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CLIENT APPRECIATION WEEK





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Preparing for the 2021 CPT Code Changes

Disclaimer Statement

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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
Totals	87	46	62

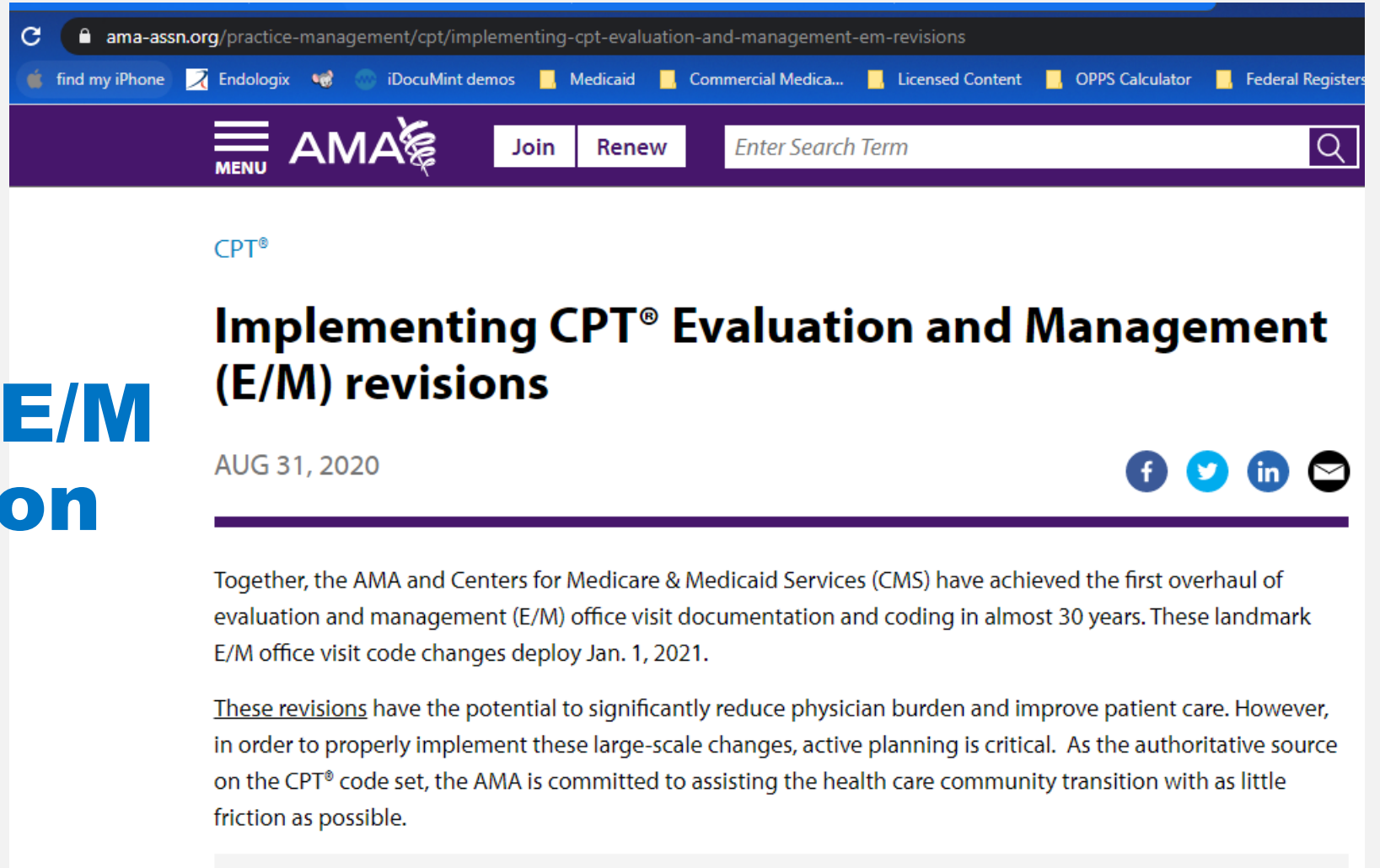
- Totals do not include codes added, deleted, or revised in CY 2020 but appearing for the first time in the CY 2021 book
- Revised totals do not include codes with changes to short or medium descriptions only and also do not include codes with changes in non-essential punctuation only

Changes to Evaluation & Management (E/M) Section



“Reflexes seem normal. You kept him waiting over two hours.”

Significant Revisions to E/M Code Selection For CY 2021



The screenshot shows a web browser window with the URL ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions. The browser's address bar and tabs are visible at the top. The website's header is purple and contains the AMA logo, a 'MENU' button, 'Join' and 'Renew' buttons, and a search bar with the placeholder text 'Enter Search Term'. Below the header, the article title 'Implementing CPT® Evaluation and Management (E/M) revisions' is displayed in a large, bold, black font. The date 'AUG 31, 2020' is shown to the left of the title, and social media sharing icons for Facebook, Twitter, LinkedIn, and Email are to the right. The main text of the article begins with a paragraph stating that the AMA and CMS have achieved the first overhaul of E/M office visit documentation and coding in almost 30 years, with changes deploying on Jan. 1, 2021. A second paragraph, starting with the underlined phrase 'These revisions', explains that the changes have the potential to reduce physician burden and improve patient care, and that the AMA is committed to assisting the health care community with as little friction as possible.

ama-assn.org/practice-management/cpt/implementing-cpt-evaluation-and-management-em-revisions

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CPT®

Implementing CPT® Evaluation and Management (E/M) revisions

AUG 31, 2020

f t in

Together, the AMA and Centers for Medicare & Medicaid Services (CMS) have achieved the first overhaul of evaluation and management (E/M) office visit documentation and coding in almost 30 years. These landmark E/M office visit code changes deploy Jan. 1, 2021.

These revisions have the potential to significantly reduce physician burden and improve patient care. However, in order to properly implement these large-scale changes, active planning is critical. As the authoritative source on the CPT® code set, the AMA is committed to assisting the health care community transition with as little friction as possible.

Proposed Changes to C-APCs

Two new C-APCs are being proposed for CY 2021

- APC 5378 – Level 8 Urology and Related Services
 - Result of adding an additional level of service
- APC 5465 – Level 5 Neurostimulator and Related Procedures
 - Result of adding additional levels of service to both of these groups for “smoother distribution of the costs between the different levels...”

Revised Codes - Outpatient Clinic Visits

Description Revision for All Codes in Range 99202-99215

- Removal of key components from descriptions
- Update of time spent with patient
- New description for 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.

New Add-On Code – Outpatient Clinic Visits

Addition of New E/M Code to Capture Additional Clinic Time

- 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)
- Used to report additional physician time when outpatient clinic visits exceed time described by 99205 or 99215

Deleted Code - New Outpatient Clinic Visit

CPT® Code 99201 Deleted for CY 2021

- 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.
- The AMA felt that a new patient visit should never be able to be completed in such a small amount of time

Revised Codes - Chronic Care Management

Description Revisions to Chronic Care Management Codes

- 99487 and 99490 were revised to report the FIRST 60 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

Revised Codes - 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 <u>established, implemented, revised, or monitored</u> , moderate or high complexity medical decision making; <u>first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.</u>	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 <u>established, implemented, revised, or monitored</u> , 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; <u>first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.</u>	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.

New Add-On Code - Chronic Care Management

Addition of New E/M Code to Describe Add-On Service for Chronic Care Management Services

- 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)

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 Section

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 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

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 mammoplasty
19325	Breast augmentation with implant	Mammoplasty , 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

Revised Codes - Musculoskeletal Section

CPT/HCPCS 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

Addition of detailed descriptions to clarify “limited” versus “extensive” debridement services

Added 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

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

New code will include imaging guidance, when performed

Added Codes - Cardiovascular Section

Two New Codes Added to Capture 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

Revised Codes - Cardiovascular Section

CPT/HCPCS 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

Description changes complement creation of two new codes
for right heart percutaneous VAD insertion/removal

Added Codes - Cardiovascular Section

Two New Codes Added to Report 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)

Revised Codes - Cardiovascular Section

One New Code Added to Move Transcatheter Atrial Septostomy Procedures from the Medicine Section to the 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)
- CPT® codes 92992 and 92993 being deleted as of 12/31/2020

Deleted Code - Digestive Section

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 Section

One New Code Created to Report 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 Section

One New Add-On Code Created to Report 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)

Deleted Codes - Female Genital Section

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 Section

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
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

Revised Codes - Nervous Section

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 Section

Two New Codes Added to Capture 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

Deleted Code - Auditory Section

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 Radiology Section

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Dave Coverly

"I'd like to take some x-rays to determine if there is a problem or if you're just being a big baby."

Changes to Radiology Section

Two New Codes Added for CY 2021

- 71271 – Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
- Procedure is currently reported using HCPCS code 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

Deleted Codes - Radiology Section

Deleted Code	Suggested Replacement Codes
76970 – Ultrasound study follow-up (specify)	There is no direct replacement for this code; see ultrasound section to report appropriate exam based on site studied
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 Section

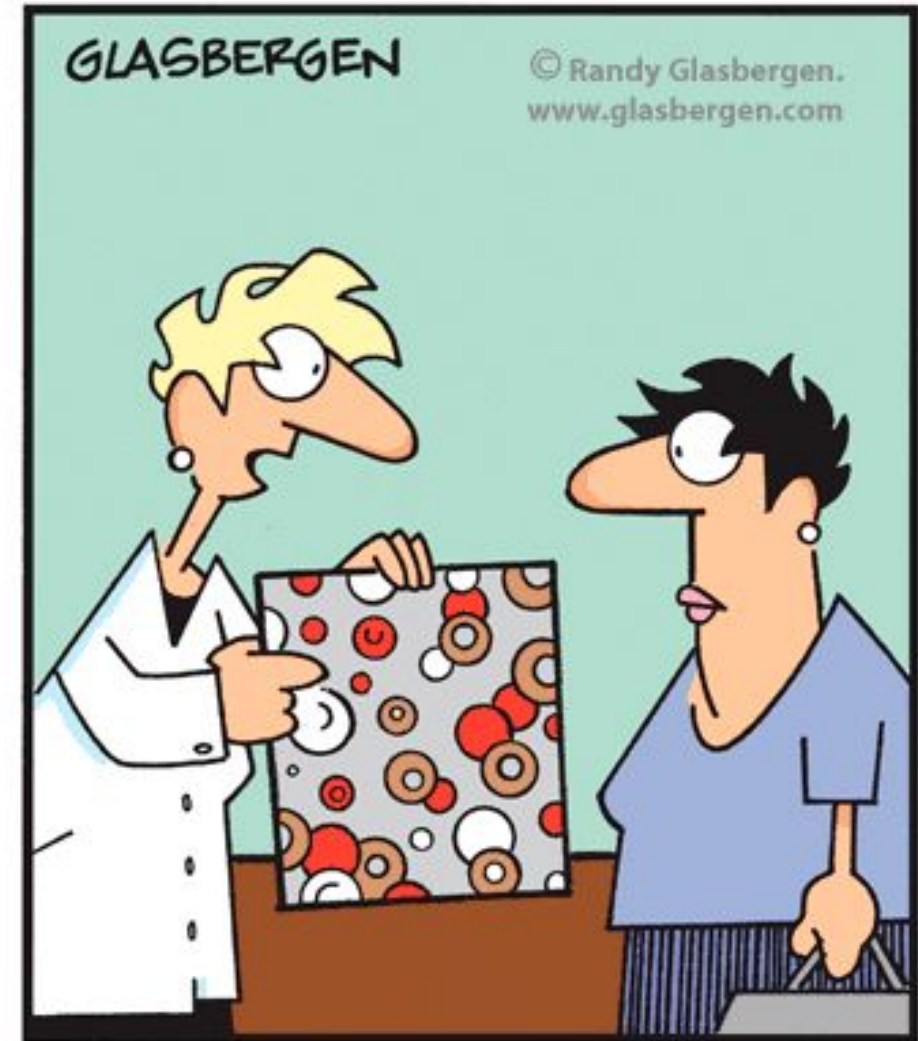
Description Revisions in Breast Repair And/or Reconstruction Subsection

- 71250, 71260, and 71270 have the word “diagnostic” added to the descriptions in order to differentiate them from the screening exams
- 74425 has been revised to remove the specific exams from the long description which will allow this code to be used for any antegrade urography service
- 76513 has had “unilateral or bilateral” added to the description for clarification

Revised Codes - Radiology Section

CPT/HCPCS Code	2021 Long Description	2020 Long Description
71250	Computed tomography, thorax, <u>diagnostic</u> ; without contrast material	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax, <u>diagnostic</u> ; with contrast material(s)	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax, <u>diagnostic</u> ; 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, <u>unilateral or bilateral</u>	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

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.”**

Added Codes – Drug Assays

There are 10 New Codes Added to the Drug Assay Subsection

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

Added Codes – Molecular Pathology

The Molecular Pathology Subsection has 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

Added Codes – Molecular Pathology

The Molecular Pathology Subsection has 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

The Molecular Pathology Subsection has 16 new codes as a result of procedures being moved from Tier II to Tier I procedures

- 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)

Added Codes – Molecular Pathology

The Molecular Pathology Subsection has 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)

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 – Molecular Multianalyte Assays

There are six new MAAA codes

- 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 – Molecular Multianalyte Assays

There are six new MAAA codes

- 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])

Added Codes - Chemistry

Two New Codes Have Been Added to the Chemistry Subsection

- 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)

Deleted Code – Molecular Multianalyte Assays

Deleted Code	Suggested Replacement Codes
81545 – Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	There is no direct replacement for this code; however, there are a number of codes that may be used depending upon the specific procedure performed including 81546, 0018U, 0026U, 0204U, or 0208U

Revised Codes - Laboratory & Pathology 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); i breath	Alcohol (ethanol); i breath
82670	Estradiol; total	Estradiol

- “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

Changes to Medicine Section



Added Code – Immune Globulin

There is a single new code added to the Immune Globulin, Serum or Recombinant Products Subsection

- 90377 - Rabies immune globulin, heat- and solvent/detergent-treated (Rlg-HT S/D), human, for intramuscular and/or subcutaneous use

Changes – Ophthalmology

One Code Has Been Added And Two Codes Have Been Revised In the Ophthalmology Subsection

- 92229 - Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
 - Code has been added for use with automated analysis and report

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

- 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

Three New Codes Have Been Added to the Special Otorhinolaryngologic Services Subsection for VEMP Testing

- 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)

Added Codes - Otorhinolaryngology

Four New Codes Have Been Added to the Special Otorhinolaryngologic Services Subsection for 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

Deleted Codes - Otorhinolaryngology

Deleted Code	Suggested Replacement Codes
92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	There is no specific replacement code; see 92650-92653
92586 - Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	There is no specific replacement code; see 92650-92653

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

Added Codes – Cardiovascular Monitoring

Eight New Codes Have Been Added to the Cardiovascular Monitoring Subsection To Replace Category III Codes

- 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 Monitoring

Eight New Codes Have Been Added to the Cardiovascular Monitoring Subsection To Replace Category III Codes

- 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

Changes - Pulmonary

One Code Has Been Added And One Code Has Been Revised In the Pulmonary Subsection

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

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

Codes are now differentiated based upon whether or not electrocardiographic recordings are obtained during exercise test

Deleted Codes - Pulmonary

Deleted Code	Suggested Replacement Codes
94250 – Expired gas collection, quantitative, single procedure (separate procedure)	There is no direct replacement for this code; see codes 94680, 94681, 94690, 95012
94400 – Breathing response to CO2 (CO2 response curve)	There is no direct replacement for this code; see 94681 or 94799
94750 – Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	Multiple CPT codes may be required depending upon specific procedures performed.
94770 – Carbon dioxide, expired gas determination by infrared analyzer	There is no direct replacement for this code; see 94681 or 94799
95071 – Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	There is no direct replacement for this code; see 95070 or 95199

Changes to Category III Codes



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

Added Codes – New & Emerging Technology

Code	Long Description
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
0621T	Trabeculostomy ab interno by laser
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope

Added Codes – New & Emerging Technology

Code	Long Description
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
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

Added Codes – New & Emerging Technology

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 – New & Emerging Technology

Code	Long Description
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)
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)

Added Codes – New & Emerging Technology

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

Deleted Codes – New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0058T – Cryopreservation; reproductive tissue, ovarian	88240 – Cryopreservation, freezing and storage of cells, each cell line 89337 – Cryopreservation, mature oocyte(s)
0085T – Breath test for heart transplant rejection	There is no direct replacement for this code
0111T – Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	There is no direct replacement for this code; see 84999
0126T – Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	There is no direct replacement for this code; see 93998

Deleted Codes – New & Emerging Technology

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 – New & Emerging Technology

Deleted Code	Suggested Replacement Codes
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	There is no direct replacement for this code; see new codes 93241 or 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)	There is no direct replacement for this code; see new codes 93242 or 93246
0297T – External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	There is no direct replacement for this code; see new codes 93243 or 93247
0298T – External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	There is no direct replacement for this code; see new codes 93244 or 93248

Deleted Codes – New & Emerging Technology

Deleted Code	Suggested Replacement Codes
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	There is no direct replacement for this code
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	There is no direct replacement for this code
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	There is no direct replacement for this code

Deleted Codes – New & Emerging Technology

Deleted Code	Suggested Replacement Codes
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	There is no direct replacement for this code
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	There is no direct replacement for this code
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	There is no direct replacement for this code

Deleted Codes – New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0396T – Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty	There is no direct replacement for this code
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	There is no direct replacement for this code
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	There is no direct replacement for this code
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	There is no direct replacement for this code



Questions?

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