

vitalware **USER GROUP**

Preparing for the 2022 CPT® Code Changes



Jennifer Bishop

RHIT, CCS, CCS-P, CHRI

Disclaimer Statement

This presentation was current at the time it was published or provided via the web and is designed to provide accurate and authoritative information in regard to the subject matter covered. The information provided is only intended to be a general overview with the understanding that neither the presenter nor the event sponsor is engaged in rendering specific coding advice. It is not intended to take the place of either the written policies or regulations. We encourage participants to review the specific regulations and other interpretive materials as necessary.

All CPT® codes are trademarked by the American Medical Association (AMA) and all revenue codes are copyrighted by the American Hospital Association (AHA).

Overview of 2022 Changes

CPT® Section	Additions	Deletions	Revisions
Evaluation & Management	5	0	10
Anesthesia	6	2	0
Surgery	30	13	25
Radiology	4	3	1
Pathology & Laboratory	25	2	4
Medicine	16	11	4
Category II	0	0	0
Category III	43	26	6
Totals	129	57	50

- Totals do not include codes added, deleted, or revised in CY 2020/2021 but appearing for the first time in the CY 2022 book
- Revised totals do not include codes with changes to short or medium descriptions only

Changes to Evaluation & Management (E/M) Section



Four New Codes for Principal Care Management

- 99424 - Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
- 99425 – each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for principal procedure)

Four New Codes for Principal Care Management

- 99426 - Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.
- 99427 – 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 principal procedure)

Four New Codes for Principal Care Management

- Codes are the AMA's alternative to codes created by CMS in 2020 (G2064, G2065)
 - Existing chronic care management codes require 2+ conditions expected to last at least 12 months
 - New codes require 1 condition expected to last at least 3 months
 - New codes require 30 minutes of time spent per month

Changes to Chronic Care Management

- **One new code to capture additional time spent; one revised code based on time changes**
- 99437 - 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 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Changes to Chronic Care Management

CPT/HCPCS Code	2022 Long Description	2021 Long Description
99491	<p>Chronic care management services with the following required elements:</p> <ul style="list-style-type: none">* multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, <u> </u>* chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, <u> </u>* comprehensive care plan established, implemented, revised, or monitored; <u>first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month</u>	<p>Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:</p> <ul style="list-style-type: none">* 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.

99491 now reflects first 30 minutes of time spent, per calendar month

Revised Codes – E/M Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

Revised Codes – E/M Section

Description Revisions to Chronic Care/Complex Chronic Care Management Codes

- 99439, 99487, 99489, 99490, and 99491 - Long description now reads: chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline

Description Revisions to Other Care Management Codes

- 99483, 99484, 99482, and 99489 – Semicolons in long descriptions replaced with commas

Changes to Anesthesia Section



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

Two Deleted Codes for Spine and Spinal Cord Percutaneous Procedures

Deleted Code	Suggested Replacement Codes
01935 – Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	01937 or 01938
01936 - Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	01937-01942

Current code selection is based on whether procedure is diagnostic or therapeutic only; future code selection will be based on specific procedure performed

Six New Codes for Spine and Spinal Cord Percutaneous Procedures

- 01937 – Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
- 01938 – Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
- 01939 – Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
- 01940 - Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
- 01941 – Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
- 01942 - Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral

Changes to Surgery Section



Overall Changes to Surgery Section

CPT® Section	Additions	Deletions	Revisions
General/Integumentary (10021-19499)	0	0	1
Musculoskeletal (20005-29999)	0	1	8
Respiratory (30000-32999)	0	0	0
Cardiovascular (33010-37799)	8	2	2
Hemic & Lymphatic (38100-38999)	0	0	0
Mediastinum & Diaphragm (39000-39599)	0	0	0
Digestive (40490-49999)	2	2	0
Urinary (50010-53899)	4	0	0
Male Genital (54000-55899)	0	0	4
Female Genital (56405-58999)	0	0	0
Maternity Care & Delivery (59000-59899)	0	1	0
Endocrine (60000-60699)	0	0	0

Overall Changes to Surgery Section

CPT® Section	Additions	Deletions	Revisions
Nervous (61000-64999)	9	5	6
Eye & Ocular Adnexa (65091-68899)	3	0	2
Auditory (69000-69979)	4	2	2
Operating Microscope (69990)	0	0	0

Revised Code - Integumentary Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
11981	Insertion, drug-delivery implant <u>(ie, bioresorbable, biodegradable, non-biodegradable)</u>	Insertion, non-biodegradable drug delivery implant

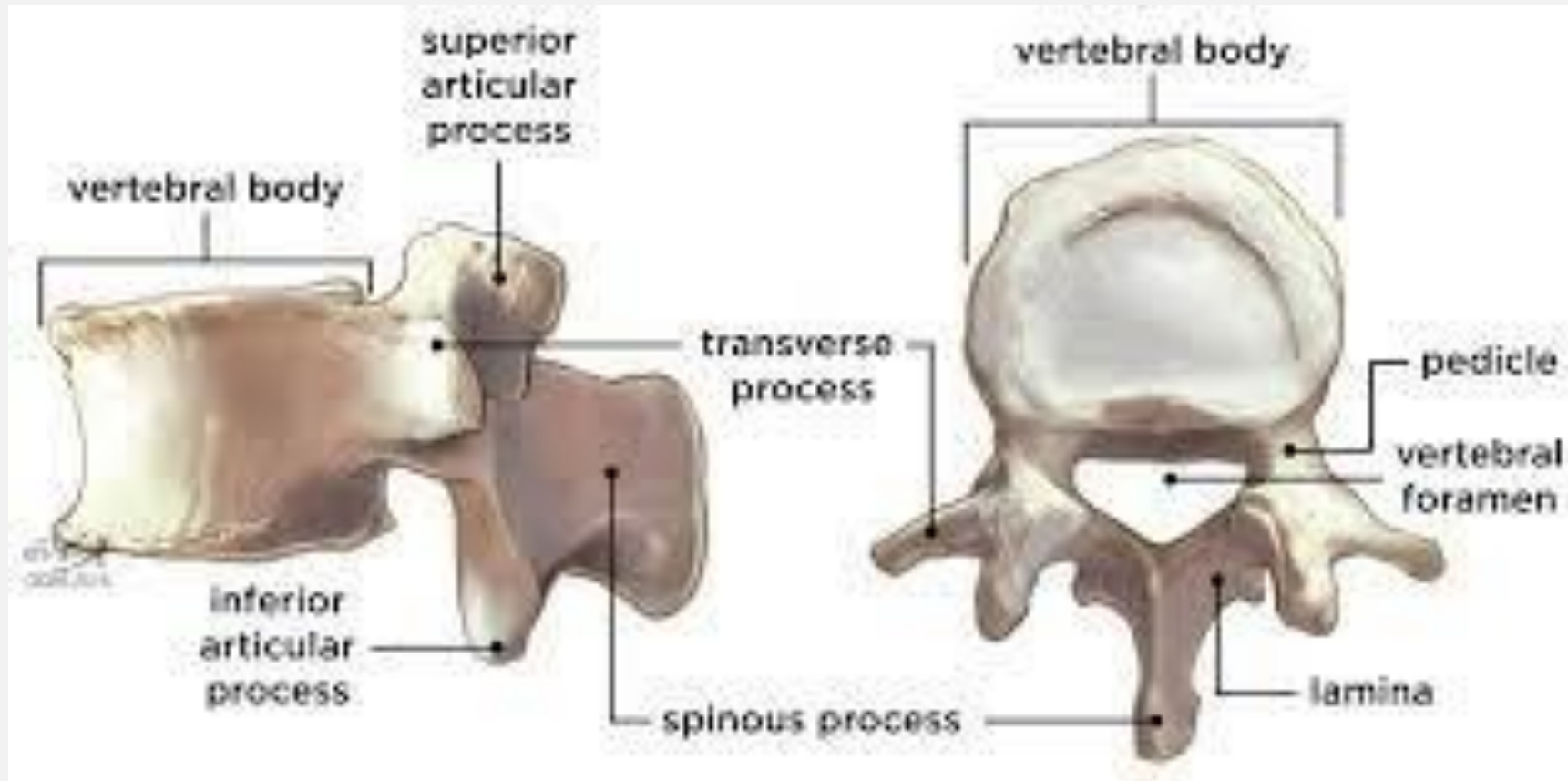
Deleted Code - Musculoskeletal Section

Deleted Code	Suggested Replacement Codes
21310 – Closed treatment of nasal bone fracture without manipulation	Use appropriate E/M code to report closed treatment of nasal bone fracture without manipulation

Revised Codes - Musculoskeletal Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
21315	Closed treatment of nasal bone fracture with manipulation ; without stabilization	Closed treatment of nasal bone fracture; without stabilization
21320	Closed treatment of nasal bone fracture with manipulation ; with stabilization	Closed treatment of nasal bone fracture; with stabilization
22600	Arthrodesis, posterior or posterolateral technique, single interspace ; cervical below C2 segment	Arthrodesis, posterior or posterolateral technique, single level ; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single interspace ; thoracic (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single level ; thoracic (with lateral transverse technique, when performed)
22612	Arthrodesis, posterior or posterolateral technique, single interspace ; lumbar (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single level ; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single interspace ; each additional vertebral segment (List separately in addition to code for primary procedure)	Arthrodesis, posterior or posterolateral technique, single level ; each additional vertebral segment (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment ; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment ; each additional interspace and segment (List separately in addition to code for primary procedure)

Revised Codes - Musculoskeletal Section



Added Codes - Cardiovascular Section

Three New Codes Added to Capture Left Atrial Appendage Exclusion Procedures

- 33267 - Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
- 33268 – Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
- 33269 - Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)

Added Codes - Cardiovascular Section

Three New Codes Added to Report Repair of Coarctation of the Aorta

- 33894 - Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
- 33895 – Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches
- 33897 - Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta

Added Codes - Cardiovascular Section

- Codes 33894, 33895, and 33897 describe transcatheter interventions to revascularize or repair coarctation of the aorta
- 33897 describes angioplasty without stent placement
- 33894 and 33895 include angioplasty, when performed in the stent treatment zone
- Major side branches of the thoracic aorta: Brachiocephalic, carotid, and subclavian
- Major side branches of the abdominal aorta: Celiac, superior mesenteric, inferior mesenteric, and renal

Added Codes - Cardiovascular Section

Two New Add-On Codes

- 33370 - Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)
 - Use with codes 33361-33366 (Transcatheter TAVR/TAVI procedures)
- 33509 – Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
 - Code added to reflect endoscopic procedure – See 35600 for open procedure

Deleted Code - Cardiovascular Section

Deleted Code	Suggested Replacement Codes
33470 – Valvotomy, pulmonary valve, closed heart; transventricular	No replacement; procedure deleted due to low utilization
33722 – Closure of aortico-left ventricular tunnel	No replacement; procedure deleted due to low utilization

Revised Codes - Cardiovascular Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	Valvotomy, pulmonary valve, closed heart, via pulmonary artery
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, <u>open</u>	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)

- Code 33471 is no longer a child code due to deletion of 33470
- Code 35600 now describes harvest of upper extremity artery via an open approach

Added Codes – Digestive Section

- 42975 – Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
 - Currently reported using laryngoscopy code
- 43497 - Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
 - Used to correct esophageal achalasia and spastic esophageal disorders not responsive to other therapies
 - Currently reported using unlisted code 43499

Deleted Codes - Digestive Section

Deleted Code	Suggested Replacement Codes
43850 – Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	No replacement – Code deleted due to low usage
43855 - Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	No replacement – Code deleted due to low usage

Added Codes – Urinary Section

Four New Codes Are Replacing Expiring Category III Codes (0548T-0551T) for Transperineal Balloon Continence Device Procedures

- 53451 – Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
- 53452 - Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
- 53453 - Periurethral transperineal adjustable balloon continence device; removal, each balloon
- 53454 - Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume

Revised Codes – Male Genital Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	<u>Revision of prior hypospadias repair</u> requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	<u>Repair of hypospadias-cripple</u> requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts

Deleted Code – Maternity Care & Delivery Section

Deleted Code	Suggested Replacement Codes
59135 – Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	No replacement code

Added Codes – Nervous Section

Two New Codes Created to Report Laser Interstitial Thermal Therapy of Intracranial Lesions

- 61736 – Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
- 61737 - Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)

Added Codes – Nervous Section

Two New Add-On Codes Created to Report Decompression During Spinal Arthrodesis

- 63052 – Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
- 63053 - Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)

Added Codes – Nervous Section

Three New Codes Created to Report Hypoglossal Nerve Neurostimulator Procedures

- 64582 – Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
- 64583 - Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
- 64584 - Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

Added Codes – Nervous Section

Two New Codes Created to Report Thermal Destruction of the Intraosseous Basivertebral Nerve in the Lumbosacral Region

- 64628 – Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
- 64629 - Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)

Deleted Codes - Nervous Section

Deleted Code	Suggested Replacement Codes
63194 – Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	No replacement codes for these procedures; deleted due to low utilization
63195 – Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	
63196 – Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	
63198 - Laminectomy with cordotomy, with section of both spinothalamic tracts, 2 stages with 14 days; cervical	
63199 - Laminectomy with cordotomy, with section of both spinothalamic tracts, 2 stages with 14 days; thoracic	

Revised Codes - Nervous Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, L thoracic	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Open implantation of neurostimulator electrode array; neuromuscular	Incision for implantation of neurostimulator electrode array; neuromuscular
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

Added Codes – Eye and Ocular Adnexa Section

Two New Codes Added to Capture Cataract Removal When Procedure Includes Insertion of an Aqueous Drainage Device

- 66989 – Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
- 66991 - Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

Added Codes – Eye and Ocular Adnexa Section

New Code Created to Report Lacrimal Canaliculus Drug-Eluting Stent

- 68841 – Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
 - Category III Code 0356T is currently used to report this procedure

Revised Codes – Eye and Ocular Adnexa Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions ; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions ; photocoagulation (laser or xenon arc)

Added Codes - Auditory Section

Four New Codes Added to Capture Osseointegrated Implant Procedures

- 69716 – Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
- 69719 - Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
- 69726 - Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
- 69727 - Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

Deleted Code - Auditory Section

Deleted Code	Suggested Replacement Codes
69715 – Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure will require two codes; 69714 to capture implantation plus appropriate code from 69501-69676 range to capture mastoidectomy.
69718 – Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure will require two codes; 69717 to capture implantation plus appropriate code from 69501-69676 range to capture mastoidectomy.

Revised Codes – Auditory Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
69714	Implantation, osseointegrated implant, <u>skull</u> ; with percutaneous attachment to external speech processor	Implantation, osseointegrated implant, temporal bone , with percutaneous attachment to external speech processor/ cochlear stimulator; without mastoidectomy
69717	<u>Revision or</u> replacement (including removal of existing device), osseointegrated implant, <u>skull</u> ; with percutaneous attachment to external speech processor	Replacement (including removal of existing device), osseointegrated implant, temporal bone , with percutaneous attachment to external speech processor/ cochlear stimulator; without mastoidectomy

Changes to Radiology Section

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



search ID: dcnm302

DUE (Appendix..

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

Added Codes - Radiology Section

Four New Codes Added to Capture Trabecular Bone Score Services

- 77089 – Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
- 77090 – Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
- 77091 – Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
- 77092 - Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional

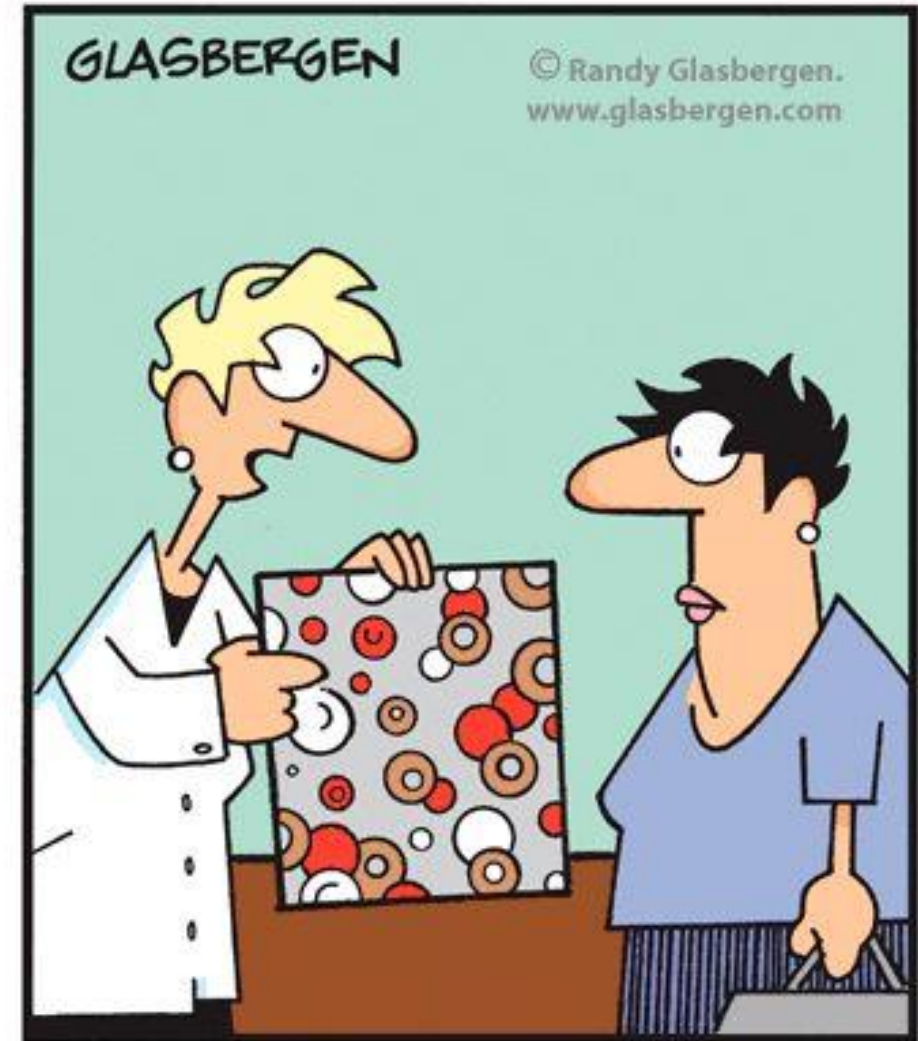
Deleted Codes - Radiology Section

Deleted Code	Suggested Replacement Codes
72275 – Epidurography, radiological supervision and interpretation	Epidurography is included in multiple procedures – See 62321, 62323, 62325, 62327, 64479, 64480, 64483, and 64484
76101 – Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography, other than with urography; unilateral	No replacement
76102 - Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography, other than with urography; bilateral	No replacement

Revised Code - Radiology Section

CPT/HCPCS Code	2022 Long Description	2021 Long Description
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of <u>left ventricular [LV]</u> cardiac function, <u>right ventricular [RV]</u> structure and function and evaluation of <u>vascular</u> structures, if performed)	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of <u>venous</u> structures, if performed)

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

One New Code Added to the Drug Assay Subsection

- 80220 - Hydroxychloroquine

Deleted Codes – Clinical Pathology Consultations

Deleted Code	Suggested Replacement Codes
80500 – Clinical pathology consultation; limited, without review of patient's history and medical records	See 80503-80506; note that review of patient's history and medical records is required in order to report one of the new codes
80502 – Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	

Added Codes – Clinical Pathology Consultation

Four New Codes are Replacing Two Deleted Codes (80500/80502)

- 80503 - Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.
- 80504 - Pathology clinical consultation; for a moderately complex problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.
- 80505 - Pathology clinical consultation; for a highly complex problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.
- 80506 - Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)

Revised Codes – Molecular Pathology

Description Revision to Tier II Molecular Pathology Procedures

- 81405 – Genome-wide constitutional microarray analysis removed from description, which is now reported using 81349

Added Codes – Molecular Pathology

One New Code Added as a Result of Procedure Being Moved From a Tier II to Tier I Procedure

- 81349 - Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis

Added Codes – MAAA

Two New Codes Added to the Multianalyte Assays with Algorithmic Analyses Subsection

- 81523 - Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
 - MammaPrint®
- 81560 - Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+ T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score
 - Pleximmune™

Added Codes – Chemistry

Three New Codes Added to the Chemistry Subsection

- 82653 - Elastase, pancreatic (EL-1), fecal; quantitative
- 83521 - Immunoglobulin light chains (ie, kappa, lambda), free, each
- 83529 - Interleukin-6 (IL-6)

Added Codes – Immunology

13 New Codes for Antibody Testing

- 86015 - Actin(smooth muscle) antibody (ASMA), each
- 86036 - Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody
- 86037 - Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody
- 86051 - Aquaporin-4 (neuromyelitis, optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)
- 86052 - Aquaporin-4 (neuromyelitis, optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each
- 86053 - Aquaporin-4 (neuromyelitis, optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
- 86231 - Endomysial antibody (EMA), each immunoglobulin (Ig) class

Added Codes – Immunology

13 New Codes for Antibody Testing

- 86258 - Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class
- 86362 - Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each
- 86363 - Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each
- 86364 - Tissue transglutaminase, each immunoglobulin (Ig) class
- 86381 - Mitochondrial antibody (eg, M2), each
- 86596 - Voltage-gated calcium channel antibody, each

Added Codes – Microbiology

One New Code Added to Microbiology Subsection

- 87154 - Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets

Changes to Medicine Section



Added Code – Vaccines/Toxoids

There Is a Single New Code Added to Report HepB Vaccine

- 90759 - Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use

Added Code – Gastroenterology

One New Code Added to Replace Category III Code

- 91113 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
 - Procedure is currently reported using Category III Code 0355T, which is being retired at the end of 2021.

Deleted Codes - Otorhinolaryngology

Deleted Code	Suggested Replacement Codes
92559 – Audiometric testing of groups	There is no specific replacement code; see 92700
92560 – Bekesy audiometry; screening	There is no specific replacement code; see 92700
92561 – Bekesy audiometry; diagnostic	There is no specific replacement code; see 92700
92564 – Short increment sensitivity index (SISI)	There is no specific replacement code; see 92700

Added Codes – Cardiovascular

Right Heart Catheterization for Congenital Cardiac Anomalies Will Be Based on Heart Anatomy

- 93593 - Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
- 93594 - Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
- 93595 - Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
- 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
- 93597 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections

Added Codes – Cardiovascular

Two New Add-on Codes Will Capture Services Provided During Heart Catheterization for Congenital Heart Defects

- 93319 - 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
- 93598 - Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)

Deleted Codes - Cardiovascular

Deleted Code	Suggested Replacement Codes
93530 – Right heart catheterization, for congenital cardiac anomalies	93593 or 93594
93531 – Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	93596 or 93597
93532 – Combined right heart catheterization and transseptal left heart catheterization through existing septal opening with or without retrograde left heart catheterization, for congenital cardiac anomalies	93596 or 93597
93533 – Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	93596 or 93597

Deleted Codes - Cardiovascular

Deleted Code	Suggested Replacement Codes
93561 – Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	93598
93562 – Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	93598

Revised Codes – Cardiovascular

CPT/HCPCS Code	2022 Long Description	2021 Long Description
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping , right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium , and His bundle recording, when performed ; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when-necessary) , and His bundle recording (when-necessary)-with-intracardiac-catheter-ablation-of-arrhythmogenic-focus ; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping , right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium , and His bundle recording, when performed ; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when-necessary) , and His bundle recording (when-necessary)-with-intracardiac-catheter-ablation-of-arrhythmogenic-focus ; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac-electrophysiologic-3D-mapping, when-performed, and left ventricular pacing and recording, when performed
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation , induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording when performed	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when-necessary , right ventricular pacing/recording when-necessary , and His bundle recording when necessary-with-intracardiac-catheter-ablation-of-atrial-fibrillation-by-pulmonary-vein-isolation

Added Codes – Pulmonary

Two New Codes Created to Capture Professional Services During Pulmonary Rehab

- 94625 - Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
- 94626 - Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
 - Code selection is based upon use of continuous oximetry monitoring

Deleted Code – Autonomic Function Tests

Deleted Code	Suggested Replacement Codes
95943 – Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	95999 (Unlisted code)

Added Codes – Non-Face-to-Face Nonphysician Services

Five New Codes Created to Report Remote Therapeutic Monitoring Services

- 98975 - Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
- 98976 - Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- 98977 - Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

Added Codes – Non-Face-to-Face Nonphysician Services

Five New Codes Created to Report Remote Therapeutic Monitoring Services

- 98980 - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
- 98981 - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

Added Codes – Non-Face-to-Face Nonphysician Services

- **98975-98977 are used to report monitoring during a 30-day period**
 - Monitoring of less than 16 days is not reported
 - Do not report with other physiologic monitoring services (93296, 94760, 95250, 99453, 99454)
- **Device used must be a medical device, as defined by the FDA**
- **May be objective data generated by device or subjective inputs to device by patient**

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
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance

Added Codes

New & Emerging Technology

Code	Long Description
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead

Added Codes

New & Emerging Technology

Code	Long Description
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function

Added Codes

New & Emerging Technology

Code	Long Description
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function

Added Codes

New & Emerging Technology

Code	Long Description
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)

Added Codes

New & Emerging Technology

Code	Long Description
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
0692T	Therapeutic ultrafiltration
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative

Added Codes

New & Emerging Technology

Code	Long Description
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)

Added Codes

New & Emerging Technology

Code	Long Description
0699T	Injection, posterior chamber of eye, medication
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)
0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month

Added Codes

New & Emerging Technology

Code	Long Description
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization
0708T	Intradermal cancer immunotherapy; preparation and initial injection
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)

Added Codes

New & Emerging Technology

Code	Long Description
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0191T – Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	No direct replacement; now included as a component of 66989 and 66991
0290T – Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	Procedure is included in more comprehensive procedures
0355T – Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	91113
0356T – Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	68841

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0376T – Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	No direct replacement; now included as a component of 66989 and 66991
0423T – Secretory type II phospholipase A2 (sPLA2-IIA)	There is no direct replacement for this code
0451T – Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	There is no direct replacement for this code

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0452T – Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	There is no direct replacement for this code
0453T – Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	There is no direct replacement for this code
0454T – Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	There is no direct replacement for this code

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0455T – Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	There is no direct replacement for this code
0456T – Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	There is no direct replacement for this code
0457T – Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	There is no direct replacement for this code
0458T - Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	There is no direct replacement for this code

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0459T – Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	There is no direct replacement for this code
0460T – Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	There is no direct replacement for this code
0461T – Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	There is no direct replacement for this code

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0462T – Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	There is no direct replacement for this code
0463T – Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	There is no direct replacement for this code

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0466T – Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	Now included as a component of a more extensive procedure – See 64582
0467T – Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Now included as a component of a more extensive procedure – See 64583
0468T - Removal of chest wall respiratory sensor electrode or electrode array	Now included as a component of a more extensive procedure – See 64584

Deleted Codes

New & Emerging Technology

Deleted Code	Suggested Replacement Codes
0548T – Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	53451
0549T – Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	53452
0550T - Transperineal periurethral balloon continence device; removal, each balloon	53453
0551T - Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	53454

Revised Codes – Category III Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high-energy
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	Extracorporeal shock wave, high-energy , performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	Extracorporeal shock wave for integumentary wound healing, high-energy , including topical application and dressing care; initial wound
0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Extracorporeal shock wave for integumentary wound healing, high-energy , including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
0621T	Trabeculostomy ab interno by laser	Trabeculostomy ab interno by laser;
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral ; without contrast, followed by contrast material(s)	Computed tomography, breast, including 3D rendering, when performed, without contrast, followed by contrast material(s)



Stay Tuned

Next Up



2:50 pm CDT

Break

2:50 pm – 3:00 pm CDT

3:00 pm CDT

Closing Remarks, Client Awards, & Prize Announcements

3:00 pm – 3:30 pm CDT