service prior to hyperbaric oxygen (HBO) therapy?

   Answer – The use of CPT® code 0631T, *Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity,* is performed to obtain tissue oxygenation measurements to identify areas of reduced blood flow and ischemic

[1] Federal Register Vol. 78, No. 237, Tuesday, December 10, 2013, "B. Payment for Hospital Outpatient Clinic and Emergency Department Visits," page 75038, available here: https://www.govinfo.gov/content/pkg/FR-2013-12-10/pdf/2013-28737.pdf

[2] CPT® Assistant, August 2018, "Reporting Proprietary Laboratory Analyses (PLA) Codes"

tissue in an extremity. It is possible that this may be used, as long as an interpretation and report is performed.[3]

6. **Question** – Is the Level 1 CPT® code for E/M services being deleted?

   Answer – Yes, CPT® code 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,* is being deleted after December 31, 2020. The American Medical Association (AMA) suggests CPT® code 99202, *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,* as a replacement. The AMA stated that a new patient would require a higher level of medical decision making (MDM), and deletion of 99201 would mean that the MDM for new and established patients would have four levels.

7. **Question** – If a facility is not performing the interpretation and report, would they be able to report the new code 92653?

   Answer – Yes, CPT® code 92653, *Auditory evoked potentials; neurodiagnostic, with interpretation and report,* is assigned to status indicator S, *Procedure or Service, Not Discounted When Multiple*, and is assigned to Ambulatory Payment Classification 5722, *Level 2 Diagnostic Tests and Related Services*. The National Payment Rate (NPR) is $264.45. This payment is for the technical portion provided by the facility. The physician's professional claim will reimburse for the professional component of the interpretation and report.[4]

8. **Question** – How do the new drug testing codes affect the G0480-G0483 definitive drug tests?

   Answer – The new drug assay codes 80143-80210 are therapeutic drug assays and are used to monitor levels of a known, prescribed, or over-the-counter medication. These tests are therapeutic assays and include immunoassays. These types of tests are excluded from the definitive drug testing definition. Definitive drug identification methods include gas, chromatography with mass spectrometry and liquid chromatography mass spectrometry.[5]

9. **Question** – Are new HCPCS codes G2211 and G2212 chargeable/reportable on the hospital billing side?

   Answer – HCPCS codes 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 condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or*

[3] CPT® 2021 Changes: An Insider's View, page 225
[4] Publication 100-04 Medicare Claims Processing Manual, Chapter 3 Inpatient Hospital Billing, Subsection 10.1 Claim Formats, page 11, available here: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf
[5] AHA Coding Clinic® for HCPCS, 2018Q1, Drug Classes

established), and 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),* are both assigned to status indicator N, *Items and Services Packaged into APC Rates*. The codes are reportable, but the reimbursement will be packaged into the reimbursement for the primary E/M service.

10. **Question** – Our hospital labs are concerned with differentiating the new acetaminophen, salicylate and blood alcohol codes with the definitive drug codes. The ED typically orders those tests when they don't know what the patient may or may not have taken and they might periodically check levels until they come down. They indicate this will create challenges to ordering correctly. Do you have recommendations?

    Answer – The new codes for acetaminophen, salicylate, and blood alcohol represent therapeutic drug assays that are performed to monitor levels of a known, prescribed, or over-the-counter medication. Definitive drug identification methods include gas, chromatography with mass spectrometry and liquid chromatography mass spectrometry.[6] There has been no change to the definitive drug testing codes. Therefore, it would be recommended that presumptive and/or definitive drug class testing be performed initially to determine which substances the patient may have ingested. Once the specific substances are known, then therapeutic drug assay codes should be used to recheck levels

[6] CPT® 2021 Manual, Professional Edition, page 594 and 586-589