BC Advantage Audio Series:

Updates for 2015 Surgical CPT Codes

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Providing LOW-COST educational resources for Medical office Professionals
OBJECTIVES

 Documentation of the New, Revised and Deleted codes for 2015

 Review documentation requirements for the new codes

 Hands-on exercises to practice using the new and revised codes
What To Do First?

- Review 2015 CPT code changes, using this guide
- Order 2015 code books if you have not already done so
- Review all changes to guidelines, notes and instructions in your book
- Highlight changes in the book’s index pertinent to your specialty, and review those changes.
WHAT TO DO FIRST?

- Highlight changes in the tabular section pertinent to your specialty

- Create a documentation cheat sheet of 2015 updates that must be documented differently for coders to capture the needed information, and distribute it to clinicians.

- Review and update superbills, chargemasters, etc.
WHAT TO DO FIRST?

 Upload software changes

 Train coding and billing staff on changes

 Check for addenda or errata

 Review PQRS changes

 Communicate with payer/provider reps regarding reimbursement and coverage issues

 Archive last year’s books
CMS established new modifiers to be used in place of modifier 59
- XE – Separate encounter
- XS – Separate structure
- XP – Separate practitioner
- XU – Unusual non-overlapping service
ANESTHESIA

- 00452, 00622, 00634 – DELETED
MUSCULOSKELETAL: ARTHROCENTESIS

- 20600, 20605, 20610 revised: without guidance
- 20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes) without ultrasound guidance
- 20604 with ultrasound guidance, with permanent
- 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, tempomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) without ultrasound guidance
- 20606 with ultrasound guidance, with permanent recording and reporting
MUSCULOSKELETAL: ARTHROCENTESIS

- 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa), without guidance
- 20611 with ultrasound guidance, with permanent recording and reporting
ARTHROCENTESIS

- Steps for proper coding
  - Determine the size of the joint
  - Review the description to determine if imaging is used
  - Report 20604, 20606 or 20611 if imaging is used
  - If fluoroscopic, CT or MRI guidance is used, report the appropriate surgical code and see 77002, 77012, and 77021 to report the imaging guidance separately
Bone Tumor Ablation

- 20982 is revised to include the adjacent soft tissue involved with the bone tumor.

- 20983 Ablation therapy for reduction or eradication of 1 or more bone tumors (e.g., metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoblation.
  - Codes are selected based on technique for ablation: radiofrequency or cryoblation.
  - Reported once.
  - Includes imaging guidance.
**Rib Fractures – Open Treatment**

- 21800, 21810, 0245T, 0246T, 0248T **DELETED**

- 21811 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopy visualization when performed, unilateral; 1-3 ribs

- 21812 4-6 ribs

- 21813 7 or more ribs
**Vertebroplasty - Percutaneous**

- **22520, 22521, 22522** – **DELETED**

- **22510** – Percutaneous vertebroplasty (bone biopsy when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

- **22511** lumbosacral

- **+22512** each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)
PERCUTANEOUS VERTEBROPLASTY/AUGMENTATION

Coding Steps

• Determine is the procedure is a vertebroplasty or augmentation (Kyphoplasty)

• Determine the region of the spine

• Determine the number of vertebra(e)

• Do not report imaging guidance separately

• Do not report bone biopsy on same body separately
**Total Disk Arthroplasty**

- 22856 revised to become parent code for 22858

- +22858 Total disk arthroplasty (artificial disk), anterior approach, including diskectomy with end plate preparation (includes osteophysectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

- See 0375T when more than two levels are performed
MUSCULOSKELETAL

- 23730 revised to indicate the injection is performed for contrast

- 29020, 29025, 29715 **DELETED**
TEMPORARY PACEMAKER

- All of the these codes have been revised:
  - 33215
  - 33216
  - 33217
  - 33218
  - 33220
  - 33223
  - 33224
  - 33225
BIVENTRICULAR PACING

- These codes have all been revised
  - 33240
  - 33230
  - 33231
  - 33241
  - 33261
  - 33263
  - 33264
  - 33243
  - 33244
  - 33249
PACEMAKER OF IMPLANTABLE DEFIBRILLATOR

- 33270 Insertion of permanent subcutaneous implantable defibrillator system, with cutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing parameters, when performed
- 33271 Insertion of subcutaneous implantable defibrillator electrode
- 33272 Removal of subcutaneous implantable defibrillator electrode
- 33273 Repositioning of previously implantable defibrillator electrode
CARDIOVASCULAR

- 33332 **DELETED**

Category III codes 0343T and 0344T are deleted and replaced with new Category I codes

- 33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis

  + additional prosthesis(es) during same session (List separately in addition to code for primary procedure)

- 0345T Transcatheter mitral valve repair approach via the coronary sinus
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support Services (ECLS)

- 33960, 33961, 36822 **DELETED**

- New category and guidelines created
- New codes
  - Initiation of the ECMO/ECLS
  - Daily management
  - Cannulation
  - Repositioning cannula(e)
  - Removing cannula(e)
  - Adding cannula(e)
ECMO/ECLS

- 33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous

- 33947 initiation, veno-arterial

- 33948 daily management, each day, veno-venous

- 33949 daily management, each day, veno-arterial
ECMO/ECLS

- 33951 insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33952 insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
- 33953 insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
- 33954 insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age or older
ECMO/ECLS

- 33955  insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age.
- 33956  insertion of central cannula(e) or thoracotomy, 6 years and older
- 33957  reposition of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33958  reposition of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
ECMO/ECLS

- 33959  reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33962  reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)
- 33963  reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33964  reposition of central cannula(e) by sternotomy or thoracotomy, 6 years of age or older (includes fluoroscopic guidance, when performed)
ECMO/ECLS

- Other new CPT codes in this section are
- 33965
- 33966
- 33969
- 33984
- 33985
- 33986
- These all pertain to the removal of peripheral line or central line with code selection by age.
ECMO/ECLS

- +33987 Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)

- 33988 Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy), for ECMO/ECLS

- 33989 Removal of left heart vent by thoracic incision ((eg, sternotomy, thoracotomy), for ECMO/ECLS
CARDIOVASCULAR

- 34839 – Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time.

- 36469 DELETED

Revised codes in this section are:
- 37215
- 37216
- 37217
Eosophagoscopy

- New code
  - 43180 Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker’s diverticulum) with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed.

- Revised codes
  - 43194
  - 43197
  - 43215
  - 43216
  - 43247
  - 43250
ENDOSCOPY – SMALL INTESTINE

- Revised code 44360
- 44363
**ENDOSCOPY – STOMA**

- 44380 – revised to read – Ileoscopy through stoma; diagnostic, including collection of specimen(s) or washing, when performed

- 44381 with transendoscopic balloon dilatation
- 44384 with placement of endoscopic sent (includes pre and post-dilation and guide wide passage, when performed)
**Intestines: Endoscopy, Stomal**

- 44388 revised – Colonoscopy through stoma; diagnostic, including collection of specimen(s) or washing, performed (separate procedure)

  - 44389 with removal of foreign body(s)

  - 44390 with control of bleeding, any method

  - 44391 with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
INTESTINES: ENDOSCOPY, STOMAL

- 44401 with ablation of tumor(s), polyp(s) or other lesion(s) (includes pre and post dilation and guide wire passage, when performed)
- 44402 with endoscopic stent placement ((includes pre and post dilation and guide wire passage, when performed)
- 44403 with endoscopic mucosal resection
- 44404 with directed submucosal injection(s), any substance
- 44405 with transendoscopic balloon dilation
INTESTINES: ENDOSCOPY, STOMAL

- **44406** with endoscopic ultrasound, limited to the sigmoid, descending, transverse or ascending colon and cecum and adjacent structures
- **44407** with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse or ascending colon and cecum and adjacent structures
- **44408** with decompression (for pathologic distension (eg, volvulus, megacolon), including placement of decompression tube, when performed
SIGMOIDOSCOPY

- Revised codes
- 45330
- 45332
- 45333
- 45334
- 45337
- 45340
- 45346 with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post dilation and guide wire passage when performed)
SIGMOIDOSCOPY

- 45247 with placement of endoscopic stent (includes pre and post dilation and guide wire passage), when performed
- 45349 with endoscopic mucosal resection
- 45350 with band ligation(s) (eg, hemorrhoids)
**Colonoscopy**

- Revised 45378 – Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
  - 45388 – new code – with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post dilation and guide wire passage, when performed.
  - 45389 with endoscopic stent placement (includes pre and post dilation and guide wire passage, when performed.
  - 45390 with endoscopic mucosal resection
  - 45393 with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed.
SURGICAL ENDOSCOPY

- Revised – 46600 – Anoscopy; diagnostic. Including collection of specimen(s) by brushing or washing, when performed (separate procedure)
  - 46601 diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
  - 46607 with high-resolution magnification (HRA) (eg, colposcope, operation microscope) and chemical agent enhancement, with biopsy, single or multiple
**URINARY**

- 52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

- +52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent transprostatic implant (list separately in addition to code for primary procedure)
**Myelography**

- 62284 revised – Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)
- New codes
  - 62302 Myelography via lumbar injection, including radiological supervision and interpretation; cervical
  - 62303 thoracic
  - 62304 lumbosacral
  - 62305 2 or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)