

2021 CPT® Updates – HIM Focus

December 9, 2020

Webinar FAQ Document

1. **Question** – Is CPT® code 19370 used in addition to or in place of CPT® code 11970?

Answer – CPT® code 11970, *Replacement of tissue expander with permanent implant*, does include minor revisions to the breast capsule. CPT® code 19370, *Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy*, may be reported in addition to CPT® 11970 if a more extensive capsular revision is performed. There is a National Correct Coding Initiative (NCCI) edit in place, but a modifier may be appropriate.¹

2. **Question** – Because CPT® code 32408 includes imaging guidance, how should a hospital radiology department report the radiology portion when the Operating Room (OR) is reporting their part with CPT® code 32408?

Answer – You would follow your policy for other services that are done in the OR where imaging guidance is inclusive of the procedure. Many facilities create a statistical line item in their charge description master (CDM) to capture the radiology department's service.

3. **Question** – If you have more than one lesion in different lobes or even a different lung and are doing all core biopsies, how many instances of CPT® code 32408 can you charge?

Answer – According to the CPT® Guidelines, when one or more core needle biopsies of the lung or mediastinum with imaging guidance is performed on separate lesions at the same session on the same day, CPT® 32408 may be reported once for each lesion with modifier 59, *Distinct Procedural Service*.²

The Centers for Medicare & Medicaid Services (CMS) has not established a Medically Unlikely Edit (MUE) value for the first quarter of 2021, but that may change at a later time.

4. **Question** – If image guidance is not performed with CPT® code 32408, is it appropriate to report the code with a modifier or would a different CPT® code be more appropriate?

Answer – You are able to report CPT® code 32408, *Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed*, without a modifier for the service. Although with guidance is the most common way the service is provided, there are instances when guidance may not be used. When guidance is used, CPT® code 32408 includes all imaging guidance regardless of the number of imaging modalities used on the same lesion during the same session.³

5. **Question** – Is it possible to report CPT® code 10021 with CPT® code 32408 *when performed* on the same day?

¹ CPT® 2021 Changes: An Insider's View, "Surgery, Breast Reconstruction", page 68

² CPT® 2021 Professional Manual "Surgery / Respiratory System", page 226

³ CPT® 2021 Professional Manual "Surgery / Respiratory System", page 226

Answer – Yes, it may be possible to report CPT® code 10021, *Fine needle aspiration biopsy, without imaging guidance; first lesion*, with CPT® code 32408, *Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed*, on the same day. The CPT® Guidelines list several coding examples on reporting, with examples of modifier application. If clinically necessary to perform a fine needle aspiration (FNA) and a core needle biopsy at the same session on the same day, modifier 59, *Distinct Procedural Service*, may be used.⁴

Caution must be used, as this is an instance where guidance from CPT® and CMS is different. The National Correct Coding Policy Manual states that, “FNA biopsies shall not be reported with a biopsy procedure code for the same lesion.”⁵

6. Question – For a breast augmentation with fat grafting, is the harvest of the fat inclusive to the procedure?

Answer – Yes, that is correct. The harvesting and injection of the fat into the breast are inclusive of the procedure. With the deletion of CPT® code 19324, *Mammoplasty, augmentation; without prosthetic implant*, CPT® guidance to report breast augmentation with fat grafting is to use codes 15771 and 15772.⁶ The guidelines for CPT® codes 15771, *Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate*, and 15772, *Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)*, state, “Do not report 11950, 11951, 11952, 11954 in conjunction with 15771, 15772, 15773, 15774, for the same anatomic site.”⁷

7. Question – How is HCPCS code C9745 used with the new CPT® codes 69705 and 69706?

Answer – HCPCS code C9745, *Nasal endoscopy, surgical; balloon dilation of eustachian tube*, is going to be deleted and is not reportable for 2021. CPT® codes 69705, *Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral*, and 69706, *Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral*, may be used in place of the deleted HCPCS code.⁸

8. Question – Is it true that CPT® code 99201 has been 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*, will be deleted for 2021. The suggested replacement code is 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*

⁴ CPT® 2021 Professional Manual “Surgery / Respiratory System”, page 226

⁵ NCCI Policy Manual for Medicare Services, Chapter 3, Section L, Subsection 12

⁶ CPT® 2021 Professional Manual “Surgery / Integumentary System”, page 125

⁷ CPT® 2021 Professional Manual “Surgery / Integumentary System”, page 113

⁸ CPT® 2021 Professional Manual “Surgery / Auditory System”, page 506

decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. The difference between the two codes was in the level of medical decision making (MDM). The CPT® Editorial Panel indicates that when a physician or nonphysician practitioner is evaluating a new patient, that the level of MDM would be at least straightforward. This makes CPT® code 99201 obsolete.⁹

9. **Question** – Can we code CPT® codes 45335 and 45350 together?

Answer – Yes, if both procedures were performed separately and appropriately documented, CPT® code 45335, *Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance*, and CPT® code 45350, *Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)*, represent different services that are not considered to be components of each.

10. **Question** – How should we report a vaginal hysterectomy for uterus greater than 250 g after CPT® code 58293 is deleted? Would you use the unlisted code?

Answer – CPT® code 58293, *Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control*, should only be assigned when a combination procedure involving hysterectomy and colpo-urethrocytopexy are performed at the same session through the end of CY 2020. To appropriately report these services for dates of service on or after January 1, 2021, you would select the appropriate hysterectomy code in the range of 58290-58294 and then add an appropriate code for additional repair procedures performed, such as 57289, *Pereyra procedure, including anterior colporrhaphy*, or 51840, *Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple*.

⁹ CPT® 2021 Professional Manual "Evaluation and Management / Office or Other Outpatient Services", page 18